*City of Ventura*

# Community Memorial Hospital District Development Code

*Recirculated Draft*

# Environmental Impact Report

**August 2010**

# Community Memorial Hospital District Development Code

## *Recirculated Draft*
## Environmental Impact Report

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*August 2010*

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# City of Ventura
# Community Memorial Hospital District Development Code

## Environmental Impact Report

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# EXECUTIVE SUMMARY

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, this Draft EIR is being recirculated to allow for additional public review of the new information. This revised and recirculated document, which supersedes in its entirety the Draft EIR circulated from March 22nd to May 19th. This recirculated Draft EIR includes new information and analysis that addresses relevant comments on the previously circulated Draft EIR. Although the comment letters submitted in response to the original Draft EIR will be part of the administrative record for the project, pursuant to CEQA Guidelines Section 15088.5(f)(1) the City will only be responding to comments submitted in response to this recirculated Draft EIR. Pursuant to CEQA Guidelines Section 15088.5(g), a summary of the revisions to the EIR are detailed in Section 1.0, *Introduction.*

This section summarizes the characteristics of the proposed Community Memorial Hospital District Development Code, alternatives, environmental impacts associated with the code, recommended mitigation measures, and the level of significance of impacts after mitigation.

## PROJECT SYNOPSIS

### Project Proponent

Community Memorial Health System
147 North Brent Street
Ventura, CA 93003

### 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.

It is anticipated that development under the CMH Code would occur in phases, as described below.

**Phase I:** 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 (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 (Building 18), 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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses (see Table 2-3).

The CMH Code would require the following discretionary approvals from the City of Ventura:

Discretionary approval is not required from any agency except for the City of Ventura.

- *Certification of the Final EIR*
- *Adoption of the Community Memorial Hospital District Development Code*
- *Modification of the Midtown Corridors Development Code to:*
    - Move the Midtown Corridors boundary to the west, thereby excluding the proposed Hospital District from the area covered by the Midtown Corridors Development Code
    - Designate open space in the area still to be governed by the Midtown Corridors Development Code
    - 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
    - Remove the terminated vistas designation from Borchard Street in the area still to be governed by the Midtown Corridors Development Code
- *Zone Change from Hospital (H), Professional Office (P-O), and Urban Center Zone (T5.2) to Hospital District (SD:H1) and Open Space (OS)*
- *Site Plan approval of the hospital building and other buildings to be constructed in Phase I of the proposed project (which would complete the approval of Phase I subject to design review).*
- *Design Review of the hospital building and other buildings to be constructed in Phase I of the proposed project*
- *A Memorandum of Understanding between the City and Community Memorial Health System*

- *City Council approval of the Water Supply Assessment*

## ALTERNATIVES

As required by Section 15126.6 of the *CEQA Guidelines*, this section of the EIR examines a range of reasonable alternatives to the Project. Per Section 15126.6, the purpose of the alternatives analysis in EIRs is to identify alternatives that would attain most of the objectives of a proposed project, but that "would avoid or substantially lessen any of the significant effects of the project…" Based on the analysis in Section 4.0, *Environmental Impact Analysis*, the proposed Project would not result in any unavoidably significant impacts. Thus, consideration of alternatives is not needed in order to address significant environmental effects. Nevertheless, the following three alternatives have been evaluated:

- *Alternative 1: No Project (no development - no change to existing land uses)*
- *Alternative 2: Buildout Under Existing Zoning*
- *Alternative 3: Reduced Project, Phase I Only*

The No Project Alternative is environmentally superior because it would have no impacts; however, the No Project alternative would not meet the Project Objectives. The No Project alternative would not construct a seismically conforming hospital building, would not modernize the hospital or consolidate operations with reuse of the existing hospital facility would not redevelop the Hospital Triangle in a manner that integrates open space, or activates the public realm. In addition, the No Project alternative would not manage and expand parking facilities in a manner that prevents impacts to pedestrians and surrounding neighborhoods.

Alternative 2, buildout under the existing zoning may not be feasible, since it may not be possible for CMH to suspend the current hospital operation and reopen in 2014 upon completion of a new building that requires demolition of the existing building. Alternative 2 is infeasible from a public policy and social perspective. Western Ventura County has three major providers of hospital services, including CMH (the other two are St. John's and Ventura County Medical Center). In 2008, CMH provided 52,117 "patient days." St. John's provided 53,872 patient days, and VCMC 44,971. Additionally, all three hospitals have comparable licensed beds: 220 for CMH, 266 for St. John's, and 229 for VCMC. Because of CMH's high patient days and the comparable beds at each hospital, the other two hospitals in Western Ventura County do not have the capacity to absorb the demand of patient days at CMH for the period required to implement Alternative 2 (approximately 44 months). Additionally, physicians and hospital staff would be greatly disrupted under Alternative 2's construction period, including a substantial loss if employment opportunities at CMH for the Alternative 2 construction period.

Among the development alternatives, Alternative 3 would be the environmentally superior alternative due to the reduction of air quality, noise and traffic/parking impacts associated with the Project, mostly due to the elimination of Phase II (162,950 sf of medical office use). However, Alternative 3, Phase I Only, would not preclude additional buildout of the area under the Midtown Corridors Code. Moreover, it should be noted that with mitigation, impacts identified for the proposed Project (CMH Code) would not be significant. It should also be noted that Alternative 3 would not meet the Project objectives, particularly those related to parking and activation of the public realm.

## AREAS OF PUBLIC CONTROVERSY

During the scoping meeting, the following concerns were expressed by scoping meeting participants.

- *Traffic impacts at the intersection of Main Street at Borchard Drive*
- *Short term impacts to parking during construction activities*
- *Long term impacts to parking as the Hospital District builds out*

In addition, in response to the Notice of Preparation, letters were received from the San Buenaventura Conservancy, Caltrans, the Watershed Protection District, and the Sheetmetal Workers Union. Caltrans expressed concern regarding any potential relocation of the existing heliport, while the Watershed Protection District expressed concern regarding the potential for impacts to their storm drain conveyance infrastructure. The Sheetmetal Worker's Union requested to be on the list of recipients for public notices and copies of the environmental document.

Lastly, the San Buenaventura Conservancy expressed concerns about the scoping meeting notification process and completion of a historic resources survey for Main Street properties more than 40 years old.

## SUMMARY OF IMPACTS AND MITIGATION MEASURES

Table ES-1 lists the environmental impacts of the proposed project, proposed mitigation measures, and residual impacts. Impacts are categorized by classes. Class I impacts are defined as significant, unavoidable adverse impacts, which require a statement of overriding considerations pursuant to Section 15093 of the *CEQA Guidelines* if the project is approved. No Class I impacts were identified for the Project. Class II impacts are significant adverse impacts that can be feasibly mitigated to less than significant levels and which require findings to be made under Section 15091 of the *CEQA Guidelines*. Class III impacts are adverse, but less than adopted significance thresholds. Class IV effects are those where there is no impact or the effect would be beneficial.

**Table ES-1**
**Summary of Project Impacts and Mitigation Measures**

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| ***AESTHETICS*** | | |
| **Impact AES-1** Phase I and Phase II development under the CMH Code would facilitate construction of buildings that could be larger in size and massing than existing buildings, thus altering the visual character of the Hospital District. However, the 2005 General Plan found that intensification and reuse would generally enhance visual character by adding appropriately scaled infill development. Intensification would | None Necessary | Less than significant |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| also be consistent with the Midtown Corridors Code and would not create an aesthetically offensive condition or substantially degrade the existing visual character of the community. Thus, the impact with respect to visual character would be Class III, less than significant. | | |
| **Impact AES-2** Phase I and Phase II development that would be facilitated by the CMH Code could affect hillside views as seen from the Five Points intersection, but would not affect views from North Brent Street. In addition, development under the Code would create a new north-south viewing corridor along the Borchard Street Extension from which hillside views would be visible. Impacts to viewsheds would be Class III, less than significant. | none | Less than significant |
| **Impact AES-3** The Hospital District is currently developed and there are existing sources of nighttime lighting along streets, from buildings and within parking lots. In addition, daytime glare is associated with parked cars and building windows. Phase I and Phase II development under the CMH Code would increase building density and building heights. However, the proposed CMH Code would not facilitate development that would adversely affect daytime or nighttime views, and redevelopment would preserve solar access for surrounding development. The impact with respect to light, glare and solar access would be Class III, less than significant. | none | Less than significant |
| ***AIR QUALITY*** | | |
| **Impact AQ-1** Phase I and Phase II redevelopment under the CMH Code would be consistent with the 2005 Ventura General Plan and the Ventura County AQMP population forecasts. Therefore, impacts related to the consistency with the AQMP are Class III, less than significant. | None necessary | Less than significant |
| **Impact AQ-2** Construction of individual projects accommodated under the CMH Code, including the new hospital building, would result in emissions of air pollutants. The | None necessary<br><br>See AQ-2 Condition of Approval following Table ES-1 | Less than significant |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| Ventura County APCD has not adopted significance thresholds for construction impacts because of they are not permanent; therefore, impacts are Class III, less than significant. Nevertheless, standard conditions of approval are required by the City to reduce dust and ozone precursors during construction. | | |
| **Impact AQ-3** Phase I and Phase II development facilitated by the proposed CMH Code would generate air pollutant emissions. Phase I emissions would not exceed VCAPCD thresholds; however, combined Phase I and Phase II emissions would exceed the VCAPCD thresholds for ROG and NOx. Increasing energy efficiency and payment of fees pursuant to Ordinance 93-37 would mitigate the impact. This is a Class II, significant but mitigable impact. | **AQ-3(a) Increase Energy Efficiency.** For all new construction, increase energy efficiency by 20% beyond Title 24 requirements.<br><br>**AQ-3(b) Air Quality Mitigation Fees.** Phase I and II developers within the Hospital District shall contribute fees to the Citywide Transportation Demand Management Program for respective incremental contributions to air quality emissions in excess of 25 lbs/day threshold prior to occupancy. Fees shall be based and paid in accordance with Ordinance 93-37. | Less than significant |
| **Impact AQ-4** The health risks associated with onsite grading would not exceed the health risk assessment criteria for sensitive receptors in the vicinity of the Project Area. This is a Class III, less than significant impact. | None necessary | Less than significant with City Standard Condition AQ-2 |
| ***HISTORIC RESOURCES*** | | |
| **Impact HR-1** Construction under the CMH Code would involve demolition of nine structures under Phase I, none of which has been identified as eligible for historical listing. One property in the vicinity of the Hospital District is potentially eligible for Landmark status; however, Phase I and Phase II development facilitated by the CMH Code would not significantly affect this property. Therefore, impacts would be Class III, less than significant. | None required | Less than significant |
| ***NOISE*** | | |
| **Impact N-1** Phase I and Phase II growth facilitated by the CMH Code would increase traffic-related noise. Traffic noise increases due to development facilitated by the CMH Code would not exceed FTA standards. Therefore, impacts would | None necessary | Less than significant |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| be Class III, less than significant. | | |
| **Impact N-2** Construction of individual projects under Phase I and Phase II of the CMH Code could intermittently generate high noise levels. This may affect sensitive receptors near construction sites. However compliance with Noise Ordinance restrictions on construction timing would reduce this impact to a Class III, less than significant level. Nevertheless, mitigation is recommended to reduce noise generated during construction. | None necessary<br><br>See N-2 Condition of Approval following Table ES-1 | Less than significant |
| **Impact N-3** No residential uses are currently proposed; however, residential uses are an allowable use under the CMH Code. The potential future development of residential uses under Phase II in close proximity to commercial uses and parking structures could potentially expose sensitive receptors to normally unacceptable noise levels. With Mitigation Measure N-3, this is a Class II, significant but mitigable, impact. | **N-3 Acoustical Analyses.** Acoustical analyses shall be conducted for new residential developments within the Hospital District and shall incorporate mitigation necessary to ensure that:<br><br>• Exterior noise in exterior spaces of new residences and other noise sensitive uses that are used for recreation (such as patios and gardens) does not exceed 65 dBA CNEL; and<br>• Interior noise in habitable rooms of new residences does not exceed 45 dBA CNEL with all windows closed. | Less than significant |
| **Impact N-4** Hospital development would involve the potential for noise generated by stationary equipment such as cooling towers, HVAC systems, emergency generators as well as other types of equipment. Compliance with municipal code requirements would result in a Class III, less than significant impact. | None necessary | Less than significant |
| ***TRAFFIC AND PARKING*** | | |
| **Impact T-1** Buildout of Phase I and Phase II Project-generated traffic would not cause the LOS at study area intersections to decline below allowable standards. Therefore, traffic impacts would be Class III, less than significant. Nevertheless, the project would add traffic to the City and County roadway network and developers, including CMH would need to pay applicable traffic impact mitigation fees in accordance with City and County requirements. | None necessary<br><br>See T-1 Condition of Approval following Table ES-1 | Less than significant |
| **Impact T-2** Phase I and Phase II development under the proposed CMH Code would alter the existing | None necessary | Less than significant |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| street network and circulation system within the Hospital District. The CMH Code would generally improve circulation and would not create hazards due to design features or inadequate emergency access. This is a Class III, less than significant, impact. | | |
| **Impact T-3** The Hospital District contains adequate parking for construction of the new hospital and reuse of a portion of the old hospital (part of Phase I); however, additional parking will be required to satisfy demands associated with full buildout of the District (remainder of Phase I and Phase II). Therefore, parking demand could exceed the available supply. This is a Class II, significant but mitigable, impact. | **T-3 Parking Supply.** Reuse of the existing hospital building and new buildings proposed on CMH property and within the CMH District would be subject to compliance with the off-street parking requirements. In order to provide adequate parking for each building pursuant to the Parking Demand Rates of the Community Memorial Hospital District Development Code, parking shall be provided (A) on-site or (B) within 1,250 feet of the hospital if a parking availability study for the building(s) indicates that there will be a sufficient amount of parking spaces. Off-site parking located further than 1,250 feet may be allowed if the following conditions are met: (A) the off-site parking is approved by the Community Development Director; (B) a parking availability study confirms that the off-site parking will provide sufficient parking spaces. On- or off-site (whether within 1,250 feet or not) parking management strategies may include a Transportation Demand Management (TDM) Program. Details of the specifics of the TDM program along with the anticipated reductions in parking shall be reviewed and approved by the Community Development Director. | Less than significant |
| **Impact T-4** Construction activities have the potential to disrupt travel patterns, reduce available parking, and spill over into public and private areas in the vicinity of the District during both Phase I and Phase II. This is a Class II, significant but mitigable impact. | **T-4 Construction Traffic Impact Mitigation Plan.** The applicant shall prepare, implement, and maintain a Construction Impact Mitigation Plan, which shall be designed to:<br><br>• Prevent material traffic impacts on the surrounding roadway network.<br>• Minimize parking impacts both to public parking and access to private parking.<br>• Ensure safety for both those constructing the project and the surrounding community.<br>• Prevent truck traffic through residential neighborhoods.<br><br>The Construction Impact Mitigation Plan shall be subject to review and approval by the following City departments: Public Works Department, Fire, Planning and Community Development and Police to ensure that the | |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| | Plan has been designed in accordance with this mitigation measure. This review shall occur prior to commencement of any construction staging for the project. It shall at a minimum, include the following:<br><br>Ongoing requirements throughout the duration of construction:<br>• A detailed traffic control plan for work zones shall be maintained which includes at a minimum accurate existing and proposed: parking and travel lane configurations; warning, regulatory, guide and directional signage; and area sidewalks, bicycle lanes and parking lanes. The plan shall include specific information regarding the project's construction activities that may disrupt normal pedestrian and traffic flow and the measures to address these disruptions. Such plans must be reviewed and approved by the Public Works Department prior to commencement of construction and implemented in accordance with this approval.<br>• Work within the public right-of-way shall be performed between 9:00 A.M. and 4:00 P.M., including: dirt and demolition material hauling and construction material delivery.<br>• Trucks shall only travel on a City approved construction route. Truck queuing/staging shall not be allowed on City Streets. Limited queuing may occur on the construction site itself.<br>• Materials and equipment should not be visible to the public; the preferred location for materials is to be on-site, without storage in the public right-of-way.<br>• Provision of off-street parking for construction workers, which may include the use of a remote location with shuttle transport to the site, if determined necessary by the City.<br><br>Project Coordination Elements that shall be implemented prior to commencement of construction:<br><br>• Advise the traveling public of impending construction activities (e.g. information signs, portable message signs, media listing/notification, implementation of an approved traffic control plan.<br>• Timely notification of construction schedules to all affected agencies (e.g. Gold Coast Transit, Police Department, Fire Department, Public Works | |

## Table ES-1
## Summary of Project Impacts and Mitigation Measures

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| | Department, and Planning and Community Development Department) and to all owners and residential and commercial tenants of property within a radius of 500 feet.<br>• Coordination of construction work with affected agencies in advance of start of work.<br>• Approval by the Public Works Department of any haul routes, for earth, concrete or construction materials and equipment handling. | |
| **Impact T-5** The CMH Code would not conflict with adopted policies, plans, or programs supporting alternative transportation (e.g. bus turnouts, bicycle racks). The impact would be Class III, less than significant. | None necessary | Less than significant |
| ***HYDROLOGY AND WATER QUALITY*** | | |
| **Impact HYD-1** Phase I and Phase II development under the CMH Code would involve reconfiguration of the existing watershed areas and Project Area drainage system. Post developed runoff volumes do not exceed pre-developed redeveloped runoff volumes; however, infrastructure upgrades will be necessary. This is a Class II, significant but mitigable impact. | **HYD-1 Storm Drain System Improvements.** 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. Improvements shall include the installation of a 36-inch storm drain in the alley as well as catch basins and additional infrastructure upgrades as necessary, in accordance with the Jensen Design & Survey, Inc. November 2009 report, or as superseded by any subsequent updates. Improvements shall be approved by the Public Works Department, prior to commencement of grading or site improvements. | Less than significant |
| **Impact HYD-2** Phase I and Phase II development under the CMH Code could incrementally increase the generation of urban pollutants in surface runoff. Point and non-point sources of contamination could affect water quality downstream. However, implementation of existing regulatory requirements in combination with proposed improvements would reduce impacts to a Class III, less than significant, level. | None necessary | Less than significant |
| **Impact HYD-3** Construction activities have the potential to contribute sediment and urban pollutants to downstream waterways. However, implementation of existing | None necessary | Less than significant |

**Table ES-1**
**Summary of Project Impacts and Mitigation Measures**

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| regulatory requirements reduces impacts to a Class III, less than significant, level. | | |
| ***LAND USE*** | | |
| **Impact LU-1** The proposed Community Memorial Hospital District Development Code would not physically divide an established community and would be consistent with the Midtown Corridors Development Code. This is a Class III, less than significant, impact. | None necessary | Less than significant |
| **Impact LU-2** The proposed Community Memorial Hospital District Development Code is consistent with and implements policies and actions of the 2005 General Plan, in particular the applicable land use and corridor designations. The CMH Code provides development standards specific to the Hospital District area that would not conflict with other regulatory planning documents. The CMH Code is also consistent with the General Plan's growth projections and implementation polices. This is a Class III, less than significant, impact. | None necessary | Less than significant |
| **Impact LU-3** The Hospital District is not subject to any habitat or natural community conservation plan. This is a Class III, less than significant, impact. | None necessary | Less than significant |
| ***WATER SUPPLY*** | | |
| **Impact WS-1** The proposed project would increase water demand, with a net increase of 15.5 acre-feet per year (AFY) during Phase I and a net increase of 12.1 AFY during Phase II, for a total of 27.6 AFY. Projected supplies are sufficient to serve an additional 27.6 AFY through 2030 under normal, single dry and multiple dry year conditions. Therefore, impacts would be Class III, less than significant. | None necessary | Less than significant |
| ***GREENHOUSE GASES*** | | |
| **Impact GCC-1** Development of Phase I and II under the CMH Code would generate GHG emissions; however, the emissions would not exceed the City's selected numeric | None necessary<br><br>See GCC-1 Condition of Approval following Table ES-1 | Less than significant |

**Table ES-1**
**Summary of Project Impacts and Mitigation Measures**

| Impact | Mitigation Measure | Residual Significance |
|---|---|---|
| significance threshold, derived from the January 2008 CAPCOA white paper. To further reduce GHG emissions, the project would include CAPCOA's Level 1 mitigation measures. The project's impacts on global climate change would be Class III, less than significant. | | |
| **Impact GCC-2** The proposed CMH Code is consistent with the GHG reduction strategies and measures in the Climate Action team report, OPR guidance document, and CEQA Guidelines. The proposed hospital expansion is consistent with the Green Guide for Health Care. The CMH Code's impacts related to the project's consistency with plans designed to reduce GHG emissions are Class III, less than significant. | **None necessary** | Less than significant |

# CONDITIONS OF APPROVAL

**T-1** **Traffic Impact Fees.** CMH and any additional developers within the CMH District shall pay applicable City and County traffic impact fees in accordance with adopted policies for fair share ADT attributed to each development. Payment of fees shall occur prior to issuance of a building permit or prior to occupancy for each developer within the CMH District.

**AQ-2** **Construction Air Quality.** The Ventura County Air Quality Assessment Guidelines (October 2003) recommend various techniques to reduce construction-related emissions associated with individual developments. Individual developers within the Hospital District, including the Hospital, shall include techniques to limit emissions of both ozone precursors ($NO_X$ and ROC) and fugitive dust ($PM_{10}$) as identified below:

- *Minimize equipment idling time.*
- *Maintain equipment engines in good condition and in proper tune as per manufacturers' specifications.*
- *Lengthen the construction period during smog season (May through October), to minimize the number of vehicles and equipment operating at the same time.*
- *Use catalyzed diesel particulate filters and low-sulfur diesel fuel*
- *The area disturbed by clearing, grading, earth moving, or excavation operations shall be minimized to reduce dust.*

- *Pre-grading/excavation activities shall include watering the area to be graded or excavated before commencement of grading or excavation operations. Application of water (preferably reclaimed, if available) should penetrate sufficiently to minimize fugitive dust during grading activities.*
- *Fugitive dust produced during grading, excavation, and construction activities shall be controlled by the following activities:*
  - *a) All trucks shall be required to cover their loads as required by California Vehicle Code §23114.*
  - *b) All graded and excavated material, exposed soil areas, and active portions of the construction site, including unpaved on-site roadways, shall be treated to prevent fugitive dust. Treatment shall include, but not necessarily be limited to, periodic watering, application of environmentally-safe soil stabilization materials, and/or roll-compaction as appropriate. Watering shall be done as often as necessary and reclaimed water shall be used whenever possible.*
- *Graded and/or excavated inactive areas of the construction site shall be monitored by the City Building Inspector at least weekly for dust stabilization. Soil stabilization methods, such as water and roll-compaction, and environmentally-safe dust control materials, shall be periodically applied to portions of the construction site that are inactive for over four days. If no further grading or excavation operations are planned for the area, the area should be seeded and watered until grass growth is evident, or periodically treated with environmentally-safe dust suppressants, to prevent excessive fugitive dust.*
- *Signs shall be posted on-site limiting traffic to 15 miles per hour or less.*
- *During periods of high winds (i.e., wind speed sufficient to cause fugitive dust to impact adjacent properties), all clearing, grading, earth moving, and excavation operations shall be curtailed to the degree necessary to prevent fugitive dust created by on-site activities and operations from being a nuisance or hazard, either off-site or on-site. The site superintendent/supervisor shall use his/her discretion in conjunction with the APCD in determining when winds are excessive.*
- *Adjacent streets and roads shall be swept at least once per day, preferably at the end of the day, if visible soil material is carried over to adjacent streets and roads.*
- *Personnel involved in grading operations, including contractors and subcontractors, should be advised to wear respiratory protection in accordance with California Division of Occupational Safety and Health regulations.*

**N-2** **Construction Noise.** Though no significant construction-related noise impacts are required, the following noise reduction techniques are recommended to further reduce construction generated noise. Prior to issuance of any Grading, Building Permit or start of construction, the Applicant shall provide, to the satisfaction of the City's Building

Official, a Noise Mitigation and Monitoring Program. Such plan shall ensure that the proposed project provides the following:

- *Construction contracts shall specify that all construction equipment, fixed or mobile, shall to the extent feasible be equipped with mufflers maintained according to manufacturer's specifications and other state required noise attenuation devices.*
- *Property owners and occupants located within 0.25-mile of the Project construction site shall be sent a notice, at least 15 days prior to commencement of construction, regarding the construction schedule of the proposed Project. A sign, legible at a distance of 50 feet, shall also be posted at the Project construction site. All notices and signs shall be reviewed and approved by the City's Building Official, prior to mailing or posting and shall indicate the dates and duration of construction activities, as well as provide the contact name and a telephone number of the Noise Disturbance Coordinator where residents can inquire about the construction process and register complaints.*
- *The Applicant shall provide, to the satisfaction of the City's Building Official, a qualified "Noise Disturbance Coordinator" who shall be responsible for receiving, registering, and responding to any complaints about construction noise. When a complaint is received, the Coordinator shall notify the City within 24-hours of the complaint and determine the cause of the noise complaint (e.g., starting too early, bad muffler, etc.) and shall implement reasonable measures to resolve the compliant, as deemed acceptable by the City's Building Official. All notices that are sent to residential units within 0.25-mile of the construction site and all signs posted at the construction site shall include the contact name and the telephone number for the Disturbance Coordinator.*
- *Prior to issuance of a Grading, Building Permit or start of construction, the Applicant shall demonstrate to the satisfaction of the City's Building Official how construction noise reduction methods such as shutting off idling equipment, installing temporary acoustic barriers around stationary construction noise sources, maximizing the distance between construction equipment staging areas and occupied residential areas, and electric air compressors and similar power tools, rather than diesel equipment, shall be used where feasible.*
- *During construction, stationary construction equipment shall be placed such that emitted noise is directed away from sensitive noise receivers.*

**GCC-1** **Global Climate Change.** The following design features shall be incorporated.

- *New buildings within the Hospital District will have bicycle parking;*
- *The Hospital District includes transit stops for planned routes;*
- *New buildings within the Hospital District will utilize Energy Star roofs and Energy Star appliances;*
- *New buildings within the Hospital District will comply with Title 24*

*Initial Study*

**ARCH-1** **Pre-Construction Training.** Prior to any earth disturbance or grading, a professional archaeologist shall be retained by the developer to address machinery operators and their supervisors by giving an on-site talk to the peoples who will perform the actual earth-moving activities. This will alert the operators to the potential for finding historic or pre-historic cultural resources.

**ARCH-2** **Archaeological Resources.** Should unanticipated cultural resource remains (cultural resource remains may include artifacts, shell, bone, features, foundations, and trash pits) be encountered during land modification activities, work must cease, and the Planning Director shall be contacted immediately. The developer shall retain a qualified archaeologist to oversee handling of the resources in coordination with the Ventura County Archaeological Society and Native American organizations as appropriate.

**ARCH-3** **Human Remains.** If human remains are discovered during construction-related activities (any permitted action requiring physical digging or grading of a project area using mechanical equipment or hand tools, including core sampling, soil borings, work required for placing caissons or footings, planting trees, disking, grubbing, trenching and installation of poles, underground electrical systems, sewers, water mains, or other utilities, or geological/geotechnical testing) then the procedures described in Section 7050.5 of the California Health and Safety Code shall be followed. These procedures require notification of the County Coroner. If the County Coroner determines that the discovered remains are those of Native American ancestry, then the Native American Heritage Commission must be notified by telephone within 24 hours. Sections 5097.94 and 5097.98 of the Public Resources Code describe the procedures to be followed after the notification of the Native American Heritage Commission

**Table ES-2**
**2005 General Plan**
**Mitigation Monitoring and Reporting Compliance**

| ***MITIGATION MEASURE*** | ***COMPLIANCE*** |
|---|---|
| **AQ-2 Additional Air Quality Actions.** The following actions should be added to the 2005 General Plan to address air quality impacts of future development on a case-by-case basis:<br>• Require air quality analysis of individual development projects in accordance with the most current version of the Ventura County Air Pollution Control District Air Quality Assessment Guidelines and, when significant impacts are identified, require implementation of air pollutant mitigation measures determined to be feasible at the time of project approval. | *Though the mitigation measure applies to the General Plan, it is implemented for this project pursuant to the analysis in Section 4.2, Air Quality and through mitigation measures AQ-3(a-b).* |

**Table ES-2**
**2005 General Plan**
**Mitigation Monitoring and Reporting Compliance**

| ***MITIGATION MEASURE*** | ***COMPLIANCE*** |
|---|---|
| • In accordance with Ordinance 93-37, continue to require payment of fees to fund regional transportation demand management (TDM) programs for all projects generating emissions in excess of Ventura County APCD thresholds. | |
| **AQ-3 Construction Mitigation.** The following actions should be added to the 2005 General Plan to address air quality impacts of future construction projects on a case-by-case basis.<br><br>• Require individual construction contractors to implement the construction mitigation measures included in the most recent version of the Ventura County APCD's Ventura County Air Quality Assessment Guidelines and when significant impacts are identified require implementation of air pollutant mitigation measures determined to be feasible at the time of project approval. | *Though the mitigation measure applies to the General Plan, it is implemented for this project pursuant to the analysis in Section 4.2, Air Quality and through Condition of Approval AQ-2.* |
| **HWQ-2 Additional Drainage Actions.** The following actions shall be added to the 2005 General Plan to address existing storm drain deficiencies.<br><br>• Develop a financing program for the replacement of failing corrugated metal storm drain pipes in the City.<br>• Adopt assessment districts or other financing mechanisms to address storm drain deficiencies in areas where new development is anticipated and deficiencies exist (e.g. Downtown district, Ventura Avenue corridor, and Harbor district).<br><br>The following actions are recommended to minimize the impact of future development on the local storm drain system and implement City goals regarding sustainable infrastructure:<br><br>• As feasible, require new developments to incorporate stormwater treatment practices that allow percolation to the underlying aquifer and minimize offsite surface runoff. Such methods may include, but are not limited to, (1) the use of pervious paving material within parking lots and other paved areas to facilitate rainwater percolation; and (2) construction of retention/detention basins to limit runoff to pre-development levels and to encourage infiltration into the groundwater basin.<br>• Where deemed appropriate, condition new developments adjacent to Ventura County Watershed Protection District channels to dedicate necessary right-of-way to meet future district needs. | *The first, second and fourth bullets of this mitigation measure are not applicable to the project. The project complies with the third bullet as discussed in Section 4.6 Hydrology and Water Quality. The project also implements identified storm drain improvements through mitigation measure HYD-1.* |

**Table ES-2**
**2005 General Plan**
**Mitigation Monitoring and Reporting Compliance**

| ***MITIGATION MEASURE*** | ***COMPLIANCE*** |
|---|---|
| **TC-1 Additional Circulation Actions.** The following actions shall be added to the 2005 General Plan to ensure that traffic impacts of future developments are addressed and mitigated:<br>• Require project proponents to analyze traffic impacts and implement mitigation as appropriate prior to development. Depending upon the nature of the impacts and improvements needed, mitigation may either consist of implementing needed physical improvements, contributing "fair share" fee toward implementation of needed improvements, or some combination thereof.<br>• Update the traffic mitigation fee program to fund necessary citywide circulation and mobility system improvements needed in conjunction with new development. | *Though the mitigation measure applies to the General Plan, the first bullet is implemented for this project pursuant to the analysis in Section 4.5, Traffic and Parking. The second bullet directs the City to update the traffic mitigation fees, which is not applicable to the project; however, the project fee payment is implemented through Condition of Approval T-1.* |
| **U-1 Water System Analysis.** The following action should be added to the 2005 General Plan:<br>• Require project proponents to conduct evaluations of the existing water distribution system, pump station, and storage requirements for the proposed development in order to determine if there are any system deficiencies or needed improvements for the proposed development. | *Though the mitigation measure applies to the General Plan, it is implemented for this project pursuant to the analysis in Section O. of the Initial Study (Utilities), the Water Supply Assessment (Appendix J) and in Section 4.8, Water Supply.* |
| **U-2 Sewer System Analysis.** The following action should be added ot the 2005 General Plan:<br>• Require project proponents to conduct sewer collection system analysis to determine if downstream facilities are adequate to handle the proposed development. | *Though the mitigation measure applies to the General Plan, it is implemented for this project pursuant to the analysis in Section O. of the Initial Study (Utilities).* |

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# 1.0 INTRODUCTION

This document is a recirculated Draft Environmental Impact Report (EIR) for the proposed Community Memorial Hospital District Development Code (" CMH Code"), located in the City of Ventura, County of Ventura.

This section describes: (1) the general background of the project's EIR process; (2); the purpose and legal authority of the EIR (3) the scope and content of the EIR; (4) lead, responsible, and trustee agencies; and (5) the environmental review process required under the California Environmental Quality Act (CEQA).

## 1.1 ENVIRONMENTAL IMPACT REPORT BACKGROUND

### 1.1.1 Master Plan Development/EIR Scoping

Prior to preparing the Development Code, the Moule & Polyzoides consultant team conducted a charrette to gather and incorporate stakeholder and public input. The charrette was conducted on April 21st through April 25th, 2008 to generate the primary content for the Development Code. Attendees included the consultant team, representatives from the City of Ventura, Community Memorial Hospital executives, and members of the public. The feedback and results gained from the charrette were incorporated into the Master Plan and the Development Code. The Master Plan continues to evolve in response to comments from staff, the public and design progressions; however, the preliminary Master Plan is contained for reference in Appendix G.

The City of Ventura prepared a Notice of Preparation (NOP) for an environmental impact report and distributed the NOP for agency and public review for the required 30-day review period from September 21, 2009 to October 20, 2009. During that time, the City received comment letters from agencies and members of the public. The NOP is presented in Appendix A, along with the Initial Study that was prepared for the project.

A public scoping meeting was held on September 12, 2009, at City Hall. The intent of the scoping meeting was to provide interested individuals, groups, public agencies and others a forum to provide input in an effort to assist in further refining the intended scope and focus of the EIR. There were eight people in attendance at the scoping meeting, and the meeting sign in sheet is included in Appendix A. The focus of the scoping meeting was on traffic and parking. The following topics raised at the scoping meeting are addressed in the traffic section of the EIR.

- *Traffic impacts at the intersection of Main Street at Borchard Drive*
- *Impacts to parking supply during construction activities*
- *Long term impacts to parking supply as the Hospital District builds out*

The Historic Preservation Committee and the San Buenaventura Conservancy were involved in evaluation of Project Area structures proposed for demolition and were contacted regarding the scope of the project. Effects to Historic Resources are addressed in Section 4.3, *Historic Resources*.

### 1.1.2 Changes from Previous Draft EIR

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, this Draft EIR is being recirculated to allow for additional public review of the new information. This revised and recirculated document, which supersedes in its entirety the Draft EIR circulated from March 22nd to May 19th. This recirculated Draft EIR includes new information and analysis that addresses relevant comments on the previously circulated Draft EIR. Although the comment letters submitted in response to the original Draft EIR will be part of the administrative record for the project, pursuant to CEQA Guidelines Section 15088.5(f)(1) the City will only be responding to comments submitted in response to this recirculated Draft EIR. Pursuant to CEQA Guidelines Section 15088.5(g), a summary of the revisions to the EIR follows.

Section 1.0 Introduction. This section was amended to expand on the tiering concept and to further explain how the EIR serves as a program and project level EIR. This section was also amended to provide a brief description of the project history and describe the major changes to the document prior to recirculation.

Section 2.0 Project Description. This section was amended to include an expanded description of project design features associated with the Green Guide for Healthcare, additional explanation of expanded square feet for the new hospital and a description of proposed emergency room services/capacity. This section also includes a description of the Memorandum of Understanding between the City and Community Memorial Health System. Lastly, the characterization of the hospital square footage was modified to reflect a gross square footage of about 356,000 square feet. This square footage replaces the previous characterization of the new hospital as 320,000 square feet and the bed increase as 10 licensed beds, rather than the 12 that were previously analyzed. These new numbers were used for the analysis throughout the EIR.

Section 3.0 Environmental Setting. The setting information was amended to include a description of the hospital's current operations and a description of the sensitive receptors in the vicinity of the project. This section was amended to acknowledge a list of planned and pending projects in the immediate vicinity, but maintains the General Plan buildout projections as the basis for cumulative analyses. This section was also amended with language specifically describing the Cancer Center as a concurrent and unrelated project.

Section 4.0 Impact Analysis. This section was be modified to include a discussion of the impacts that were determined to be less than significant pursuant to the analysis of the Initial Study.

Section 4.2 Air Quality. This section was modified to include a discussion of health risk assessment for diesel particulate emissions during Phase I construction and now includes updated modeling and discussion regarding construction truck traffic. Additional background information regarding the Air Quality mitigation fund (Ordinance 93-37) was also be added.

Section 4.4 Noise. New noise measurements were taken to supplement existing information regarding the existing site conditions along roadway segment modeled for traffic noise increases. Additionally, the noise analysis was modified to discuss construction truck trips.

Section 4.5 Traffic and Parking. Impacts and mitigation measures were clarified, while additional information regarding project impacts in the short term were added. Additional discussion was added to further define principal intersections, analysis methodology (ICU vs. HCM), mitigation fees and projects funded by mitigation fees.

Section 4.7 Water Supply and Water Supply Assessment. A new section was added, based on the development of a Water Supply Assessment pursuant to SB 610. The water supply assessment was added to the EIR as Appendix J.

Section 4.8 Land Use. A new section was added to assess land use impacts.

Section 4.9 Greenhouse Gases. The existing Global Climate Change analysis was separated and is now a stand-alone section. Additional clarification was added regarding thresholds, Green Guide for Health Care project design features and greenhouse gas reduction features.

## 1.2 PURPOSE AND LEGAL AUTHORITY

This EIR has been prepared in accordance with the California Environmental Quality Act (CEQA) and the *CEQA Guidelines*. In accordance with Section 15121 of the *CEQA Guidelines,* the purpose of this EIR is to serve as an informational document that:

> *...will inform public agency decision-makers and the public generally of the significant environmental effects of a project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project.*

This EIR is tiered from the 2005 General Plan Final EIR (FEIR) (State Clearinghouse No. 2004101014), which is hereby incorporated by reference and may be reviewed along with this Recirculated DEIR at the City's Community Development Department. The General Plan EIR is available on line at http://www.cityofventura.net/cd/planning, while this Recirculated DEIR is available on line at http://www.cityofventura.net/cd/planning/devreview. Summaries of the relevant discussions in the General Plan and its EIR have been included for each impact section that tiers off of the General Plan EIR. Where applicable, mitigation measures identified in the 2005 General Plan update EIR are incorporated into this Recirculated DEIR (see Table ES-2 in the Executive Summary).

Additionally, this EIR has been prepared as a Program EIR for buildout of phases I and II of the Hospital District Development Code pursuant to Section 15168 of the *CEQA Guidelines,* which states that a Program EIR may be prepared on a series of actions that may be characterized as one large project. The use of a Program EIR can allow a Lead Agency to consider broad policy alternatives and program-wide mitigation measures at an early time when the agency has greater flexibility to deal with basic problems or cumulative impacts.

This EIR also serves as a Project EIR for Phase I of the project, which involves the new hospital building and associated streetscape improvements. A Project EIR examines the environmental effects of a specific development project. This is the appropriate level of review for Phase I of the project, which is a specific development for which the project proponent is currently seeking entitlements.

As discussed further in Section 2.0, *Project Description*, Phase II involves buildout of the remainder of the proposed Hospital District). Because no specific development proposal is envisioned as part of Phase II, that portion of the project and full project buildout are conceptual in nature and are analyzed programmatically, as noted above.

Given the proximity of the hospital and the substantial existing medical-related uses, it is most likely that Phase II will be comprised primarily of medical office use. Pursuant to CEQA's reasonably foreseeable standard, the EIR analyzes that type of use in connection with Phase II.

The medical office uses also happen to usually be the most environmentally intensive use of those permitted by the Hospital District Development Code. For example, trip generation rates and parking requirements associated with medical office use are higher than those associated with other permitted uses such as residential development. Consequently, the EIR analyzes the reasonably foreseeable uses associated with Phase II while also presenting a realistic and even conservative analysis of Phase II's impacts.

In certain circumstances uses other than medical office were analyzed in the DEIR. For example, the noise analysis (Section 4.4) considers impacts to residential uses in Phase II (which are permitted under the Hospital District Development Code but are not expected to occur).

## 1.3 SCOPE AND CONTENT/ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED

This EIR addresses the issues for which the City of Ventura determined that significant environmental impacts could occur based on the Initial Study, responses to the NOP, and comments received on the original Draft EIR. The issues addressed in this EIR include:

- *Aesthetics*
- *Air Quality*
- *Cultural /Historical Resources*
- *Hydrology and Water Quality*
- *Water Supply*
- *Land Use and Planning*
- *Noise*
- *Traffic/Parking*
- *Greenhouse Gas Emissions*
- *Other CEQA sections*

The Initial Study found that there would be no impacts or less than significant impacts in the following areas:

- *Agricultural Resources*
- *Biological Resources*
- *Geology/Soils*
- *Hazards/Hazardous Materials*
- *Land Use and Planning*
- *Utilities and Service Systems*
- *Mineral Resources*
- *Population and Housing*
- *Public Services and Recreation*

This recirculated EIR contains additional discussion on Land Use and Planning as well as Water Supply. These two analyses were added to supplement the analysis contained in the Initial Study and supersede the discussions in the Initial Study. This EIR identifies potentially significant environmental impacts, including site-specific and cumulative effects of the project, in accordance with the provisions set forth in the *CEQA Guidelines.* In addition, the EIR recommends feasible mitigation measures, where possible, that would reduce or eliminate adverse environmental effects.

In preparing the EIR, pertinent City policies and guidelines, certified EIRs and adopted CEQA documents, and background documents prepared by the City were utilized. A full reference list is contained in Section 7.0, *References and Report Preparers*.

The Alternatives Section of the EIR (Section 6.0) was prepared in accordance with Section 15126.6 of the *CEQA Guidelines.* The alternatives discussion evaluates the CEQA-required "no project" alternative and two alternative development scenarios for the Project Area.

The level of detail contained throughout this EIR is consistent with the requirements of CEQA and applicable court decisions. The *CEQA Guidelines* provide the standard of adequacy on which this document is based. Section 15151 of the *CEQA Guidelines* states:

> *An EIR should be prepared with a sufficient degree of analysis to provide decision-makers with information which enables them to make a decision which intelligently takes account of environmental consequences. An evaluation of the environmental effects of the proposed project need not be exhaustive, but the sufficiency of an EIR is to be reviewed in light of what is reasonably feasible. Disagreement among experts does not make an EIR inadequate, but the EIR should summarize the main points of disagreement among the experts. The courts have looked not for perfection, but for adequacy, completeness, and a good faith effort at full disclosure.*

## 1.4 LEAD, RESPONSIBLE, AND TRUSTEE AGENCIES

The *CEQA Guidelines* define lead, responsible and trustee agencies. The City of Ventura is the lead agency for the project because it holds principal responsibility for approving the project.

A responsible agency refers to a public agency other than the lead agency that has discretionary approval over the project. There are no responsible agencies for the proposed Code as the City of Ventura has sole discretionary authority to approve the Project. A "Trustee Agency" refers to a state agency having jurisdiction by law over natural resources affected by a project but without the legal authority to approve or carry out the project [Guidelines §15386]. The project is located within a completely urbanized portion of the midtown area within the City of Ventura. There are no natural resources onsite and there are no trustee agencies for this project.

## 1.5 ENVIRONMENTAL REVIEW PROCESS

The major steps in the environmental review process, as required under CEQA, are outlined below. The steps are presented in sequential order. Figure 1-1 illustrates the review process.

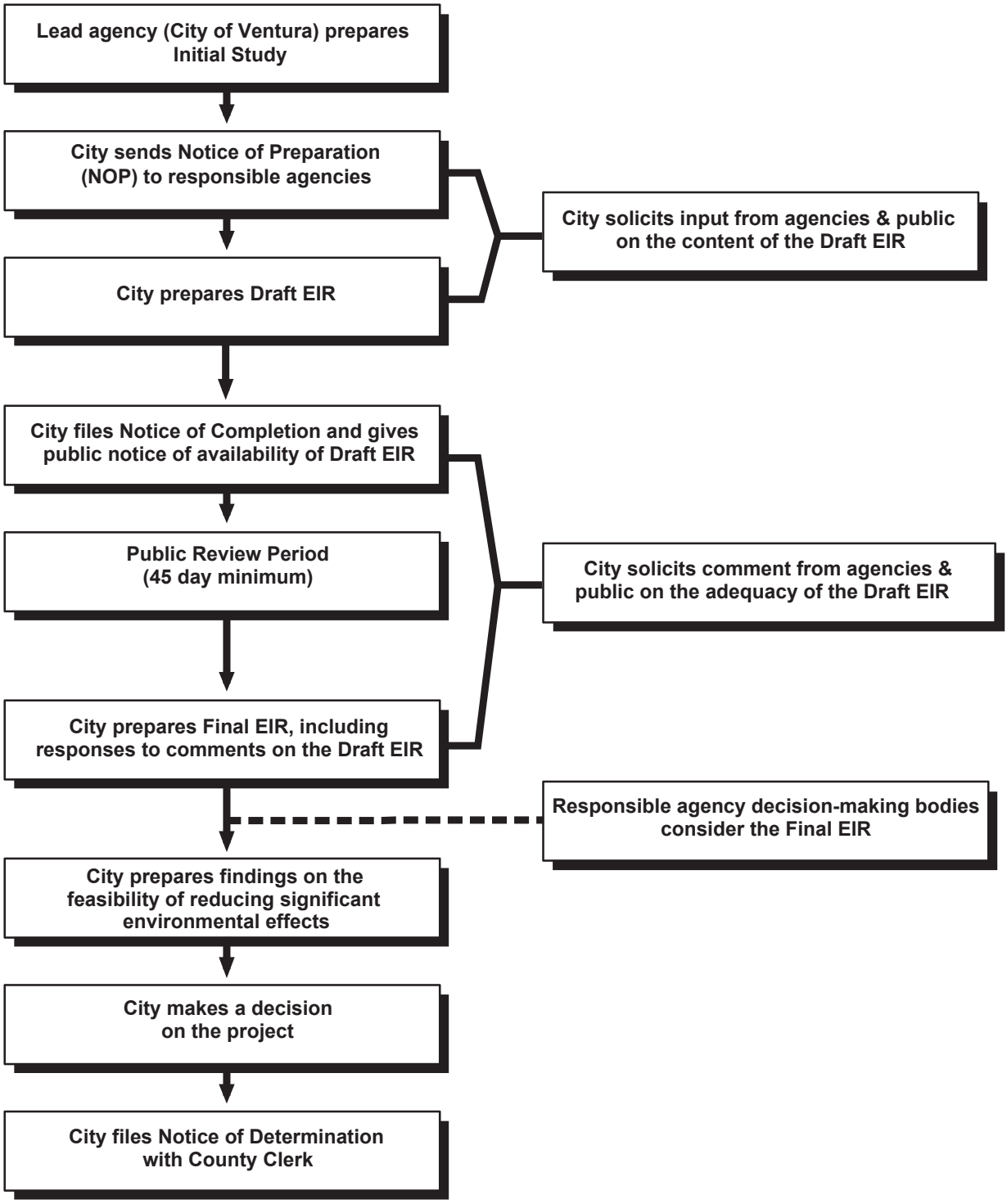
1. **Notice of Preparation (NOP).** After deciding that an EIR is required, the lead agency must file an NOP soliciting input on the EIR scope to the State Clearinghouse, other concerned agencies, and parties previously requesting notice in writing *(CEQA Guidelines* Section 15082; Public Resources Code Section 21092.2). The NOP must be posted in the County Clerk's office for 30 days. The NOP may be accompanied by an Initial Study that identifies the issue areas for which the proposed project could create significant environmental impacts.

2. **Draft Environmental Impact Report (DEIR).** The DEIR must contain: a) table of contents or index; b) summary; c) project description; d) environmental setting; e) discussion of significant impacts (direct, indirect, cumulative, growth-inducing and unavoidable impacts); f) a discussion of alternatives; g) mitigation measures; and, h) discussion of irreversible changes[ §15126(c)].

3. **Notice of Completion.** A lead agency must file a Notice of Completion with the State Clearinghouse when it completes a Draft EIR and prepare a Public Notice of Availability of a Draft EIR. The lead agency must place the Notice in the County Clerk's office for 30 days (Public Resources Code Section 21092) and send a copy of the Notice to anyone requesting it *(CEQA Guidelines* Section 15087). Additionally, public notice of DEIR availability must be given through at least one of the following procedures: a) publication in a newspaper of general circulation; b) posting on and off the project site; and c) direct mailing to owners and occupants of contiguous properties. The lead agency must solicit input from other agencies and the public, and respond in writing to all comments received (Public Resources Code Sections 21104 and 21253). The minimum public review period for a DEIR is 30 days. When a Draft EIR is sent to the State Clearinghouse for review, the public review period must be 45 days unless the Clearinghouse (Public Resources Code Section 21091) approves a shorter period.

4. **Final EIR.** A Final EIR (FEIR) must include: a) the Draft EIR; b) copies of comments received during public review; c) list of persons and entities commenting; d) responses to comments; and e) a mitigation monitoring and reporting program.

5. **Certification of FEIR.** Prior to making a decision on a proposed project, the lead agency must certify that: a) the FEIR has been completed in compliance with CEQA; b) the FEIR was presented to the decision-making body of the lead agency; and, c) the decision-making body reviewed and considered the information in the FEIR prior to approving a project *(CEQA Guidelines* Section 15090).




CEQA Environmental Review Process

Figure 1-1

6. **Lead Agency Project Decision.** A lead agency may: a) disapprove a project because of its significant environmental effects; b) require changes to a project to reduce or avoid significant environmental effects; or, c) approve a project despite its significant environmental effects, if the proper findings and statement of overriding considerations are adopted *(CEQA Guidelines* sections 15042 and 15043).

7. **Findings/Statement of Overriding Considerations.** For each significant impact of the project identified in the EIR, the lead or responsible agency must find, based on substantial evidence, that either: a) the project has been changed to avoid or substantially reduce the magnitude of the impact; b) changes to the project are within another agency's jurisdiction and such changes have or should be adopted; or, c) specific economic, social, or other considerations make the mitigation measures or project alternatives infeasible *(CEQA Guidelines* Section 15091). If an agency approves a project with unavoidable significant environmental effects, it must prepare a written Statement of Overriding Considerations that sets forth the specific social, economic, or other reasons supporting the agency's decision.

8. **Mitigation Monitoring Reporting Program.** When an agency makes findings on significant effects identified in the EIR, it must adopt a reporting or monitoring program for mitigation measures that were adopted or made conditions of project approval to mitigate significant effects.

9. **Notice of Determination.** An agency must file a Notice of Determination after deciding to approve a project for which an EIR is prepared *(CEQA Guidelines* Section 15094). A local agency must file the Notice with the County Clerk. The Notice must be posted for 30 days and sent to anyone previously requesting notice. Posting of the Notice starts a 30-day statute of limitations on CEQA legal challenges [Public Resources Code Section 21167(c)].

# 2.0 PROJECT DESCRIPTION

The proposed Project involves the adoption of the Community Memorial Hospital District Development Code, hereinafter referred to as the CMH Code, amendment of the existing Midtown Corridors Development Code, as well as construction of a new 355,667 square foot, six-story hospital building. For the purposes of analysis, the project will be characterized as 356,000 square feet. Other improvements within the Hospital District include abandonment of portions of Cabrillo Drive and Glen Street and extension of Borchard Drive north to Loma Vista Road, as well as creation of a new street connection to the Hospital from Main Street.

This section of the EIR describes the characteristics of the Hospital District, objectives, buildout potential of the CMH Code, and the approvals needed to implement the CMH Code. In addition, this EIR at times also refers to the Master Plan, which characterizes the vision, goals and policies that are implemented through the CMH Code. The Master Plan describes how 2005 General Plan policies and actions are applied to the Project Area and is available on file at the City Planning Counter for review. The Project Description and subsequent analysis focuses primarily on the Development Code. The Development Code is contained in Appendix G.

## 2.1 PROJECT PROPONENT

Community Memorial Health System
147 North Brent Street
Ventura, CA 93003

## 2.2 GEOGRAPHIC EXTENT OF THE PROJECT AREA

The Project Area is located in the City of Ventura, California (City) as shown in Figure 2-1. The Project Area encompasses about 14 acres and is roughly triangular in shape. It is located in the Midtown area of the City and is bounded by Loma Vista Road to the north and Brent Street to the east. The western boundary of the Project Area corresponds to Main Street. However, a portion of the Project Area (Main Street fronting parcels and Midtown Corridor corner parcels) will not be subject to the CMH Code. Figure 2-2(a-c) show the project boundaries relative to different actions triggered under the project. The project will trigger three types of modifications to the City's zoning code. These zoning modifications are differentiated below and the respective geographic extent is shown on Figures 2-2(a-c).

- *Add Shopfront Frontage Type to a portion of the Midtown Corridors Code as shown on Figure 2-2(b).* A portion of the property that is currently within the Midtown Corridors Code will be amended to specify the Shopfront Frontage Type along the boundaries that face open space or street frontage. Figure 2-2(b) shows the geographic extent of this zoning modification.

*Basemap Source: ESRI Data, 2004, and USGS/CDFG, 2002.*

★ Project Location

N

0 5 10 Miles

Regional Location

Figure 2-1

*Basemap Source: CIRGIS, 2009.*

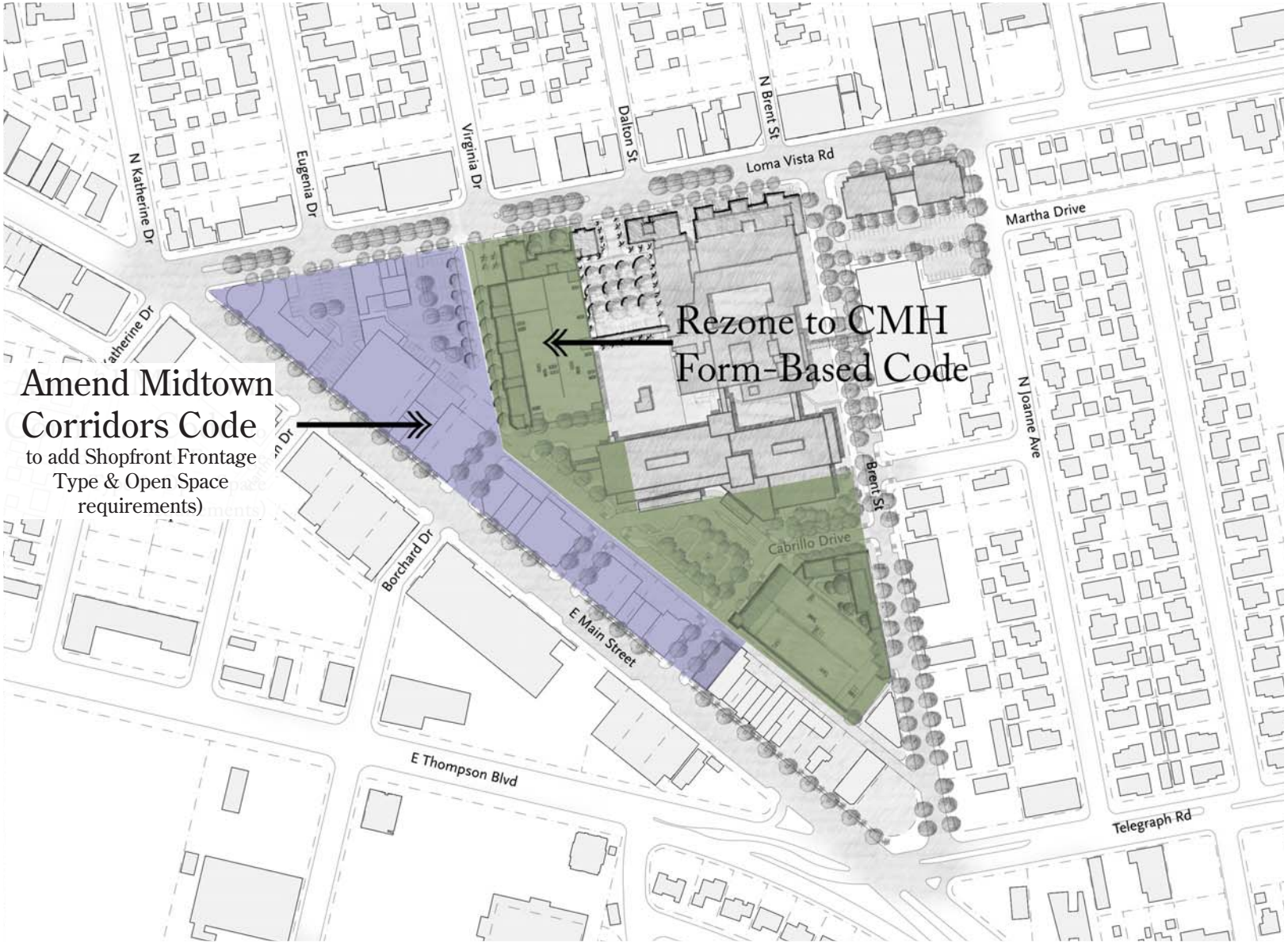
**Project Boundary**
Total Parcels Affected by the Zoning Amendments

N

0 100 200 400 Feet

Project Area Location

Figure 2-2a




0 100 200 400 Feet
(Approximate Scale)

Zoning Modification Boundary

*Source: City of Ventura, January 2010.*

Figure 2-2b

0 100 200 400 Feet
(Approximate Scale)

Parcels Included in the CMH Form-Based Code

*Source: City of Ventura, January 2010.*

Figure 2-2c

- *Remove from Midtown Corridors Code and Add to CMH Code.* Select properties that do not front Main Street or form Midtown Corridor Code corner frontage will be removed from the Midtown Corridors Code and added to the area that will be subject to the CMH Code, through adjustment of the Midtown Corridor Code Boundary. This area will form the campus that lies south and west of the hospital. Figure 2-2(b) shows the geographic extent of this property.

- *Rezone to Establish the CMH District and Boundary.* The property that is removed from the Midtown Corridors Code will be rezoned to Hospital District (SD:H1). The exiting Hospital Zone and Professional Office Zone will also be rezoned to create SD:H1. Figure 2-2(c) shows the geographic extent of this area, which is roughly bounded by the alley to the west, Loma Vista Road to the north and North Brent Street to the east.

The Project Area is regionally accessible by State Route (SR) 126 and U.S. Highway 101. Figure 2-1 illustrates the Project Area in its regional context. Figure 2-2 (a-c) illustrates how different portions of the Project Area will be affected by the Project.

## 2.3 CURRENT LAND USE AND REGULATORY SETTING

### 2.3.1 Current Land Uses

The proposed Hospital District is currently occupied by an eight-story, 225,299 square foot (sf) hospital building, smaller hospital-owned properties on the south side of the main hospital building along Cabrillo Drive, commercial and residential buildings along Brent Street, and parking facilities. The Hospital District vicinity includes residential neighborhoods to the north and east, while commercial retail and medical office uses are situated along Main Street, Loma Vista Road, North Brent Street and Thompson Boulevard. Parcels within the Project Area comprise about 14 acres of land (see Table B-1 Parcel Details in Appendix B). Parcels within the Hospital District comprise about 10 acres. Figure 2-3 illustrates existing conditions within the Project Area.

### 2.3.2 Land Use Regulatory Overview

The Project Area is within the City of Ventura and is therefore under the City's regulatory authority. Development within the City is guided by policies and programs of the 2005 General Plan, which are further implemented by the zoning code. Following is a description of the applicability of relevant planning documents. Table 2-1 summarizes the existing characteristics of the Project Area.

**2005 General Plan**

The Ventura General Plan was adopted in 2005. The 2005 General Plan establishes the land use designations, policies, programs, standards, and goals for development of the City and its

**Photo 1** - Community Memorial Hospital.

**Photo 2** - Medical Office Building.

**Photo 3** - Residential unit.

**Photo 4** - Office building with hospital building behind.

Existing Visual Character of Project Area

Figure 2-3

sphere of influence through 2025. The 2005 General Plan is a formal expression of community goals and desires.

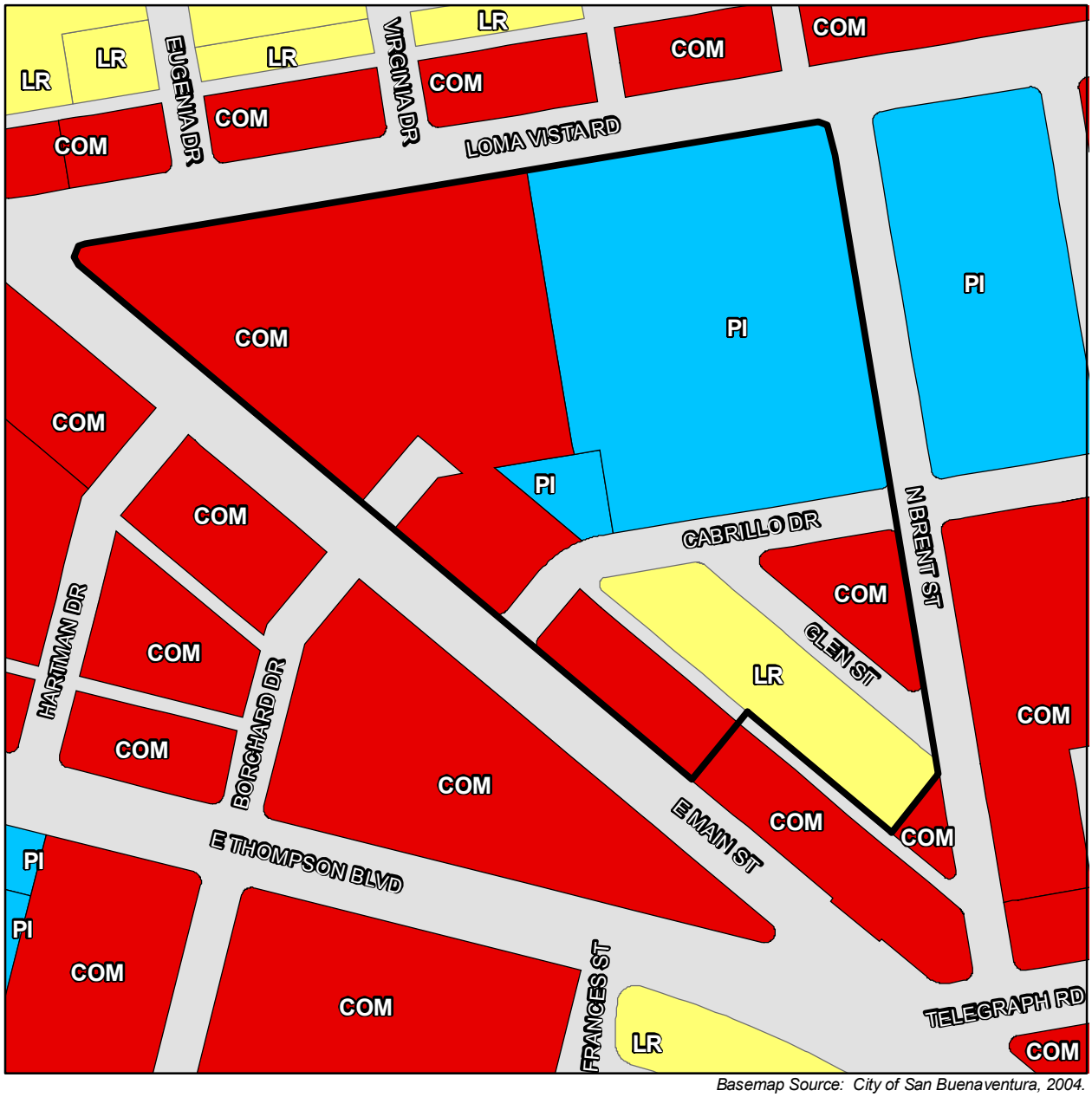
**Table 2-1**
**Existing Project Area Characteristics**

| | |
|---|---|
| 2005 General Plan Land Use Designations | Public and Institutional; Commerce |
| Zoning Designation | (T5.2) Urban Neighborhood Center<br>(H) Hospital and (P-O) Professional Office Zone |
| Midtown Corridor Regulating Plan Designations | T5.2 Urban Center Zone, with the following overlays:<br>Hospital overlay and Residential Two (2) overlay for the property fronting Loma Vista Road, while a shopfront frontage overlay lies along Main Street and Loma Vista Roads. |
| Current Use and Development | Hospital facility, support medical facilities and general commercial uses |
| Regional Access<br>Local Access | State Route 126 and U.S. Highway 101<br>Loma Vista Road, Main Street, Thompson Boulevard, Brent Street, Cabrillo Drive |
| Public Services | Water: City of Ventura<br>Sewer: City of Ventura<br>Fire: Ventura Fire Department<br>Police: Ventura Police Department |

The 2005 General Plan describes a number of subareas within the City. The Project Area is within the Loma Vista Road Corridor as identified by the 2005 General Plan. The Loma Vista Road Corridor is described as the ideal place to focus on creating a concentration of medical and research-centered business and the CMH Code implements this vision of the 2005 General Plan. The Project Area is also partially contained within the Main Street Corridor and the Telegraph Road Corridor. The west and southeast portions of the Project Area are designated as 'Commerce' on the 2005 General Plan Land Use Map, while the northeast corner of the Project Area is designated as 'Public and Institutional' on the General Plan Land Use Map (see Figure 2-4). The southern portion of the Project Area, which is currently developed with a rectangular surface lot, is designated for residential development as Neighborhood Low (0-8du/acre). Each of these General Plan land use designations is shown on Figure 2-4, while Figure 2-5 shows the existing zoning for the entire Project Area. Development within this area is guided by General Plan policies, the zoning ordinance, and citywide design guidelines.

## Midtown Corridors Development Code

The Midtown Corridors Development Code is a form-based code that is applicable to the Main Street and Thompson Boulevard corridors. The Midtown Corridors Development Code




*Basemap Source: City of San Buenaventura, 2004.*

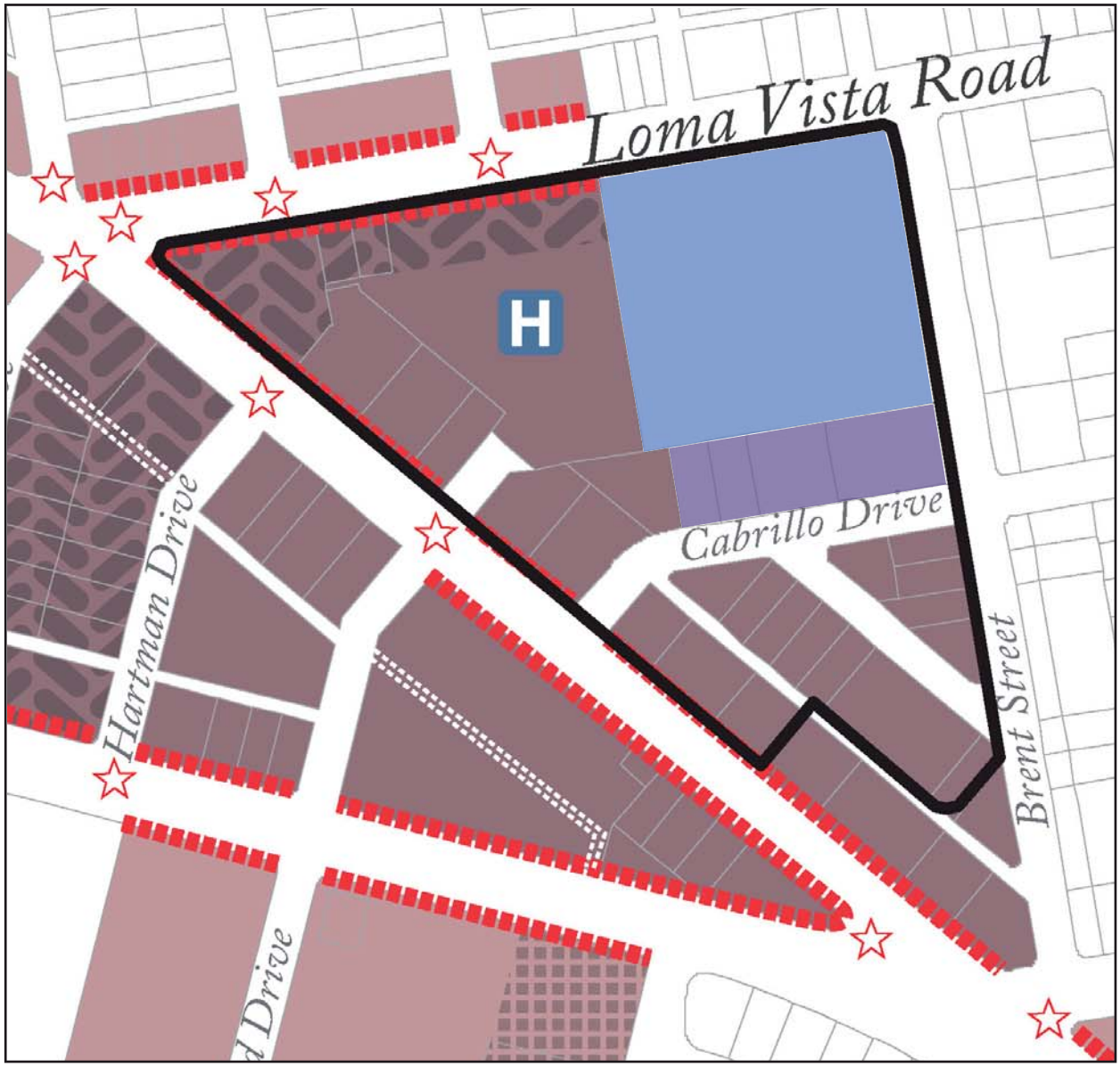
Project Area
Commerce
Neighborhood Low (up to 8du/acre)
Public and Institutional

N

0 100 200 400 Feet

Existing 2005 General Plan
Land Use Designations

Figure 2-4




*Basemap Source: Adapted from Regulating Plan, Figure 1-1 Midtown Corridors Development Code, Adopted by the City Council December 17, 2007.*

- T5.2 Urban Center Zone
- T4.5 General Urban Zone
- Residential Overlay One (1)
- Residential Overlay Two (2)
- Shopfront Overlay
- Proposed Rear Alley
- Terminated Vistas
- Hospital Planning Area
- Hospital Zone (H)
- Professional Office Zone (P-0)
- Project Boundary

N

0 100 200 400 Feet

Existing Zoning

Figure 2-5

regulates form and land uses in the vicinity of the Main Street and Thompson Boulevard corridors, including about half of the Project Area (see Figure 2-5). As shown on Figure 2-5, the Midtown Corridors Development Code currently regulates zoning of all land uses within the Project Area, except the property that contains CMH and the property between the hospital and Cabrillo Drive. Properties along the Main Street corridor will remain subject to the Midtown Corridors Development Code (see Figure 2-6). Several changes to the Midtown Corridors Code would be triggered under the Project as proposed to integrate the areas governed by each code. A City-owned open space area is planned for a triangular area west of the future Borchard Drive extension and opposite the existing Parking Garage. The OS zone is not currently part of the Midtown Code. Additionally, properties that are currently located within the boundary of the Midtown Code would be removed and added to the CMH Code [see Figure 2-2(b)], this boundary relocation would be an amendment to the Midtown Code. Other minor amendments to the Midtown Code include adding a shopfront overlay frontage type to interior street and open space frontages (see Figure 2-6); and removing the terminated vistas designation from Borchard Street.

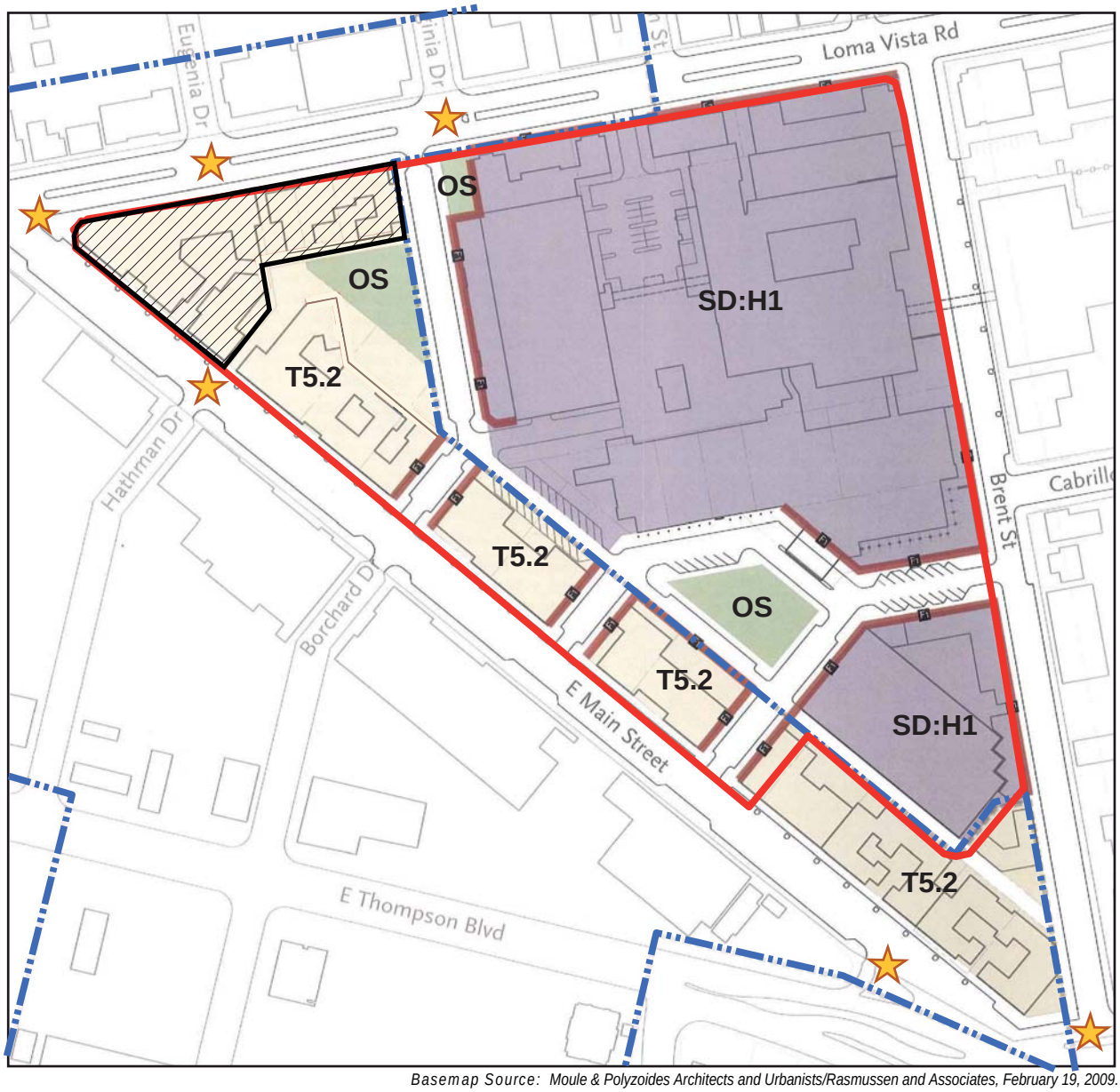
**Proposed Community Memorial Hospital District Development Code**

The Community Memorial Hospital District Development Code (CMH Code) is a form-based code that was developed to be consistent with the Midtown Corridors Development Code. In particular, the CMH Code aims for human-scale development that is pedestrian oriented, incorporates a mix of land uses, and has effective circulation elements. The proposed CMH Code will define the Hospital District (SD:H1), which will amend the zoning ordinance. The new SD:H1 district will be subject to the CMH Code, which will supersede the existing zoning requirements for that area. The CMH Code includes open space elements, and consequently, includes an Open Space Zone (OS) designation. Two open space areas are planned as part of the Hospital District, including the Hospital Plaza, which is located opposite the entry to the hospital, as well as a plaza at the southeast corner of the future intersection of the Borchard Drive extension at Loma Vista Road. Also envisioned under the CMH Code is the realignment of Cabrillo Drive west of North Brent Street. Under the CMH Code, Cabrillo Drive would be moved approximately 50 feet to the south at N. Brent Street, continuing westward for about 200 feet and then branching to two streets. The north branch would connect with the existing Cabrillo Drive alignment and outlet on Main Street as occurs currently, while the southern branch would outlet on Main Street to create a new pedestrian and vehicular linkage to the hospital district and new open space area.

## 2.4 CODE PURPOSE

The CMH Code is intended to guide future improvements to the existing hospital and Project Area. The overall purpose of the CMH Code is to:

- *Ensure that development is of human scale, primarily pedestrian-oriented, and designed to create attractive streetscapes and pedestrian spaces;*
- *Moderate vehicular traffic by providing for a mixture of land uses, pedestrian-oriented development, compact community form, safe and effective traffic circulation, and appropriate parking facilities;*




*Basemap Source: Moule & Polyzoides Architects and Urbanists/Rasmussen and Associates, February 19, 2009.*

- Project Area Boundary
- Proposed New Midtown Corridor Code Boundary
- Hospital District Zone (SD:H1)
- T5.2 Urban Center Zone
- Open Space Zone (OS)
- Frontage Overlay
- Residential Overlay Two (2)
- Terminated Vistas Project

N

0 100 200 400 Feet

Proposed Zoning

Figure 2-6

- *Provide standards for the continuing orderly growth and development of the City that will assist in protecting and enhancing the community identity of Ventura;*
- *Conserve and protect the City's natural beauty and setting, including scenic vistas, cultural and historic resources, hills and trees;*
- *Ensure that proposed development and new land uses conserve energy and natural resources; and*
- *Provide for compatibility between different types of development and land uses through effective urban and architectural design.*

## 2.5 PHYSICAL CHARACTERISTICS OF PLANNED DEVELOPMENT

The CMH Code will create a concentration of medical and office buildings that incorporate, or are adjacent to, retail and housing uses. Key principles incorporated into the CMH Code to achieve an integrated urbanism community include pedestrian orientation, a mix of land uses, infill development, interconnected street systems, public realm qualities, distinct character, smart transportation and parking, and ease of use. A conceptual drawing of Phase I development under the CMH Code is shown on Figure 2-7. A conceptual drawing of Phase II development is shown on Figure 2-8, while a conceptual rendering of the massing standards allowed under the CMH Code is illustrated on Figure 2-9.

### 2.5.1 Development along Perimeter Roadways.

**Loma Vista Road.** It is estimated that the CMH Code would allow for about 87,150 square feet (sf) of new office use along Loma Vista (see Table 2-3). This new development along Loma Vista Road also includes an open space pocket park at the southeastern corner of the intersection formed by the new Borchard Drive extension at Loma Vista Road, as well as a landscaped parking court, with access from Loma Vista. Buildings along Loma Vista Road would have a maximum height of 55 feet. Medical office buildings are anticipated to eventually replace existing surface parking lots along Loma Vista Road. The building immediately east of the proposed Borchard Drive extension would serve as a "liner" building, which would serve to block views of the existing parking structure. This liner building would involve development of about 34,800 sf of office uses (see Table 2-3). The proposed Borchard Drive extension liner building would have a maximum height of 55 feet.

**Brent Street.** The 225,299 sf existing hospital facility would continue to be used by the hospital for non-essential services, including storage and warehouse functions, business offices, purchasing, medical records, information technology support, student nurse teaching laboratories, volunteer support, laundry, and a variety of out-patient services. These non-essential hospital support services are anticipated to occupy 121,000 sf of the existing hospital building (see Table 2-3). However, there is a surplus of about 104,000 sf that is proposed for adaptive reuse. The uses that have been identified as compatible include additional out-patient service use, cancer awareness and community education, consolidation of administrative and business functions that are currently located off-site, physician offices, skilled nursing, temporary housing for patient families or hard to recruit re-locating employees, and wet lab/incubator space for biotechnology businesses or educational programs.

*Drawing source: Moule & Polyzoides, Architects, Rasmussen & Assoc. January, 2010.*

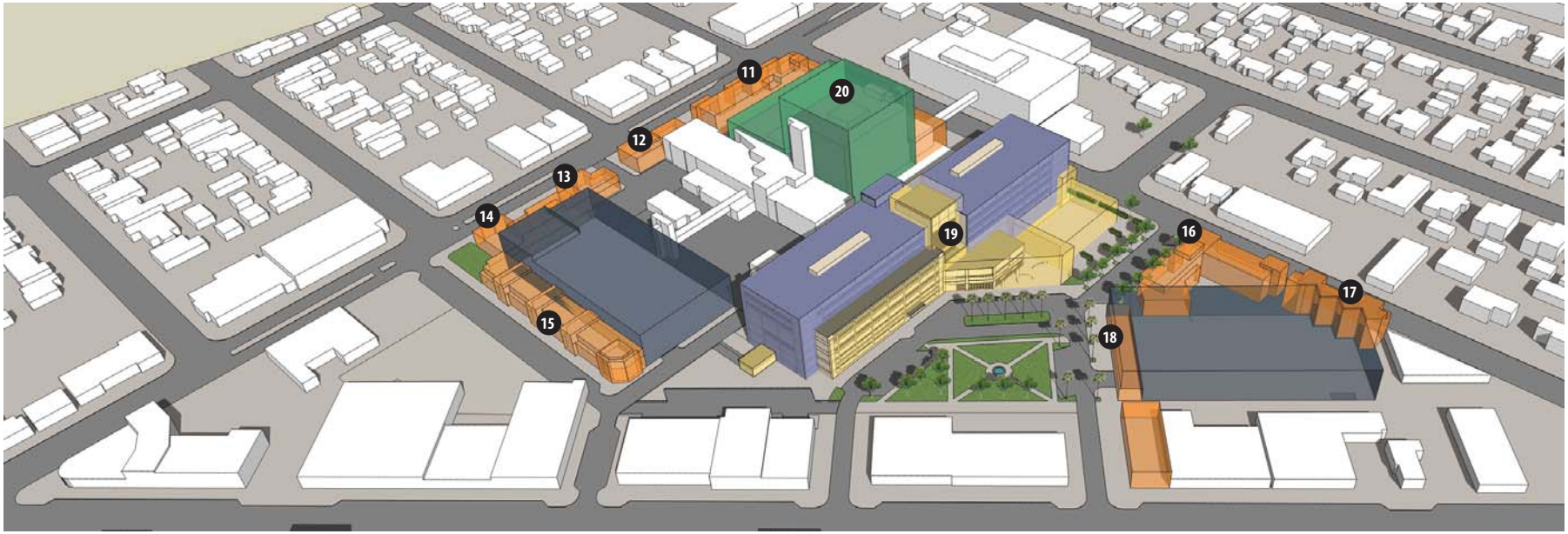
Illustrative Phase I Development

Figure 2-7

*Drawing source: Moule & Polyzoides, Architects, Rasmussen & Assoc. January, 2010.*

Illustrative Phase II Development

Figure 2-8




Massing Diagram

*Basemap Source: CMH Development Team, January 2010.*

Figure 2-9

Further to the south along Brent Street, liner buildings are planned along the eastern edge of the proposed new garage, south of Cabrillo Street. It is estimated that these buildings would accommodate about 41,000 square feet of medical office use. This area is currently occupied by single family residences that would be demolished to construct the new parking garage and liner buildings. The parking garage is anticipated to be a maximum height of 55 feet tall and would provide 570 parking spaces.

### 2.5.2 The New Hospital Building and Its Services

The existing Community Memorial Hospital provides a full-range of medical care services. The hospital currently has 53 single rooms, 79 double rooms, four triple rooms, one four-bed neonatal nursery, a six-bed neonatal nursery, a ten-bed intensive care unit with an open plan, and an eleven-bed coronary care unit. There are a total of 53 single beds/rooms and 189 shared room beds in the existing hospital. There is also an emergency room with 24 treatment spaces.

The new hospital facility would be a 356,000 sf, six-story building with one basement level. The new building would be located south of the existing hospital facility on Brent Street (see figures 2-7 and 2-8). The new hospital building would have a footprint of about 54,000 sf. Capacity of the hospital facilities is anticipated to incrementally increase from 242 to 252 licensed hospital beds. The new hospital building is being designed to provide 234 single-bed rooms, three neonatal nursery units with six beds in each unit, and a combined intensive care and coronary car unit (the combined bed total, currently 21 at the existing hospital, is expected to be between 24 and 30 at the new hospital). This increase is designed to increase operational efficiency and patient satisfaction. Similarly, treatment spaces in the Emergency Room will increase from 24 to 40 to increase operational efficiency, decrease waiting room time and increase patient satisfaction. A more complete description of the functionality of the proposed Emergency Room is contained in Appendix B along with further detail on the combined intensive and coronary care units. Based on the existing hospital employees/beds ratio of 1,450 employees/242 beds, it is estimated that about 60 new employees would be generated by a 10 bed increase. This conservative measure (due to the hospital's current lower employee ratio) is also expected to encompass possible minor staffing increases in the intensive and coronary care units and the Emergency Room. Essential services, as defined by California code, would be relocated to the new portion of the hospital building. Non-essential services are expected to remain in the existing building, and would utilize 121,000 sf, or approximately 54% of the current facility.

The purpose of increasing overall building area within the new hospital is to meet current industry standards with respect to space requirements, including changing code requirements, providing larger private patient rooms, and adequately accommodating outpatient services. The new hospital would be about 356,000 sf, plus the 121,000 sf of non-essential services in the old building for a total of 477,000 square feet. This is about 1,893 square feet per bed. The median square feet per bed for 71 replacement community hospitals across the United States as reported by Stroudwater Associates (2009) ranged from 2,286 square feet to 2,989 square feet (sum of baseline square feet and square feet/bed increase). Thus, this hospital replacement project with 1,893 square feet per bed is within the study range and below the median values.

As noted, above, the hospital's existing emergency room contains approximately 24 treatment spaces. ER patients currently must share treatment spaces with others while they are moved to other hospital service areas (e.g., radiology and imaging) for treatment, and current ER patients occasionally must wait to receive another ER treatment space. In order to ensure that ER patients have their own treatment space for the duration of their stay, the new hospital would have 40 treatment spaces. Of these 40, five would be committed to new "fast-track" subdivision of the ER that would be utilized to treat less acute needs quickly. These measures are expected to decrease waiting room time and increase patient satisfaction. Because emergency room visits are unpredictable and are generally accommodated at the hospital now regardless of capacity, these measures are not expected to significantly increase the demand for hospital services. Rather, they are being implemented to better serve existing ER service demands. Accordingly, staffing is not expected to significantly increase for ER services. Similarly, the combined intensive and coronary care unit will permit hospital staff to more efficiently operate both care units. Like the ER, patient demand for these care units is unpredictable, and the combined unit is not expected to increase the demand for intensive or coronary care services but rather is expected to better serve existing demands and increase patient satisfaction.

In addition to the primary hospital buildings, the new hospital would have three cooling towers located on its rooftop. The towers would be 500 tons each and would be 24' by 12' by 11'. There would also be two emergency generators at 1,500 kW each. Lastly, under current conditions there are about 12 helicopter landings at the hospital helipad (located on the roof of the existing parking garage) per year with no anticipated increase under the proposed project.

The proposed new hospital is registered with the Green Guide for Healthcare Program. The Green Guide for Health Care,™ is the healthcare sector's first quantifiable sustainable design toolkit integrating enhanced environmental and health principles and practices into the planning, design, construction, operations and maintenance of healthcare facilities. The Green Guide is not a LEED® rating system and is not a product of the U.S. Green Building Council. However, the Green Guide has a history of collaboration with the U.S. Green Building Council, beginning with an agreement in 2002 to borrow the organizational structure from the USGBC's LEED Green Building Rating System. The Green Guide for Healthcare adopted the LEED structure because it is a familiar and effective method used by a rapidly growing segment of the building design, construction, operations and maintenance industries. For many credits, the Green Guide directly incorporates the language of a parallel LEED credit, referencing credits in the LEED systems for New Construction, Existing Buildings — Operations and Maintenance and Commercial Interiors. In some cases, existing LEED credits have been modified to respond to the unique needs and concerns of healthcare facilities. In others, new credits have been added beyond those in current LEED products.

At this preliminary stage in the design process, the project has been registered and numerous credits have been identified for pursuit. It is anticipated the project would achieve between 24 -40 total points. A list of some of these credits are as follows.

- *SSP1* *Erosion control plan*
- *SS1* *Avoid virgin land*
- *SS2* *Density of > 30ksf/acre*
- *SS4.1* *Locate building within ¼ mile of two bus lines*

- *SS4.2 Incorporate bike racks and showers*
- *SS4.3 5% preferred parking for fuel efficient vehicles*
- *SS4.4 5% preferred parking for carpools*
- *SS5.3 50% of parking in a structure*
- *SS6.1 decrease runoff by 25%*
- *SS6.2 Treat 90% of runoff*
- *SS9.1 Provide outdoor place of respite*
- *WEP1 Non-potable water for equipment cooling*
- *WE2.1 Water use measurement (separate meters for different uses)*
- *WE2.2 Motion sensor valves in patient sinks and public toilets*
- *WE2.5 Condensate reuse*
- *EAP1 Basic commissioning*
- *EAP2 Min. energy performance*
- *EAP3 No CFC based refrigerants in HVAC*
- *EA1.0 Optimize energy performance*
- *EA5 Electricity use measurement (separate metering for distinct uses)*
- *EA6.0 Green power purchase contract*
- *EA7 Equipment efficiency (75% of equipment equal to "energy star")*
- *MRP1 Designated recycling collection areas*
- *MRP2 Mercury elimination I (mercury reduction plan, no mercury in equipment, No HID mercury vapor lamps, Energy Star exit signs)*
- *MR2.1 Recycle 50% of construction waste*
- *MR4.2 Mercury Elimination II (low mercury fluorescent lamps)*
- *MR4.3 Lead and cadmium free paints*
- *MR5.1 Furniture reuse/recycle*
- *EQP1 Minimum AIQ performance*

### 2.5.3 Open Space

Open space within the Hospital District would include two public open space areas (see Figure 2-7). A Hospital Plaza is planned in front of the new hospital building on Cabrillo Drive, while a pocket of open space would be located at the southeast corner of the intersection of the new Borchard Drive extension with Loma Vista Road. A third open space area is planned for a triangular area southwest of the intersection of the proposed Borchard Drive extension at Loma Vista Road, opposite the existing parking garage. However, this plaza would be constructed within the zone regulated by the Midtown Corridor Development Code.

A private hospital affiliated healing garden is also planned for the northern side of the new hospital building. Other public realm improvements include a Street Tree Program, which would determine the species of trees for each street in the Hospital District. Street trees include red-flowering gum trees, gold medallion trees, Mexican fan palms, Chinese flame trees, rainbow eucalyptus, and New Zealand Christmas trees.

### 2.5.4 Parking

Parking was identified as one of the major issues to be evaluated for hospital operations and buildout under the CMH Code. The following parking requirements will be applied to the Hospital District.

- *One parking space per 1,500 square feet of residential land uses in the Hospital District*
- *Two spaces per bed for the hospital*
- *One space per 300 square feet of gross floor area for all other non-residential uses*

Physical elements related to parking and transportation, as proposed in the Master Plan and Development Code include the following.

- *Streetscape improvements such as corner bulbouts to better define on-street parking and pedestrian circulation along Loma Vista Road*
- *Realignment of Cabrillo Drive and extension of Borchard Drive south of Loma Vista Road*
- *Streetscape improvements along Brent Street and Cabrillo Drive*
- *Provision of a landscaped parking court accessed from Loma Vista Road*
- *Addition of 94 public spaces in the existing parking structure by moving the public/private separation gate upwards*
- *Construction of a new 570 space parking structure in the southern portion of the Project Area (see Figure 2-7 and 2-8)*

A central parking structure would be constructed between Cabrillo Drive, Brent Street, and Main Street, on land owned by the City (see Figure 2-7, 2-8, and 2-9). This structure would contain five levels and would allow for 570 new parking spaces. Cabrillo Drive would be realigned and would meet Brent Street in a T-shaped intersection. Additionally, Borchard Drive would be extended south of Loma Vista Road within the Project Area. Realignment of streets is intended to facilitate pedestrian and vehicular traffic and to create a system of smaller blocks. In addition, the street network would provide direct access to both Hospital District parking garages from Loma Vista Road, Main Street, and Brent Street (see Figure 2-7).

### 2.5.5 Storm Water

The project will take advantage of several grassy areas throughout to allow for infiltration and treatment of rain water to comply with applicable NPDES requirements. The required runoff will be diverted to the proposed treatment facilities for treatment and infiltration. These treatment facilities will be designed to provided treatment and infiltration of ¾" of runoff from the re-developed site (e.g. for 5 acres the required volume that needs to be treated and infiltrated is 5 ac * 3/4" = 13,620 cf. To prevent debris, sediment and trash from entering the proposed treatment facilities, all proposed storm drain inlets will be fitted with storm drain filters. These filters will also capture oils and grease, metals, gasoline suspended solids and pathogens. Also, all proposed storm drain inlets will be properly signed with stenciling to

discourage illegal dumping. Refer to Appendix F of the Hydrology Report for the description of these filters

### 2.5.6 Allowed Land Uses

The Hospital District is intended to be developed as a hospital campus that is consistent with the surrounding Midtown Corridor Code and sensitive to north and easterly residential neighborhoods. The Hospital District is an existing built environment with residences, commercial buildings, the existing hospital building, and surface parking. Ultimately much of the existing surface parking and nine existing buildings would be demolished to accommodate future redevelopment. Redevelopment is anticipated to include a variety of uses that would enhance the hospital campus. Allowable uses defined in the CMH Code are shown in Table 2-2.

**Table 2-2**
**Allowed Land Uses & Permit Requirements for Hospital District Zones**

| Land Use | Zone | | Additional Regulations |
|---|---|---|---|
| | SD:H1 | OS | |
| *Retail* | | | |
| Bar, tavern, night club | UP | --- | ZO 24.460 |
| Gas Stations | --- | --- | |
| General Retail, except with any of the following features | P | --- | |
| Alcoholic Beverage Sales | UP | --- | ZO 24.460 |
| Auto – or motor-vehicle related sales or services | --- | --- | |
| Drive-through facility | --- | --- | |
| Floor area over 20,000 sf | --- | --- | |
| Restaurant | P | --- | |
| *Services – Business, Financial, Professional* | | | |
| Bank, financial services | P | --- | |
| Business support service | P | --- | |
| Medical/Dental | P | --- | |
| Office | P | --- | |
| *Services – General* | | | |
| Catering Service | P(2) | --- | |
| Day care | P | --- | |
| Drive – through service | --- | --- | |
| Lodging | P | --- | |
| Mortuary, funeral home | --- | --- | |
| Personal services | P | --- | |
| Safety services | P | --- | |
| *Transportation, Communications, Infrastructure* | | | |
| Helicopter landing services | UP | --- | |
| *Parking facility, public or commercial | P | --- | |

**Table 2-2**
**Allowed Land Uses & Permit Requirements for Hospital District Zones**

| Land Use | Zone | | Additional Regulations |
|---|---|---|---|
| | SD:H1 | OS | |
| *Wirelesss telecommunications facility | P | --- | ZO 24.497 (3) |
| *Transit station or terminal | P | --- | |
| *Utility equipment or substation | P | --- | |
| *Parks and Open Space* | | | |
| Outdoor Dining | P | P | |
| Outdoor sports/recreation facilities | --- | UP(4) | |
| Outdoor entertainment | --- | UP(4) | |
| Farmer's Market | UP | UP(4) | |
| *Hospital* | | | |
| General Hospitals | P(2) | --- | |
| Helicopter Landing Services | UP | --- | |
| Ambulance Services (medical equipment, supplies, etc) | UP | --- | |
| *Industry, Manufacturing & Processing, Wholesaling* | | | |
| Laboratory – Medical, analytical | P(3) | --- | |
| Printing and publishing | P(3) | --- | |
| Research and development | P | --- | |
| *Recreation, Education & Public Safety* | | | |
| Adult Business | --- | --- | |
| Community Meeting | P | P | ZO 24.480 |
| Health; fitness facility / Indoor sports & recreation | P | --- | |
| Library, museum | P | --- | |
| Live entertainment | UP | --- | |
| Public parks and playgrounds | P | P | |
| School, public or private | UP | --- | |
| Studio – Art, dance, martial arts, music, etc. | P | --- | |
| *Residential* | | | |
| Dwelling, Multi-unit | P | | |
| Dwelling, Accessory /Carriage house | --- | --- | |
| Dwelling – Single dwelling | --- | --- | |
| Home occupation | P | --- | |
| Live/work | P | --- | |
| Special Residence | P | --- | |

*Source: Community Memorial Hospital District Development Code, Table 203.030*
*Changes to these land uses may occur due to changes being discussed with the Midtown Community Council*
*SD:H1 = CMH - Hospital District: OS = Open Space: P= Permitted Use;*
*UP = Use Permit Required: --- = Not Allowed:*
*(1) A definition of each listed type is in Section 24.300 (Definitions) of the CMH Code*
*(2) Excluding sanitariums, nursing homes, convalescent homes, maternity homes or rest homes.*
*(3) Use not allowed on ground floor were frontage overlays occur, see Section 24.102 of the Regulating Plan:*
*(4) Use Permit as may be required by ZO 24.497*
*(*) Use allowed but must be screened from public view.*

### 2.5.7 Development Potential

The Hospital District would develop in phases as discussed in more detail in Section 2.6. Eventually existing development would be replaced with CMH Code development. Many projects would be undertaken privately and would not be affiliated with the hospital. It is not possible to tell exactly what uses would be developed; however this analysis assumes some retail development, some office development and some hospital development. An estimate of development potential within the Hospital District is shown in Table 2-3.

**Table 2-3**
**Development Potential**

| Area | Building * | Phase | Retail (sf) | Medical Office (sf) | Maximum Height ** (feet) |
|---|---|---|---|---|---|
| Loma Vista Road | 11 | II | 0 | 33,150 | 55 |
| Loma Vista Road | 12 | II | 0 | 16,400 | 55 |
| Loma Vista Road | 13 | II | 0 | 12,000 | 55 |
| Loma Vista Road | 14 | II | 0 | 25,600 | 55 |
| Borchard Drive | 15 | II | 0 | 34,800 | 55 |
| Brent Street | 16 & 17 | II | 0 | 41,000 | 55 |
| Cabrillo Drive | 18 | I | 3,900 | 0 | 55 |
| New Hospital | 19 | I | 0 | (356,000 + 121,000) or 252 beds | 130 |
| Old Hospital (reuse) | 20 | I | | 104,000 | 130 |
| | | **Total** | **3,900** | **266,950 and 252 bed Hospital** | **n/a** |

*Source: Rasmussen and Associates, January 5, 2010. Notes: * See Figure 2-9 for building numbers and corresponding envelopes. **Maximum Height from CMH Draft Development Code, Massing Standards Table 200.020.*
*The development potential shown in this table considers the most likely (and in most cases the most environmentally intensive) uses within the Hospital District (medical office). However, it should be recognized that the Hospital District permits other types of uses, including residences and various services and light industrial uses. Any specific use proposed in the future would need to undergo separate environmental review under CEQA.*

The existing development that would be demolished is shown in Table 2-4, while the net increase in new development is shown in Table 2-5. The building envelopes that correspond to the estimates of development potential are shown on Figure 2-9. It is important to note that the assumptions used in the EIR analysis are not meant to serve as development caps. Rather, the development potential projections are used for analytical purposes in order to provide information about the possible effects of redevelopment of the Hospital District.

**Table 2-4**
**Existing Development to be Demolished**

| Address | DU | Medical Office (sf) |
|---|---|---|
| 2825 Cabrillo Drive | 0 | 4,542 * |
| 2841 Cabrillo Drive | 0 | 5,346 * |
| 2856 Cabrillo Drive | 0 | 4,053 * |
| 2815 Main Street | 0 | 18,869 * |
| 75 North Brent Street | 1 | 0 |
| 85 North Brent Street | 1 | 0 |
| 95 North Brent Street | 1 | 0 |
| 107 North Brent Street | 1 | 0 |
| 145 North Brent Street | 0 | 12,696 * |
| **Total** | **4** | **45,506** |

*Notes: * Gross square feet of building area from Ventura County Assessor*

**Table 2-5**
**Net Increase in Hospital District Development**

| Scenario | DU | Commercial | Medical Office | Hospital |
|---|---|---|---|---|
| Proposed New Development | 0 | 3,900 | 266,950 | 252 beds |
| Existing to be removed | 4 | 0 | 45,506 | 242 beds |
| **Net Increase** | **(4)** | **3,900** | **221,444** | **10 beds** |

*Net increase obtained by subtracting the total existing development in Table 2-4 from the total proposed development in Table 2-3.*

## 2.6 CMH CODE

"Form-based" codes emphasize design and building form in pedestrian areas and emphasize use constraints less than traditional zoning codes. The form-based coding was originally prescribed in the 2005 General Plan and has been implemented recently under the Midtown Corridors Code and here as the CMH Code. If adopted, the CMH Code would supersede the existing zoning. The proposed zoning is shown on Figure 2-6. Existing and proposed zoning is described below.

**Midtown Corridor Code Zone (T.5.2).** This area is regulated by the Midtown Corridors Development Code. Development within this zone would be consistent with the Urban Neighborhood Center Zone as allowed by the Midtown Corridor Development Code. The proposed CMH Code would modify the boundary of the Midtown Corridor Code as shown on Figure 2-6, and would prescribe the allowance of open space within the Midtown Corridors

Code for the open space area that is proposed southwest of the intersection of Loma Vista Road with the proposed Borchard Drive extension (see Figure 2-6). In addition, this project includes the expansion of a shopfront overlay frontage. The shopfront overlay frontage already exists within the Midtown Corridor Code, but would be expanded to cover the boundaries of Main Street parcels that face open space areas and streets, including Borchard Drive and Cabrillo Drive (see Figure 2-6). In addition, this project would trigger removal of the terminated vistas designation from Borchard Drive, which will no longer terminate at the boundary of the Midtown Code, but would continue northward as the Borchard Drive extension. The proposed project and CMH Code would not, however, directly affect development any of the parcels fronting Main Street, with the exception of 2815 Main Street, which is proposed for demolition to create a new street.

**SD:H1.** Development allowed under this zone would include laboratory, printing and publishing, research, education, recreation, public safety, hospital, residential, retail, services, transportation, communications, and infrastructure (see Table 2-3). Development would be subject to the form-based CMH Code that would allow either Commercial Block style development or Rowhouse development.

A Commercial Block style development is a building designed for occupancy by retail, service, and/or office uses on the ground floor street frontage, with upper floors configured for commercial use or for dwelling units. In some cases, such a building can be used to conceal an otherwise faceless or utilitarian building such as a parking garage. In such a case, this type shall be known as a "Liner".

A Rowhouse consists of two or more detached two- or three-story dwellings with zero side yard setbacks. A Rowhouse may be used for non-residential purposes such as those shown in Table 2-2.

**OS.** Development allowed under this zone includes squares, plazas, parks, and open space (see Table 2-2).

**Frontage Overlay.** The public portions of a parcel's frontage, except alleys, shall include at least one of the following frontage types: Shopfront, Gallery, or Arcade (section 24SD:H1.204). Forecourt frontage type is permitted where the facade is set back 5' or more (section 24SD:H1.204). A "Porch" frontage is permitted for lots directly fronting a park (no intervening streets are present).

## 2.7 DEVELOPMENT PHASING

It is anticipated that development under the CMH Code would occur in phases, as described below.

**Phase I:** 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 (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 (Building 18), 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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses (see Table 2-3).

Preliminary construction staging plans for Phase I are contained in Appendix F. Construction activities will not involve pile or pier driving.

## 2.8 PROJECT OBJECTIVES

The major project objectives include the following.

1) To construct a new seismically conforming hospital building in accordance with Senate Bill 1953, the Hospital Facilities Seismic Safety Act, which requires hospitals to meet more stringent seismic safety requirements.
2) To modernize the hospital and consolidate hospital operations through construction of a larger building to hold essential services, while housing non-essential services within the existing hospital facility.
3) To redevelop the area commonly known as the Hospital Triangle in a manner that integrates open space, activates the pedestrian realm and reinforces the connection with Main Street.
4) To manage and expand existing parking facilities in a manner that creates a pedestrian friendly environment, accommodates redevelopment and intensification of uses within the Hospital District and prevents overflow of hospital district demand to residential areas on the periphery of the Hospital District.

## 2.9 REQUIRED APPROVALS

The CMH Code would require the following discretionary approvals from the City of Ventura:

Discretionary approval is not required from any agency except for the City of Ventura.

- *Certification of the Final EIR*
- *Adoption of the Community Memorial Hospital District Development Code*
- *Modification of the Midtown Corridors Development Code to:*
    - Move the Midtown Corridors boundary to the west, thereby excluding the proposed Hospital District from the area covered by the Midtown Corridors Development Code
    - Designate open space in the area still to be governed by the Midtown Corridors Development Code
    - 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
    - Remove the terminated vistas designation from Borchard Street in the area still to be governed by the Midtown Corridors Development Code
- *Zone Change from Hospital (H), Professional Office (P-O), and Urban Center Zone (T5.2) to Hospital District (SD:H1) and Open Space (OS)*
- *Site Plan approval of the hospital building and other buildings to be constructed in Phase I of the proposed project (which would complete the approval of Phase I subject to design review).*
- *Design Review of the hospital building and other buildings to be constructed in Phase I of the proposed project*
- *A Memorandum of Understanding between the City and Community Memorial Health System*
- *City Council approval of the Water Supply Assessment*

By readjusting the Midtown Corridors Code boundaries to the west, the properties in the Project Area that do not front Main Street or form Midtown Corridor Code corner frontage would be removed from the Midtown Corridors Code boundaries and would be subject to the CMH Code. The properties subject to the CMH Code would be located south and west of the hospital. Figure 2-2(b) shows the zoning modification boundaries for the Midtown Corridors and the CMH Code. The portion of the Project Area that would be removed from the Midtown Corridors Code would be rezoned to Hospital District (SD:H1). The exiting Hospital Zone and Professional Office Zone would also be rezoned to SD:H1. Figure 2-2(c) shows the geographic extent of this area, which is roughly bounded by an alley to the west, Loma Vista Road to the north and North Brent Street to the east.

With regard to project approvals for the new hospital and ancillary projects within Phase I, discretionary project approvals for the new hospital building would include design review pursuant to the new Development Code. Further discretionary approvals are not anticipated, although non-discretionary approvals such as building permits and certificates of occupancy are expected. Other individual projects within the Hospital District that may be constructed as part of Phase II may require discretionary and/or non-discretionary approvals as proposed.

The Memorandum of Understanding (MOU) between the City and CMH establishes a agreement between the City and Community Memorial Health Systems (CMHS, the owner and operator of the hospital) regarding various obligations of the City and CMHS. The MOU would establish, for example, CMHS's responsibilities for relocating and/or maintaining public improvements (including landscaping, sidewalks, medians, and street lighting) and utilities on portions of Cabrillo Drive and Glen Street, providing new street connections in the area, and developing the public plaza in front of the hospital. The MOU would also include provisions regarding replacement parking and traffic mitigation fees. With regard to City obligations, the MOU would establish City obligations regarding rights-of-way for street connections, private improvements within public rights-of-way, the leasing of City property for the public plaza and certain buildings, the establishment of permit parking in the residential areas surrounding the hospital, and the design and construction of a parking garage and the Borchard Drive/Virginia Drive extension.

# 3.0 ENVIRONMENTAL SETTING

This section provides a general overview of the environmental setting for the proposed project. More detailed descriptions of the environmental setting germane to each environmental issue can be found in their environmental sections found in Section 4.0, *Environmental Impact Analysis*.

## 3.1 REGIONAL SETTING

The Project Area is located in the City of Ventura, in western Ventura County about 60 miles northwest of Los Angeles and 25 miles southeast of Santa Barbara. The County is topographically diverse, with mountains, rich agricultural valleys, and distinct urban areas, all within close proximity of the Pacific Ocean. The Mediterranean climate of the region and coastal influence produce moderate temperatures year round, with rainfall concentrated in the winter months. The region is subject to various natural hazards, including earthquakes, landslides, flooding, and wildfires. The City of Ventura is located in the Santa Clara River Valley, framed on the north, east and south by steep mountains and by the Pacific Ocean on the west. The Project Area is located within the Midtown area of the City.

## 3.2 PROJECT AREA SETTING

The Project Area consists of approximately 10.4 acres of land in the Midtown portion of the City. The Project Area is triangular and is bordered by Loma Vista Road on the North and N. Brent Street on the East. The western boundary of the Project Area is irregular in shape, but generally corresponds to the northeastern edge of the parcels that exist along the eastern edge of Main Street between Loma Vista Road and Telegraph Road (see Figure 2-2). The Project Area consists of urban land that is currently developed with commercial and institutional uses. In addition, there four single family residences along N. Brent Street. Access to the Project Area locally is from North Brent Street, Loma Vista Road, Main Street, Borchard Drive and Cabrillo Drive. Regional access is provided by U.S. 101.

Figure 2-2 in Section 2.0 *Project Description* shows an aerial view of the Project Area and the existing development. Figure 2-3 in Section 2.0 *Project Description* shows photographs of the existing hospital as well as views of typical medical office and residential development within the Project Area.

Sensitive receptors in the Hospital District include patients at Community Memorial Hospital and residences located in the vicinity of the Hospital District, north of Loma Vista Road, about 250 feet to the north, or east of Brent Street, about 200 feet to the east. The closest school to the Hospital District is Saint Bonaventure High School, located at 3167 Telegraph Rd., 0.15 miles east of the Hospital District. In addition, the Ventura County Medical Center is located 0.22 miles northeast of the Hospital District.

## 3.3 SETTING FOR CUMULATIVE IMPACTS ANALYSIS

CEQA defines cumulative impacts as two or more individual effects which, when considered together, are considerable or which compound or increase other environmental impacts.

Cumulative impacts are the changes in the environment that result from the incremental impact of development of the proposed project and other closely related past, present, and reasonably foreseeable probable future projects. Cumulative impacts can result from individually minor but collectively significant projects taking place over a period of time. For example, traffic impacts of two nearby projects may be insignificant when analyzed separately, but could have a significant impact when analyzed together. Cumulative impact analysis allows the EIR to provide a reasonable forecast of future environmental conditions and can more accurately gauge the effects of a series of projects.

CEQA Guidelines Section 15130 permits a lead agency to analyze a project's cumulative impacts via a list of "past, present, and probable future projects' or by utilizing a "summary of projections contained in an adopted general plan." The City selected the latter "plan" approach here rather than the "list" methodology. The cumulative impact analysis relies primarily on the forecasts of future growth in Ventura as envisioned in the 2005 General Plan EIR. The City's General Plan, and more specifically its 2005 update, contains growth projections for the City that are identified by particular land uses, including office use. Table 3-1 lists predicted citywide development intensity in 2025 from the 2005 General Plan EIR.

**Table 3-1**
**Cumulative Development**

| Land Use | 2025 Development Potential |
|---|---|
| **Residential** | **8,318 units** |
| **Non-Residential** | |
| Retail | 1,241,377 sf |
| Office | 1,213,214 sf |
| Industrial | 2,235,133 sf |
| Hotel | 530,000 sf |
| **Non-Residential Total** | **5,219,724 sf** |

*Source: City of Ventura, Final 2005 General Plan, Environmental Impact Report Supplement, June 2007.*

Note that the cumulative growth projections above factor into the "no project" scenarios analyzed in this DEIR. That is, the "no project" scenario in the impact analyses assumes that growth will continue uniformly in accordance with the 2005 General Plan projections above and is actually a "no project plus cumulative" scenario.

Note, too, that while the Project Area is located geographically within the central western portion of the City of Ventura, cumulative development in the City of Ventura is spread geographically throughout the City. While the City selected the "plan" approach for its cumulative analysis, some impacts are not necessarily cumulatively considerable in relation to development that occurs further from the Project Area. For example, construction noise and air quality impacts associated with development under the CMH Code are not likely to contribute to such impacts in the eastern region of the City, whereas their relevance is more profound in closer proximity to the Project Area. Therefore, some individual cumulative impact discussions in the EIR may rely on a portion of the overall total future development, depending on the issue area and the type of impact. These are noted in the cumulative impact discussions as appropriate. Other issue areas consider only the overall General Plan buildout cumulative development. In addition to using the General Plan projections for cumulative impact analysis, planned and pending projects in the immediate site vicinity listed below were also used for certain cumulative analyses as noted throughout Section 4.0. Such planned and pending development within ½ mile of the Project Area is shown in Table 3-2. As shown in Table 3-2, planned and pending development within ½ mile of the project site would include development of 83 residential units and 83,416 sf of non-residential development.

**Table 3-2**
**Planned and Pending Development in the Vicinity**

| Address | Residential Units | Commercial sf | Status | Approximate Distance |
|---|---|---|---|---|
| 2200 E. Main Street | 25 Condos | 3,582 sf Commercial | Approved | 0.5 mile |
| 2170 E. Main Street | 10 Condos | 5,368 sf Commercial | Approved | 0.5 mile |
| 2260 E Thompson Boulevard | none | 15,216 sf market | Under Construction | 0.5 mile |
| SE Corner of Brent Street at Loma Vista Road (Cancer Center) | none | 23,317 sf medical office * | Under Construction | 240 feet |
| 605 S. Mills Road | none | 2,400 sf convenience store and gas station | In Plan Check | 0.9 mile |
| 4010 Telegraph Road & 4001 Ivy Street | 48 senior units | none | Proposed | 0.9 mile |
| 4300 Telegraph Road | none | 33,533 sf church addition | In Plan Check | 1 mile |
| Total | 83 units | 83,416 sf | n/a | n/a |

***Source:*** ***http://www.ci.ventura.ca.us/maps/kml/pen/docs/PendingList.pdf***
***http://www.ci.ventura.ca.us/maps/kml/pen/***
****Cancer Center total SF taken from Final IS/ND dated August 2009.***

In addition to the pending cumulative projects listed above, it is worth noting that the City's growth projections already account for the development of the Cancer Center located at 147 North Brent Street. The Cancer Center is its own, independent project. It underwent CEQA environmental review in 2009 and was subsequently approved by the City. Unlike projects within the Hospital District Development Code that are a series of actions subject to the same design review framework, the Cancer Center is not part of the CMH Code area and is not in any way dependent upon the proposed hospital project. The Cancer Center was processed on a different time schedule (it was approved last year and analyzed with a negative declaration), and serves a different purpose than the CMH Code.

Notably, the Cancer Center site is not within the proposed CMH Code but rather is zoned Professional Office (P-O). The negative declaration for the Cancer Center, which may be reviewed at the City, states that "Adjacent to the [Cancer Center] site to the south and west are Community Memorial Hospital structures." Likewise, the Cancer Center negative declaration states that "[t]he [Cancer Center] would be located adjacent to the Community Memorial Hospital Master Plan area." The Cancer Center also has its own parking areas separate from Community Memorial Hospital.

For the purpose of the General Plan projections, the Cancer Center falls within "office" use. The negative declaration prepared for the Cancer Center indicates that the new center is comprised of approximately 23,317 square feet, which means there is more than sufficient square feet within the General Plan projections for cumulative office development (1,213,214 sq. ft.) to accommodate the Cancer Center. (Please note too that the Cancer Center project consisted of the relocation and replacement of existing medical office uses and does not actually constitute 23,317 sq. ft. of entirely new development.)

# 4.0 ENVIRONMENTAL IMPACT ANALYSIS

This section discusses the possible environmental effects of the proposed Community Memorial Hospital District Development Code for the issue areas identified as having the potential to experience significant impacts. "Significant effect" is defined by Section 15382 of the State CEQA Guidelines as "a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment, but may be considered in determining whether the physical change is significant."

The assessment of each issue area begins with a description of the current setting for the issue area being analyzed, followed by an analysis of the project's effect within that issue area. The first subsection of the impact analysis identifies the methodologies used and the "significance thresholds," which are those criteria adopted by the City, other agencies, universally recognized, or developed specifically for this analysis to determine whether potential effects are significant. The next subsection describes each impact of the proposed project, mitigation measures for significant impacts, and the level of significance after mitigation. Each effect under consideration for an issue area is separately listed in bold text, with the discussion of the effect and its significance following. Each bolded impact listing also contains a statement of the significance determination for the environmental impact as follows:

> ***Class I, Significant and Unavoidable:*** *An impact that cannot be reduced to below the threshold level given reasonably available and feasible mitigation measures. Such an impact requires a Statement of Overriding Considerations to be issued if the project is approved per §15093 of the State CEQA Guidelines.*
>
> ***Class II, Significant but Mitigable:*** *An impact that can be reduced to below the threshold level given reasonably available and feasible mitigation measures. Such an impact requires findings to be made under §15091 of the State CEQA Guidelines.*
>
> ***Class III, Not Significant:*** *An impact that may be adverse, but does not exceed the threshold levels and does not require mitigation measures. However, mitigation measures that could further lessen the environmental effect may be suggested if readily available and easily achievable.*
>
> ***Class IV, No Impact or Beneficial:*** *An effect that would reduce existing environmental problems or hazards or no change in environmental conditions would occur.*

As indicated above, significant positive effects are also noted (Class IV) in addition to the adverse effects (Class I through III). Following each environmental effect discussion is a listing of recommended mitigation measures (if required) and the residual effects or level of significance remaining after implementation of the measures. In cases where the mitigation measure for an impact could have a significant environmental impact in another issue area, this impact is discussed as a residual effect under the "Significance After Mitigation" heading. The impact analysis concludes with a discussion of cumulative effects, which evaluates the impacts associated with the proposed project in conjunction with other future development in the area.

## Impacts Found To Be Less Than Significant

The following impacts were determined to be less than significant in the Initial Study (see Appendix A):

- Geology/Soils
- Agricultural Resources
- Hazards/Hazardous Materials
- Population and Housing
- Public Services and Recreation
- Biological Resources
- Land Use and Planning
- Mineral Resources
- Utilities and Service Systems

It is noted that this recirculated EIR contains additional discussion on Land Use and Planning as well as Water Supply. These two analyses were added to supplement the analysis contained in the Initial Study and supersede the discussions in the Initial Study (see Appendix A).

Furthermore, with regard to Hazards and Hazardous Materials a Phase I Environmental Site Assessment has been prepared for the project by Forbess Consulting Group since the preparation of the Initial Study (Appendix K). The Phase I report includes a summary and analysis of the Leaking Underground Storage Tank (LUST) Incident Reports for the project area. The Phase I report includes an analysis of close to 20 LUST sites, all but two of which are downgradient from the project site and do not pose a hazard to the site (because any contaminants would not migrate upgradient toward the Project Area). The two upgradient LUST sites are each about half a mile away from the Project Area and are being remediated. The Phase I report concludes that "[n]o recognized environmental conditions were identified as a result of our Phase I Environmental Site Assessment. No further assessment is recommended at this time."

Finally, in addition to the existing discussion in the Initial Study regarding Geology and Soils impacts and, more specifically, the applicability of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, the project site is within about 0.4 miles of an Alquist-Priolo Earthquake Fault Zone. However, the site is not within the zone. The requirements of the Alquist-Priolo Act apply only when the site is actually within the zone as its purpose is to avoid potential impacts related to surface rupture. With respect to the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, a specific objective of the project is to construct a new seismically conforming hospital building in accordance with Senate Bill 1953, the Hospital Facilities Seismic Safety Act, which requires hospitals to meet more stringent seismic safety requirements. CMH will adhere to all applicable state study and review requirements. However, given that one of the project objectives is to upgrade facilities to meet current seismic requirements, there is no evidence that the project would create significant impacts with respect to surface rupture or seismicity.

# 4.1 AESTHETICS

This section evaluates potential impacts to views, visual conditions, and light and glare resulting from implementation of the CMH Code. The potential to affect views from a stated designated scenic highway was determined to be less than significant as discussed in the initial study that is included in Appendix A.

## 4.1.1 Setting

**a. Visual Character of the Community Memorial Hospital District.** The Hospital District encompasses about 10 acres of land in the Midtown area of Ventura, California. The District is bounded by Loma Vista Road on the north and Brent Street on the east and is generally bounded by an alley on the west [(see Figure 2-2 (c)]. The District is regionally accessible by U.S. 101 and locally accessible by Loma Vista Road, Main Street, Thompson Boulevard, and Brent Street. Existing land uses in the Hospital District and larger Project Area (the area affected by zoning modifications) include commercial, institutional, and residential uses. Commercial uses fronting Main Street include retail, restaurant, and shopping center uses. The institutional uses in the Hospital District include the Community Memorial Hospital (CMH) facility, while medical office buildings are the predominant commercial use. Residential uses in the Hospital District include four structures that front North Brent Street. Additionally, the Hospital District and larger Project Area contain parking facilities, including surface parking at nine locations in the Project Area and one parking structure near Loma Vista Road.

Figure 2-3 in Section 2.0 *Project Description*, shows the existing visual character of the Hospital District. The majority of buildings within the Hospital District are one and two stories tall and range from about 12-30 feet in height; however, the existing hospital is eight stories tall and has a maximum height of 96'8" to the roof and 110'2" to the penthouse. Hillsides to the north of the Hospital District are visible along the North Brent Street corridor and further to the south from the five points intersection (Main Street at Thompson Boulevard and Telegraph Road). The five points intersection was identified as an important view by the Ventura View Protection & Solar Access Task Force Final Report (April 20, 2009). The hillsides offer views of open space and areas of topographic interest. Figure 4.1-1 shows hillsides visible in the project vicinity. Existing development obscures views of the hillsides that lie north of the Midtown Area from other locations in the Project Area.

**b. View Corridors.** Principal travel corridors are important to an analysis of aesthetic features because they define the vantage points for the largest number of views. The 2005 General Plan identified Main Street as having scenic value because "Portions of this road offer views of the foothills and mountains to the north and east." The 2005 General Plan also acknowledges that "*Existing development obstructs portions of these views and future buildout would obstruct portions of views from Main Street*."

Existing two-story commercial development along both sides of Main Street between Telegraph Road and Loma Vista Road already restrict views of the hillsides from Main Street. No views of the foothills or the ocean are available from this portion of Main Street. However, as mentioned above, views of the hillsides are visible from Main Street looking north at the five points

intersection (see Figure 4.1-1, photo 3). On the eastern boundary of the Hospital District, North Brent Street forms a corridor leading northward to the foothills above Foothill Road (see Figure 4.1-1, photo 2). As shown on Figure 4.1-1, views of the hillsides to the north are visible along this corridor.

**c. Light and Glare**. During the day, sunlight reflecting from roadways and structures is a primary source of glare, while nighttime light and glare can be divided into both stationary and mobile sources. Stationary sources of nighttime light include structural illumination, interior lighting, decorative landscape lighting, and streetlights. The principal mobile source of nighttime light and glare is vehicle headlights. This ambient light environment can be accentuated during periods of low clouds or fog. In general, nighttime lighting levels within and adjacent to the Hospital District are moderate, with abundant street and surface parking lot lighting as well as lighting that emanates from other surrounding one and two-story commercial development.

**d. Regulatory Setting.** Development in the Project Area is subject to the following regulatory programs aimed in part at the preservation of the visual character.

City of Ventura 2005 General Plan. The City of 2005 Ventura General Plan has several policies and actions aimed at reducing aesthetic impacts associated with buildout under the General Plan. The policies and actions applicable to the Hospital District are as follows.

| | |
|---|---|
| ***Policy 3A*** | *Sustain and complement cherished community characteristics.* |
| ***Action 3.2*** | *Enhance the appearance of districts, corridors, and gateways (including views from highways) through controls on building placement, design elements, and signage.* |
| ***Action 3.5*** | *Establish land development incentives to upgrade the appearance of poorly maintained or otherwise unattractive sites, and enforce existing land maintenance regulations.* |
| ***Policy 3C*** | *Maximize use of land in the city before considering expansion.* |
| ***Action 3.14*** | *Utilize infill, to the extent possible, development to accommodate the targeted number and type of housing units described in the Housing Element.* |
| ***Policy 3E*** | *Ensure the appropriateness of urban form through modified development review.* |
| ***Action 3.23*** | *Develop and adopt a form-based Development Code that emphasizes pedestrian orientation, integration of land uses, treatment of streetscapes as community living space, and environmentally sensitive building design and operation.* |
| ***Action 3.3*** | *Require preservation of public viewsheds and solar access.* |

**Photo 1 -** Looking northeast on North Brent Street toward Loma Vista Road.

**Photo 2 -** Looking north on North Brent Street at Glen Street.

**Photo 3 -** View of the hillsides as seen from the intersection of Thompson Boulevard, Main Street, and Telegraph Road ("Five Points").

*Photo 3 Source: Ventura View Protection Solar Access Task Force Final Report (April 20, 2009)*

Hillside Views

Figure 4.1-1

Midtown Corridor Code. Properties facing the hospital district with Main Street frontage between Telegraph Road and Loma Vista Road are within the Midtown Corridors code. The zoning for these properties will be amended to create frontage overlays along the property boundaries facing planned open space areas or street frontages within the Hospital District as shown in Figure 2-6. Any new development of these properties would be required to fully comply with the provisions of the Midtown Corridor Code, which defines the building types, setbacks, allowable uses, and maximum building heights.

CMH Code. If adopted, the CMH Code would supersede the zoning ordinance for all properties within the Hospital District (see Figure 2-2(a-c). The CMH Code as discussed throughout this EIR would govern setbacks, building types, allowable uses, required parking and maximum building heights. In addition, the CMH Code would guide development of the Hospital District public realm, including street and open space improvements.

### 4.1.2 Impact Analysis

**a. Methodology and Significance Thresholds**. The assessment of aesthetic impacts involves qualitative analysis that is inherently subjective in nature. This evaluation measures the existing visual environment against the proposed action, analyzing the nature of the anticipated change.

An impact is considered significant if development facilitated by the CMH Code would result in one or more of the following conditions, which are based upon the City's environmental checklist.

- *Substantial degradation of the existing visual character or quality of the community*
- *A substantial adverse effect on a scenic vista*
- *New sources of light or glare that would adversely affect day or nighttime views*

In addition, the Project would have a significant impact if it were to conflict with applicable policies and actions of the 2005 General Plan (as outlined above under subsection d.) that were designed to mitigate the impacts of adverse aesthetic effects.

**b. Project Impacts and Mitigation Measures**. Development Code effects on aesthetics and corresponding mitigation measures follow.

**Impact AES-1** **Phase I and Phase II development under the CMH Code would facilitate construction of buildings that could be larger in size and massing than existing buildings, thus altering the visual character of the Hospital District. However, the 2005 General Plan found that intensification and reuse would generally enhance visual character by adding appropriately scaled infill development. Intensification would also be consistent with the Midtown Corridors Code and would not create an aesthetically offensive condition or substantially degrade the existing visual character of the community. Thus,**

**the impact with respect to visual character would be Class III, *less than significant*.**

The CMH Code would facilitate redevelopment of properties within the Hospital District. This area currently includes institutional, commercial, and residential buildings. Under Phase I, planned development in the Hospital District would include construction of a new 356,000 square foot hospital building that could be up to 130 feet tall, which is about 33 feet taller than the existing hospital building (20 feet taller than the existing penthouse). However, the new hospital is being designed such that the majority of the building would be about 10 feet lower than the existing hospital (86'6" at the roof parapet) and about 109' at the penthouse. The new building would be six stories, which is two stories less than the existing building. In addition, Phase I development would also include construction of a 3,900 square foot liner building along the southern branch of the realigned Cabrillo Drive [see Figure 2-7 and 2-9 (building 18)].

The SD:H1 Zone massing standards accommodate taller and wider buildings within the center of the zone, responding to medical and regulatory requirements, with shorter and narrower buildings at the edges of the zone to ensure a more human scale that is in scale with nearby residential and retail context areas (see Figure 2-9). Along the edges of the SD:H1 zone, maximum allowable heights would be 65 feet along North Brent Street at the location of the existing hospital, but would be a maximum of 55 feet tall along North Brent Street at the proposed hospital and farther to the south along North Brent Street, adjacent the future proposed new parking garage (see Figure 2-9).

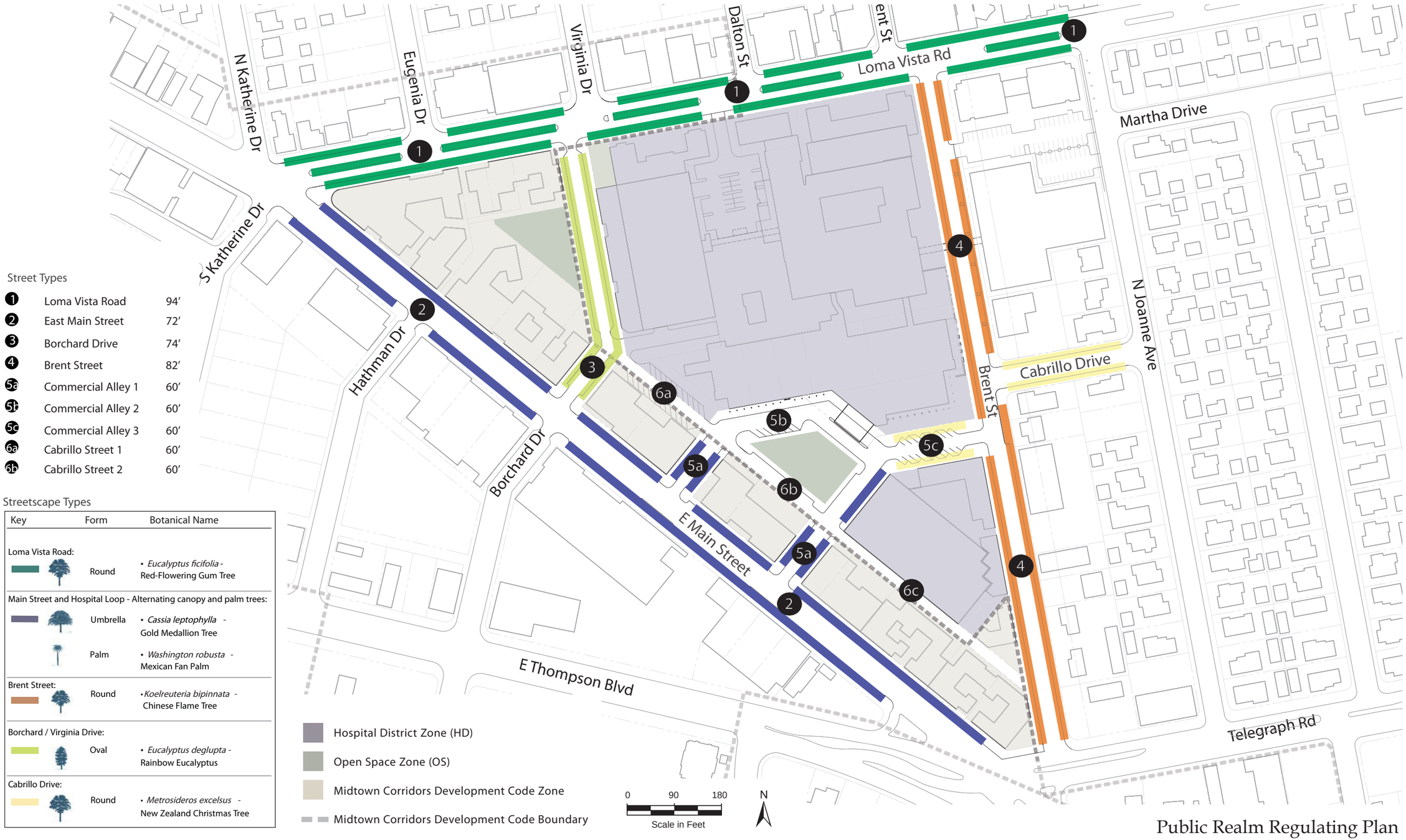
The CMH Code contains a Public Realm Regulating Plan, as shown on Figure 4.1-2. The streetscapes and civic spaces that connect the hospital buildings with the surrounding environment are urban in character, and are designed and landscaped in support of ground floor retail and civic uses. The Open Space Zone (OS) is comprised of two public open spaces. The first is a plaza on the south side of a realigned Cabrillo Street, providing a strong civic frontage for the major hospital building entry. The second open space plaza will be located at the southeast corner of the intersection of the Borchard Drive extension with Loma Vista Road, adjacent to the existing parking ramp and future liner buildings. A healing garden is also planned for the northern side of the new hospital building. Other public realm improvements include a Street Tree Program, which would determine the species of trees for each street in the Project Area (see Figure 4.1-2). Street trees include red-flowering gum trees, gold medallion trees, Mexican fan palms, Chinese flame trees, rainbow eucalyptus, and New Zealand Christmas trees.

A third open space area would be located within the Midtown Corridors Code, located along the west side of the Borchard Drive extension, providing a public open space for future mixed-use development under the Midtown Corridor Code. In addition, redevelopment of other properties under Phase II could occur as shown on Figures 2-8 and 2-9 in Section 2.0 *Project Description*. 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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet

of medical office uses (see Table 2-3). The intensification under Phase II would increase the size and mass of buildings located in the Hospital District. However, the intensification and redevelopment would improve the visual character of this area as it is currently comprised of older commercial, institutional, and residential buildings, in addition to a number of surface parking lots, some of which have deferred maintenance issues. As such, redevelopment within the Hospital District is anticipated to generally improve visual conditions.

The CMH Code strives to create new hospital facilities and commercial uses that support a walkable, pedestrian-oriented, and mixed-use district. The Development Code implements the following goals and policies of the Master Plan, which are intended to enhance the visual quality within the Hospital District.

- *The new public face of CMH would have a welcoming civic character*
- *Plazas would be well landscaped, frontages should be lively, and architecture should be appropriate in the context of the neighborhood*
- *Development would be sensitive in scale, character, and use to the existing surrounding neighborhood and urban context*
- *streetscapes and pedestrian spaces would be attractively designed*
- *The City's natural beauty and setting would be conserved, including scenic vistas, cultural and historic resources, hills, and trees*
- *Massing standards would allow for taller and wider massing standards in the center of the zone with shorter and narrower buildings at the edges of the zone to ensure a more humane scale*
- *Streetscapes and civic spaces that conjoin the hospital buildings with their urban neighbors would be fully urban in character, and would be designed and landscaped in support of ground floor retail and civic uses*
- *Civic open space would be inserted into what is currently the Hospital triangle*
- *There would be strategically located shifts in geometry and character, which coincide with the particular role and design speed of the associated streets to enhance the sense of place through unique positioning of buildings*
- *Wherever possible, developers would ensure that development is of human scale, primarily pedestrian oriented, and designed to create attractive streetscapes and pedestrian spaces*
- *A mix of land uses would be provided and would maintain pedestrian orientation*
- *The new hospital building would be hardscaped and landscaped with an entry garden and a dining terrace, with planting and low wall elements*
- *Gardens and/or forecourts on Loma Vista Road and North Brent Street would be landscaped and/or hardscaped*
- *Streetscape blocks would be composed of blocks sized for pedestrian use and defined by various street types*
- *Thoroughfares would be lean, using the minimum vehicular width practical*
- *Street networks would be interconnected, providing for a variety of alternate paths of movement*
- *Street networks would be spatially designed and varied to provide transitions between blocks in the Project Area*




Public Realm Regulating Plan

*Drawing Source: CMH Districe Development Code, July 2009*

Figure 4.1-2

- *A particular and appropriate transitional relationship between the private and public realm would be created*
- *Buildings and landscapes would define and animate a network of urban spaces, such as streets, sidewalks, parks, plazas, and squares, to provide a series of unique and valuable pedestrian-oriented places*

The proposed CMH Code implements applicable goals and actions of the 2005 General Plan as indicated in Table 4.1-1. In addition, the CMH Code has also been designed to interface with the Midtown Corridors Code. Consistent with the Midtown Corridors Code, the CMH Code for the Hospital District directs development of open space at the terminated vista of Virginia Drive. A roadway would be continued south under the CMH Code as the Borchard Drive Extension, but will be offset slightly such that viewers on the existing portion of Virginia Drive would not see the extension, but will see the open space plaza that is planned opposite the existing terminus of Virginia Drive on Loma Vista Road.

**Table 4.1-1**
**General Plan Implementation Analysis**

| Applicable General Plan Policy and Actions | | Analysis |
|---|---|---|
| ***Policy 3A*** | *Sustain and complement cherished community characteristics.* | The proposed CMH Code facilitates consistency and prescribes cohesive development guidelines to the Hospital District. The Public Realm Regulating Plan implements district-wide corridor improvements that include street tree planting guidelines for each of the corridors and provision of open space areas. The CMH Code will guide new development of buildings to promote pedestrian scale, with pedestrian oriented uses on the ground floor and upper story office and residential development.<br><br>The new development guidelines will establish unifying and hospital supportive uses as shown in Table 2-2, including but not limited to medical facilities and laboratories, multi-unit dwellings, live-work, retail, restaurants, banks and offices, lodging and daycare facilities. In addition, the CMH Code will facilitate provision of a long term parking program that will aid in serving redevelopment along Main Street between Loma Vista Road and Telegraph Road. These incentives will facilitate redevelopment of the Hospital District, which would eventually replace existing buildings and surface parking uses, many of which have deferred maintenance issues.<br><br>These prescribed development characteristics implement General Plan Policy 3A and Actions 3.2 and 3.5. |
| ***Action 3.2*** | *Enhance the appearance of districts, corridors, and gateways (including views from highways) through controls on building placement, design elements, and signage.* | |
| ***Action 3.5*** | *Establish land development incentives to upgrade the appearance of poorly maintained or otherwise unattractive sites, and enforce existing land maintenance regulations.* | |
| ***Policy 3C*** | *Maximize use of land in the city before considering expansion.* | The CMH Code increases allowable heights within the existing Hospital Zone and the existing Professional Office zone (see Figure 2-5). The existing zoning regulations permit a maximum height of 45 feet and three stories (Municipal Code §24.280.070 and §24.230.070). Under the new CMH Code, allowable development intensity within the P-O zone would increase to allow a maximum height of 130 feet for the |
| ***Action 3.14*** | *Utilize infill, to the extent possible, development to accommodate the targeted number and type of housing units described in the Housing Element.* | |

**Table 4.1-1**
**General Plan Implementation Analysis**

| Applicable General Plan Policy and Actions | | Analysis |
|---|---|---|
| | | new hospital building. Massing standards would dictate the allowable building envelopes to ensure that buildings in the center of the Hospital District are tallest, with smaller building envelopes closer to the street corridors (see Figure 2-9). In addition, as discussed above, the CMH Code would allow for the introduction of multi-unit dwellings and live/work development within the District. These prescribed development characteristics implement General Plan Policy 3C and Action 3.14. |
| ***Policy 3E*** | *Ensure the appropriateness of urban form through modified development review.* | The CMH Code implements a form-based code that provides standards for specific "frontage types" that ensure an urban form and character that is suitable to Ventura. These "types" have been selected, and are defined herein, to ensure that the form of new buildings, and their location and configuration upon their lot, is specifically appropriate to Ventura, in particular to the Hospital District, as they abut existing neighborhoods.<br><br>The CMH Code guides development of a pedestrian realm that is formed by the street corridors and open spaces. Development under the CMH Code will neither affect existing views of the hillsides, nor substantially affect solar access to surrounding properties (see Impact AES-2 and AES-3).<br><br>These prescribed development characteristics implement General Plan Policy 3E and Actions 3.23 and 3.3. |
| ***Action 3.23*** | *Develop and adopt a form-based Development Code that emphasizes pedestrian orientation, integration of land uses, treatment of streetscapes as community living space, and environmentally sensitive building design and operation.* | |
| ***Action 3.3*** | *Require preservation of public viewsheds and solar access.* | |

Phase I and Phase II development allowed within the proposed Hospital District would be of a similar scale as that currently permitted under the Midtown Corridor Code (see Figure 2-6 in Section 2.0, *Project Description*, for that boundary designation), which currently allows buildings up to six stories in height within the T-5.2 Urban Center Zone. Under the new CMH Code, buildings would generally be a maximum of 55 feet, except for the existing and proposed hospital building which could achieve a maximum height of 130 feet, with smaller building envelopes on the periphery between 55 and 65 feet (see Figure 2-9 in Section 2.0, *Project Description*, for the massing diagram).

The CMH Code as proposed would trigger some changes to the existing Midtown Corridors Code as listed under subsection 2.6 in Section 2.0 *Project Description*. As proposed, the following modifications to the Midtown Corridors Development Code would occur.

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 (see Figure 2-6);*
3) *Add a shopfront overlay frontage type to interior street and open space frontages (see Figure 2-6); and*
4) *Remove the terminated vistas designation from Borchard Street.*

With these changes to the Midtown Corridors Code, Phase I and Phase II development under the CMH Code would not conflict with the Midtown Corridors Code. In addition, as discussed above, the Project implements goals of the 2005 General Plan and would generally improve the overall aesthetic appearance of the Hospital District. Therefore, no significant impact would occur with respect to creation of an aesthetically offensive condition or substantial degradation of the existing visual character of the community.

**Mitigation Measures.** No mitigation is necessary as significant impacts have not been identified for Phase I or Phase II.

**Significance after Mitigation.** This impact would be less than significant without mitigation.

**Impact AES-2 Phase I and Phase II development that would be facilitated by the CMH Code could affect hillside views as seen from the Five Points intersection, but would not affect views from North Brent Street. In addition, development under the Code would create a new north-south viewing corridor along the Borchard Street Extension from which hillside views would be visible. Impacts to viewsheds would be Class III, *less than significant*.**

As discussed earlier in the *Setting* (Section 4.1.1b) sensitive views from the Hospital District vicinity are limited due to the already built nature of the area. The only public corridor within the Hospital District vicinity from which one can view the hillsides is from North Brent Street (see Figure 4.1-1). As the Hospital District redevelops, new buildings would be constructed to replace existing buildings; however, because North Brent Street has a north-south alignment and because the Hospital District is adjacent to North Brent Street, new development within the Hospital District would not have an adverse effect on views from this corridor. In addition, a new view corridor would be created along the Borchard Drive extension. This new corridor would have both north-south and east-west alignment. The new north-south alignment would provide additional views of the hillsides and would create a new public view corridor.

It is noted that buildout within the Hospital District would create a new building of a similar scale as the existing hospital building under Phase I. The Ventura View Protection & Solar Access Task Force identified the five points intersection (Main Street, Telegraph Road & Thompson Boulevard) as an important intersection offering views of the hillsides to the north (View 14, see Figure 4.1-1). Redevelopment within the Hospital District under Phase I would create a new building of a similar scale as the existing hospital building, and the new building would extend further to the west. This new development has the potential to further obstruct views of the hillsides as compared with what is currently visible above existing development from this intersection (see Figure 4.1-1 for the Five Points view and Figure 2-8 in Section 2.0, *Project Description*, for proposed massing).

The Ventura View Protection Task Force Report acknowledged that "*some viewsheds will inevitably be lost as the city grows and prospers.*" The Report also acknowledged that "*taller or more*

*intensive uses are appropriate along main corridor routes*." In addition, as previously noted, development accommodated under the CMH Code is similar to and in some instances less intense than development that would have been allowed under the Midtown Corridors Code. Moreover, development accommodated under the Midtown Corridors code (and under the preceding zoning) allows development at this corner (southern tip of the Project Area) of six stories, which would be visible in the foreground if a viewer is looking northward from the five points intersection as shown in Figure 4.1-1. This potential foreground six-story development would likely obscure views of the new hospital and other Phase I and Phase II development (see Figure 2-9 in Section 2.0, *Project Description*) from the Five Points intersection because of the proximity of the six-story development to the view location.

Development under the CMH Code has been designed to facilitate additional views and preserves views from North Brent Street. In addition, the Midtown Corridors Code allows buildings of up to six stories at the southern tip of the Project Area. Therefore, impacts to viewsheds would not be significant.

**Mitigation Measures.** Mitigation is not required for Phase I or Phase II as the development facilitated by of the CMH Code would not have adverse effects on viewsheds.

**Significance after Mitigation.** Impacts would be less than significant without mitigation.

**Impact AES-3 The Hospital District is currently developed and there are existing sources of nighttime lighting along streets, from buildings and within parking lots. In addition, daytime glare is associated with parked cars and building windows. Phase I and Phase II development under the CMH Code would increase building density and building heights. However, the proposed CMH Code would not facilitate development that would adversely affect daytime or nighttime views, and redevelopment would preserve solar access for surrounding development. The impact with respect to light, glare and solar access would be Class III, *less than significant.***

Development under the CMH Code would replace existing ambient nighttime lighting from streetlights, parking lot lights, and signage throughout the Hospital District. Existing sources of daytime glare from cars parked in the numerous surface lots would be reduced as much of the surface parking will be condensed into structures. In addition, the project would not create a new source of glare. Rather, the project would facilitate redevelopment of an existing urban area. Moreover, the CMH Code would require Major Design Review, according to the procedural requirements of Zoning Regulations Chapter (Sec. 24.545) for the following development types.

1) *All new development located within the SD:H1 Hospital District zone.*
2) *Additions and exterior changes to all structures providing for non-residential uses and all structures with over three dwelling units.*

Design review approval would require findings that "*The design and layout of the proposed development…. will not unreasonably interfere with the use and enjoyment of neighboring, existing, or future developments, and will not create traffic or pedestrian hazards*" and that "*The architectural design of the proposed development is compatible with the character of the surrounding neighborhood and all reasonable design efforts have been made to maintain the harmonious, orderly, and attractive development contemplated by this zoning ordinance and the comprehensive plan*" (Municipal Code § 24.545.100).

The CMH Code also specifies that pedestrian scaled lighting is to be utilized in open space areas along pathways only, and street lighting throughout the Hospital District is to be 14 feet tall. Frontage standards further recommend that decorative lights be used in entry ways of shop front structures. Therefore, because the Hospital District is an already developed urban area and because the existing municipal code and proposed CMH Code both assert controls regarding lighting and review of building materials, the impact with respect to creation of new light and glare sources would not be significant.

A shadow analysis was conducted to determine whether the massing associated with buildout of Phase I and Phase II of the CMH Code would affect the solar access of any neighboring developments (see figures 4.1-3 and Figure 4.1-4). "Solar access is the ready availability of, or access to, unobstructed direct sunlight for the purposes such as passive space heating, daytime lighting, water heating and generating electricity." (Ventura View Protection & Solar Access Task Force Final Report, April 20, 2009). The most restrictive solar access calculation occurs on the shortest day of the year, the Winter solstice (December 21). In their April 20th Final Report, the Task Force recommended that Winter solstice between 10 AM and 2 PM be used as a baseline for solar access and suggested that shadows be permitted prior to 10:00 AM or after 2:00 PM, but not between these hours. The massing model (Figure 2-9 in Section 2.0, *Project Description*) was used in association with a shadow modeling tool to show how properties in the vicinity of the Hospital District would be affected by redevelopment under the CMH Code. The modeling results are shown on figures 4.1-3 and 4.1-4.

Figure 4.1-3 shows summer solstice shadowing by Phase I and Phase II buildout of Hospital District buildings between 10:00 AM and 2:00 PM. The results indicate that shadows would not extend across North Brent Street to cover existing medical offices or apartments, or affect any other buildings outside of the District. In addition, none of the proposed public open space areas would be shaded during the summer.

Figure 4.1-4 shows winter solstice shadowing between 10:00 AM and 2:00 PM for buildout of Phase I and Phase II buildings under the CMH Code. Figure 4.1-4 shows that at 10:00 AM, shadows extend northerly across Loma Vista Road and would marginally affect the southern portions of these properties, but that no shadow would be cast upon any building. In addition, the 10:00 AM shadow from the proposed new parking garage (Phase II) would cast a shadow over a portion of the southerly open space area that is within the Hospital District and the new Hospital building (Phase I) would shade the Healing Garden located between the new hospital building and the existing hospital building; however, this garden is privately owned by the hospital.

As the sun moves westerly, the shadows decrease in length and cover less of Loma Vista Road, and less of the open space area (see Figure 4.1-4, 12:00 PM). As the day progresses and the sun continues to move westerly, the shadows would lengthen from Main Street buildings and the proposed new hospital building. By 2:00 PM, shadows are cast within the District across open space areas including the southerly and northerly areas and remain within the proposed healing garden between the new and old hospital. Shadows also fall marginally on buildings aligned along the easterly edge of North Brent Street, opposite the Hospital District (see Figure 4.1-4, 2:00 PM). The two affected buildings are the cancer center that would be constructed on the southeast corner of the Loma Vista Road at Brent Street, and the parking garage/offices that are located across Brent Street to the east from the existing hospital.

Shadows falling on the cancer center as shown in the 2:00 PM image on Figure 4.1-4 are generated by the existing hospital building. In addition, it is noted that the shadow only affects about 3% of the roof, which would not substantially hinder direct sunlight for purposes such as passive space heating, daytime lighting, water heating and generating electricity. Moreover, this is the most severe shadow of winter solstice; therefore, the structure would be less affected between 10:00 AM and 2:00 PM for the remainder of the year.

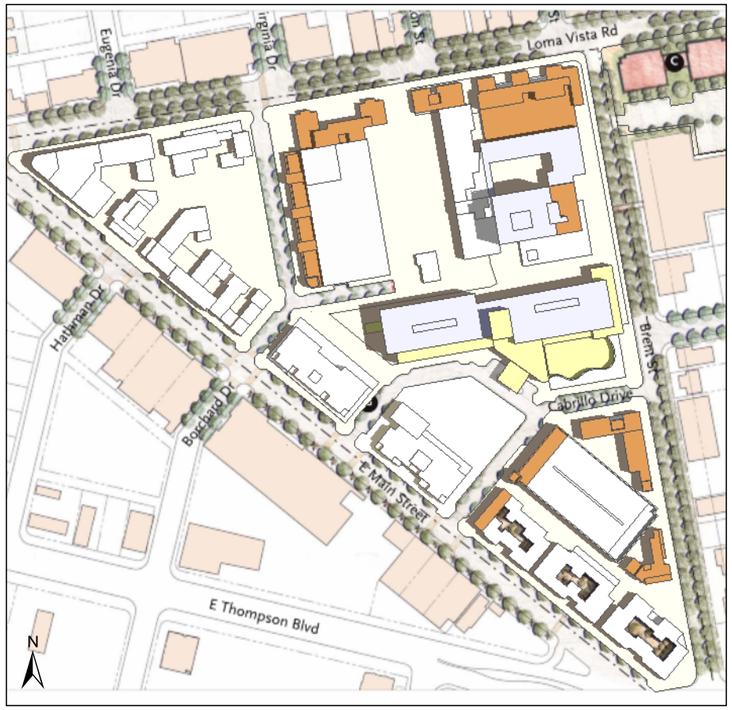
Shadows falling on the parking garage and offices opposite the existing hospital on the east side of North Brent Street are generated by the proposed new hospital building. This shadow would affect about 8% of the roof, which would not substantially hinder direct sunlight for purposes such as passive space heating, daytime lighting, water heating and generating electricity. Moreover, this is the most severe shadow of winter solstice; therefore, the structure would be less affected between 10:00 AM and 2:00 PM for the remainder of the year.

Shadows generated by development under the proposed CMH Code would not substantially hinder direct sunlight for purposes such as passive space heating, daytime lighting, water heating and generating electricity, as evidenced in Figures 4.1-3 and Figures 4.1-4. Therefore, the impact related to shadows and solar access would not be significant.

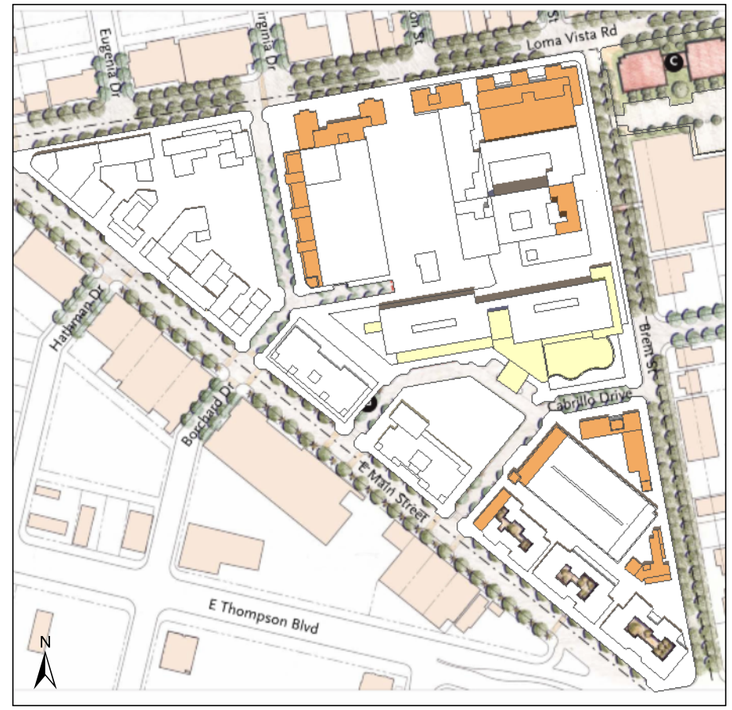
**Mitigation Measures.** Mitigation is not required for Phase I or Phase II as significant impacts have not been identified.

**Significance After Mitigation.** Impacts would be less than significant without mitigation.

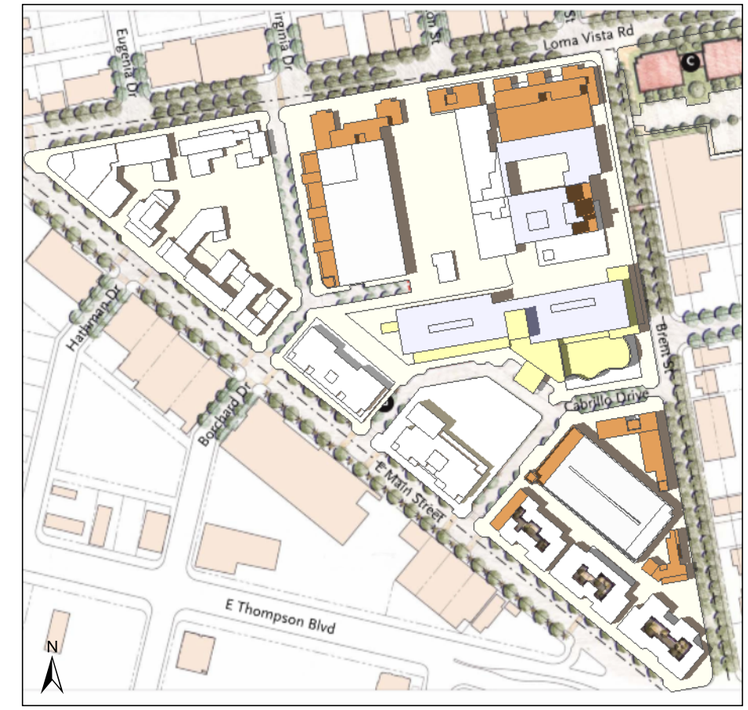
**c. Cumulative Impacts.** As discussed in Section 3.0, *Environmental Setting*, buildout under the 2005 General Plan is anticipated to include about 8,000 dwelling units and about five million square feet of non-residential development. Underlying zoning for properties along Main Street adjacent the Hospital District to the west and south that are governed by the Midtown Corridors Code would allow development of up to six stories which could potentially obscure views from the five points viewing location and could potentially affect some other views. However, development under the Midtown Corridors Code would also facilitate



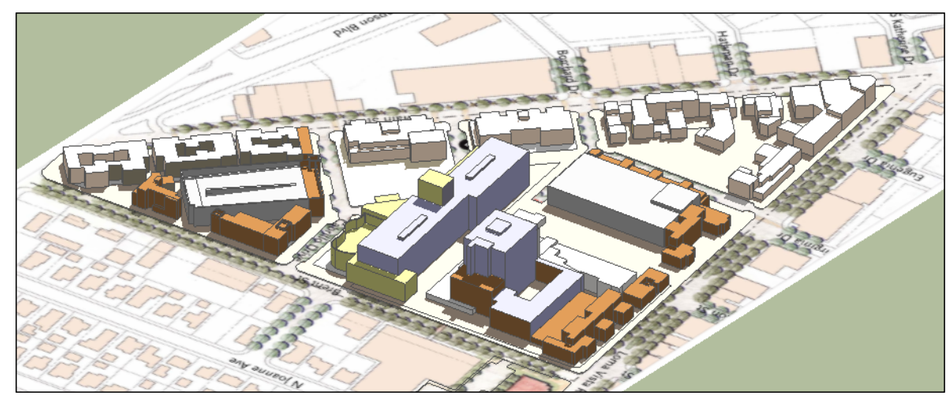

10:00 AM SCALE: 1" = 300'




12:00 PM SCALE: 1" = 300'




2:00 PM SCALE: 1" = 300'



2:00 PM view looking southwest. SCALE: 1" = 300'

Summer Shadows - June 21st

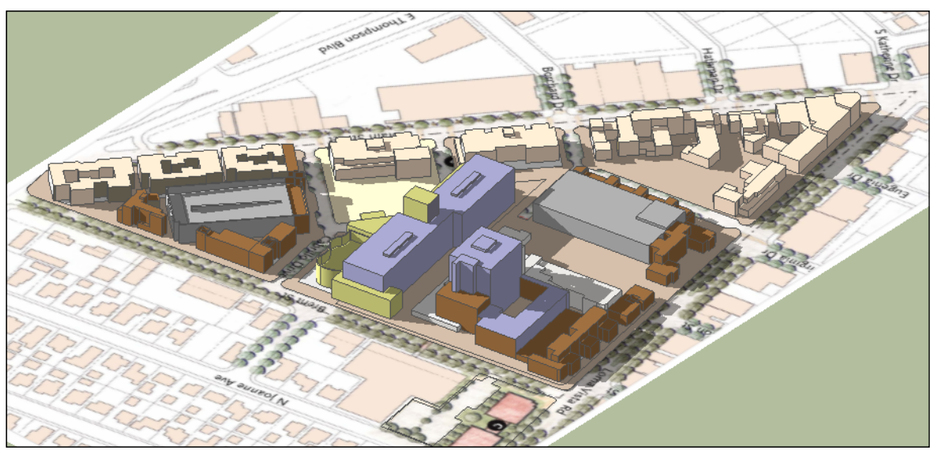
*Basemap source: Moule & Polyzoides Architects, July 2009, Rincon Consultants, January 2010..*

Figure 4.1-3

10:00 AM SCALE: 1" = 300'

12:00 PM SCALE: 1" = 300'

2:00 PM SCALE: 1" = 300'



10:00 AM view looking southwest. SCALE: 1" = 300'

2:00 PM view looking northwest. SCALE: 1" = 300'

Winter Shadows - December 21st

*Basemap source: Moule & Polyzoides Architects, July 2009, Rincon Consultants, January 2010..*

Figure 4.1-4

protection of corridor views and the creation of terminated vistas views. Such development would create a somewhat more urban character in the vicinity of the Hospital District. The 2005 General Plan FEIR identifies impacts relating to the change in visual character due to alteration of views from public view locations as unavoidably significant. The City Council adopted a Statement of Overriding Consideration for this cumulative change at the time the 2005 General Plan was adopted. This cumulative impact has not changed since the adoption of the 2005 General Plan, nor has the Plan's contribution to cumulative visual effects. Because cumulative aesthetic impacts would not be greater than what has already been acknowledged in conjunction with 2005 General Plan adoption, impacts would not be significant.

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# 4.2 AIR QUALITY

This section analyzes the impacts of the CMH Code upon local and regional air quality. Both construction and long-term impacts associated with population growth and associated growth in vehicle traffic and energy consumption are discussed. Impacts related to global climate change are discussed in Section 4.9, *Greenhouse Gas Emissions*.

## 4.2.1 Setting

**a. Local Climate and Meteorology**. The semi-permanent high pressure system west of the Pacific coast strongly influences California's weather. It creates sunny skies throughout the summer and influences the pathway and occurrence of low pressure weather systems that bring rainfall to the area during October through April. As a result, wintertime temperatures in Ventura are generally mild, while summers are warm and dry. During the day, the predominant wind direction is from the west and southwest, and at night, wind direction is from the north and generally follows the Santa Clara River Valley.

Predominant wind patterns are occasionally broken during the winter by storms coming from the north and northwest and by episodic Santa Ana winds. Santa Ana winds are strong northerly to northeasterly winds that originate from high pressure areas centered over the desert of the Great Basin. These winds are usually warm, very dry, and often full of dust. They are particularly strong in the mountain passes and at the mouths of canyons.

Daytime summer temperatures in the area average in the high 70s to the low 90s. Nighttime low temperatures during the summer are typically in the high 50s to low 60s, while the winter high temperatures tend to be in the 60s. Winter low temperatures are in the 40s. Annual average rainfall in Ventura ranges from about 14 to 16 inches, the majority of which falls in winter months.

Two types of temperature inversions (warmer air on top of colder air) are created in the Ventura County area: subsidence and radiational (surface). The subsidence inversion is a regional effect created by the Pacific high in which air is heated as it is compressed when it flows from the high pressure area to the low pressure areas inland. This type of inversion generally forms at about 1,000 to 2,000 feet and can occur throughout the year, but is most evident during the summer months. Surface inversions are formed by the more rapid cooling of air near the ground at night, especially during winter. This type of inversion is typically lower and is generally accompanied by stable air. Both types of inversions limit the dispersal of air pollutants within the regional airshed. The primary air pollutant of concern during the subsidence inversions is ozone, while carbon monoxide and nitrogen oxides are of greatest concern during winter inversions.

**b. Local Regulatory Framework.** Both the federal and state governments have established ambient air quality standards for the protection of public health. The U.S. Environmental Protection Agency (USEPA) is the federal agency designated to administer air quality regulation, while the California Air Resources Board (CARB) of the California Environmental Protection Agency is the state equivalent. Local control in air quality management is provided by the CARB through county-level Air Pollution Control Districts

(APCDs). The CARB has established air quality standards and is responsible for the control of mobile emission sources, while the local APCDs are responsible for enforcing standards and regulating stationary sources. The CARB has established 14 air basins statewide. In addition, the City further regulates air quality through the City's Air Quality Ordinance (Ordinance 93-37). This ordinance requires developers of projects that generate emissions exceeding Ventura County APCD (VCAPCD) significance thresholds to pay air quality impact fees that are placed in a transportation demand management (TDM) fund that is used by the City to offset project emissions through implementation of regional air quality programs.

The USEPA has set primary national ambient air quality standards (NAAQS) for ozone ($O_3$), carbon monoxide (CO), nitrogen dioxide ($NO_2$), sulfur dioxide ($SO_2$), suspended particulates, known as $PM_{10}$ (particulate matter with a diameter of 10 microns or less) and $PM_{2.5}$ (particulates of less than 2.5 microns in diameter), and lead (Pb). Primary standards are those levels of air quality deemed necessary, with an adequate margin of safety, to protect public health. In addition, the State of California has established health-based ambient air quality standards for these and other pollutants, some of which are more stringent than the federal standards. Table 4.2-1 lists the current federal and state standards for regulated pollutants.

**Table 4.2-1**
**Federal and State Ambient Air Quality Standards**

| Pollutant | Averaging Time | Federal Primary Standards | California Standard |
|---|---|---|---|
| Ozone | 1-Hour | --- | 0.09 ppm |
| | 8-Hour | 0.075 ppm | 0.07 ppm |
| Carbon Monoxide | 8-Hour | 9.0 ppm | 9.0 ppm |
| | 1-Hour | 35.0 ppm | 20.0 ppm |
| Nitrogen Dioxide | Annual | 0.053 ppm | 0.03 ppm |
| | 1-Hour | --- | 0.18 ppm |
| Sulfur Dioxide | Annual | 0.03 ppm | --- |
| | 24-Hour | 0.14 ppm | 0.04 ppm |
| | 1-Hour | --- | 0.25 ppm |
| $PM_{10}$ | Annual | --- | 20 $\mu g/m^3$ |
| | 24-Hour | 150 $\mu g/m^3$ | 50 $\mu g/m^3$ |
| $PM_{2.5}$ | Annual | 15 $\mu g/m^3$ | 12 $\mu g/m^3$ |
| | 24-Hour | 35 $\mu g/m^3$ | -- |
| Lead | 30-Day Average | --- | 1.5 $\mu g/m^3$ |
| | 3-Month Average | 1.5 $\mu g/m^3$ | --- |

*ppm = parts per million*
*$\mu g/m^3$ = micrograms per cubic meter*
*Source: California Air Resources Board, www.arb.ca.gov/research/aaqs/aaqs2.pdf, April 1, 2008.*

Ventura County has been listed as "moderate nonattainment" for the eight-hour ozone standard with an estimated attainment date of June 2010.

Ventura is located in the Ventura County portion of the South Central Coast Air Basin. The VCAPCD is the designated air quality control agency in the Ventura County portion of the Basin. The Ventura County portion of the South Central Coast Air Basin is a state and federal non-attainment area for ozone (1-hour and 8-hour, respectively) and a state non-attainment area for suspended particulates ($PM_{10}$ & $PM_{2.5}$). In addition, though the Ventura County portion of the South Central Coast Air Basin is in attainment for the state and federal carbon monoxide standards, carbon monoxide can potentially be a problem at heavily congested intersections.

**c. Characteristics and Effects of Key Pollutants.** The general characteristics and potential health effects of the pollutants of primary concern in Ventura County are described below.

Ozone. Ozone is produced by a photochemical reaction (triggered by sunlight) between nitrogen oxides (NOx) and reactive organic gases (ROG). Nitrogen oxides are formed during the combustion of fuels, while reactive organic gases are formed during combustion and evaporation of organic solvents. Because ozone requires sunlight to form, it mostly occurs in serious concentrations between the months of May and October. Ozone is a pungent, colorless toxic gas with direct health effects on humans including respiratory and eye irritation and possible changes in lung functions. Groups most sensitive to ozone include children, the elderly, people with respiratory disorders, and people who exercise strenuously outdoors.

Suspended Particulates. $PM_{10}$ is small particulate matter measuring no more than 10 microns in diameter. It is mostly composed of dust particles, nitrates, and sulfates. $PM_{10}$ is a by-product of fuel combustion and wind erosion of soil and unpaved roads, and is directly emitted into the atmosphere through these processes. $PM_{10}$ is also created in the atmosphere through chemical reactions. Particles less than 10 micrometers in diameter ($PM_{10}$) pose a health concern because they can be inhaled into and accumulate in the respiratory system. Particles less than 2.5 micrometers (=microns) in diameter ($PM_{2.5}$) are referred to as "fine" particles and are believed to pose the greatest health risks. Because of their small size (approximately 1/30th the average width of a human hair), fine particles can lodge deeply into the lungs. Fine particulate matter is composed primarily as a by-product of combustion, while particulate matter between 2.5 and 10 microns is mostly dust from roads and grinding or crushing operations. Fine particulate matter poses a serious health threat to all groups, but particularly to the elderly, children, and those with respiratory problems. More than half of the fine particulate matter that is inhaled into the lungs remains there, which can cause permanent lung damage. These materials can damage health by interfering with the body's mechanisms for clearing the respiratory tract or by acting as carriers of an adsorbed toxic substance.

Toxic Air Contaminants. An important fraction of the particulate matter emission inventory is that formed by diesel engine fuel combustion. Particulates in diesel emissions are very small and readily respirable. The particles have hundreds of chemicals adsorbed onto their surfaces, including many known or suspected mutagens and carcinogens. The California Office of Environmental Health Hazard Assessment (OEHHA) reviewed and evaluated the potential for diesel exhaust to affect human health, and the associated scientific uncertainties (California EPA, CARB, April 1998). Diesel particulate emissions were identified by the ARB as a toxic air contaminant in 1998. Based on the available scientific evidence, a level of diesel PM exposure below which no carcinogenic effects are anticipated has not been identified. The

Scientific Review Panel that approved the OEHHA report determined that based on studies to date that 3 x 10-4 (μg/m$^3$)-1 is a reasonable estimate of the unit risk for diesel PM. This means that a person exposed to a diesel PM concentration of 1 μg/m$^3$ continuously over the course of a lifetime has a 3 per 10,000 chance (or 300 in one million chance) of contracting cancer due to this exposure. Based on an estimated year 2000 statewide average concentration of 1.26 μg/m$^3$ for indoor and outdoor ambient air, about 380 excess cancer cases per one million population could be expected if diesel PM concentrations remained the same (CARB, October 2000).

Diesel PM emissions are estimated to be responsible for about 70% of the total ambient air toxics risk. In addition to these general risks, diesel PM can also be responsible for elevated localized or near-source exposures ("hot spots"). Depending on the activity and nearness to receptors, these potential risks can range from small to 1,500 per million or more (CARB, October 2000). Risk characterization scenarios have been conducted by the CARB staff to determine the potential excess cancer risks involved due to the location of individuals near to various sources of diesel engine emissions, ranging from school buses to high volume freeways.

The ARB (April 2007) estimates that in 2005, off-road diesel vehicles were responsible for 24 percent of the total statewide diesel mobile source PM emissions, and 19 percent of the total statewide diesel mobile source NOx emissions. Consequentially, the ARB adopted a regulation in July 2007 that would require owners of in-use off-road diesel vehicles to modernize their fleets by replacing engines with newer, cleaner ones (re-powering), replacing vehicles with newer vehicles equipped with cleaner engines, retiring older vehicles, operating higher emitting vehicles less often (designating them as low-use vehicles) and applying exhaust retrofits that capture and destroy pollutants before they are emitted into the atmosphere.

The regulation establishes fleet average emission rate targets for both diesel PM and NOx. By the applicable compliance date each year, the regulation would require each fleet to demonstrate either that it meets the fleet average emission rate target for diesel PM or that it has applied the highest level verified diesel emission control system (VDECS) to 20 percent of the total horsepower of its fleet in the past year. The regulation is expected to reduce 48 tons per day (tpd) NOx and 5.2 tpd of PM statewide in Year 2020. These reductions represent a 32 percent reduction in NOx and a 74 percent reduction in PM from the Year 2020 emissions that would otherwise occur in the absence of the regulation. As part of this regulation, no equipment would be allowed to idle for greater than 5 minutes unless necessary for the operation of that equipment.

Large fleets (more than 5,000 total hp) would have to begin meeting the fleet average targets on March 1, 2010. Medium fleets would need to begin meeting the fleet average on March 1, 2013, and small fleets (less than or equal to 1,500 hp, as defined below) would have until March 1, 2015. The fleet average targets would decline over time until 2020 (or until 2025 for small fleets). Small fleet requirements are generally delayed by 5 years behind those for medium fleets. As this regulation is applied over the construction timeframe for the Hospital District development, the potential for impact will decline as cleaner equipment will be in use.

On December 12, 2008, the CARB approved a new regulation to significantly reduce emissions from existing on-road diesel vehicles operating in California. The regulation requires affected trucks and buses to meet performance requirements between 2011 and 2023. This regulation

would affect all construction delivery vehicles, which are a substantial portion of the total construction diesel exhaust emissions. In addition to these regulations on existing trucks and buses, stricter standards for new heavy-duty diesel-engines and vehicles were adopted in October 2008.

Carbon Monoxide. Carbon monoxide, a colorless, odorless, poisonous gas, is a local pollutant that is found in high concentrations only very near the source. The major source of carbon monoxide is automobile engines. Elevated concentrations, therefore, are usually only found near areas of high traffic volumes. Carbon monoxide's health effects are related to its affinity for hemoglobin in the blood. At high concentrations, carbon monoxide reduces the amount of oxygen in the blood, causing heart difficulties in people with chronic diseases, reduced lung capacity and impaired mental abilities.

**d. Current Ambient Air Quality.** The Air Quality Monitoring Station at El Rio is the nearest to the City of Ventura and most representative of air quality in the Hospital District. The El Rio monitoring station measures ozone, $NO_2$, $PM_{10}$, and $PM_{2.5}$. The closest monitoring station reporting CO is the Goleta-Fairview station in Santa Barbara. There are no CO monitoring stations in Ventura County. Table 4.2-2 lists the ambient air quality data for the El Rio and Goleta-Fairview monitoring stations.

Ozone concentrations at the El Rio monitoring station exceeded the state standard twice during the 2006-2008 period and federal standards were not exceeded. Measured concentration samples of $PM_{10}$ at El Rio exceeded state standards between 2 to 4 times per year from 2006-2008. Federal exceedances occurred once in the year 2007; 2006 and 2008 did not report any exceedances of the federal standard. Estimates were used due to a lack of samples. Ventura County is in attainment for the federal $PM_{2.5}$ standard. Neither carbon monoxide nor nitrogen dioxide exceeded federal or state standards at the El Rio station. Carbon monoxide concentrations at the Goleta-Fairview monitoring station did not exceed state or federal standards during the 2006-2008 period.

The major sources of ozone precursors in Ventura County are motor vehicles and other mobile equipment, solvent use, pesticide application, the petroleum industry, and electric utilities. The major sources of $PM_{10}$ are road dust, construction, mobile sources, and farming operations. Locally, Santa Ana winds are responsible for entraining dust and occasionally causing elevated $PM_{10}$ levels.

**e. Air Quality Management Plan.** The Federal Clean Air Act Amendments (CAAA) mandate that states submit and implement a State Implementation Plan (SIP) for areas not meeting air quality standards. The SIP includes pollution control measures to demonstrate how the standards will be met through those measures. The SIP is established by incorporating measures established during the preparation of AQMPs and adopted rules and regulations by each local APCD and AQMD, which are submitted for approval to the CARB and the USEPA. The goal of an AQMP is to reduce pollutant concentrations below the National Ambient Air Quality Standards (NAAQS) through the implementation of air pollutant emissions controls.

**Table 4.2-2**
**Ambient Air Quality Data Concentrations**

| Pollutant | Air Pollution Data | | | |
|---|---|---|---|---|
| | 2006 | 2007 | 2008 | 2009 |
| Ozone, ppm - maximum hourly concentration (ppm) | 0.089 | 0.089 | 0.086 | 0.099 |
| Number of days of state exceedances (>0.09 ppm) | 0 | 0 | 0 | 1 |
| Number of days of federal exceedances (>0.12 ppm) | 0 | 0 | 0 | 0 |
| Ozone, ppm - maximum 8-hour concentration (ppm) | 0.070 | 0.072 | 0.074 | 0.077 |
| Number of days of State exceedances (>0.07 ppm) | 0 | 1 | 1 | 1 |
| Number of days of federal exceedances (>0.08 ppm) | 0 | 0 | 0 | 1 |
| Carbon Monoxide, ppm - Worst 8 Hours[a] | 0.80 | 1.10 | 0.60 | 0.60 |
| Number of days of state 1-hour exceedances (>20.0 ppm)[a] | 0 | 0 | 0 | 0 |
| Number of days of state 8-hour exceedances (>9.0 ppm)[a] | 0 | 0 | 0 | 0 |
| Nitrogen Dioxide, ppm - Worst Hour | 0.050 | 0.053 | 0.052 | 0.051 |
| Number of days of state exceedances (>0.25 ppm) | 0 | 0 | 0 | 0 |
| Particulate Matter <10 microns, maximum concentration in $\mu g/m^3$ (State/Fed) | 119.1/119.4 | 248/245.5 | 79.0/79.8 | 99.9/97.4 |
| Number of samples of state exceedances (>50 $\mu g/m^3$ ) | 4 | 2 | 3 | 2 |
| Number of samples of federal exceedances (>150 $\mu g/m^3$ ) | 0 | 1 | 0 | 0 |
| Particulate Matter <2.5 microns, maximum 24-hour average concentration in $\mu g/m^3$ | 29.8 | 39.9 | 31.8 | 24.5 |
| Estimated number of days of federal 24-hour average exceedances (>65 $\mu g/m^3$ ) | 0 | 0 | 0 | 0 |

*Source: CARB, Air Quality Data Statistics; available at http://www.arb.ca.gov/adam/topfour/topfour1.php*
*a No CO monitoring is available in Ventura County, the closest point is the Goleta-Fairview site results.*

The USEPA designated Ventura County a moderate nonattainment area for the 8-hour ozone standard based on Ventura County's ozone levels over the previous three years in 2004. Moderate ozone nonattainment areas are required to obtain the federal 8-hour ozone standard by June 15, 2010. On February 14, 2008, the CARB formally requested that the USEPA reclassify Ventura County to a serious 8-hour ozone nonattainment area. This means that Ventura

County must meet the federal 8-hour ozone standard by June 15, 2013. The VCAPCD released the Final 2007 AQMP in May 2008. The 2007 AQMP presents new control measures intended to bring the County into compliance by the 2013 date. The 2007 AQMP emission factors based its population forecasts on the 2008 Southern California Association of Governments (SCAG) Regional Transportation Plan (RTP).

The 2007 AQMP also presents the 2003 – 2005 Triennial Assessment and Plan Update required by the California Clean Air Act (CCAA). The goal of the CCAA is to achieve more stringent health-based state air quality standards at the earliest practicable date. Ventura County is designated a severe nonattainment area under the CCAA and must meet many of the most stringent requirements under this act.

While the Final 2007 AQMP contains some additional local control measures, most of the emissions reductions that Ventura County needs to attain the federal 8-hour ozone standard and continued progress to the state ozone standard will come from the CARB's 2007 SIP. This SIP contains comprehensive emission reduction programs that focus on reducing emissions from mobile sources, consumer products, and pesticides to significantly improve air quality. Based on photochemical modeling and the use of the local and state control measures, Ventura County is projected to attain the federal ozone standard by 2013.

**f. Sensitive Receptors.** Ambient air quality standards have been established to represent the levels of air quality considered sufficient, with an adequate margin of safety, to protect public health and welfare. They are designed to protect that segment of the public most susceptible to respiratory distress, such as children under 14; the elderly over 65; persons engaged in strenuous work or exercise; and people with cardiovascular and chronic respiratory diseases. The majority of sensitive receptor locations are therefore schools and hospitals. Sensitive receptors in the Hospital District include patients at Community Memorial Hospital and residences located in the vicinity of the Hospital District, north of Loma Vista Road, about 250 feet to the north, or east of Brent Street, about 200 feet to the east. The closest school to the Hospital District is Saint Bonaventure High School, located at 3167 Telegraph Rd., 0.15 miles from the Hospital District. In addition, the Ventura County Medical Center is located 0.22 miles northeast of the Hospital District.

## 4.2.2 Impact Analysis

**a. Methodology and Significance Thresholds.** The analysis of the proposed Community Memorial Hospital District Development Code air quality impacts follows the guidance and methodologies recommended in the Ventura County Air Quality Assessment Guidelines (October 2003). Analysis is based on the development projections contained in Table 2-3, within Section 2.0, *Project Description*.

Projects and programs requiring an analysis of consistency with the AQMP include general plan updates and amendments, specific plans, area plans, large residential developments and large commercial/industrial developments. The proposed CMH Code would regulate development within an area that is about 10 acres. The Project is subject to the AQMP consistency analysis. The consistency analysis evaluates the following questions:

- *Are the population projections used in the plan or project equal to or less than those used in the most recent AQMP for the same area?*
- *Is the rate of increase in vehicle trips and miles traveled less than or equal to the rate of population growth for the same area?*
- *Have all applicable land use and transportation control measures from the AQMP been included in the plan or project to the maximum extent feasible?*

If the answer to all of the above questions is yes, then the proposed project or plan is considered consistent with the AQMP. If the answer to any one of the questions is no, then CMH Code implementation could potentially delay or preclude attainment of the state ozone standard. This would be considered inconsistent with the AQMP.

To analyze Project-generated emissions, the VCAPCD's *Air Quality Assessment Guidelines* recommends significance thresholds for projects proposed in Ventura County. Under these guidelines, projects that generate more than 25 lbs per day of ROG or $NO_x$ are considered to individually and cumulatively jeopardize attainment of the federal ozone standard and thus have a significant adverse impact on air quality. The VCAPCD's 25 pounds per day thresholds for ROG and NOx do not apply to construction emissions since such emissions are not permanent. Nevertheless, for construction impacts, the VCAPCD recommends imposition of mitigation if emissions of either pollutant exceed 25 pounds per day. The VCAPCD also recommends minimizing fugitive dust through various dust control measures.

The VCAPCD has not established numeric thresholds for particulate matter. However, a project that may generate fugitive dust emissions in such quantities as to cause injury, detriment, nuisance, or annoyance to any considerable number of persons, or which may endanger the comfort, repose, health, or safety of any such person, or which may cause or have a natural tendency to cause injury or damage to business or property is considered to have a significant air quality impact by the VCAPCD. This threshold is particularly applicable to the generation of fugitive dust during construction grading operations.

Pursuant to the Initial Study in Appendix A, the Project would have a significant effect if it were to do any of the following.

- *Conflict with or obstruct implementation of the applicable air quality plan.*
- *Violate any air quality standards or contribute substantially to an existing or projected air quality violation.*
- *Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is in non-attainment under an applicable federal or state ambient air quality standard (including releasing emissions which exceed quantitative thresholds for ozone precursors).*
- *Expose sensitive receptors to substantial pollutant concentrations.*

No specific air quality standards have been established for diesel particulate emissions or many other toxic pollutants. Instead, significance thresholds are determined based on an analysis of the number of excess cancers relative to a chosen risk level. Excess cancer risks are defined as those occurring in excess of or above and beyond those risks that would normally be associated with a location or activity if toxic pollutants were not present.

The USEPA considers for risk management those pollutants that could cause carcinogenic risk between one in 10,000 ($1.0 \times 10^{-4}$ or 1.0E-04) and one in one million ($1.0 \times 10^{-6}$ or 1.0E-6), with the latter criteria generally used for development of Preliminary Remediation Goals (PRG's). Passage of Proposition 65 (encoded in California Health and Safety Code Section 25249.6) in 1986 prohibits a person in the course of doing business from knowingly and intentionally exposing any individual to a chemical that has been listed as known to the state to cause cancer or reproductive toxicity without first giving clear and reasonable warning. For a chemical that is listed as a carcinogen, the "no significant risk" level under Proposition 65 is defined as the level which is calculated to result in not more than one excess case of cancer in 100,000 individuals ($1 \times 10^{-5}$) exposed over a 70-year lifetime. The VCAPCD recommends that this cancer risk level (also reportable as 10 in one million) be used as the significance threshold for toxic air contaminants (VCAPCD, October 2003). To provide a perspective on this risk, it is noted that the American Cancer Society (2007) reports that in the U.S., men have a one in two chance (0.5 probability) and women about one in three chance (0.3) probability of developing cancer during a lifetime, with one in four deaths (0.23) in the U.S. attributed to cancer. Given this background carcinogenic risk level in the general population, application of a $10^{-5}$ excess risk limit means that the contribution from a toxic hazard should not cause the resultant risk for the exposed population to exceed 0.5001 for men and 0.33001 for women. In addition, the VCAPCD recommends that the non-carcinogenic hazards for TACs at ground level should not exceed a hazard index of greater than one.

The initial study found that the Project would not have the potential to create objectionable odors that would affect a substantial number of people; therefore, this impact is not discussed in the main body of the EIR.

**b. Project Impacts and Mitigation Measures.**

**Impact AQ-1 Phase I and Phase II redevelopment under the CMH Code would be consistent with the 2005 Ventura General Plan and the Ventura County AQMP population forecasts. Therefore, impacts related to the consistency with the AQMP are Class III, *less than significant*.**

Vehicle use, energy consumption, and associated air pollutant emissions are directly related to population growth. The population forecasts upon which the Ventura County AQMP is based are used to estimate future emissions and devise appropriate strategies to attain state and federal air quality standards. When population growth exceeds the forecasts upon which the AQMP is based, emission inventories could be surpassed. This could affect attainment of standards.

The Ventura County AQMP relies on the most recent population estimates developed by the Metropolitan Planning Organization (MPO). SCAG acts as the MPO for Ventura County. Accordingly, the Ventura County AQMP uses SCAG's 2008 RTP for its population forecasts. SCAG's projected 2025 population for Ventura is 127,032.

The current population for the City of Ventura is 108,787 persons (California Department of Finance, 2009). The projected 2025 population under the 2005 General Plan is 126,153 for the year 2025. This is within the 2007 AQMP population projections for the City. See Table 4.2-3 for a comparison AQMP and 2005 General Plan population forecasts.

**Table 4.2-3**
**Comparison of 2025 Population Projections**

| | **Population** |
|---|---|
| Ventura AQMP 2025 Population Projections | 127,032 |
| 2005 General Plan 2025 Population Projection | 126,153 |
| ***Estimated Persons Below AQMP Projection*** | ***879*** |

*Source: 2005 City of Ventura General Plan EIR.*

The CMH Code is not anticipated to increase growth in the City; rather it would direct infill and intensification that was envisioned under the 2005 General Plan. As indicated in Table 2-3 in Section 2.0, *Project Description*, the Hospital District is anticipated to accommodate primarily medical office and hospital uses, with some retail development. The net increase in development within the Hospital District is forecast at 3,900 square feet of retail use (Phase I), 10 beds in the hospital (Phase I), and 221,444 square feet of medical office development (Phase I and Phase II). Phase I includes construction of the new hospital building, adaptive reuse of the existing hospital (104,000 sf of new leased medical office use and 121,000 sf of backfill with non-essential services), construction of a new 3,900 square foot retail liner building, and construction of the roadway network within the Hospital District. Phase II, includes buildout of the remainder of the Hospital District including construction of 162,950 square feet of medical office uses and the new 570 space parking garage.

Residential uses would be permitted pursuant to Table 2-2; however, CMH is not proposing any residential uses. In the event that a private developer were to propose a mixed use development with upper level live/work or multi-family residential development, the number of units would be limited by the available area. Any redevelopment to incorporate residential uses would be anticipated to contribute towards meeting the overall housing development goals and would be within the parameters of the 8,000 dwelling units forecast under the 2005 General Plan. Since CMH does not specifically propose residential development and because any future potential residential development would be considered as part of the ultimate buildout under the 2005 General Plan, the CMH Code is consistent with the General Plan and the AQMP population forecasts.

The CMH Code directs redevelopment within the developed urban area of the City. The CMH Code allows for redevelopment of the Hospital campus in close proximity to support commercial uses along Main Street, Loma Vista Road and Telegraph Road, with residential areas that are located about one block to the north and one block to the east. The Project's general characteristics of being a redevelopment project within an urban area and enhancing pedestrian connectivity are consistent with the compact development and smart growth

principles that are being encouraged to reduce VMT (Steve Winkleman, Center for Clean Air Policy, July 14, 2009). Reducing the number of vehicle trips is the most significant way of conserving energy and lowering air emissions because large amounts of pollutants are emitted each time a cold engine is started and when the vehicle is turned off. Home to work trips comprise 20% to 30% of all personal vehicle trips, and they are especially significant because they tend to be longer trips, and they also occur during peak times of traffic congestion (VMT Reduction Final Report, available at http://www.ventura.org/rma/planning/pdf/studies/vmt_reduction.pdf).

The CMH Code incorporates Smart Growth principles such as pedestrian orientation, infill development, and mixed use development. Therefore, the CMH Code would not be inconsistent with the AQMP and the impact would not be significant.

**Mitigation Measures.** The impact would be less than significant; therefore, mitigation is not required.

**Significance after Mitigation.** Impacts would be less than significant without mitigation.

**Impact AQ-2 Construction of individual projects accommodated under the CMH Code, including the new hospital building, would result in emissions of air pollutants. The Ventura County APCD has not adopted significance thresholds for construction impacts because of they are not permanent; therefore, impacts are Class III, *less than significant*. Nevertheless, standard conditions of approval are required by the City to reduce dust and ozone precursors during construction.**

Construction activity that would be facilitated under the CMH Code would cause emissions of various air pollutants. Ozone precursors $NO_x$ and CO would be emitted by the operation of construction equipment, while fugitive dust ($PM_{10}$) would be emitted by activities that disturb the soil, such as grading and excavation, road construction and building construction. It is estimated that there would be about 23 truck trips/day during demolition and 20 truck trips/day during site grading. As discussed on page 2-25 of Section 2.0, *Project Description*, Phase I development would include construction of the new hospital, street connections and a new 3,900 square foot retail liner building, occurring between 2010 and 2014. Phase II development would include buildout of the remainder of the Hospital District, including construction of about 162,950 square feet of medical office uses and the new 570 space parking garage. Phase II development would occur over a period of years. Construction emissions estimate for Phase I and Phase II development are shown in Table 4.2-4.

The Project would generate up to 53 lbs/day of NOx and up to 51 lbs/day of $PM_{10}$ during construction. As discussed under Section 4.2.2, the VCAPCD's 25 pounds per day thresholds for NOx does not apply to construction emissions since such emissions are not permanent. Therefore, impacts are not considered significant. Nevertheless, the VCAPCD recommends imposition of mitigation if emissions of either pollutant exceed 25 pounds per day. The VCAPCD also recommends minimizing fugitive dust through various dust control measures.

In response, the City imposes a standard condition of approval that requires dust and ozone precursor controls.

**Table 4.2-4**
**Maximum Daily Construction Emissions Estimates (lbs/day)**

| Phase | ROG | $NO_x$ | $PM_{10}$ | $PM_{2.5}$ |
|---|---|---|---|---|
| **Phase I (2010-2014)**<br>252 Bed Hospital *<br>3,900 sf retail liner building<br>121,000 sf of non-essential services **<br>104,000 sf of adaptive reuse (new medical office leases) ** | 13 | 53 | 51 | 12 |
| **Phase II (2014-2025)**<br>162,950 sf medical office<br>570 space parking garage | 11 | 19 | 43 | 10 |

*Source: URBEMIS 2007 v 9.2*

*Modeling results included in Appendix C.*

** Modeling accounts for construction of a 252 bed hospital rather than a 10 bed increase since a new building is proposed.*

*** 121,000 sf of non-essential services and 104,000 sf of adaptive reuse (new medical office leases) not included in modeling because this building is existing.*

Grading of areas for future development would be expected to generate emissions of fugitive dust. For redevelopment areas, the demolition of existing older structures that were constructed with asbestos containing materials (ACMs) may occur. Demolition activity that disturbs friable asbestos could potentially create health hazards for receptors in the vicinity of individual demolition sites. However, all demolition activity involving ACMs is required to be conducted in accordance with VCAPCD Rule 62.7, which requires VCAPCD notification and use of licensed asbestos contractors to remove all ACMs prior to demolition. Compliance with Rule 62.7 on all future construction activity would reduce impacts to a less than significant level.

**Mitigation Measures.** Mitigation is not required because there are no thresholds that have been exceeded; however, the following standard condition of approval will be imposed by the City for Phase I and Phase II development to reduce the Project's contribution of ozone precursors and particulate matter.

**AQ-2** **Construction Air Quality.** The Ventura County Air Quality Assessment Guidelines (October 2003) recommend various techniques to reduce construction-related emissions associated with individual developments. Individual developers within the Hospital District, including the Hospital, shall include techniques to limit emissions of both ozone precursors ($NO_X$ and ROC) and fugitive dust ($PM_{10}$) as identified below:

- *Minimize equipment idling time.*
- *Maintain equipment engines in good condition and in proper tune as per manufacturers' specifications.*
- *Lengthen the construction period during smog season (May through October), to minimize the number of vehicles and equipment operating at the same time.*
- *Use catalyzed diesel particulate filters and low-sulfur diesel fuel*
- *The area disturbed by clearing, grading, earth moving, or excavation operations shall be minimized to reduce dust.*
- *Pre-grading/excavation activities shall include watering the area to be graded or excavated before commencement of grading or excavation operations. Application of water (preferably reclaimed, if available) should penetrate sufficiently to minimize fugitive dust during grading activities.*
- *Fugitive dust produced during grading, excavation, and construction activities shall be controlled by the following activities:*
  - *a) All trucks shall be required to cover their loads as required by California Vehicle Code §23114.*
  - *b) All graded and excavated material, exposed soil areas, and active portions of the construction site, including unpaved on-site roadways, shall be treated to prevent fugitive dust. Treatment shall include, but not necessarily be limited to, periodic watering, application of environmentally-safe soil stabilization materials, and/or roll-compaction as appropriate. Watering shall be done as often as necessary and reclaimed water shall be used whenever possible.*
- *Graded and/or excavated inactive areas of the construction site shall be monitored by the City Building Inspector at least weekly for dust stabilization. Soil stabilization methods, such as water and roll-compaction, and environmentally-safe dust control materials, shall be periodically applied to portions of the construction site that are inactive for over four days. If no further grading or excavation operations are planned for the area, the area should be seeded and watered until grass growth is evident, or periodically treated with environmentally-safe dust suppressants, to prevent excessive fugitive dust.*
- *Signs shall be posted on-site limiting traffic to 15 miles per hour or less.*
- *During periods of high winds (i.e., wind speed sufficient to cause fugitive dust to impact adjacent properties), all clearing, grading, earth moving, and excavation operations shall be curtailed to the degree necessary to prevent fugitive dust created by on-site activities and operations from being a nuisance or hazard, either off-site or on-site. The site superintendent/supervisor shall use his/her discretion in conjunction with the APCD in determining when winds are excessive.*
- *Adjacent streets and roads shall be swept at least once per day, preferably at the end of the day, if visible soil material is carried over to adjacent streets and roads.*
- *Personnel involved in grading operations, including contractors and subcontractors, should be advised to wear respiratory protection in*

*accordance with California Division of Occupational Safety and Health regulations.*

**Significance after Mitigation.** Construction impacts would be less than significant because of they are not permanent. The City imposed standard condition of approval requiring measures that would reduce the generation of dust and ozone precursors would further reduce construction emissions.

**Impact AQ-3 Phase I and Phase II development facilitated by the proposed CMH Code would generate air pollutant emissions. Phase I emissions would not exceed VCAPCD thresholds; however, combined Phase I and Phase II emissions would exceed the VCAPCD thresholds for ROG and NOx. Increasing energy efficiency and payment of fees pursuant to Ordinance 93-37 would mitigate the impact. This is a Class II, *significant but mitigable* impact.**

As discussed on page 2-23 of Section 2.0 *Project Description*, Phase I development would include the new hospital, street connections and a new 3,900 square foot retail liner building between 2010 and 2014. Phase II development would include buildout of the remainder of the Hospital District, including about 162,950 square feet of medical office uses and the new 570 space parking garage. Phase II development would occur over a period of years. Both phases of development were modeled in the URBEMIS Program (version 9.2.4). Table 4.2-5 shows the modeled daily operational emissions estimates for Phase I and Phase II development.

As indicated in Table 4.2-5, Phase I development of CMH is anticipated to result in about 19 lbs of ROG, and about 20 lbs of NOx per day. The VCAPCD threshold of 25 lbs/day would not be exceeded under Phase I. Under Phase II, individual projects would be undertaken separately by individual owners/and or developers; however, to show the total emissions estimate for Phase II, the development estimates were modeled together. As indicated, the Phase II development would result in about 20 lbs of ROG/day and 21 lbs of NOx/day. Therefore, Project emissions would exceed the thresholds by 14 lbs of ROG/day and by 16 lbs of NOx/day. This is a significant impact.

The new hospital building would include three rooftop cooling towers and two emergency generators. According to the Ventura County APCD, cooling towers are not direct sources of air pollutant emissions as they operate on electricity, rather than, for example, diesel generators. To ensure that all project impacts have been analyzed, the DEIR's analysis of global climate change accounts for the project's secondary emissions associated with the electricity usage pursuant to inpatient health care electricity usage statistics published by the Department of Energy (DOE, 2003).. With regard to the emergency generators, this equipment would generate air pollutant emissions, but CMH must obtain Ventura County APCD permits for this equipment that would include specific limitations on emissions. According to the Ventura County APCD Air Quality Assessment Guidelines, emissions from permitted equipment is not to be counted toward the air quality significance thresholds. This is because stationary equipment is already regulated by Rules and the local permitting process.

**Table 4.2-5**
**Operational Emissions Estimates (lbs/day)**

| Net Increase in Development by Phase | ROG | NOx |
|---|---|---|
| Phase I<br>10 beds<br>104,000 sf new medical office use<br>3,900 sf retail | 19 | 20 |
| Phase II<br>117,444 sf medical campus * | 20 | 21 |
| **Total Emissions** | **39** | **41** |
| VCAPCD Threshold | 25 | 25 |
| **Significant Impact** | **yes** | **yes** |

*Source: URBEMIS V.9.2.2, see Appendix C*

** Total calculated by subtracting 45,506 sf of existing development to be removed from 162,950 sf of new development.*

*Notes. Emissions estimates reflect the URBEMIS mitigated totals to account for the developed environment, including: local serving retail, mix of uses (900 jobs and 850 residences within ½ mile radius), 70 buses/day within ¼ mile, bike lanes on 60% of arterials, 100% of streets with sidewalks. These are existing conditions in the Project vicinity.*

*Mitigated totals also account for the energy efficiency associated with mitigation measure AQ-3(a).*

The URBEMIS 2007 v.9.2 program evaluates long-term emissions based on area sources and vehicle emissions. Area source emissions are evaluated based on natural gas consumption, hearth combustion, landscape equipment, consumer products and application of architectural coatings for maintenance purposes. Area source emissions are typically a much smaller portion of the overall long-term emissions associated with a project, while vehicular emissions tend to comprise the majority of long term emissions. This is because the majority of regulated emissions are generated during combustion and driving automobiles is the greatest source of combustion as compared with the amount of natural gas that is combusted for heating water, cooking on stoves and heating space. The URBEMIS 2007 v. 9.2 program default assumptions are that 25% of workers will commute to the hospital for work, while 75% of trips are Primary (sourced specifically to the hospital), 25% of trips are diverted link trips (associated with another stop) and that there are no pass-by trips ( impulse stop). Of the overall emissions generated by Phase I and Phase II of the project, about 95% are from vehicular emissions, while about 5% are from area source emissions (see Appendix C, Operational Emissions output summaries).

The increase in traffic associated with the project would incrementally increase CO concentrations at study area intersections. However, as discussed in Section 4.2, *Traffic and Parking*, levels of service would remain at D or better at all study intersections, even with project and cumulative traffic increases. The Ventura County APCD's Air Quality Assessment Guidelines indicate that CO "hot spot" analysis needs to be conducted only when the level of

service would be E or F. In addition, as noted in Table 4.2-2, no violations of state or federal CO standards have occurred in the past three years. Therefore, project traffic would not result in CO concentrations exceeding state or federal standards.

**Mitigation Measures.** The following mitigation measure would reduce the impact to a level that is less than significant.

**AQ-3(a)** **Increase Energy Efficiency.** For all new construction, increase energy efficiency by 20% beyond Title 24 requirements.

**AQ-3(b)** **Air Quality Mitigation Fees.** Phase I and II developers within the Hospital District shall contribute fees to the Citywide Transportation Demand Management Program for respective incremental contributions to air quality emissions in excess of 25 lbs/day threshold prior to occupancy. Fees shall be based and paid in accordance with Ordinance 93-37.

**Significance after Mitigation.** Impacts would be less than significant after mitigation as implementation of Measure AQ-3(a-b) would offset emissions pursuant to City standard practice. The types of improvements that can be funded using the city's Air Quality Mitigation Fees include the following:

- Express transit services
- Public transit services
- Bus Stop improvements
- Vanpools
- Alternate fuels fleet vehicles
- Bike Trails
- Park-n-ride lots

These improvements are recognized by the regional agencies such as the Ventura County Air Pollution District and the Ventura County Transportation Commission as projects that will contribute to significant improvements in air quality. Refer to the extracts from the 2009 Ventura County Congestion management Program that are included near the end of Appendix C.

The following are some of the projects that have been completed as Capital Improvement Projects using the City's Air Quality Mitigation Fees:

- Bus Transfer Center at Mall - $121,978.70
- Transit Stop Upgrades - $50,000
- Bus Shelters - $50,000
- Highway 126 Bike Path Gap Closure Phase I - $541,029.62
- Telegraph Road Bike/Sidewalk Upgrade - $343,480.45

With contribution of funds pursuant to Ordinance 93-37, the project's contribution to cumulative impacts is less than significant due to implementation of improvements such as

those already completed under the program.

**Impact AQ-4 The health risks associated with onsite grading would not exceed the health risk assessment criteria for sensitive receptors in the vicinity of the Project Area. This is a Class III, *less than significant* impact.**

Diesel particulate emissions would occur primarily during project construction because of heavy-duty vehicle operations and construction equipment during the grading and building phases of project construction. The majority of Project emissions will be associated with the early phase of construction for grading and construction of the hospital pad. Subsequent development of Phase II projects would occur on an intermittent basis as individual projects are undertaken. These projects are anticipated to range from about 12,000 sf to 41,000 sf and individually would result in substantially less diesel exhaust emissions as compared with Phase I, which includes demolition, construction of 3,900 sf of retail and a 252 bed hospital. Thus, the Phase I scenario was evaluated with respect to health risks from diesel PM emissions, since it is the most intensive construction scenario and would occur for a period of about four years.

Based on the URBEMIS 2007 v.9.2.4 output for $PM_{10}$ diesel exhaust emissions, the SCREEN3 model was run for an area source scenario. SCREEN3 is a screenline model intended to determine under a worst-case basis whether or not emissions have the potential to result in concentrations of concern. Typically, this model will predict concentrations an order of magnitude (10 times) or greater than if a more detailed and complex model were used. This level of accuracy is considered sufficient for the purpose of this CEQA analysis.

The diesel particulate emissions that would be associated with Phase I construction of the Hospital District were quantified based on the sum of the tons/year $PM_{10}$ diesel exhaust generated during construction for all four years, and then averaged to provide a daily exposure rate. The daily average was reduced by 63%to account for the use of alternative fuels and retrofitted filters as required under AQ-2, which is a condition of approval for the project. These controls can reduce generation of $PM_{10}$ by 63-80%; however, to be conservative, a reduction of 63% was applied.

Grading is estimated to cause diesel particulate emissions of 0.0087grams/second within the grading area (see Appendix C for calculations). The SCREEN3 model was then used to determine concentration levels in micrograms/cubic meter [$\mu g/m^3$] generated during construction (see Appendix C for model output). The maximum one-hour concentration was calculated at 7.990$\mu g/m^3$ at a distance of 358 feet. This concentration estimate is conservative, and is not a specific prediction of the actual concentration that would occur at any one point over the course of the construction period. Actual average concentrations are dependent on many variables, particularly the number and type of equipment working at specific distances during time periods of adverse meteorology. The SCREEN3 estimates are intended to be a conservative estimate of the concentration that is unlikely to be exceeded for use in the health risk computation.

The closest receptors are patients and employees of the hospital, located about 70 feet north of the grading area. However, the hospital air is filtered at the intake units and patients are not

exposed to diesel particulate emissions. Consequently, the health risk analysis considered those most likely affected by the highest concentrations of pollutants, which would be residences located about 358 feet to the east along Joanne Avenue. A health risk computation was done to determine the potential risk that may result from the maximum one-hour concentration as calculated above and assuming that it would occur at this level for the entire four year period. In addition, the chronic health risk associated with the diesel particulates was estimated based on the reference dose for chronic oral exposure for diesel engine emissions (USEPA, IRIS, 2001). The chronic risk is separate from the carcinogenic risk in that it considers impacts to the respiratory system, such as the buildup of material in the lungs and inflammation of lung tissue. The carcinogenic and non-carcinogenic health risks at the most affected sensitive receptors are shown in Table 4.2-6.

**Table 4.2-6**

**Construction Health Risks**

| Scenario | Excess Cancer Risk | Chronic Health Risk |
|---|---|---|
| Phase 1 Construction | | |
| adult | 3.26 E-06 | 3.80 E-02 |
| child | 7.60 E-06 | 8.87 E-02 |
| *Significance Threshold* | *>1.0E-05* | *≥1* |
| *Exceeds Threshold?* | *No* | *No* |

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

As indicated in the table, children are more affected by diesel emissions because of the relatively greater amount of air that they breathe on a daily basis as compared to their body weight. Nonetheless, the health risks associated with onsite grading given the standard measures for construction operations do not exceed the health risk assessment criteria. Impacts to the most affected sensitive receptors would be less than significant. Likewise, impacts to other sensitive receptors, including residences located about 200 feet to the east and to the southeast of the hospital, as well as students at Saint Bonaventure School, located about 0.15 miles to the east would be less than significant.

**Mitigation Measures.** Impacts would be less than significant without mitigation, though it is noted that the analysis assumes implementation of standard condition AQ-2, which requires the use of low-sulfur diesel fuel and catalyzed particulate filters.

**c. Cumulative Impacts.** The Ventura County Air Basin is currently a non-attainment area for both the federal and state standards for ozone and the state standards for $PM_{10}$. When population growth exceeds the forecasts upon which the AQMP is based, emission inventories could be surpassed, which could affect attainment of standards as a result of past and ongoing urban and rural development that has caused emissions to exceed the air basin's capacity for dispersal and removal of the air pollutants. Buildout under the 2005 General Plan is estimated to accommodate 8,000 dwelling units and five million sf of non-residential development. However, as indicated in AQ-1, the 2005 General Plan development forecasts (2025) do not exceed the AQMP forecasts for the City, and would therefore not result in delayed attainment

of air quality standards. Cumulative impacts would therefore be less than significant and the Project's contribution to cumulative air quality impacts would not be cumulatively considerable.

With respect to cumulative construction impacts, there is only one building that is located close enough to contribute to localized adverse air quality conditions, including an increased localization of diesel particulates. This is the Cancer Center, which is located at the southeast corner of Loma Vista Road and Brent Street, about 240 feet from the grading area. The Cancer Center is anticipated for completion later this year and would not occur concurrently with the hospital given the current schedule, which would not allow commencement of construction until 2011. All other pending projects in the vicinity, as mentioned in Table 3-2, are located between 0.5 and one mile from the site. Subsequent Phase II projects would occur independently and are thus not likely to generate substantial amounts of emissions. Thus cumulative construction impacts with respect to air quality would be less than significant.

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# 4.3 HISTORIC RESOURCES

This section analyzes the impacts of the Community Memorial Hospital District Development Code on historic resources. The Initial Study (Appendix A) determined that the proposed Project would not result in impacts to pre-historic or archaeological resources.

## 4.3.1 Setting

**a. Historic Resources Surveys**. This discussion summarizes the findings of a Historic Resources Report conducted by San Buenaventura Research Associates (SBRA) (revised July 15, 2009) and a memorandum by SBRA (July 15, 2009). The SBRA investigation examined potential effects to historical resources from the Project through the use of field investigations and research conducted in March 2009. The full reports are contained in Appendix D. The purpose of the technical report was to identify and evaluate any historic resources that may be affected by development facilitated by the proposed Development Code and to recommend mitigation measures where appropriate. Field investigations, photography, and background research were completed to document existing conditions, identify character-defining features of those properties evaluated as significant, and define the historic resources in the vicinity of the Hospital District. Additional background and site-specific research was conducted in order to evaluate the properties within their historic context. National Register of Historic Places (NRHP), California Register of Historic Resources (CRHR) and City of Ventura criteria was employed to assess the significance of the properties.

The reports were presented to the Historic Preservation Committee (HPC) at their June 2009 meeting. The HPC requested additional information on three properties evaluated in the report: 2815 E. Main Street, 2841 Cabrillo Drive and 145 S. Brent Street. The HPC also requested a Ventura City Landmark eligibility evaluation for properties less than 50 years of age. The reports were revised to provide the requested information, which was derived primarily from planning files and plans located in the Building Department files. On July 27, 2009 the HPC approved the Historic Resources Reports and concluded demolition of the nine Project Area structures would not adversely affect historic resources.

**b. Historic Context of the Project Area.** The existing Community Memorial Hospital complex is the successor to the E.P. Foster Memorial Hospital building constructed on Loma Vista Road (then, Foothill Road) in 1930-31. The hospital was named after him in 1932 after his death which had originally been planned to be called the Hospital de Buena Ventura.

By the late 1920s and into the 1930s, little development had occurred in Ventura east of Seaward Avenue. The new, three and four-story hospital building was constructed on the eastern fringe of the city, in an area which was predominantly citrus and walnut orchards. The land selected for the hospital was a portion of a speculative subdivision, the Helene Park Tract, on land owned by Milan and Helen Wright. Recorded in 1929, the subdivision divided the triangle of land bounded by E. Main Street, Loma Vista (Foothill) Road and Joanne Avenue into city lots. The Wrights retained a parcel at the intersection of E. Main Street and Foothill Road (now Loma Vista Road), where their home was located.

The hospital purchased a block of undeveloped parcels within the tract along Loma Vista (Foothill) Road for the construction of the hospital building. The remaining parcels of the subdivision began to fill in with small single family residences starting during the mid-1940s. As the hospital began to dominate the area, many residences would be converted to doctor's offices and other medical uses.

The pace of commercial construction on the parcels oriented towards Main Street was set with the opening of the Sears Roebuck building at 2750 E. Main Street in 1948. Nearby commercial parcels along Main Street were developed over the next ten years, particularly as residential development rapidly pressed further east during the 1950s.

A one-story wing was added to the eastern side of the hospital in 1951. In 1962 the hospital's name was changed to Community Memorial Hospital, partly on the recommendation of Orpha Foster. The original hospital building was replaced by the present eight-story building during the early 1970s. With the continued expansion of the hospital, additional residences in the immediate neighborhood were converted to medical offices, or were demolished to make way for medical buildings.

A discussion of the regional historical setting of the City of Ventura can be found in the Historic Resource Report (Appendix D).

**c. Criteria for Evaluation of Historic Resources.** CEQA requires the evaluation of project impacts on historic resources, including properties "listed in, or determined eligible for listing in, the California Register of Historical Resources [or] included in a local register of historical resources." In analyzing the historic significance of properties located within the study area, various criteria for designation under federal, state, and local landmark programs were considered and applied, as described below. It should be noted, however, that pursuant to CEQA Section 15064.5(a)(4), "[t]he fact that a resource is not listed in, or determined to be eligible for listing in the California Register of Historical Resources, not included in a local register of historical resources…or identified in an historical resources survey…does not preclude a lead agency from determining that the resource may be an historical resource as defined in Public Resources Code sections 5020.1(j) or 5024.1."

Federal Regulatory Setting. The criteria for determining eligibility for listing on the National Register of Historic Places (NRHP) have been developed by the National Park Service. Properties may qualify for NRHP listing if they:

1. *Are associated with events that have made a significant contribution to the broad patterns of our history; or*
2. *Are associated with the lives of persons significant in our past; or*
3. *Embody the distinctive characteristics of a type, period, or method of construction or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or*

4. *Have yielded, or may be likely to yield, information important in prehistory or history.*

According to the NRHP guidelines, the "essential physical features" of a property must be present for it to convey its significance. Further, in order to qualify for the NRHP, a resource must retain its integrity, or "the ability of a property to convey its significance."
The seven aspects of integrity are:

1. *Location (the place where the historic property was constructed or the place where the historic event occurred)*
2. *Design (the combination of elements that create the form, plan, space, structure, and style of a property)*
3. *Setting (the physical environment of a historic property)*
4. *Materials (the physical elements that were combined or deposited during a particular period of time and in a particular pattern or configuration to form a historic property*
5. *Workmanship (the physical evidence of the crafts of a particular culture or people during any given period of history or prehistory)*
6. *Feeling (a property's expression of the aesthetic or historic sense of a particular period of time)*
7. *Association (the direct link between an important historic event or person and a historic property).*

The relevant aspects of integrity depend upon the National Register criteria applied to a property. For example, a property nominated under Criterion A (events), would be likely to convey its significance primarily through integrity of location, setting and association. A property nominated solely under Criterion C (design) would usually rely primarily upon integrity of design, materials and workmanship.

The minimum age criterion for the NRHP is 50 years. Properties less than 50 years old may be eligible for listing on the NRHP if they can be regarded as "exceptional," as defined by the NRHP procedures.

State of California Regulatory Setting. A resource is eligible for listing on the California Register of Historical Resources (CRHR) if it:

1. *Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage;*
2. *Is associated with the lives of persons important in our past;*
3. *Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values; or*
4. *Has yielded, or may be likely to yield, information important in prehistory or history.*

The California Register procedures include similar language to the NRHP with regard to integrity. The minimum age criterion for the CRHR is 50 years. Properties less than 50 years old may be eligible for listing on the CRHR "if it can be demonstrated that sufficient time has passed to understand its historical importance" (Chapter 11, Title 14, §4842(d)(2)).

By definition, the California Register of Historical Resources also includes all "properties formally determined eligible for, or listed in, the National Register of Historic Places," and certain specified State Historical Landmarks. The majority of "formal determinations" of NRHP eligibility occur when properties are evaluated by the State Office of Historic Preservation in connection with federal environmental review procedures (Section 106 of the National Historic Preservation Act of 1966). Formal determinations of eligibility also occur when properties are nominated to the NRHP, but are not listed due to owner objection.

Historic resources as defined by CEQA also include properties listed in "local registers" of historic properties. A "local register of historic resources" is broadly defined in §5020.1 (k) of the Public Resources Code, as "a list of properties officially designated or recognized as historically significant by a local government pursuant to a local ordinance or resolution." Local registers of historic properties come essentially in two forms: (1) surveys of historic resources conducted by a local agency in accordance with Office of Historic Preservation procedures and standards, adopted by the local agency and maintained as current, and (2) landmarks designated under local ordinances or resolutions. These properties are "presumed to be historically or culturally significant... unless the preponderance of the evidence demonstrates that the resource is not historically or culturally significant." (Public Resources Code §§ 5024.1, 21804.1, 15064.5).

City of Ventura Criteria. The City of Ventura Municipal Code, Chapter 24.455, *Historic Preservation Regulations*, establishes the procedures for identifying, designating, and preserving historic landmarks or points of interest. Pursuant to §24.455.120.2, a building, structure, archaeological excavation, or object that is unique or significant because of its location, design, setting, materials, workmanship, or aesthetic feeling may qualify as a landmark if it is marked by any of the following:

1. *Events that have made a meaningful contribution to the nation, state, or community*
2. *Lives of persons who made a meaningful contribution to national, state, or local history*
3. *Embodying the distinctive characteristics of a type, period, or method of construction*
4. *Reflecting or exemplifying a particular period of the national, state, or local history*
5. *The work of one or more master builders, designers, artists, or architects whose talents influenced their historical period, or work that otherwise possesses high artistic value*
6. *Representing a significant and distinguishable entity whose components may lack individual distinction*
7. *Yielding or likely to yield, information important to national, state, or local history or prehistory*

Pursuant to §24.455.120.3, any real property or object may qualify as a point of interest if:

1. *It is the site of a building, structure, or object that no longer exists but was associated with historic events, important persons, or embodied a distinctive character of architectural style.*
2. *It has historic significance, but was altered to the extent that the integrity of the original workmanship, materials, or style is substantially compromised.*
3. *It is the site of a historic event which has no distinguishable characteristics other than that a historic event occurred there and the historic significance is sufficient to justify the establishment of a historic landmark.*

Potential landmarks or points of interests are first considered by the City's HPC at a noticed public hearing and with the property owner's permission. The HPC then makes a recommendation to the Planning Commission. After consideration of the HPC's recommendation, the Planning Commission is responsible for making a recommendation to the City Council, which, after consideration at a noticed public hearing, has sole authority to designate landmarks or points of interest. Pursuant to General Plan Action 9.19, any project in a historic district or that would affect any potential historic resource, or structure more than 40 years old is required to perform an assessment of eligibility for the State and Federal registers, landmark status, and appropriate mitigation to protect the resource.

Pursuant to §24.455.510, it is unlawful for a property owner or any other person to carry out, cause, or permit the demolition or relocation of a designated historic landmark. Any such act shall constitute a misdemeanor and:

1. *The owner shall pay to the City the greater of $10,000.00 or the appraised value of the landmark before demolition occurred minus the appraised value after such action.*
2. *No building permits shall be issued for new development on the property for a period of five years from the date of demolition.*

Exceptions to the rule exist as outlined in §24.455.520, the demolition or relocation of a historic landmark shall not constitute a misdemeanor as prescribed in section 2.430.510 if prior approval of the action was received from the historic preservation committee or, on appeal, from the planning commission or, on appeal from city council.

In addition to the designation of individual historical landmarks and points of interest, the Historic Preservation Committee, Planning Commission, and, ultimately, the City Council may designate certain areas of the City as Historic District (HD) Overlay Zones, pursuant to the City of Ventura Municipal Code, Chapter 23.340 and §24.455.310. The purpose of the HD Overlay Zone is to regulate a landmark, point of interest, or any combination thereof in order to:

1. *Protect against destruction or encroachment upon such areas and structures*
2. *Encourage uses which promote the preservation, maintenance, or improvement of landmarks and points of interest*
3. *Assure that new structures and uses within such areas will be in keeping with the character to be preserved or enhanced*
4. *Promote the educational and economic interests of the entire City*
5. *Prevent creation of environmental influences adverse to such purposes*

The procedure for establishing an HD Overlay Zone is similar to that required for designating a historical landmark or point of interest and includes recommendations by the Historic Preservation Committee and Planning Commission to the City Council for consideration at noticed public hearings. After designation as a historical landmark, point of interest, or Historic District, future development that might have an impact on designated buildings, structures, or areas is subject to design review for compliance with any architectural and development guidelines that the City Council has adopted as a part of the designation process.

The City has adopted the Mills Act, a state law that grants local governments the authority to directly implement a historic preservation program to encourage the preservation and restoration of designated Historic Landmarks. In exchange for property tax relief, property owners agree to maintain and preserve the exterior of their properties according to the Secretary of the Interior's Standards for the Treatment of Historical Properties guidelines.

**d. Project Area Cultural Resources.** Below is a discussion of the potentially historic properties within the Project Area that would be affected by hospital development as well as subsequent development under the CMH Code.

75 N. Brent Street. This one- and two-story single family residence is characterized by an irregular plan and intersecting low and medium-pitched shed roofs with medium open eaves and exposed rafters. The building is clad in wide horizontal ship-lap siding. Windows are wood frame sash and fixed units. An attached one-car garage is located to the rear (southern elevation). This residence was constructed in 1947 for Merrill E. Russell, a chiropractor, and his wife Irene. During the 1950s it was occupied by Roy Lyall, an electronics technician and his wife Irene, a dental assistant. By the 1970s it was used as a medical office. This modestly Modern Ranch style building appears to be unaltered.

85 N. Brent Street. This one story single family residence features an essentially rectangular plan and a medium-pitched front-facing gable roof with medium lap siding under the gable end. The building is otherwise clad in stucco. The side entry, located on the northern elevation, is situated above a low stoop. Windows are anodized aluminum, apparently new units within the original window openings. This residence was constructed in 1946, apparently for Elmer L. Webb, an oil worker, and his wife Helen. They lived in this residence until at least 1960. This modestly Minimal Traditional style residence appears to be somewhat altered.

95 N. Brent Street. This one story, stucco-clad single family residence features an L-plan and a side-facing medium-pitched gable roof with an intersecting front-facing medium-pitched gable roof with very shallow closed eaves. The entry is inset above a concrete stoop. Windows are wood frame sash, and anodized aluminum evidently replacing sash units within their original openings. This residence was constructed in 1946, apparently for Artie A. Robinson, a service station owner, and his wife Clemma. By the 1950s it was occupied by his station manager, Elmer Smith and his wife Dede. They remained until at least 1960. This very modestly Minimal Traditional style residence appears to be slightly altered.

107 N. Brent Street. This one-story stucco clad single family residence feature an L-plan with intersecting front and side-facing medium-pitched gable roofs with very shallow closed

eaves. The entry is located in the crook of the "L" facing the street intersection, above a low brick stoop. Windows are wood frame sash units. This residence was apparently constructed in 1946 for Roy A. Campbell, an oil worker. He remained until at least 1960. This modestly Minimal Traditional style residence appears to be unaltered.

145 N. Brent Street. This two-story medical office building features a rectangular plan and a flat roof behind a featureless parapet. The main eastern elevation features eight, shallow two-story bays of arched window openings with aluminum window mullions spaced regularly along the facade, with the entry located in the center bay. A similar treatment is seen along the southern elevation. This building, known as the Cabrillo Medical Building, was designed in 1966 and completed in 1967 in a Modern interpretation of the Spanish Revival style. The developer was a partnership known as the Ventura Land and Development Company. The architect for this building was Kenneth H. Hess of Ventura. A number of other architects are referenced on building permits, including Hummel, Rasmussen and Love of Ventura; and S.U.A of Beverly Hills, who were probably responsible for tenant improvements only. According to the original building plans, the lettering "Cabrillo" seen on the upper facade was designed by an Ojai graphic artist named James Kuche. No further information was located on this individual. This building appears to be unaltered.

2825 Cabrillo Drive. This two-story medical office building is rectangular in plan and features a flat roof behind a parapet. The roofline projects beyond the eastern elevation to cover a stairway to the second floor and a second floor balcony, supported by large rectangular columns. An under-building garage entrance is the dominant architectural feature of the southern street elevation. The first story of the building is poured-in place concrete. The second story is vertically board-formed poured-in-place concrete. The date of construction of this building was difficult to determine from the building permits. The most likely year is 1973. This building appears to be unaltered.

2841 Cabrillo Drive. This one-story medical office building is rectangular in plan and features a flat roof. The exterior cladding appears to be a composite wood or plywood material scored to resemble vertical planks. A wide cornice fascia decorated with raised panels runs the entire length of the main southern elevation. Windows are fixed aluminum units surrounded by thin wood casings. The date of construction of this building was difficult to establish from the building permits. It appears to be the combination of three buildings constructed in 1968, 1970 and 1972, altered to its current appearance in 1991. The architect, if any, is unknown.

2856 Cabrillo Drive. This two-story medical office building features an irregular plan and a flat roof. Its dominant architectural features are the angular southern elevation and stairway. The building is clad in narrow vertical wood siding. Windows are fixed, with narrow wood casings. This building was constructed in 1978-79, designed in the Modern style by Rasmussen and Ellinwood architects of Ventura. It appears to be unaltered.

2815 E. Main Street. The southern, street elevation of this two-story commercial building features two bays of unequal size divided by a massive stepped pilaster which projects over the parapet. Identical pilasters define the corners of the main elevation. The lower ground floor facade is characterized by an entry flanked by two, smaller-scale versions of the larger

pilasters, rising to mid-elevation and an anodized aluminum storefront. The upper elevation is characterized by stucco applied in a checkerboard pattern. Windows on the ground and upper facade are fixed, surrounded by wide stucco casings and topped by projecting lintels featuring dentil-like details. The cornice line reflects the design of window lintels. This building was constructed in 1959 as a single story building with rear mezzanine for McMahon Furniture, designed by Ventura architect Kenneth H. Hess.

As nearly as could be determined by the building and planning records, the building's Main Street elevation has been remodeled at least three times. The first alteration appears to have occurred in 1973 when the building was converted to Sawyer Business College, and a bar known as The Dock. This alteration resulted in the removal of most of the building's originally continuous storefront, which consisted of floor-to-ceiling plate glass windows with no bulkheads. The original upper facade, consisting of concrete blocks laid in a checkerboard pattern and a projecting, arched canopy was retained. An internal second story replaced the mezzanine. A proposed second alteration in 1977 was approved, but apparently not implemented. A third alteration permitted in 1986 appears to have resulted in the removal of the original projecting canopy and additional changes to the storefront to accommodate a new bar, known as The Library. The original upper façade was retained. The 1986 plans suggest additional alterations to the storefront occurring between 1973 and 1986, which are not otherwise documented. All photos included in the planning files have been scanned and are illegible.

The building's current appearance evidently resulted from alterations made in 2002, for which no planning records were available, and could be dated from building permits only. However based on a review of previous planning files, this alteration covered the only major remaining feature of the original building which had survived the previous alterations (the upper facade) with the current stucco treatment, and added the second floor windows, cornice line, and projecting pilasters. The current storefront treatment also appears to date almost entirely from the 1992 alterations.

Table 4.3-1 illustrates the potentially historical properties studied in the Historic Resources Report and their eligibility as historic resources. As indicated in Table 4.3-1, none of the properties are eligible as a historic resource. However, one property in the immediate vicinity of the Project Area, the Sears Roebuck building at 2750 E. Main Street, appears to be eligible for designation as a City Landmark for its role in the postwar development of east Ventura and as one of the most prominent examples of late Moderne style of architecture in the City.

The CMH Code would facilitate the addition of a shopfront frontage type to the eastern or southern boundaries of properties along Main Street between 2815 Main Street and Loma Vista Road. The intent of the shopfront frontage type (see Figure 2-6) is to orient these Midtown Code properties such that any boundaries facing open space or streets would be designed with pedestrian orientation. Phase I of the Project would include demolition of nine Project Area structures (45,506 sf of commercial/medical office use and 4 single family residences). One of these structures would be 2815 Main Street, which would be demolished to create a new street.

**Table 4.3-1**
**Historical Properties**

| Address | Building Use | Date | Eligibility |
|---|---|---|---|
| 75 N. Brent Street | Single Family Residence | 1947 | Ineligible |
| 85 N. Brent Street | Single Family Residence | 1946 | Ineligible |
| 95 N. Brent Street | Single Family Residence | 1946 | Ineligible |
| 107 N. Brent Street | Single Family Residence | 1946 | Ineligible |
| 145 N. Brent Street | Medical Office Building | 1967 | Ineligible |
| 2825 Cabrillo Drive | Medical Office Building | c.1973 | Ineligible |
| 2841 Cabrillo Drive | Medical Office Building | 1968, 1970, 1972 | Ineligible |
| 2856 Cabrillo Drive | Medical Office Building | 1978-79 | Ineligible |
| 2815 E. Main Street | Commercial Building | 1959 | Ineligible (altered) |

*Source: San Buenaventura Research Associates, Historic Resources Report: Community Memorial Hospital Master Plan. Revised July 2009.*

Phase II would include buildout of the remainder of the Project Area, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. Phase II would not involve demolition of any of the properties listed in Table 4.3-1.

Properties along Main Street would continue to be subject to the Midtown Corridors Code. These properties are required to undergo evaluation at the time development of a property with a structure of more than 40 years in age is proposed pursuant to Municipal Code Section 24M.100.045.M.1.a. The City has existing regulations in place that would require evaluation of any property for which a demolition permit is requested for a structure that is 40 years old at the time of application (Municipal Code Section 2R.450.220).

## 4.3.2 Impact Analysis

**a. Methodology and Significance Thresholds.** As previously noted, SBRA performed an historic resources technical report for the proposed project in 2009. The conclusions as to the significance of the effects of the proposed project on historic resources are based on the findings of the Historic Resources report, which is included in Appendix D.

According to PRC §21084.1, "a project that may cause a substantial change in the significance of an historical resource is a project that may have a significant effect on the environment." By definition, a substantial adverse change means, "demolition, destruction, relocation, or alterations," such that the significance of an historical resource would be impaired (PRC §5020.1(6)). For purposes of NRHP eligibility, reductions in a resource's integrity (the ability of the property to convey its significance) should be regarded as potentially adverse impacts.

Further, according to the *CEQA Guidelines*, "an historical resource is materially impaired when a project... [d]emolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for, inclusion in the California Register of Historical Resources [or] that account for its inclusion in a local register of historical resources pursuant to section 5020.1(k) of the Public Resources Code or its identification in an historical resources survey meeting the requirements of section 5024.1(g) of the Public Resources Code, unless the public agency reviewing the effects of the project establishes by a preponderance of evidence that the resource is not historically or culturally significant."

The lead agency is responsible for the identification of "potentially feasible measures to mitigate significant adverse changes in the significance of an historical resource." The specified methodology for determining if impacts are mitigated to less than significant levels are the Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings and the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings (1995), publications of the National Park Service. (PRC §15064.5(b)(3-4))

**b. Project Impacts and Mitigation Measures.**

**Impact HR-1 Construction under the CMH Code would involve demolition of nine structures under Phase I, none of which has been identified as eligible for historical listing. One property in the vicinity of the Hospital District is potentially eligible for Landmark status; however, Phase I and Phase II development facilitated by the CMH Code would not significantly affect this property. Therefore, impacts would be Class III, *less than significant*.**

As previously indicated, a historic resources evaluation was prepared by San Buenaventura Research Associates (July 2009). The Historic Preservation Committee (HPC) considered the report during meetings on June 29, 2009 and July 27, 2009. At the July 27, 2009 meeting, the HPC concluded that none of the properties that are proposed for demolition are eligible for the National or California Registers or the City of Ventura historic landmark or point of interest. As discussed above, Phase I would include demolition of nine structures. None of these structures is eligible as a potential historic landmark (see Table 4.3-1). Phase II would not include any demolition. Therefore, neither Phase I nor Phase II would result in any direct historic resource impacts.

The project would occur within the setting of one eligible property, the Sears Roebuck building at 2750 E. Main Street (the southwest corner of the intersection of Borchard Drive and Main Street). From 2010 to 2014, Phase I of the Project would be constructed. This construction would result in the removal of the building at 2815 E. Main Street for the construction of an access road. This activity would replace the existing building with a public street along the north side of Main Street, which provides a portion of the setting for the eligible property. However, the building to be demolished is located approximately 300 feet from the eligible

property, and is already substantially altered. Consequently, it contributes only marginally to the setting of the eligible property and its removal would not have a significant or adverse effect on the eligibility of the Sears Roebuck building. The Midtown Corridors Code would be altered to provide frontage standards to parcels along the west side of Main Street that will front a street or an open space area. No other changes to Main Street properties are proposed. Therefore, impacts are less than significant (SBRA, 2009).

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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses. Phase II development would occur within the interior of the Hospital District, along Loma Vista Road and Brent Street, and would not affect the setting along Main Street. Therefore, Phase II development would not have an adverse impact with respect to the Sears Roebuck Building. Therefore, Phase II development would have a less than significant impact.

The CMH Code also includes a provision that would require applicants for development proposals involving structures over 40 years in age to submit a historic, technical assessment (or "Phase I") prepared by a City-authorized historic professional (CMH Code Section 24SD:H1.100.0051.I.1.a). Subsequent to the review of the Phase I, if the Community Development Director determines a potential Historic Resource is present, but not formally designated as a landmark or already on a State or Federal register, the development proposal shall be reviewed by the Historic Preservation Committee (HPC) for compliance with the Secretary of the Interior's Standards and Guidelines for the Treatment of Historic Properties. Therefore, any properties that have not yet been evaluated would be evaluated at the time any proposal is initiated. Impacts to historic resources would not be significant.

**Mitigation Measures.** Mitigation is not required as the CMH Code would not result in any significant impacts to historic resources.

**Significance After Mitigation.** Historic resource impacts would be less than significant without mitigation.

**c. Cumulative Impacts**. Implementation of Phase I and Phase II of the Project, in combination with about 8,000 dwelling units and five million square feet of non-residential development under the 2005 General Plan could alter the historic character of the Hospital District and of Ventura as a whole. Underlying zoning for properties in the vicinity and along the western side of Main Street that are governed by the Midtown Code would allow development of up to six stories which could potentially change the setting in the vicinity of the Sears Roebuck Building. However, pursuant to General Plan Action 9.19 and Municipal Code Section 2R.450.220 and 24M.100.045.M.1.a, any project that affects a building more than 40 years old is subject to evaluation for potential historical resource impacts under CEQA. Therefore, as individual projects under the Midtown Code move ahead, they would be evaluated on an individual basis for the potential to affect historic resources. This would occur not only in the

vicinity of the Sears Roebuck building, but also citywide. Consequently, the potential for adverse cumulative effects would not be significant.

# 4.4 NOISE

This section addresses construction generated noise, the impacts of noise generated by additional traffic and the placement of development near noise producing sources.

## 4.4.1 Setting

**a. Overview of Sound Measurement**. Noise level (or volume) is generally measured in decibels (dB) using the A-weighted sound pressure level (dBA). The A-weighting scale is an adjustment to the actual sound power levels to be consistent with that of human hearing response, which is most sensitive to frequencies around 4,000 Hertz (about the highest note on a piano) and less sensitive to low frequencies (below 100 Hertz).

The sound pressure level is measured on a logarithmic scale with the 0 dB level based on the lowest detectable sound pressure level that people can perceive (an audible sound that is not zero sound pressure level). Based on the logarithmic scale, a doubling of sound energy is equivalent to an increase of 3 dB, and a sound that is 10 dB less than the ambient sound level has no effect on ambient noise. Because of the nature of the human ear, a sound must be about 10 dB greater than the reference sound to be judged as twice as loud. In general, a 3 dB change in community noise levels is noticeable, while 1-2 dB changes generally are not perceived. Quiet suburban areas typically have noise levels in the range of 40-50 dBA, while those along arterial streets are in the 50-60+ dBA range. Normal conversational levels are in the 60-65 dBA range, and ambient noise levels greater than 65 dBA can interrupt conversations.

Noise levels typically attenuate (or drop off) at a rate of 6 dB per doubling of distance from point sources such as industrial machinery. Noise from lightly traveled roads typically attenuates at a rate of about 4.5 dB per doubling of distance. Noise from heavily traveled roads typically attenuates at about 3 dB per doubling of distance.

In addition to the instantaneous measurement of sound levels, the duration of sound is important since sounds that occur over a long period of time are more likely to be an annoyance or cause direct physical damage or environmental stress. One of the most frequently used noise metrics that considers both duration and sound power level is the equivalent noise level (Leq). The Leq is defined as the single steady A-weighted level that is equivalent to the same amount of energy as that contained in the actual fluctuating levels over a period of time (essentially, the average noise level). Typically, Leq is summed over a one-hour period.

The time period in which noise occurs is also important since noise that occurs at night tends to be more disturbing than noise that occurs during the daytime. Two commonly used noise metrics – the Day-Night average level (Ldn) and the Community Noise Equivalent Level (CNEL) - recognize this fact by weighting hourly Leqs over a 24-hour period. The Ldn is a 24-hour average noise level that adds 10 dB to actual nighttime (10 P.M. to 7 A.M.) noise levels to account for the greater sensitivity to noise during that time period. The CNEL is identical to the Ldn, except it also adds a 5 dB penalty for noise occurring during the evening (7 P.M. to 10 P.M.).

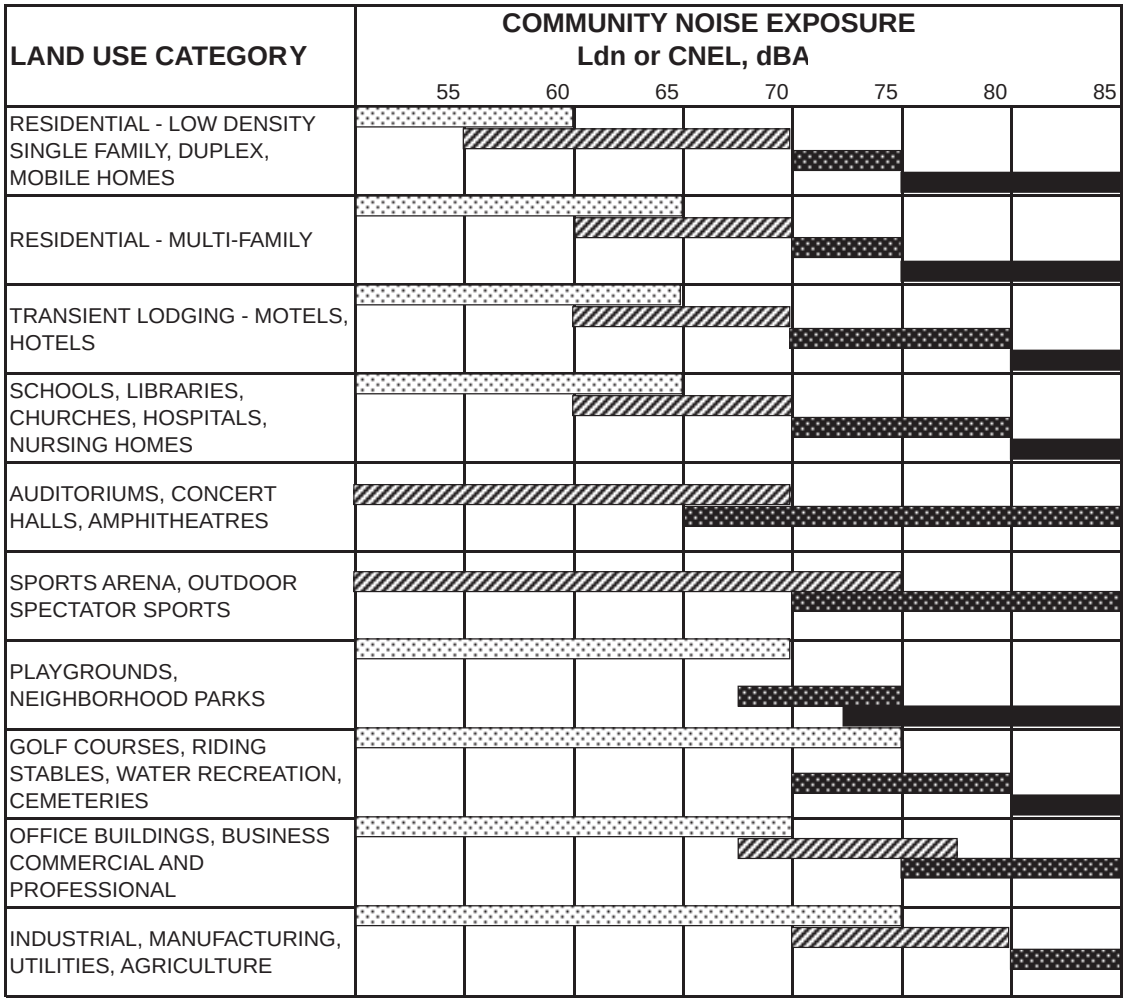
**b. Sensitive Receptors.** Noise exposure goals for various types of land uses reflect the varying noise sensitivities associated with those uses. Residences, hospitals, schools, guest lodging, and libraries are most sensitive to noise intrusion and therefore have more stringent noise exposure targets than manufacturing or agricultural uses that are not subject to impacts such as sleep disturbance. Sensitive receptors in the Hospital District include patients at Community Memorial Hospital and residences located in the vicinity of the Hospital District, north of Loma Vista Road, about 250 feet to the north, or east of Brent Street, about 200 feet to the east. The closest school to the Hospital District is Saint Bonaventure High School, located at 3167 Telegraph Rd., 0.4 miles from the Hospital District. In addition, the Ventura County Medical Center is located 0.4 miles northeast of the Hospital District. Figure 4.4-1 shows normally acceptable, conditionally acceptable, normally unacceptable, and conditionally unacceptable noise levels for sensitive receptors.

**c. Noise Sources.** Noise sources often include roadways, construction sites, industrial uses, etc. The primary noise sources in the vicinity of the Hospital District are roadways such as Loma Vista Road, Main Street, and Brent Street. Existing noise levels within the Hospital District were measured with a sound meter on March 5, 2009 and July 27, 2010. Measurements were taken between 12:00 pm and 3:00 P.M. in 20 minute increments. Measured noise levels are identified in Table 4.4-1.

**Table 4.4-1**
**Existing Noise Levels**

| Location | Noise Level (dBA Leq) |
|---|---|
| Glen Street Parking Lot | 57.7 |
| Southeast Corner of Cabrillo Drive and Main Street | 67.0 |
| North Brent Street between Cabrillo Drive and Glen Street | 55.5 |
| Southwest corner of Loma Vista Road and North Brent Street | 64.5 |
| Cabrillo Drive near the closest residential neighborhood | 58.6 |
| Telegraph Road in front of Saint Bonaventure School | 69.6 |
| Mills between Loma Vista and Telegraph | 62.0 |
| Seaward between Main and Thompson | 64.7 |
| Main between Seaward and Loma Vista | 67.0 |
| Loma Vista between Main and Mills | 65.4 |
| Telegraph between Main and Mills | 65.9 |

*Source: Rincon Consultants, 2009 and 2010*
*One measurement was taken at each location.*




NORMALLY ACCEPTABLE
Specified land use is satisfactory, based upon the assumption that any buildings involved are of normal conventional construction, without any special noise insulation requirements.

NORMALLY UNACCEPTABLE
New construction or development should generally be discouraged. If new construction or development does proceed, a detailed analysis of the noise reduction requirements must be made and needed noise insulation features included in the design

CONDITIONALLY ACCEPTABLE
New construction or development should be undertaken only after a detailed analysis of the noise reduction requirements is made and needed noise insulation features included in the design. Conventional construction, but with closed windows and fresh air supply systems or air conditioning will normally suffice.

CLEARLY UNACCEPTABLE
New construction or development should generally not be undertaken.

*Source: Guidelines for the Preparation and Content of Noise Elements of the General Plan, California Office of Planning and Research, 1998.*

Land Use/Noise Compatibility Matrix

Figure 4.4-1

**d. Regulatory Setting.** Guidelines for noise compatible land uses, based upon the City of Ventura General Plan "Our Healthy and Safe Community" Element noise guidelines are shown on Figure 4.4-1. The objective of noise compatibility guidelines is to provide the community with a means of judging the noise environment that it deems to be generally acceptable. The noise matrix is grouped into land uses that rate the "acceptability" of noise for those uses. Denotation of a land use as "clearly acceptable" implies that the highest noise level in that band is the maximum desirable for existing or conventional construction that does not incorporate any special acoustical treatment. In general, evaluation of land use that fall into the "normally acceptable," "conditionally acceptable," or "normally unacceptable" noise environments should analyze other potential factors that would affect the noise environment. These include consideration of the type of noise source, the sensitivity of the noise receptor, the noise reduction likely to be provided by structures, and the degree to which the noise source may interfere with speech, sleep, or to other activities characteristic of the land use.

The Ventura Municipal Code noise standards shown in Table 4.4-2 apply to any noise-generating activity that exceeds the applicable level for a cumulative period of more than 30 minutes in any hour at a property line. For noise levels that last less than 30 minutes, the following standards apply: maximum noise levels equal to the value of the noise standard plus 5 dB for a cumulative period of no more than 15 minutes in any hour, 10 dB for a cumulative period of no more than 5 minutes in any hour, 15 dB for a cumulative period of no more than 1 minute in any hour, or 20 dB for any period of time. If the ambient sound level exceeds the allowable exterior standard, the ambient levels become the standard.

**Table 4.4-2**
**City of Ventura Exterior Noise Standards**

| Time Period | Zone I | Zone II | Zone III | Zone IV |
|---|---|---|---|---|
| 7 A.M. to 10 P.M. | 50 dBA | 50 dBA | 60 dBA | 70 dBA |
| 10 P.M. to 7 A.M. | 45 dBA | 45 dBA | 55 dBA | 70 dBA |

*Source: City of Ventura Municipal Code § 10.650.130B.*
*Designated Zone I: Noise sensitive properties*
*Designated noise zone II: Residential properties*
*Designated noise zone III: Commercial properties*
*Designated noise zone IV: Industrial and agricultural properties*

For all multi-family residential units within zones I or II, daytime (7 A.M.–10 P.M.) interior noise levels shall not exceed 45 dBA and nighttime (10 P.M.-7 A.M.) shall not exceed 40 dBA (Section 10.650.130 C.1).

Section 10.650.150 of the Ordinance exempts construction activities from the above standards, provided that they are conducted between 7 A.M. and 8 P.M. Construction activity is permitted between the hours of 8 P.M. and 7 A.M., provided that the noise levels do not exceed the standards specified in Table 4.4-2.

Section 10.650.150. C of the Ordinance states that noise generated by machinery, equipment, pumps, fans, air-conditioning apparatus or tools of any nature or similar mechanical device shall not be operated so as to create any noise which exceeds the noise level limits (see Table 4.4-2). Noise generated during emergency work is exempt from the ordinance pursuant to Section 10.650.170.A of the Municipal Code.

City of Ventura 2005 General Plan. The 2005 General Plan sets the interior noise standard for habitable rooms of new residences at 45 dBA CNEL (Policy 7E, Action 7.32). The exterior level for usable outdoor recreation space (patios, gardens, etc.) of both new single and multi-family residential structures is 65 dBA CNEL (Policy 7E, Action 7.32).

Action 7.32 also requires an acoustical analysis and mitigation prior to development of any residences within the 60 dBA CNEL contour and incorporation of appropriate mitigation to reduce noise in residential exterior usable spaces to 65 dBA CNEL or lower and reduce interior noise levels at residences to 45 dBA CNEL or lower.

## 4.8.2 Impact Analysis

**a. Methodology and Significance Thresholds.** The analysis of noise impacts focuses upon the District's impact to surrounding noise-sensitive land uses and the impact of existing noise sources upon the hospital.

Roadway noise impacts were based on projected traffic volumes from the General Plan EIR for the year 2025 plus Project (see Section 4.5, *Traffic and Parking*). Baseline and future (2025) conditions were used in this analysis. To determine roadway-generated impacts, the Federal Highway Administration's (FHWA) Traffic Noise Model (TNM) Version 2.2 was used.

The average daily traffic (ADT) volumes were used for the Hospital District segments and a vehicle use mix was completed based on current conditions and compared to the FHWA 2007 *Annual Average Daily Truck Traffic on the California State Highway System* report (2008) for accuracy. A vehicle mix of 90% automobiles, 8% medium trucks and 2% heavy trucks was used. Next, the ADT was converted to peak hour vehicles by dividing the ADT by 10. This factor was used because peak hour traffic generally represents about 10% of overall ADT.

The analysis also uses noise contour projections developed for the 2005 General Plan EIR. The noise contours represent the maximum possible traffic noise levels at locations within them (i.e., they do not account for building placement or traffic speeds, nor include the attenuating effects of walls, structures, and terrain features that might intervene between the roads and any location of interest). Noise contours were developed for the baseline year (2005) and the future 2025 potential development conditions for the 2005 General Plan FEIR (Figure 4.10-3 and Figure 4.10-4 of the 2005 General Plan), indicating that noise levels in the vicinity of the project area do not change substantially. Noise along Loma Vista Road, Telegraph Road and Main Street is forecast at or above 60 dBA CNEL in 2025. However, noise in the majority of the Hospital District is below 60 dBA CNEL.

For the purpose of this analysis, a significant impact would occur if growth accommodated in the Hospital District would result in any of the following conditions:

- *Exposure of persons to or generation of noise levels in excess of standards established in the 2005 General plan or noise ordinance*
- *Exposure of persons to or generation of excessive ground-borne noise levels*
- *A substantial permanent increase in ambient noise levels above levels existing without the CMH Code*
- *A substantial temporary or periodic increase in ambient noise levels above levels existing without the CMH Code*

For traffic-related noise, impacts are considered significant if traffic-generated noise associated with development accommodated by the CMH Code would result in exposure of sensitive receptors to unacceptable noise levels. The May 2006 Transit Noise and Vibration Impact Assessment created by the Federal Transit Administration (FTA) recommendations were used to determine whether or not increases in roadway noise would be considered significant. The allowable noise exposure increase changes with increasing noise exposure, such that lower ambient noise levels have a higher allowable noise exposure increase.

Table 4.4-3 shows the significance thresholds for increases in traffic related noise levels caused either by the Project alone or by cumulative development.

**Table 4.4-3**
**Significance of Changes in Operational Roadway Noise Exposure**

| dBA CNEL | |
|---|---|
| **Existing Noise Exposure** | **Allowable Noise Exposure Increase** |
| 45-50 | 7 |
| 50-55 | 5 |
| 55-60 | 3 |
| 60-65 | 2 |
| 65-70 | 1 |
| 75+ | 0 |

*Source: Federal Transit Administration (FTA), May 2006*
*Note: CNEL and Ldn are roughly equivalent. FTA uses Ldn; however, CNEL is used for this Project.*

If the hospital, residential development or other sensitive receptors would be exposed to traffic noise increases exceeding the above criteria, impacts would be considered significant. Impacts related to onsite activities are considered significant if Project-related activities would create noise exceeding the standards as identified by the applicable noise zone for the Project site.

Periodic noise increases associated with CMH Code implementation would primarily result from future construction activity. Construction noise is considered "substantial" if it would be in conflict with the City Noise Ordinance, which allows noise-generating construction activity between the hours of 7 A.M. and 8 P.M.

**b. Impacts and Mitigation Measures.**

**Impact N-1 Phase I and Phase II growth facilitated by the CMH Code would increase traffic-related noise. Traffic noise increases due to development facilitated by the CMH Code would not exceed FTA standards. Therefore, impacts would be Class III, *less than significant.***

Development facilitated by the CMH Code would increase traffic-generated noise on roadways in the Hospital District vicinity. Estimated peak hour traffic volumes were used to model the change in noise levels resulting from increased traffic on five roadway segments.

Roadways were chosen based on proximity to the Hospital District and proximity to sensitive receptor populations. Sensitive receptors that may be affected by the increase in roadway noise include residents to the east of the Hospital District; patients at CMH and at Ventura County Medical Center, located 0. 22 miles northeast of the Hospital District; and students at Saint Bonaventure School, located 0.15 miles southeast of the Hospital District (all as measured from the closest project site boundary). The following roadway segments were chosen for noise analysis.

- Mills Road between Loma Vista Road and Telegraph Road
- Seaward Avenue between Main Street and Thompson Boulevard
- Main Street between Seaward Avenue and Loma Vista Road
- Loma Vista Road between Main Street and Mills Road
- Telegraph Road between Main Street and Mills Road

As discussed in Section 4.5, *Traffic and Parking*, Phase I development would represent approximately 30% of traffic associated with the Project and Phase II development would represent approximately 70% of traffic associated with the Project. Table 4.4-4 below compares existing (2007) modeled noise levels (2005 General Plan baseline traffic volumes updated with 2007 counts) and existing measured (field measured in 2009 and 2010) on these five roadways near the Hospital District to projected noise levels in 2025 with growth forecast under the CMH Code. This growth includes both Phase I and Phase II. Therefore, approximately 30% of the anticipated change in noise attributed to the Project would be due to Phase I development and 70% of the anticipated change in noise attributed to the Project would be due to Phase II development.

Generally, noise from heavily traveled roadways drops off by about 3 dB for every doubling of distance. Therefore, noise levels at distances greater than 50 feet from the roadway centerlines would be lower than those shown. As discussed above in the *Impact Analysis* section, the allowable increase where ambient noise is 60-65 dBA CNEL would be 2 dB and the allowable increase where ambient noise is 65-70 dBA would be 1 dB. Traffic-generated noise levels affecting each analyzed intersection are discussed below.

**Table 4.4-4**
**Traffic Generated Noise**

| Street Segment | Estimated Noise Level (dBA CNEL) | | | Change from 2007 Baseline (dB) | Change from 2010 Baseline (dB) | Applicable Threshold (dB) | Significant Impact? |
|---|---|---|---|---|---|---|---|
| | 2007 Modeled Baseline | 2010 Measured Baseline | 2025 with project | | | | |
| Mills between Loma Vista and Telegraph | 64.0 | 62.0 | 63.8 | (0.2) | 1.8 | 2 | No |
| Seaward between Main and Thompson | 64.6 | 64.7 | 65.0 | 0.4 | 0.3 | 2 | No |
| Main between Seaward and Loma Vista | 67.1 | 67.0 | 67.2 | 0.1 | 0.2 | 1 | No |
| Loma Vista between Main and Mills | 65.6 | 65.4 | 66.2 | 0.6 | 0.8 | 1 | No |
| Telegraph between Main and Mills | 65.5 | 65.9 | 66.2 | 0.7 | 0.3 | 1 | No |

*See Appendix E for noise calculation worksheets.*

Mills Road between Loma Vista Road and Telegraph Road. Modeled roadway noise associated with cumulative and project traffic would decrease noise on this roadway segment by 0.2dBA. Sensitive receptors along this roadway segment include residences approximately 50 feet from the roadway centerline. Under cumulative plus project conditions, the noise level would be about 64 dBA CNEL at a distance of 50 feet from the roadway centerline. This noise level exceeds the normally allowable noise level for single family units (60 dBA CNEL), but does not exceed the normally allowable noise level for multi-family units (65 dBA CNEL). Since the CMH Code would not measurably contribute to cumulative noise increases, the CMH Code would not significantly affect noise sensitive receptors. The project-related decrease of 0.2 dB from the 2007 modeled baseline and the project-related increase of 1.8 dB from the 2010 measured baseline would be less than the applicable threshold of 2 dB for ambient noise levels between 60 and 65 dBA CNEL. Therefore, project-generated traffic would not significantly affect sensitive receptors along Mills Road.

Seaward Avenue between Main Street and Thompson Boulevard. Modeled roadway noise associated with traffic generated by cumulative development and the project would increase noise on this roadway segment by 0.4 dB. Sensitive receptors along this roadway segment include residences approximately 50 feet from the roadway centerline. Under cumulative plus project conditions, the noise level would be about 65 dBA CNEL at a distance of 50 feet from the roadway centerline. This noise level exceeds the normally acceptable noise level for single family units (60 dBA CNEL) and the normally allowable noise level for multi-family units (65 dBA CNEL). However, the CMH Code-related increase of 0.4 dB from the 2007 modeled baseline and increase of 0.3 dB from the 2010 measured baseline would be less than the applicable threshold of 2 dB where ambient noise levels are between 65 and 70 dBA CNEL.

Therefore, project-generated traffic would not significantly affect sensitive receptors along Seaward Avenue.

Main Street between Seaward Avenue and Loma Vista Road. Modeled roadway noise associated with traffic generated by cumulative development and the project would increase noise on this roadway segment by 0.1 dB. Sensitive receptors along this roadway segment include residences approximately 50 feet from the roadway centerline. Under cumulative plus project conditions, the noise level would be about 67 dBA CNEL at a distance of 50 feet from the roadway centerline. This noise level exceeds the normally allowable noise level for single family units (60 dBA CNEL) and the normally allowable noise level for multi-family units (65 dBA CNEL). However, the CMH Code-related increase of 0.1 dB from the 2007 modeled baseline and the increase of 0.2 dB from the 2010 measured baseline would be less than the applicable threshold of 1 dB where ambient noise levels are between 65 and 70 dBA CNEL. Therefore, project-generated traffic would not significantly affect sensitive receptors along Main Street.

Loma Vista Road between Main Street and Mills Road. Modeled roadway noise associated with traffic generated by cumulative development and the project would increase noise on this roadway segment by 0.6 dB. Sensitive receptors along this roadway segment include Ventura County Medical Center, approximately 50 feet from the roadway centerline. In addition, Loma Vista Elementary School is located about 50 feet north of the centerline; however, there are about 350 feet of athletic fields between the closest building and the traffic on Loma Vista Road. Under cumulative plus project conditions, the noise level would be about 66 dBA CNEL at a distance of 50 feet from the roadway centerline. This noise level exceeds the normally acceptable noise level for hospitals (65 dBA CNEL). However, the CMH Code-related increase of 0.6 dB from the 2007 modeled baseline and increase of 0.8 dB from the 2010 measured baseline would be less than the applicable threshold of 1 dB where ambient noise is between 65 and 70 dBA CNEL. Therefore, project-generated traffic would not significantly affect sensitive receptors along Loma Vista Road.

Telegraph Road between Main Street and Mills Road. Modeled roadway noise associated with traffic generated by cumulative development and the project would increase noise on this roadway segment by 0.7 dB. Sensitive receptors along this roadway segment include residents approximately 50 feet from the roadway centerline and St. Bonaventure High School approximately 50 feet from the roadway centerline. Under cumulative plus project conditions, the noise level would be about 66 dBA CNEL at a distance of 50 feet from the roadway centerline. This noise level exceeds the normally allowable noise level for schools (65 dBA) and the normally allowable noise level for single family housing (60 dBA). However, the CMH Code-related increase of 0.6 dB from the 2007 modeled baseline and increase of 0.3 dB from the 2010 measured baseline would be less than the applicable threshold of 1 dB where ambient noise levels are between 65 and 70 dB. Therefore, project-generated traffic would not significantly affect sensitive receptors along Telegraph Road.

Because noise levels would not exceed the thresholds listed in Table 4.4-3, impacts would not be significant. The proposed hospital would be buffered from noise increases along Loma Vista Road by the existing hospital building. In addition, the proposed hospital would be about 500 feet away from traffic noise generated along Telegraph Road. Moreover, pursuant to General

Plan Figure 7-3, the proposed Hospital does not lie within a contour of ≥ 60 dBA CNEL under 2025 conditions. Therefore, no mitigation is necessary to reduce interior ambient noise levels within the hospital.

Portions of the District are, however, located within the 60 dBA CNEL contour identified in the 2005 General Plan. In addition, based on noise measurements taken in March 2009 (see Table 4.4-1), the noise levels would be above 60 dBA CNEL on the southeast corner of Cabrillo Drive and Main Street, the southwest corner of Loma Vista Road and North Brent Street, and telegraph Road in front of Saint Bonaventure School. Though no residential development is currently proposed, residential uses are permitted as shown in Table 2-2 in Section 2.0, *Project Description*. If in the future any residential development is proposed under the CMH Code along Loma Vista Road or in the southern portion of the Hospital District, mitigation would be required based on 2005 General Plan Action 7.32. Action 7.32 requires acoustical analyses for new residential developments within the mapped 60 dBA CNEL contour and mitigation necessary to ensure that:

- *Exterior noise in exterior spaces of new residences and other noise sensitive uses that are used for recreation (such as patios and gardens) does not exceed 65 dBA CNEL; and*
- *Interior noise in habitable rooms of new residences does not exceed 45 dBA CNEL with all windows closed.*

These levels can be achieved through appropriate building orientation and use of noise attenuating building materials. Therefore, because the 2005 General Plan requires acoustical analysis and mitigation for areas within the 60 dBA CNEL contour, any future residential development would be evaluated at if and when it is proposed. Therefore, the impact is less than significant.

**Mitigation Measures.** No Mitigation is necessary and the impact is less than significant without mitigation.

**Significance After Mitigation.** The impact is less than significant with Mitigation.

**Impact N-2** **Construction of individual projects under Phase I and Phase II of the CMH Code could intermittently generate high noise levels. This may affect sensitive receptors near construction sites. However compliance with Noise Ordinance restrictions on construction timing would reduce this impact to a Class III, *less than significant* level. Nevertheless, mitigation is recommended to reduce noise generated during construction.**

Construction noise from individual projects could affect adjacent noise-sensitive land uses. As required by the City's Noise Ordinance (Sect. 10.650.150) construction noise is limited to between the hours of 7A.M. and 8 P.M. All future development would be subject to the City's Noise Ordinance requirements.

As shown in Table 4.4-5, the noise level associated with heavy equipment typically ranges from about 76 to 101 dBA at 50 feet from the source. Such noise levels can be disturbing, particularly

to noise-sensitive uses such as residences, schools, and hospitals. The grading/excavation phase of construction tends to create the highest construction noise levels because of the operation of heavy equipment. In addition, there would be approximately 23 truck trips per day at the site during demolition and 20 truck trips per day during site grading that would create noise levels during construction of the proposed project.

**Table 4.4-5**
**Typical Noise Levels at Construction Sites**

| Equipment Onsite | Average Noise Level at 50 Feet |
|---|---|
| Pile Driver | 101 dBA |
| Air Compressor | 81 dBA |
| Concrete Mixer | 85 dBA |
| Saw | 76 dBA |
| Scraper | 89 dBA |

*Source: Transit Noise and Vibration Impact Assessment, Harris Miller Miller & Hanson Inc., May 2006.*

Individual construction projects would be expected to generate noise levels similar to those shown in Table 4.4-5. Such levels would not be permanent, but would exceed ambient noise levels given that ambient noise was measured in the 55 to 70 dBA range. However, it should be noted that Pile Driving is not proposed as a part of this project.

Sensitive receptors in the Hospital District include patients at Community Memorial Hospital and residences located in the vicinity of the Hospital District, north of Loma Vista Road, about 250 feet to the north, or east of Brent Street, about 200 feet to the east. The closest school to the Hospital District is Saint Bonaventure High School, located at 3167 Telegraph Rd., 0.4 miles from the Hospital District. In addition, the Ventura County Medical Center is located 0.4 miles northeast of the Hospital District. Table 4.4-6 shows anticipated noise levels at these sensitive receptor locations during construction.

**Table 4.4-6**
**Anticipated Noise Levels at Sensitive Receptor Locations**

| Sensitive Receptor | Distance from Plan Area | Anticipated Noise Level |
|---|---|---|
| Saint Bonaventure High School | 2,112 feet | 68.5 dBA |
| Ventura County Medical Center | 2,112 feet | 68.5 dBA |

**Table 4.4-6**
**Anticipated Noise Levels at Sensitive Receptor Locations**

| Sensitive Receptor | Distance from Plan Area | Anticipated Noise Level |
|---|---|---|
| Residents | 200 feet | 89 dBA |
| Community Memorial Hospital | 50 feet | 89 dBA |

*Source: Rincon Consultants, Contour Model, 2010.*

The City's Noise Ordinance exempts construction activities from the standards shown in Table 4.4-2 in the *Setting*, provided that they are conducted between 7 A.M. and 8 P.M. Assuming compliance with these timing restrictions, noise associated with construction of individual projects would not be significant.

**Mitigation Measures.** Mitigation is not required. However, because the Hospital District contains an existing hospital that will be occupied throughout construction and because construction will be of a relatively long duration (3-4 years), it is recommended that noise attenuation techniques be practiced throughout construction. The following noise reduction techniques are recommended for consideration.

**N-2** **Construction Noise.** Though no significant construction-related noise impacts are required, the following noise reduction techniques are recommended to further reduce construction generated noise. Prior to issuance of any Grading, Building Permit or start of construction, the Applicant shall provide, to the satisfaction of the City's Building Official, a Noise Mitigation and Monitoring Program. Such plan shall ensure that the proposed project provides the following:

- Construction contracts shall specify that all construction equipment, fixed or mobile, shall to the extent feasible be equipped with mufflers maintained according to manufacturer's specifications and other state required noise attenuation devices.
- Property owners and occupants located within 0.25-mile of the Project construction site shall be sent a notice, at least 15 days prior to commencement of construction, regarding the construction schedule of the proposed Project. A sign, legible at a distance of 50 feet, shall also be posted at the Project construction site. All notices and signs shall be reviewed and approved by the City's Building Official, prior to mailing or posting and shall indicate the dates and duration of construction activities, as well as provide the contact name and a telephone number of the Noise Disturbance Coordinator where residents can inquire about the construction process and register complaints.

- The Applicant shall provide, to the satisfaction of the City's Building Official, a qualified "Noise Disturbance Coordinator" who shall be responsible for receiving, registering, and responding to any complaints about construction noise. When a complaint is received, the Coordinator shall notify the City within 24-hours of the complaint and determine the cause of the noise complaint (e.g., starting too early, bad muffler, etc.) and shall implement reasonable measures to resolve the compliant, as deemed acceptable by the City's Building Official. All notices that are sent to residential units within 0.25-mile of the construction site and all signs posted at the construction site shall include the contact name and the telephone number for the Disturbance Coordinator.
- Prior to issuance of a Grading, Building Permit or start of construction, the Applicant shall demonstrate to the satisfaction of the City's Building Official how construction noise reduction methods such as shutting off idling equipment, installing temporary acoustic barriers around stationary construction noise sources, maximizing the distance between construction equipment staging areas and occupied residential areas, and electric air compressors and similar power tools, rather than diesel equipment, shall be used where feasible.
- During construction, stationary construction equipment shall be placed such that emitted noise is directed away from sensitive noise receivers.

**Significance after Mitigation.** Impacts would be less than significant without mitigation assuming that construction activity occurs between the hours of 7 A.M. and 8 P.M.; however, implementation of additional noise reduction techniques would assist in reducing ambient noise levels for hospital patients, surrounding businesses and residential receptors.

**Impact N-3** **No residential uses are currently proposed; however, residential uses are an allowable use under the CMH Code. The potential future development of residential uses under Phase II in close proximity to commercial uses and parking structures could potentially expose sensitive receptors to normally unacceptable noise levels. With Mitigation Measure N-3, this is a Class II, *significant but mitigable,* impact.**

Phase I of the Project would include the new hospital building (356,000 sf and a net increase of 10 beds) and 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). In addition, Phase I would include the addition of a 3,900 sf retail liner building (Building 18), which would be constructed adjacent the location of the future new garage and opposite the hospital open space plaza.

Phase II of the Project 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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3 in Section 2.0, *Project Description*), and the parking garage would be

constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses. Phase II has the potential to increase noise in the Hospital District due to medical office uses and the proposed parking garage. Noise associated with these uses could include conversations and noises typical of parking garages, including horns honking and car alarms. Noise typically associated with parking lots is shown in Table 4.4-7.

Existing residential neighborhoods are located north of Loma Vista Road, about 250 feet to the north, or east of Brent Street, about 200 feet to the east. In addition, though no residential development is currently proposed as part of the Project, upper story live/work and or multi-family dwellings are allowable uses indicated in Table 2-2 in Section 2.0, *Project Description*. These residential uses, if eventually developed, could be within 50 feet of the parking garage.

**Table 4.4-7**
**Parking Lot Noise Sources at 100 Feet**

| Source | Level (dBA) |
|---|---|
| Autos at 14 mph | 44 |
| Sweepers | 66 |
| Car Alarm Signal | 63 |
| Car Alarm Chirp | 48 |
| Car Horns | 63 |
| Door Slams | 58 |
| Talking | 30 |
| Radios | 58 |
| Tire Squeals | 60 |

*Source: Gordon Bricken & Associates, 1996. Estimates based on actual noise measurements taken at various parking lots.*

Development of residential uses in the future in close proximity to the helipad and parking garage, as well as other hospital and medical office uses, could expose sensitive receptors to noise in excess of those specified in the City Noise Ordinance (Sec. 10.650.130), as shown in Table 4.4-2, and above 70 dBA CNEL, the normally unacceptable range for residential uses. Action 7.32 of the 2005 General Plan requires an acoustical evaluation and mitigation to ensure that interior habitable spaces are at 45 dBA with the windows closed and that private exterior usable spaces do not exceed 65 dBA CNEL. Action 7.32 applies to the corridor of Loma Vista Road, but does not apply to Brent Street or the interior portion of the Hospital District, where residential development could eventually be developed within liner buildings. Therefore, future noise evaluation is recommended if residential development were proposed in the interior portion of the Hospital District, or along Brent Street.

**Mitigation Measures.** The following mitigation measure would reduce operational noise impacts to a less than significant level.

**N-3** **Acoustical Analyses**. Acoustical analyses shall be conducted for new residential developments within the Hospital District and shall incorporate mitigation necessary to ensure that:

- *Exterior noise in exterior spaces of new residences and other noise sensitive uses that are used for recreation (such as patios and gardens) does not exceed 65 dBA CNEL; and*
- *Interior noise in habitable rooms of new residences does not exceed 45 dBA CNEL with all windows closed.*

**Significance after Mitigation.** If residential uses are developed in the future, the potential for exposure to noise in excess of allowable levels would be less than significant with Mitigation Measure N-3, which would ensure that interior and exterior noise levels are within City standards for residential uses.

**Impact N-4** **Hospital development would involve the potential for noise generated by stationary equipment such as cooling towers, HVAC systems, emergency generators as well as other types of equipment. Compliance with municipal code requirements would result in a Class III, *less than significant* impact.**

Phase I of the Project would include the new hospital building (356,000 sf and a net increase of 10 beds) and 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). In addition, Phase I would include the addition of a 3,900 sf retail liner building (Building 18), which would be constructed adjacent the location of the future new garage and opposite the hospital open space plaza. Construction of the new hospital building would include stationary equipment such as cooling towers and HVAC equipment. As discussed in the regulatory setting section, Section 10.650.150. C of the City's Noise Regulations states that noise generated by machinery, equipment, pumps, fans, air-conditioning apparatus or tools of any nature or similar mechanical device shall not be operated so as to create any noise which exceeds the noise level limits (see Table 4.4-2). The Hospital is considered a noise sensitive use and is located in Noise Zone I, which has an allowable noise level of 50 dBA between 7A.M. and 10 P.M., and 45 dBA between 10 P.M. and 7 A.M. (see Table 4.4-2). However, the existing ambient noise level exceeds the allowable noise level by up to 14.5 dBA at the southwest corner of Loma Vista Road at North Brent Street. Therefore, pursuant to the municipal code, installation of such equipment will not be allowed to generate noise in excess of the existing ambient noise levels. Common noise attenuation techniques include the use of parapets around rooftop equipment, as well as the use of solid block wall enclosures to reduce noise propagation by stationary equipment such as cooling tower blowers. The use of these types of noise attenuation techniques will facilitate compliance with noise ordinance requirements and the impact would be less than significant without mitigation.

The new hospital building is anticipated to have diesel powered emergency generators that would be operative in the event of a power outage to ensure that critical hospital operations are not interrupted. Emergency generators would be anticipated to be operational only in the event of an emergency or for routine testing to ensure the generators are working properly. Since the generators would not be operational on a regular basis and would only be operational for

routine testing and in the event of an emergency, these operations would not contribute to an exceedance of the allowable noise levels. Moreover, noise generated during emergency work is exempt from the ordinance pursuant to Section 10.650.170.A of the Municipal Code. Therefore, the project would have a less than significant impact with respect to noise from emergency generators.

**Mitigation Measures.** No mitigation is necessary.

**c. Cumulative Impacts.** As discussed in Section 3.0, *Environmental Setting*, buildout under the General Plan would add about 8,000 dwelling units and five million square feet of non-residential development. Impact N-1 addresses the cumulative change from existing conditions through 2025 due to projected growth under the 2025 General Plan (including the CMH Code). As such, Impact N-1 addresses cumulative impacts. As noted under Impact N-1, cumulative traffic noise increases along portions of Loma Vista Road and Main Street would potentially exceed adopted thresholds; however, continued implementation of 2005 General Plan actions 7.32 and 7.37, in combination with mitigation measures, would reduce cumulative impacts to a less than significant level.

With respect to cumulative construction impacts, there is only one building that is located close enough to contribute to localized cumulative construction noise. This is the Cancer Center, which is located at the southeast corner of Loma Vista Road and Brent Street, about 240 feet from the grading area. The Cancer Center is anticipated for completion later this year and would not occur concurrently with the hospital given the current schedule, which would not allow commencement of hospital construction until 2011. All other pending projects in the vicinity, as mentioned in Table 3-2, are located between 0.5 and one mile from the site. Subsequent Phase II projects would occur independently and are thus not likely to generate substantial amounts of construction noise. Lastly, as discussed above under Impact N-2, construction noise is limited to between the hours of 7 A.M. and 8 P.M as required by the City's Noise Ordinance (Sect. 10.650.150). All future development would be subject to the City's Noise Ordinance requirements. Thus, provided that construction activities occur within the 7 A.M. to 8 P.M. time frame, cumulative construction noise impacts would be less than significant.

# 4.5 TRAFFIC AND PARKING

This section evaluates the impacts of the CMH Code on the local circulation system. The analysis utilizes information from currently available traffic data and the City of Ventura 2005 General Plan FEIR. This document is incorporated by reference and available for review at the City of Ventura Department of Community Development. In addition, the intersection impact analysis is based on a traffic model run conducted by Austin-Foust Associates, Inc. (January 12, 2010), which is contained in Appendix F. The parking supply analysis and parking management plan was developed by City staff (copies of these plans are included in Appendix F).

## 4.5.1 Setting

**a. Existing Street Network.** The Hospital District is served by a network of highways, arterial streets and collector streets. The study area intersections are shown on Figure 4.5-1. The following text provides a brief discussion of select major components of the area circulation network.

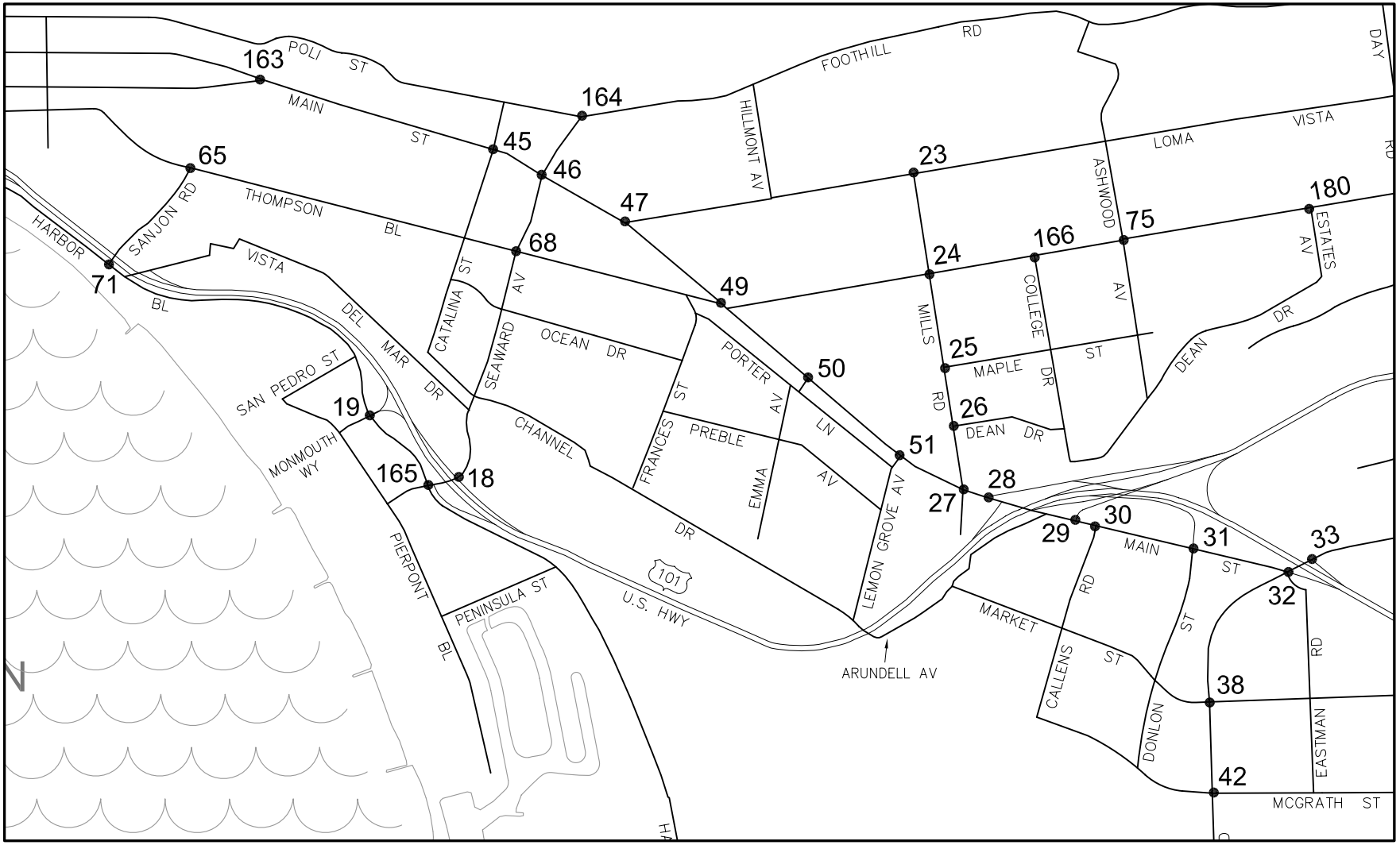
State Route 126. State Route (SR) 126 is a four-lane east-west freeway that extends from U.S. Highway 101 to Santa Paula. East of Santa Paula the freeway becomes a conventional highway, extending to Interstate 5 in Santa Clarita (Los Angeles County). SR 126 provides regional access to the College District and Midtown Area via the SR 126/Main Street interchange. The SR 126/Main Street Eastbound Ramp intersection is controlled by a traffic signal.

U.S. 101. U.S. 101 extends from Ventura County north through Santa Barbara County and south through Los Angeles County. The closest access to the Hospital District from U.S. 101 is via Main Street. Additional access to the Hospital District from U.S. 101 is from Seaward Avenue.

Main Street. Main Street is a primary roadway in the City that connects downtown to midtown. Main Street extends east from Ventura Avenue to Telephone Road. Main Street contains four lanes near the Hospital District. In the Hospital District vicinity, the intersections controlled by traffic signals include the Main Street/Thompson Boulevard, Main Street/Borchard Drive, and Main Street/Loma Vista intersections.

Loma Vista Road. Loma Vista Road forms the Hospital District's northern boundary. Loma Vista Road is a collector adjacent the Hospital District. Loma Vista Road connects Main Street on the west with the Poinsettia Area in the central eastern portion of the City. Loma Vista Road is composed of two traffic lanes near the Hospital District, but widens to four lanes and is classified as a secondary arterial between Mills Road and Day Road. Loma Vista becomes a two-lane collector east of Day Road. The Loma Vista Road/North Brent Street intersection is controlled by a signal near the Hospital District on Loma Vista Road.

Telegraph Road. Telegraph Road is located south of the Hospital District. Telegraph Road is a four-lane secondary arterial that extends between Main Street and Santa Paula on the east. Telegraph Road intersects with Main Street and Thompson Boulevard south of Hospital District at an intersection that is commonly called "Five Points." The Five Points intersection is signalized.




*Drawing Source: Austin-Foust Associates, Inc., January 12, 2010*

Legend

XX Intersection Location

Study Area Intersections

Figure 4.5-1

North Brent Street. North Brent Street is a two-lane local road that extends between Telegraph Road and Foothill Road. North Brent Street is stop controlled at the intersection with Telegraph Road and signalized at the intersection with Loma Vista Road. The North Brent Street segment forms the eastern boundary of the Hospital District.

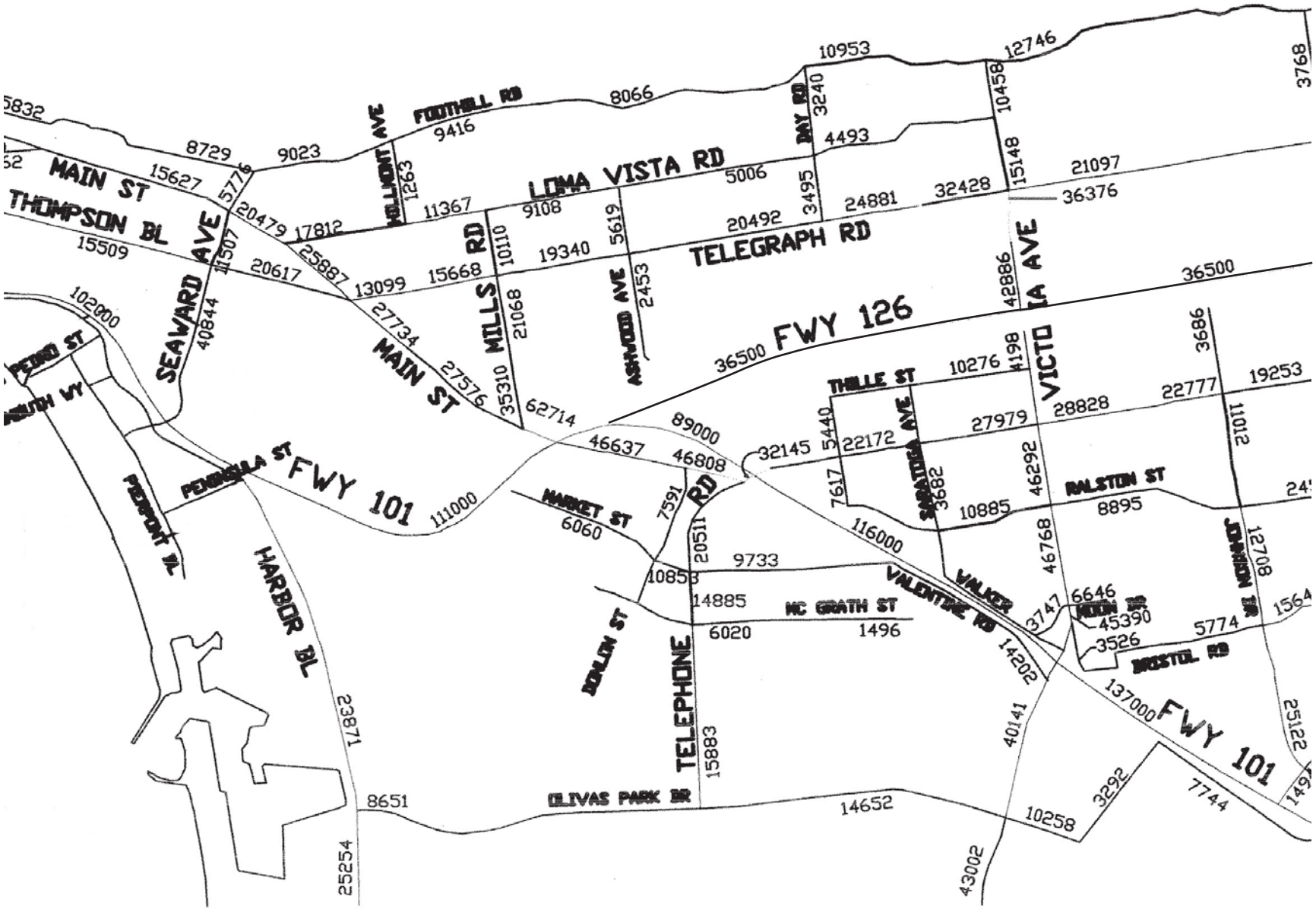
**b. Existing Traffic Volumes and Levels of Service.** The relevant setting information with respect to transportation and circulation has not changed substantially since the certification of the 2005 General Plan Final EIR in 2005. Traffic levels in the vicinity of the Hospital District have incrementally increased since the preparation of the 2005 General Plan Final EIR due to regional growth. Intersection monitoring is conducted bi-annually to verify that traffic volumes are accurately characterized within the City's traffic database for select intersections. Accordingly, 2007 data was used as the baseline for analysis.

The study area street network is illustrated on Figure 4.5-1, which shows the intersections analyzed in this EIR. Traffic conditions on the street network are described in terms of traffic volumes on the individual streets and also in terms of intersection operation. The former uses average daily traffic (ADT) as the measure of traffic usage, while the latter examines peak hour volumes to determine how well an intersection performs during rush hours.

Baseline ADT volumes on the arterial street system are shown on Figure 4.5-2. Baseline ADT traffic volumes represent two-direction 24-hour vehicles on an average weekday. Updates to the traffic database since evaluation for the 2005 General Plan indicates that traffic volumes are still within the range allowable for the design criteria of study area roadways (ADT monitoring results are shown in Appendix F). ADT volumes are not used directly in level of service criteria, but serve a number of purposes relative to evaluating the use of the arterial street system. In particular, they provide one of the criteria for determining functional classification.

Level of service (LOS) on the arterial street system is defined according to peak hour intersection performance using ICU values. Table 4.5-1 shows the intersection LOS criteria. Table 4.5-2 lists the ICUs and corresponding LOS values for the study area intersections as updated by the City through a compilation of different data sources. In rating intersection operations, "Levels of Service" (LOS) A through F are used, with LOS A indicating free flow operations and LOS F indicating exceedance of road capacity. As shown in Table 4.5-2, the intersection of Donlon & Main operates with an ICU of .84 at LOS D during the P.M. peak hour and the intersection of US 101 NB Ramps & Main Street has an ICU of 0.90 and an LOS of D during the A.M. peak hour. However, none of the intersections exceed the City's performance criteria of LOS E for freeway ramp intersections and LOS D for all other principal intersections.

The City considers LOS E acceptable at freeway interchange intersections and considers LOS D acceptable at the "principal intersections" within the City. Principal intersections are intersections that are regularly monitored by the City as a gauge of the operation of the City's circulation system. Based on the analysis in the 2005 General Plan FEIR, principal intersections have higher traffic volumes relative to the rest of the network. Principal intersections are shown on Figure 4-5 of the traffic study in Appendix E of the 2005 General Plan Final EIR.




*Source: City of San Buenaventura, Public Works Department 2010.*

Baseline ADT Volumes

Figure 4.5-2

## Table 4.5-1
## Intersection Level of Service Descriptions

| LOS | Description | Delay per Vehicle (sec.) | ICU Range |
|---|---|---|---|
| **A** | LOS A describes operations with low control delay, up to 10 seconds per vehicle. This LOS occurs when progression is extremely favorable and most vehicles arrive during the green phase. Many vehicles do not stop at all. Short cycle lengths may tend to contribute to low delay values. | < 10 | 0.00 – 0.60 |
| **B** | LOS B describes with control delay greater than 10 and up to 20 seconds per vehicle. This level generally occurs with good progression, short cycle lengths, or both. More vehicles stop than the LOS A, causing higher levels of delay. | 10 - 20 | 0.61 – 0.70 |
| **C** | LOS C describes operations with control delay greater than 20 and up to 35 seconds per vehicle. These higher delays may result from only fair progression, longer cycle lengths, or both. Individual cycle failures may begin to appear at this level. Cycle failure occurs when a given green phase does not serve queued vehicles, and overflows occur. The number of vehicles stopping is significant at this level, though many still pass through the intersection without stopping. | 20 - 35 | 0.71 – 0.80 |
| **D** | LOS D describes operations with control delay greater than 35 and up to 55 seconds per vehicle. At LOS D, the influence of congestion becomes more noticeable. Longer delays may result from some combination of unfavorable progression, long cycle lengths, and high V/C ratios. Many vehicles stop, and the proportion of vehicles not stopping declines. Individual cycle failures are noticeable. | 35 - 55 | 0.81 – 0.90 |
| **E** | LOS E describes operations with control delay greater than 55 and up to 80 seconds per vehicle. These high delay values generally indicate poor progression, long cycle lengths, and high V/C ratios. Individual cycle failures are common. | 55 - 80 | 0.91 – 1.00 |
| **F** | LOS F describes operations with control delay in excess of 80 seconds per vehicle. This level, considered unacceptable to most drivers, often occurs with oversaturation, that is, when arrival flow rates exceed the capacity of lane groups. It may also occur at high V/C ratios with many individual cycle failures. Poor progression and long cycle lengths may also contribute significantly to high delay levels. | > 80 | > 1.00 |

*Source: Highway Capacity Manual 2000, Transportation Research Board, National Research Council.*

**Table 4.5-2**
**Baseline ICU Summary**

| Intersection | A.M. Peak Hour | | P.M. Peak Hour | |
|---|---|---|---|---|
| | ICU | LOS | ICU | LOS |
| 18. Seaward & US 101 NB Ramps | 0.44 | A | 0.53 | A |
| 19. Monmouth/US 101 SB & Harbor | 0.44 | A | 0.62 | B |
| 23. Mills & Loma Vista | 0.33 | A | 0.37 | A |
| 24. Mills & Telegraph | 0.45 | A | 0.48 | A |
| 25. Mills & Maple | 0.45 | A | 0.40 | A |
| 26. Mills & Dean | 0.51 | A | 0.53 | A |
| 27. Mills & Main | 0.59 | A | 0.61 | B |
| 28. US 101 NB Ramps & Main | 0.90 | D | 0.65 | B |
| 29. SR 126 EB Ramps & Main | 0.35 | A | 0.48 | A |
| 30. Callens & Main | 0.39 | A | 0.68 | B |
| 31. Donlon & Main | 0.48 | A | 0.84 | D |
| 32. Telephone & Main | 0.43 | A | 0.63 | B |
| 33. US 101 NB Ramps & Telephone | 0.37 | A | 0.50 | A |
| 38. Telephone & Market | 0.25 | A | 0.51 | A |
| 42. Telephone & McGrath | 0.24 | A | 0.45 | A |
| 45. Catalina & Main | 0.48 | A | 0.48 | A |
| 46. Seaward & Main | 0.49 | A | 0.55 | A |
| 47. Main & Loma Vista | 0.48 | A | 0.44 | A |
| 49. Main & Telegraph | 0.39 | A | 0.77 | C |
| 50. Emma & Main | 0.31 | A | 0.41 | A |
| 51. Lemon Grove & Main | 0.31 | A | 0.41 | A |
| 65. Sanjon & Thompson | 0.35 | A | 0.40 | A |
| 68. Seaward & Thompson | 0.50 | A | 0.50 | A |
| 71. Sanjon & Harbor | 0.32 | A | 0.53 | A |
| 75. Ashwood & Telegraph | 0.38 | A | 0.44 | A |
| 163. Santa Clara & Main | 0.49 | A | 0.46 | A |
| 164. Seaward & Poli | 0.39 | A | 0.44 | A |
| 165. Seaward & Harbor | 0.59 | A | 0.52 | A |
| 166. College & Telegraph | 0.33 | A | 0.38 | A |
| 180. Estates & Telegraph | 0.29 | A | 0.37 | A |

*Level of service ranges: .00 - .60 = A*
*.61 - .70 = B*
*.71 - .80 = C*
*.81 - .90 = D*
*.91 – 1.00 = E*
*Above 1.00 = F*

The Final Environmental Impact Report for the 2005 General Plan provides baseline information with respect to circulation and then focuses on specific aspects of circulation planning such as performance criteria, future traffic demands, long-range highway capacity needs, and issues pertaining to transit and bicycle circulation.

To evaluate the Circulation Element arterial street system in relation to the Land Use Element, use is made of performance criteria. These criteria include "performance standards" and "thresholds of significance," the latter being used for identifying project impacts in an EIR context. The performance standards represent desired operating conditions for the City's street system and reflect the goals and policies as contained in the Circulation Element.
The arterial street component of the Circulation Element has two features that define the physical attributes of individual roadways on the citywide street system. These are 1) Design Classification and 2) Functional Classification. The first establishes standards for right-of-way dedication when new construction occurs and shows the maximum number of lanes that would be accommodated on a given street. It essentially sets the maximum size of the street. There are three design classifications used in the Circulation Element, Primary Arterial, Secondary Arterial and Collector. The functional classification addresses lane deployment, medians, parking, and streetscape attributes designed to achieve objectives other than simply moving traffic. It addresses the "character" of a street as well as its size. Labels used in naming the functional classifications include the following:

- *Boulevard – a street with a raised planted median*
- *Arterial – a street with a striped median*
- *Street – a street with no median*

The first two are used in differentiating Primary Arterials, and all three are used for differentiating Secondary Arterials. Other descriptions are used as appropriate, particularly for collectors which are differentiated by both medians and parking.

The design and functional classifications are listed in Table 4.5-3. This shows the relationship between the two in conjunction with specific features of each classification and representative average daily traffic (ADT) values. As noted in the table, the ADT values are representative only and do not imply that the street is capable of carrying this volume or that it should carry no more than this volume. The ADT values listed with the street classifications are simply a guide and do not imply that a roadway needs to be widened simply because the ADT threshold is exceeded. The City of Ventura does not have a defined level of service performance standard for roadways.

The analysis of the arterial road system is based on intersection capacity since this is the defining capacity limitation on an arterial highway system. Levels of service for arterial intersections are determined based on operating conditions during the morning and evening peak hours. The intersection capacity utilization (ICU) methodology is applied using peak hour volumes and the geometric configuration of the intersection. The Arterial Intersection Performance Criteria are shown in Table 4.5-4.

**Table 4.5-3**
**Street Classifications**

| Design Classification | Functional Classification | Lanes | Median | Parking | ADT* |
|---|---|---|---|---|---|
| **Primary Arterial** | Six Lane Boulevard | 6 | Raised | No parking | 54,000 |
| | Six Lane Arterial | 6 | Striped | No curb parking unless adequate right-of-way (indents preferred) | 50,000 |
| **Secondary Arterial** | Four Lane Boulevard | 4 | Raised | No parking | 36,000 |
| | Four Lane Arterial | 4 | Striped | If space available (indents preferred) | 32,000 |
| | Four Lane Street | 4 | None | Parking | 24,000 |
| | Two Lane Boulevard | 2 | Raised | No Parking | 20,000 |
| **Collector** | Urban Collector | 2 | Striped** | Parking | 16,000 |
| | Residential Collector | 2 | None** | Parking | 12,000 |
| | Special Collector | 2 | None | Angle parking | 10,000 |

**The ADT value is a guide to the general level of daily traffic that can be carried by a roadway of this classification. Since level of service is determined by intersection performance rather than roadway link performance, this ADT value will vary (up or down) depending on the performance of adjacent intersections.*
***Except where traffic calming applications provide for a raised landscape median*

The city monitors and evaluates the performance of the street network at selected locations labeled as principal intersections. The city's performance standard only applies to principal intersections and not to all signalized intersections. In effect, the performance of the City's arterial highway system is evaluated based on the performance of the principal intersections. In other words, principal intersections are the bottlenecks where congestion occurs first and the performance of the arterial highway system is determined and affected by the number of congested principal intersections. This approach is consistent with the goals and policies in the 2005 General Plan that desires a transportation system with the following features:

- *Balanced and with reduced dependence on the automobile;*
- *Safe and easily accessible to all travelers;*
- *Existing roadways are used efficiently to meet mobility needs; and,*
- *Additional travel lanes are considered only when other alternatives are not feasible.*

**Table 4.5-4**
**Arterial Intersection Performance Criteria**

**V/C Calculation Methodology**

Level of service to be based on peak hour intersection capacity utilization (ICU) values calculated using the following values:

Saturation Flow Rate:1,600 vehicles/hour/lane

Clearance Interval: none

**Performance Standard**

Level of Service E (peak hour ICU less than or equal to 1.00) for freeway ramp intersections.

Level of Service D (peak hour ICU less than or equal to 0.90) for all other Principal intersections*.

**Threshold of Significance (for Impact Analyses)**

For an intersection that is forecast to operate worse than it's performance standard, the impact of a given project is considered to be significant if the project increases the ICU by more than 0.01. An ICU increase of more than .01 does not cause the threshold of significance to be exceeded if the with-project ICU does not exceed the maximum ICU value.

**Level of Service**

Level of Service ranges are as follows:

| ICU | Level of Service (LOS) |
|---|---|
| 0.00-0.60 | A |
| 0.61-0.70 | B |
| 0.71-0.80 | C |
| 0.81-0.90 | D |
| 0.91-1.00 | E |
| Above 1.00 | F |

**Principal Intersections are intersections to be regularly monitored as a gauge of the operation of the City's circulation system.*

This approach also allows a range of improvements, as needed, without building in over-capacity. The range of improvements includes localized improvements at a principal intersection at one end to full improvements to provide additional travel lanes in both directions between two principal intersections. In addition, this approach also implies that other signalized intersections that are not principal intersections are considered to be minor locations that should not experience capacity issues. The need for changes in lane configurations at these minor intersections are identified based on the accident records.

As identified in the 2005 General Plan FEIR, the city monitors and evaluates the performance of the street network at selected locations labeled as principal intersections. The city has a performance standard for signalized intersections that are labeled as principal intersections. The City's performance standard only applies to Principal intersections and not to all signalized intersections, except for those that are located on the CMP network, at which the CMP level of service standard of LOS E is applicable. Other signalized intersections that are not Principal Intersections are considered to be minor locations that are not anticipated to experience capacity issues.

The performance standard for a principal intersection is as follows:

- *Level of service E (peak hour ICU less than or equal to 1.00) at freeway ramp intersections;*
- *Level of service D (peak hour ICU less than or equal to 0.90) for all other principal intersections.*

General Plan Action 4.11 calls for refinement of the level of service standards to encourage use of alternative modes of transportation while meeting state and regional mandates. Level of Service E has been chosen as the minimum system-wide LOS standard in the Ventura County Congestion Management Program (CMP). Therefore, the applicable performance standard for a principal intersection is as follows:

- *Level of service E (peak hour ICU less than or equal to 1.00) at freeway ramp intersections;*
- *Level of service E (peak hour ICU less than or equal to 1.00) on the CMP network; and,*
- *Level of service D (peak hour ICU less than or equal to 0.90) for all other principal intersections.*

The flexibility built into the roadway classifications, the definitions of principal intersections and the applicability of performance standards are consistent with and further the goals and policies in the General Plan that favor mobility and quality of life for the residents of Ventura while sacrificing on the speed of traffic and living with more congestion.

The following are the city's local streets on the Ventura County CMP Network:

- *Harbor Boulevard, Seaward Avenue to Channel Islands Boulevard*
- *Main Street, Thompson Boulevard to Telephone Road*
- *Olivas Park Drive, Harbor Boulevard to Victoria Avenue*
- *Seaward Avenue, Thompson Boulevard to Harbor Boulevard*
- *Telegraph Road, Main Street (Ventura) to Peck Road (Santa Paula)*
- *Telephone Road, Wells Road (SR-118) to Olivas Park Drive*
- *Thompson Boulevard, Seaward Avenue to Main Street*
- *Victoria Avenue, Telegraph Road to Channel Islands Boulevard*
- *Wells Road, Telegraph Road to SR-118*

**c. Parking Supply.** Parking is currently provided throughout the Hospital District in the form of public surface parking lots, on street parking, and private parking lots for individual developments. A series of parking counts were conducted at the Project site in April and June of 2008, with a follow up count conducted in March of 2009 (Nelson\Nygaard Consulting Associates, November 20, 2009). The peak occupancy period for the studies occurred on June 3rd at 11:00 A.M. The March 4th count was taken from 1:00 to 2:00 P.M. The results are shown in Table 4.5-5.

**Table 4.5-5**
**Summary of Existing Parking and Utilization**

| *June 3, 2008 11 A.M. Parking Count Summary* | | | |
|---|---|---|---|
| **Parking Type** | **Occupied** | **Vacant** | **Total Spaces** |
| CMH | 807 | 149 | 956 |
| Public Lots | 397 | 64 | 461 |
| On-Street * | 139 | 48 | 187 |
| **Total** | **1,343** | **261** | **1,604** |
| *Overall Parking Occupancy Rate 83.7%* | | | |
| *March 4, 2009 1 P.M. Parking Count Summary* | | | |
| **Parking Type** | **Occupied** | **Vacant** | **Total Spaces** |
| CMH | 794 | 155 | 949 |
| Public Lots | 400 | 61 | 461 |
| On-Street | 139 | 48 | 187 |
| **Total** | **1,333** | **264** | **1,597** |
| *Overall Parking Occupancy Rate 83.5%* | | | |

*Source: Nelson\Nygaard Consulting Associates, November 20, 2009*
** The counts taken on June 3, 2008 did not include curb parking spaces. Therefore, the curb parking count for this date was assumed to be the same as was observed on March 4, 2009.*

Optimal parking utilization is considered to be 85%, such that parking is well used, but always available. Therefore, under existing conditions, the current parking supply is nearly optimal at 84% utilization during the peak midday hours given the existing uses for the Hospital District and vicinity.

**d. Transit.** Transit service is provided by Gold Coast Transit (formerly SCAT). Gold Coast Transit provides 23 routes in the County, with Route Six stopping on Loma Vista Road at CMH on both weekdays and weekends. Route Six service is provided between Dakota Drive on Ventura Avenue and the Oxnard Transit Center. Route Six buses run about every 20 minutes Monday through Friday, and run about every 30 minutes on the weekend. Route Six connects with other Gold Coast Transit bus lines at the Ventura Transfer Center, which is located on Telegraph Road, just west of Mills Road. The Ventura Transfer Center is located about ¾ mile southeast of the Hospital District. Additional transit service is provided by the Ventura Intercity Service Transit Authority (VISTA), which provides intercity service for the County of Ventura and provide stops at major activity centers throughout the City.

**e. Bicycle/Pedestrian Travel**. Non-motorized components of the circulation system in the vicinity of the Hospital District include bicycle and pedestrian facilities. Bicycle and pedestrian facilities are discussed below.

Bicycle Facilities**.** Class III bike lanes are present along Main Street in the vicinity of Hospital District, while Class II bike lanes are present along Telegraph Road and Loma Vista Road. Definitions of Class II and Class III bike lanes follow.

- ***Bike Lane (Class II)*** *– A Class II bikeway is a lane on a road that is reserved for bicycles. The lane is painted with pavement lines and markings and is signed. The lane markings decrease the potential for conflicts between motorists and bicyclists. Bike lanes are one-way, with a lane on each side of the roadway between the travel lane and the edge of paving or, if parking is permitted, between the travel lane and the parking lane. The lanes are at least four feet wide, five feet if parking is permitted.*
- ***Bike Route (Class III)*** *– Class III bike routes share existing roads and provide continuity to other bikeways or designated preferred routes through high traffic areas. There is no separate lane and bike routes are established by placing signs that direct cyclists and warn drivers of the presence of bicyclists. Since bicyclists are permitted on all roads, the decision to sign a road as a bike route is based on factors including the advisability of encouraging bicycle travel on the route, the need to meet bicycle demand, and the desire to connect discontinuous segments of bike lanes.*

Pedestrian Facilities. Sidewalks are present along both sides of all formal street right-of-ways including but not limited to Loma Vista Road, North Brent Street, Telegraph Road, Borchard Drive, and Cabrillo Drive. Pedestrians also utilize the alley behind Main Street and the surface parking lots.

**f. Planned Roadway Improvements.** There are no planned roadway improvements within the study area that will need to be implemented to maintain acceptable service ratios pursuant to the 2005 General Plan Update analysis.

## 4.5.2 Impact Analysis

**a. Methodology and Significance Thresholds.** In August, 2005, the City certified a Final Environmental Impact Report (FEIR) and adopted a comprehensive revision of the General Plan, including the Circulation Element. As part of that effort, 2025 traffic levels were modeled based on projected growth and a program of recommended improvements was devised to achieve and maintain the desired level of service on area roadways and intersections. The traffic analysis prepared for the 2005 General Plan (incorporated herein by reference and available for review at the City Planning Department) was based on growth assumptions for all of the various planning sub-areas of the City, including the Hospital District. However, the CMH Code proposes a specific amount of retail development and medical office development in addition to a 10-bed increase for the hospital that was not specifically evaluated in the General Plan traffic modeling effort. Therefore, these specific development projections were added to the 2005 General Plan Buildout for this area of the City and a traffic model run was conducted to evaluate whether the increase in development potential would generate any additional significant impacts at Study Area intersections. Table 4.5-6 shows the area specific development projections for traffic analysis zone (TAZ) number 179 that were evaluated in the 2005 General Plan and that proposed under the CMH Code.

**Table 4.5-6**
**Land Use and Trip Generation Comparison**
**2005 General Plan vs. CMH Code**

| Land Use Category | Units | General Plan | | General Plan + CMH Code | | Difference | |
|---|---|---|---|---|---|---|---|
| | | Amount | ADT | Amount | ADT | Amount | ADT |
| Single Family Detached | DU | 84 | 804 | 84 | 804 | 0 | 0 |
| Condos | DU | 48 | 281 | 48 | 281 | 0 | 0 |
| Apartments | DU | 106 | 703 | 106 | 703 | 0 | 0 |
| Medium Retail | TSF | 134.74 | 7,133 | 138.64 | 7,340 | 3.90 | 207 |
| Office | TSF | 57.52 | 633 | 57.52 | 633 | 0 | 0 |
| Government Office | TSF | 203.21 | 5,080 | 203.21 | 5,080 | 0 | 0 |
| High School | TSF | 600 | 1,074 | 600 | 1,074 | 0 | 0 |
| Hospital | Bed | 240 | 2,825 | 252 | 2966 | 12.0 | 141 |
| Church | TSF | 7.48 | 68 | 7.48 | 68 | 0 | 0 |
| Medical Office | TSF | -- | -- | 267 | 9,647 | 267 | 9,647 |
| **Total** | n/a | n/a | **18,601** | n/a | **28,596** | n/a | **9,995** |

*Source: Austin Foust Associates, Inc. 1/12/2010*
*Traffic model run assumes an increase of 12 beds.*
*Notes: DU = Dwelling Units, TSF = thousand square feet, Bed = number of beds in the hospital*

A comparison of the growth forecast for the CMH Code with the assumptions used for the 2005 General Plan FEIR traffic model reveals that the CMH Code would accommodate an estimated 3,900 square feet (sf) of retail, about 267,000 square feet of medical office use (adaptive reuse of the existing hospital plus medical office campus buildings in the SD:H1 District), and a 10-bed increase for the hospital. These additional land use development projections were input to the traffic model and applied to the study area street network (see Appendix F for the model run results). The traffic modeling analysis did not include any credits for the removal of the existing medical office uses necessary to build the new hospital building; therefore, the intersection impact analysis is conservative.

The analysis provided in this EIR characterizes traffic levels associated with growth facilitated by the CMH Code within the context of the growth forecasts contained in the 2005 General Plan and focuses on impacts to the local circulation system. Parking supply impact analysis is based on City staff evaluations of the available supply and proposed demand.

Level of service (LOS) on the arterial street system is defined according to peak hour intersection performance using ICU values. Caltrans recommends using the delay based procedures as set out in the Highway Capacity Manual (HCM). However, the City procedures evaluate volumes in relation to capacity (i.e. the V/C ratio) and the ICU methodology is the chosen methodology in the Ventura Congestion Management Program (CMP) for analyzing local streets (see Exhibit 14 from the CMP, which has been included in Appendix F). It is thereby used by the City for traffic impact studies to provide a consistent methodology with that used countywide.

It should be noted that the Caltrans HCM procedure simply reports an average delay and corresponding LOS. Under City criteria, a significant impact based on an incremental V/C increase is well documented and is thereby used in the CEQA process for identifying potential project impacts. Only when deficiencies occur at Caltrans facilities is it necessary to defer to the HCM procedure to determine whether the location would actually be deficient under that methodology. With regards to the freeway interchanges, the analysis examines the two nearest freeway ramps: U.S. 101/Main Street and SR-126/Main Street, and does not find any system deficiencies with or without the project based on City criteria. That is both ramps are forecast to operate at acceptable standards under "future plus project" conditions.

For intersection impact analysis thresholds, level of service E performance standards (peak hour ICU less than or equal to 1.00) are applicable for freeway ramp intersections and non-principal intersections on the Congestion Management Program (CMP) network. Level of service D (peak hour ICU less than or equal to 0.90) is the performance standard for all other principal intersections. For an intersection that is forecast to operate worse than its performance standard, the impact of a project is considered to be significant if the project increases the ICU by more than 0.01. Additionally, impacts relating to transportation and circulation would be considered potentially significant if development facilitated by the CMH Code would:

- *Exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways?*
- *Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system (i.e., result in a substantial increase in either the number of vehicle trips, the volume to capacity ratio of roads, or congestion at intersections)?*
- *Substantially increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)?*
- *Result in inadequate emergency access?*
- *Result in inadequate parking capacity? (Please note that Appendix G of the CEQA Guidelines was recently revised to exclude parking capacity as a potential environmental impact that should be analyzed by a lead agency)*
- *Conflict with adopted policies, plans, or programs supporting alternative transportation (e.g. bus turnouts, bicycle racks)?*

**b. Project Impacts and Mitigation Measures.**

**Impact T-1** **Phase I and Phase II Project-generated traffic would not cause the LOS at study area intersections to decline below allowable standards. Therefore, traffic impacts would be Class III, less than significant. -Nevertheless, the project would add traffic to the City and County roadway network and developers, including CMH would need to pay applicable traffic impact mitigation fees in accordance with City and County requirements.**

As discussed on page 2-23 of Section 2.0 *Project Description*, Phase I development would include the new hospital, street connections and a new 3,900 square foot retail liner building between

2010 and 2014. Phase II development would include buildout of the remainder of the Hospital District, including about 162,950 square feet of medical office uses and the new 570 space parking garage. Phase II development would occur over a period of years. Project-generated traffic expressed as ADT and peak hour volumes is shown in Table 4.5-7.

**Table 4.5-7**
**Project Trip Generation**

| Land Use | Size | Average Daily | | A.M. Peak Hour | | P.M. Peak Hour | |
|---|---|---|---|---|---|---|---|
| | | Rate | Trip Ends | Rate | Trip Ends | Rate | Trip Ends |
| **Phase I** | | | | | | | |
| New Hospital Building | 252 Beds | 11.77 | 2,966 | 1.07 | 270 | 1.22 | 307 |
| Medical Office Reuse in old Hospital | 104 TSF | 36.13 | 3,758 | 2.43 | 253 | 3.66 | 381 |
| Retail | 3.9 TSF | 52.94 | 206 | 1.25 | 5 | 4.78 | 19 |
| **Phase I Subtotal** | | | **6,930** | | **528** | | **707** |
| | | | | | | | |
| *Phase I Removals* | | | | | | | |
| Medical Office Buildings | 45.5 TSF | 36.13 | 1,644 | 2.43 | 111 | 3.66 | 167 |
| Existing Hospital Building | 242 Beds | 11.77 | 2,848 | 1.07 | 259 | 1.22 | 295 |
| Single Family Homes | 4 DU | 9.57 | 38 | 0.75 | 3 | 1.01 | 4 |
| *Removals Subotal* | *n/a* | *n/a* | *4,530* | *n/a* | *373* | *n/a* | *466* |
| **Phase I Net Increase** | | | **2,400** | | **155** | | **241** |
| | | | | | | | |
| **Phase II** | | | | | | | |
| New Medical Office Building (Phase II) | 163 TSF | 36.13 | 5,889 | 2.43 | 396 | 3.66 | 597 |
| **Phase I + Phase II Total** | n/a | n/a | **12,819** | n/a | **924** | n/a | **1,304** |
| | | | | | | | |
| **Total Net Increase in Trips** | n/a | n/a | **8,289** | n/a | **551** | n/a | **838** |

*Source: City of Ventura, Land Development, January, 2010.*
*Notes: DU = Dwelling Units, TSF = thousand square feet, Bed = number of beds in the hospital*

Project-generated traffic was assigned to the study area network intersections under existing conditions and 2005 General Plan conditions (Year 2025). Table 4.5-8 shows projected levels of traffic at study area intersections under General Plan Buildout Year 2025 conditions. The project's impacts at the study area intersections are captured by the changes in the ICU (intersection capacity utilization) values between the General Plan + Project and the General Plan (No Project) scenarios in Table 4.5-8. The addition of the project's impacts to the existing conditions results in the Existing + Project scenario shown in Table 4.5-9. As is evident from Tables 4.5-8 and 4.5-9, all of the study intersections operate within the city's level of service standards. The Existing + Project conditions shown in Table 4.5-9 is a worst-case scenario as compared to the Existing + Phase I Project. Therefore, the addition of Phase I of the Project in the short term will not have any adverse traffic impacts.

Figure 4.5-3 shows traffic volumes on the study area roadway network. The level of service information presented in Table 4.5-8 and Table 4.5-9 indicates that all of the study intersections are forecast to operate within allowable levels. As previously discussed, level of service E performance standards (peak hour ICU less than or equal to 1.00) are applicable for freeway ramp intersections and non-Principal Intersections on the Congestion Management Program (CMP) network, while level of service D (peak hour ICU less than or equal to 0.90) is the performance standard for all other principal intersections. Therefore, impacts associated with phases I and II of the Project would be less than significant.

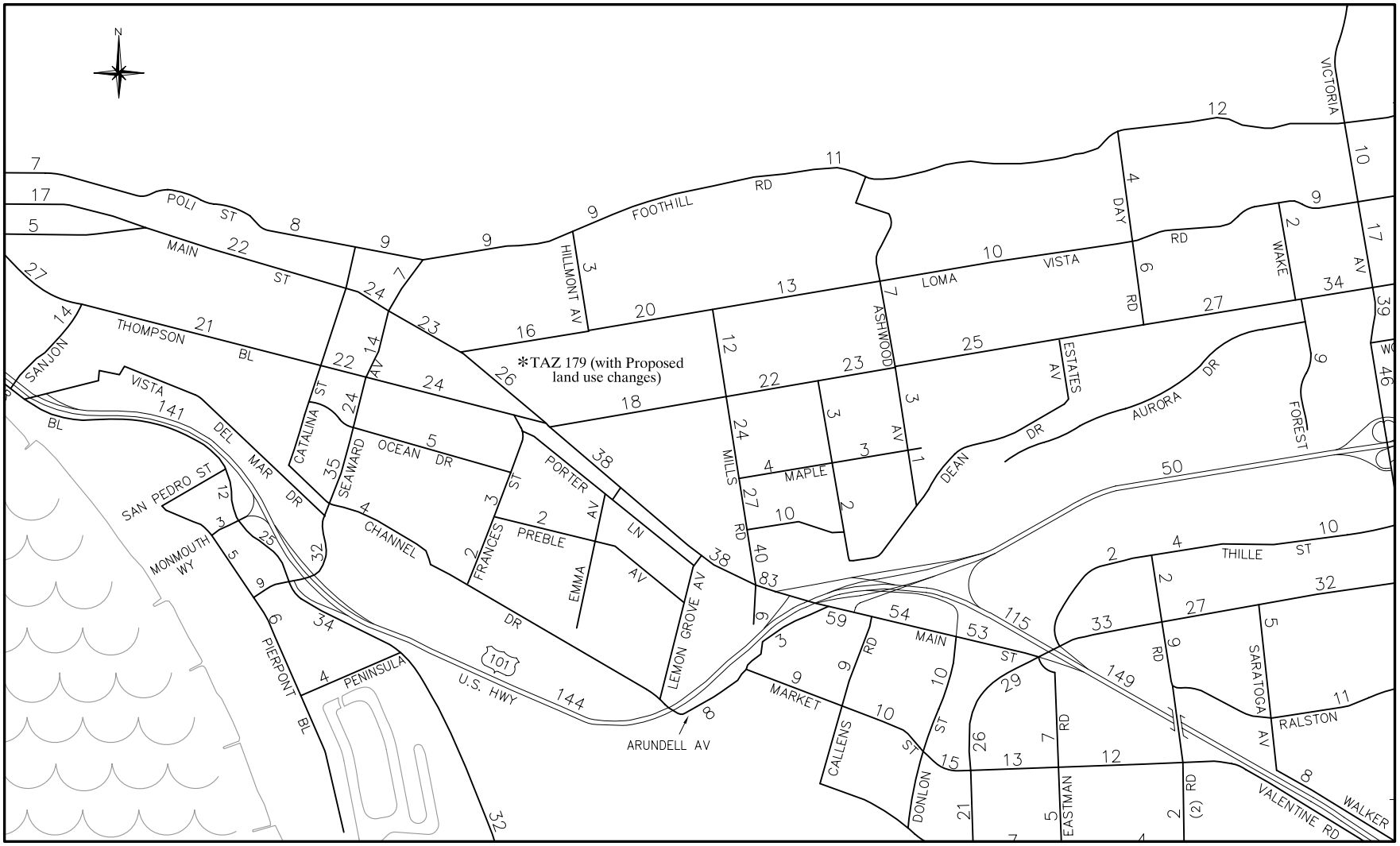
The CMH Code would facilitate development that would contribute a net increase of about 8,289 ADT (see Table 4.5-7). Pursuant to City and County policies, applicants for development that would add traffic to the local and regional roadway network are required to contribute traffic impact fees. The project is required to pay applicable City and County traffic impact fees.

**Mitigation Measures.** Although significant impacts have not been identified, the following standard condition is required to reduce the Project's contribution to cumulative impacts to the City and County circulation system.

**T-1** **Traffic Impact Fees.** CMH and any additional developers within the CMH District shall pay applicable City and County traffic impact fees in accordance with adopted policies for fair share ADT attributed to each development. Payment of fees shall occur prior to issuance of a building permit or prior to occupancy for each developer within the CMH District.

**Significance after Mitigation.** Impacts would be less than significant without mitigation. Payment of applicable fees would address the Project's contribution to cumulative impacts to the regional transportation system.

The City of Ventura's comprehensive traffic mitigation fee program was implemented in 1988 to mitigate cumulative impacts caused by new development. Prior to the implementation of the impact fee program, development projects were frequently unable to successfully complete the environmental impact review process because the cost of some of the mitigation measures was beyond the financial resources of individual projects to fund necessary improvements such as upgrades to freeway interchanges. The traffic impact fee program provides a way for the City to accumulate funds for large projects in a fair and equitable basis that is directly related to the impacts of new development needed on the City transportation system and to construct the improvements to maintain the quality of life for all City residents. The traffic mitigation fee is based upon the unfunded construction cost of the total circulation system improvements necessary to accommodate peak hour trips anticipated as a result of future growth. Twenty-two projects throughout the City were identified for improvement and are shown in the resolution along with an update on the current status (please refer to Appendix F).




*Drawing Source: Austin-Foust Associates, Inc., January 12, 2010*

Legend

XX With Proposed Land Use Changes

2025 General Plan
Buildout + Project

Figure 4.5-3

**Table 4.5-8**
**Intersection ICU and LOS Summary**
**General Plan Buildout Year 2025**

| Intersection | General Plan + Project | | | | General Plan (No Project) | | | | Change in ICU | | Impact? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A.M. Peak Hour | | P.M. Peak Hour | | A.M. Peak Hour | | P.M. Peak Hour | | A.M. | P.M. | |
| 18. Seaward & US 101 NB Ramps | 0.51 | A | 0.64 | B | 0.52 | A | 0.62 | B | -0.01 | 0.02 | No |
| 19. Monmouth/US 101 SB & Harbor | 0.58 | A | 0.81 | D | 0.56 | A | 0.80 | C | 0.02 | 0.01 | No |
| 23. Mills & Loma Vista | 0.34 | A | 0.42 | A | 0.33 | A | 0.42 | A | 0.01 | 0.00 | No |
| 24. Mills & Telegraph | 0.50 | A | 0.54 | A | 0.50 | A | 0.52 | A | 0.00 | 0.02 | No |
| 25. Mills & Maple | 0.55 | A | 0.54 | A | 0.53 | A | 0.52 | A | 0.02 | 0.02 | No |
| 26. Mills & Dean | 0.56 | A | 0.57 | A | 0.54 | A | 0.53 | A | 0.02 | 0.04 | No |
| 27. Mills & Main | 0.68 | B | 0.74 | C | 0.69 | B | 0.73 | C | -0.01 | 0.01 | No |
| 28. US 101 NB Ramps & Main | 0.77 | C | 0.86 | D | 0.78 | C | 0.83 | D | -0.01 | 0.03 | No |
| 29. SR 126 EB Ramps & Main | 0.53 | A | 0.66 | B | 0.53 | A | 0.65 | B | 0.00 | 0.01 | No |
| 30. Callens & Main | 0.46 | A | 0.69 | B | 0.46 | A | 0.68 | B | 0.00 | 0.01 | No |
| 31. Donlon & Main | 0.55 | A | 0.86 | D | 0.56 | A | 0.84 | D | -0.01 | 0.02 | No |
| 32. Telephone & Main | 0.61 | B | 0.89 | D | 0.61 | B | 0.86 | D | 0.00 | 0.03 | No |
| 33. US 101 NB Ramps & Telephone | 0.56 | A | 0.67 | B | 0.56 | A | 0.67 | B | 0.00 | 0.00 | No |
| 38. Telephone & Market | 0.59 | A | 0.71 | C | 0.60 | A | 0.72 | C | -0.01 | -0.01 | No |
| 42. Telephone & McGrath | 0.29 | A | 0.76 | C | 0.29 | A | 0.75 | C | 0.00 | 0.01 | No |
| 45. Catalina & Main | 0.39 | A | 0.36 | A | 0.38 | A | 0.35 | A | 0.01 | 0.01 | No |
| 46. Seaward & Main | 0.55 | A | 0.73 | C | 0.53 | A | 0.69 | B | 0.02 | 0.04 | No |
| 47. Main & Loma Vista | 0.52 | A | 0.55 | A | 0.52 | A | 0.54 | A | 0.00 | 0.01 | No |
| 49. Main & Telegraph | 0.48 | A | 0.79 | C | 0.46 | A | 0.71 | C | 0.02 | 0.08 | No |
| 50. Emma & Main | 0.41 | A | 0.54 | A | 0.40 | A | 0.51 | A | 0.01 | 0.03 | No |

**Table 4.5-8**
**Intersection ICU and LOS Summary**
**General Plan Buildout Year 2025**

| Intersection | General Plan + Project | | | | General Plan (No Project) | | | | Change in ICU | | Impact? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A.M. Peak Hour | | P.M. Peak Hour | | A.M. Peak Hour | | P.M. Peak Hour | | A.M. | P.M. | |
| 51. Lemon Grove & Main | 0.41 | A | 0.50 | A | 0.41 | A | 0.47 | A | 0.00 | 0.03 | No |
| 65. Sanjon & Thompson | 0.50 | A | 0.59 | A | 0.48 | A | 0.59 | A | 0.02 | 0.00 | No |
| 68. Seaward & Thompson | 0.54 | A | 0.67 | B | 0.51 | A | 0.65 | B | 0.03 | 0.02 | No |
| 71. Sanjon & Harbor | 0.36 | A | 0.66 | B | 0.36 | A | 0.66 | B | 0.00 | 0.00 | No |
| 75. Ashwood & Telegraph | 0.30 | A | 0.49 | A | 0.29 | A | 0.48 | A | 0.01 | 0.01 | No |
| 163. Santa Clara & Main | 0.25 | A | 0.30 | A | 0.25 | A | 0.30 | A | 0.00 | 0.00 | No |
| 164. Seaward & Poli | 0.41 | A | 0.53 | A | 0.41 | A | 0.50 | A | 0.00 | 0.03 | No |
| 165. Seaward & Harbor | 0.59 | A | 0.72 | C | 0.58 | A | 0.70 | B | 0.01 | 0.02 | No |
| 166. College & Telegraph | 0.34 | A | 0.43 | A | 0.33 | A | 0.40 | A | 0.01 | 0.03 | No |
| 180. Estates & Telegraph | 0.30 | A | 0.41 | A | 0.25 | A | 0.39 | A | 0.05 | 0.02 | No |

*Notes: Intersections evaluated pursuant to City Threshold Criteria: Allowable LOS at intersections 18,19,28,29, and 33 is LOS E or better, while the allowable LOS at all other intersections is LOS D or better.*

*Level of service ranges: 0.00 - .60 = A; 0.61- 0.70 = B; 0.71 - 0.80 = C; 0.81 - 0.90 = D; 0.91- 1.00 = E, >1.0 = F*

**Table 4.5-9**
**Intersection ICU and LOS Summary**
**Existing + Project**

| Intersection | Existing Conditions | | | | Project Impacts | | Existing + Project | | | | Sig. Impact? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A.M. Peak Hour | | P.M. Peak Hour | | A.M. Peak Hour | P.M. Peak Hour | A.M. Peak Hour | | P.M. Peak Hour | | |
| | ICU | LOS | ICU | LOS | ICU | ICU | ICU | LOS | ICU | LOS | |
| 18. Seaward & US 101 NB Ramps | 0.44 | A | 0.53 | A | -0.01 | 0.02 | 0.43 | A | 0.55 | A | No |
| 19. Monmouth/US 101 SB & Harbor | 0.44 | A | 0.62 | B | 0.02 | 0.01 | 0.46 | A | 0.63 | B | No |
| 23. Mills & Loma Vista | 0.33 | A | 0.37 | A | 0.01 | 0.00 | 0.34 | A | 0.37 | A | No |
| 24. Mills & Telegraph | 0.45 | A | 0.48 | A | 0.00 | 0.02 | 0.45 | A | 0.50 | A | No |
| 25. Mills & Maple | 0.45 | A | 0.40 | A | 0.02 | 0.02 | 0.47 | A | 0.42 | A | No |
| 26. Mills & Dean | 0.51 | A | 0.53 | A | 0.02 | 0.04 | 0.53 | A | 0.57 | A | No |
| 27. Mills & Main | 0.59 | A | 0.61 | B | -0.01 | 0.01 | 0.58 | A | 0.62 | B | No |
| 28. US 101 NB Ramps & Main | 0.90 | D | 0.65 | B | -0.01 | 0.03 | 0.89 | D | 0.68 | B | No |
| 29. SR 126 EB Ramps & Main | 0.35 | A | 0.48 | A | 0.00 | 0.01 | 0.35 | A | 0.49 | A | No |
| 30. Callens & Main | 0.39 | A | 0.68 | B | 0.00 | 0.01 | 0.39 | A | 0.69 | B | No |
| 31. Donlon & Main | 0.48 | A | 0.84 | D | -0.01 | 0.02 | 0.47 | A | 0.86 | D | No |
| 32. Telephone & Main | 0.43 | A | 0.63 | B | 0.00 | 0.03 | 0.43 | A | 0.66 | B | No |
| 33. US 101 NB Ramps & Telephone | 0.37 | A | 0.50 | A | 0.00 | 0.00 | 0.37 | A | 0.50 | A | No |
| 38. Telephone & Market | 0.25 | A | 0.51 | A | -0.01 | -0.01 | 0.24 | A | 0.50 | A | No |
| 42. Telephone & McGrath | 0.24 | A | 0.45 | A | 0.00 | 0.01 | 0.24 | A | 0.46 | A | No |
| 45. Catalina & Main | 0.48 | A | 0.48 | A | 0.01 | 0.01 | 0.49 | A | 0.49 | A | No |
| 46. Seaward & Main | 0.49 | A | 0.55 | A | 0.02 | 0.04 | 0.51 | A | 0.59 | A | No |
| 47. Main & Loma Vista | 0.48 | A | 0.44 | A | 0.00 | 0.01 | 0.48 | A | 0.45 | A | No |

**Table 4.5-9**
**Intersection ICU and LOS Summary**
**Existing + Project**

| Intersection | Existing Conditions | | | | Project Impacts | | Existing + Project | | | | Sig. Impact? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | A.M. Peak Hour | | P.M. Peak Hour | | A.M. Peak Hour | P.M. Peak Hour | A.M. Peak Hour | | P.M. Peak Hour | | |
| | ICU | LOS | ICU | LOS | ICU | ICU | ICU | LOS | ICU | LOS | |
| 49. Main & Telegraph | 0.39 | A | 0.77 | C | 0.02 | 0.08 | 0.41 | A | 0.85 | D | No |
| 50. Emma & Main | 0.31 | A | 0.41 | A | 0.01 | 0.03 | 0.32 | A | 0.44 | A | No |
| 51. Lemon Grove & Main | 0.31 | A | 0.41 | A | 0.00 | 0.03 | 0.31 | A | 0.44 | A | No |
| 65. Sanjon & Thompson | 0.35 | A | 0.40 | A | 0.02 | 0.00 | 0.37 | A | 0.40 | A | No |
| 68. Seaward & Thompson | 0.50 | A | 0.50 | A | 0.03 | 0.02 | 0.53 | A | 0.52 | A | No |
| 71. Sanjon & Harbor | 0.32 | A | 0.53 | A | 0.00 | 0.00 | 0.32 | A | 0.53 | A | No |
| 75. Ashwood & Telegraph | 0.38 | A | 0.44 | A | 0.01 | 0.01 | 0.39 | A | 0.45 | A | No |
| 163. Santa Clara & Main | 0.49 | A | 0.46 | A | 0.00 | 0.00 | 0.49 | A | 0.46 | A | No |
| 164. Seaward & Poli | 0.39 | A | 0.44 | A | 0.00 | 0.03 | 0.39 | A | 0.47 | A | No |
| 165. Seaward & Harbor | 0.59 | A | 0.52 | A | 0.01 | 0.02 | 0.60 | A | 0.54 | A | No |
| 166. College & Telegraph | 0.33 | A | 0.38 | A | 0.01 | 0.03 | 0.34 | A | 0.41 | A | No |
| 180. Estates & Telegraph | 0.29 | A | 0.37 | A | 0.05 | 0.02 | 0.34 | A | 0.39 | A | No |

*Notes: Intersections evaluated pursuant to City Threshold Criteria: Allowable LOS at intersections 18,19,28,29, and 33 is LOS E or better, while the allowable LOS at all other intersections is LOS D or better.*

*Level of service ranges: 0.00 - .60 = A; 0.61- 0.70 = B; 0.71 - 0.80 = C; 0.81 - 0.90 = D; 0.91- 1.00 = E, >1.0 = F*

**Impact T-2 Phase I and Phase II development under the proposed CMH Code would alter the existing street network and circulation system within the Hospital District. The CMH Code would generally improve circulation and would not create hazards due to design features or inadequate emergency access. This is a Class III, *less than significant,* impact.**

Figures 2-7 and 2-8 in Section 2.0, *Project Description*, show Phase I and Phase II buildout under the CMH Code. As shown, the Hospital District would for the most part maintain existing circulation patterns under Phase I, but would realign Cabrillo Drive and create an additional connection between the new Hospital building entrance and Main Street. Under the CMH Code, Cabrillo Drive would be moved approximately 50 feet to the south at North Brent Street, continuing westward for about 200 feet and then branching to two streets. The north branch would connect with the existing Cabrillo Drive alignment and outlet on Main Street as occurs currently, while the southern branch would outlet on Main Street to create a new pedestrian and vehicular linkage to the hospital district and new open space area.

An overall view of the proposed circulation improvements is shown on Figures 2-7 and 2-8. To accommodate and welcome hospital visitors, diagonal parking and an entry arcade are incorporated into the right-of-way opposite the new hospital entrance. The new southerly aligned Cabrillo Drive becomes a primary entrance to the Hospital District from North Brent Street, and is distinguished by diagonal parking on both sides of the street, as well as tree planters constructed in the unusable area of the diagonal parking stalls to maximize the amount of usable sidewalk space.

Street improvements are discussed in Section 24SD:H1 202.040 of the CMH Code. General improvements include the construction of end-of-block bulbouts at select locations to increase pedestrian comfort in crosswalks and to protect parallel parked vehicles from turning cars. Parking lane tree planters and end-of-block bulbouts are proposed along the east side of North Brent Street. However, the west side of North Brent Street adjacent the Hospital has no bulb-outs or in-street planters to maintain a cleared ambulance drop-off /loading zone.

The design philosophy behind the CMH Code street network follows. The CMH Code street network:

1. *Consists of streets that physically and spatially define and frame the blocks;*
2. *Is hierarchical, composing blocks sized for pedestrian use and defined by various street types, whose widths are calibrated for compatibility with the range of building types and uses that each is meant to service. A larger-than-normal block is provided for the hospital itself, due to its size and special programmatic needs for internal connectivity and security;*
3. *Is lean, using the minimum vehicular width practical for each thoroughfare;*
4. *Is interconnected, providing for a variety of alternative paths of movement;*
5. *Is spatially conceived and designed, with carefully calibrated standards for each thoroughfare and for the buildings that front it to establish an appropriate sense of enclosure and to contribute to the character and place within each portion of the Hospital District;*

6. *Is varied, as individual thoroughfares provide for scale, character and intensity transitions between the several blocks within the Plan area; and*
7. *Features strategically located shifts in geometry and physical character, which coincide with the particular role and design speed of the associated streets . This effectively calms traffic without the need for post-construction interventions, and enhances the sense of place through unique positioning of buildings at these transitions.*

For each street type designated in the CMH Code, the corresponding standards on Figure 202.040 (Street Types Plan), prescribe a geometric profile as well as performance characteristics to implement the above characteristics.

Under Phase II development, the Borchard Drive Extension would be completed, and the second parking structure would be developed (see Figure 2-8 in Section 2.0 *Project Description*). These improvements would enhance the overall connectivity and parking availability as the Hospital District builds out. The project would be designed in accordance with applicable standards relative to vehicular access and especially emergency vehicular access, since the project involves the construction of a hospital. No changes would be made to the existing helipad, which is located on the roof of the existing parking garage. The helipad would remain and operate as it does currently. There would be a less than significant impact with respect to creation of hazards due to design features and provision of emergency access.

**Mitigation Measures.** Mitigation is not necessary as significant impacts have not been identified.

**Impact T-3 The Hospital District contains adequate parking for construction of the new hospital and reuse of a portion of the old hospital (part of Phase I); however, additional parking will be required to satisfy demands associated with full buildout of the District (remainder of Phase I and Phase II). Therefore, parking demand could exceed the available supply. This is a Class II, *significant but mitigable,* impact.**

The Parking Management Strategy for the Hospital District incorporates the following components:

- *Establishment of the following parking requirements:*
  - *One parking space per 1,500 square feet of residential land uses in the Hospital District Development Code*
  - *Two spaces per bed for the hospital*
  - *One space per 300 square feet of gross floor area for all other non-residential uses*
- *Amendment of the Municipal Code to allow permit parking in residential neighborhoods surrounding the Hospital District that could be affected by spillover parking demand from the Hospital District*
- *Any loss of District #3 spaces due to Hospital development to be replaced with corresponding increases in the number of public spaces on city-owned property*

- *Implementation of two-hour time restrictions on all public parking within and around the Hospital District including on-street parking spaces as an interim measure*
- *Establishment of a price for leasing of some of the District #3 spaces based on prices similar to the existing parking structure in the Downtown as an interim measure until paid parking is implemented in the Hospital District*

The parking management strategy is designed to ensure that there is adequate public parking available for businesses along the CMH District periphery to the west, and that Hospital District parking demand does not spill over into residential areas to the north and east of the District.

Parking in the Hospital District includes on-street spaces as well as off-street spaces in private and public parking lots. Table 4.5-5 shows there are about 1,600 parking spaces within the Project Area, including City lot spaces and street spaces that are within the zoning boundary of Project Area, but outside of the Hospital District. The public parking lots are on City-owned parcels and are part of Parking District #3. CMH currently has about 950 private parking spaces (see Table 4.5-5), and there are about 650 public spaces. The number of existing off-street spaces on CMH property exceeds the City's requirements for the existing hospital (240 beds x 2 spaces/bed = total hospital demand of 480 parking spaces). However, under Phase I of the Project, a number of private spaces associated with existing satellite medical office uses, in addition to on street spaces and public spaces will become unavailable due to construction staging and the eventual reconfiguration of new buildings, open space and streets (see Figure 4.5-4 for construction staging and figures 2-7 and 2-8 in Section 2.0, *Project Description*, for full Phase I and Phase II development views).

Phase I includes construction of the 252-bed hospital, construction of 3,900 square feet or retail use, adaptive reuse of the existing hospital (104,000 sf of leased medical office space), and modification of street system to realign Cabrillo Drive and create the Hospital Plaza open space area. The realignment of Cabrillo Drive will permanently affect public Parking District #3 lot located within the southern portion of the Hospital District, because the new street configuration will pass through this parking lot. The new alignment has been designed to wrap around the Hospital Open Space area and orient the main hospital entrance towards Main Street, away from the residential areas to the north and east.

The number of District #3 spaces displaced in Phase I is approximately 85 spaces, with 8 spaces in Lot 21, 23 spaces in Lot 20 and 54 spaces in Lot 19 (CMH Hospital District Parking Strategy, Appendix F). The reduction in the number of District #3 spaces will be replaced by increasing the public spaces in the existing parking garage through a corresponding reduction in the number of private CMH spaces. Additionally, the private parking spaces associated with existing buildings that will be demolished will no longer be available once the new hospital is constructed.

Based on the parking demand factors proposed in the CMH Code, the new parking demand for Phase I and Phase II buildout is shown in Table 4.5-10.

**Table 4.5-10**
**CMH Code Parking Demand**

| Use | Parking Demand Rate | Parking Demand |
|---|---|---|
| **Phase I** | | |
| 252 Bed Hospital | 2 spaces/bed | 504 |
| 104,000 sf Medical Office Use Old Hospital | 1 space/300 sf | 347 |
| 3,900 sf of retail use | 1 space/300 sf | 13 |
| **Subtotal** | | **864** |
| **Phase II** | | |
| 162,950 sf Medical Office Use | 1 space/300 sf | 543 |
| **Total** | | **1,407** |

The 950 existing spaces on the CMH property with the construction of Phase I development would exceed the City's requirements of 864 parking spaces. However, this does not account for the private spaces associated with existing medical office uses and public spaces within City-owned lots and on the street that will be lost during construction and redevelopment, nor does this total account for the transfer of private CMH spaces to public spaces or Parking District #3 spaces which are to remain unchanged. Therefore, depending on the number of spaces that will be lost, mitigation is necessary to ensure the parking supply is adequate once the new hospital and retail liner are operational and the old hospital space is leased.

Phase II includes buildout of the remainder of the Hospital District (162,950 sf) including the liner buildings along Loma Vista Road and Brent Street, construction of the second parking garage (570 spaces) and reconstruction of parking spaces adjacent to the existing northern parking garage that will accompany transformation of the second open space area. The parking spaces available in two garages may not be adequate to accommodate the build-out of the CMH Hospital District as proposed depending on the loss of existing spaces and the ability to reduce parking demand through transportation demand management measures. For example, the parking supply indicated in Table 4.5-5 includes a count of all spaces within the district without specifically distinguishing which spaces are privately owned by other medical office uses such as the Cancer Center and independent physician offices (buildings proposed for demolition). In addition, it is not certain how many of the existing spaces would be eliminated upon buildout. As previously discussed, it is estimated that about 85 of the Parking District #3 spaces would be displaced, in addition to those CMH spaces that are currently associated with satellite buildings that will be reabsorbed into the Hospital (buildings proposed for demolition). However, the CMH Hospital District Parking Strategy (see Appendix F) involves actions that would reduce the potential for adverse effects to public and private uses in the vicinity while also addressing the parking demand for development under the CMH Code.

The CMH Hospital District Parking Strategy would prevent spillage of parking demand to the northern neighborhood through issuance of residential parking permits. Secondly, the Parking Management Strategy would require that any Parking District spaces lost to the construction or development footprint be replaced with privately owned CMH spaces in the existing garage. These spaces would then be available to the public. Thirdly, implementation of time restrictions on public parking spaces within the Hospital District would help to ensure that CMH employees are not parking in publicly accessible spaces while they are at work. Lastly, the City would provide an option whereby CMH could lease parking spaces from the City's Parking District, or provide the required parking off-site. Therefore, CMH will not be reliant on on-street parking and will have to lease parking spaces from the City's parking lots (which do have excess capacity) or from privately owned lots.

The parking spaces available in the two garages may not be adequate to accommodate build-out of the CMH Hospital District as proposed depending on the loss of existing spaces and the ability to reduce parking demand through transportation demand management measures. Mitigation is necessary to ensure the parking supply is adequate for buildout.

**Mitigation Measures.** The following mitigation measure is required to ensure the adequate provision of parking within the Hospital District.

**T-3** **Parking Supply.** Reuse of the existing hospital building and new buildings proposed on CMH property and within the CMH District would be subject to compliance with the off-street parking requirements. In order to provide adequate parking for each building pursuant to the Parking Demand Rates of the Community Memorial Hospital District Development Code, parking shall be provided (A) on-site or (B) within 1,250 feet of the hospital if a parking availability study for the building(s) indicates that there will be a sufficient amount of parking spaces. Off-site parking located further than 1,250 feet may be allowed if the following conditions are met: (A) the off-site parking is approved by the Community Development Director; (B) a parking availability study confirms that the off-site parking will provide sufficient parking spaces. On- or off-site (whether within 1,250 feet or not) parking management strategies may include a Transportation Demand Management (TDM) Program. Details of the specifics of the TDM program along with the anticipated reductions in parking shall be reviewed and approved by the Community Development Director.

**Significance After Mitigation.** Impacts would be less than significant with implementation of mitigation measure T-3.

**Impact T-4** **Construction activities have the potential to disrupt travel patterns, reduce available parking, and spill over into public and private areas in the vicinity of the District during both Phase I and Phase II. This is a Class II, *significant but mitigable* impact.**

As discussed in the project description on page 2-25, 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 non-essential hospital support services and 104,000 sf for new backfill medical office reuse), abandonment of portions of streets, streetscape improvements, sidewalks, curbs, medians, and plazas, including finalizing new street extensions. In addition, the surface parking in the southern portion of the Hospital District would be consolidated and restriped with the addition of a 3,900 sf retail liner building (Building 18), which would be constructed adjacent the location of the future new garage and opposite the hospital open space plaza. No lane closures would occur on Main Street or Loma Vista Road.

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. Specifically, buildings 11, 12, 13, 14, 15, 16 & 17 (as shown on Figure 2-9 and in Table 2-3), and the parking garage would be constructed during Phase II. Phase II development is estimated to be about 162,950 square feet of medical office uses (see Table 2-3). The City will impose a haul route for construction traffic. The haul route will seek to avoid residential neighborhoods and provide direct access to the freeway.

It is estimated that there would be about 23 truck trips/day during demolition and 20 truck trips/day during site grading. The preliminary Phase I construction staging plans are shown on Figure 4.5-4, and on sheets C-1 and C-2 near the end of Appendix F. Construction activities will occupy much of the southern half of the Hospital District, and vehicular circulation patterns will change for patrons of commercial uses along Main Street adjacent the western boundary of the Hospital District. The preliminary construction staging plan shows public parking and a circulation pattern that will be available during construction. However, because construction activities are anticipated to require about four years for Phase I, and would affect the remaining surface parking supply in the southern portion of the Hospital District during Phase II parking structure construction, mitigation is necessary to ensure ongoing coordination with affected agencies and businesses.

**Mitigation Measures**. The following mitigation measure would reduce the potential for adverse impacts from construction traffic and parking during construction activities.

**T-4** **Construction Traffic Impact Mitigation Plan.** The applicant shall prepare, implement, and maintain a Construction Impact Mitigation Plan, which shall be designed to:

- *Prevent material traffic impacts on the surrounding roadway network.*
- *Minimize parking impacts both to public parking and access to private parking.*
- *Ensure safety for both those constructing the project and the surrounding community.*
- *Prevent truck traffic through residential neighborhoods.*

The Construction Impact Mitigation Plan shall be subject to review and approval by the following City departments: Public Works

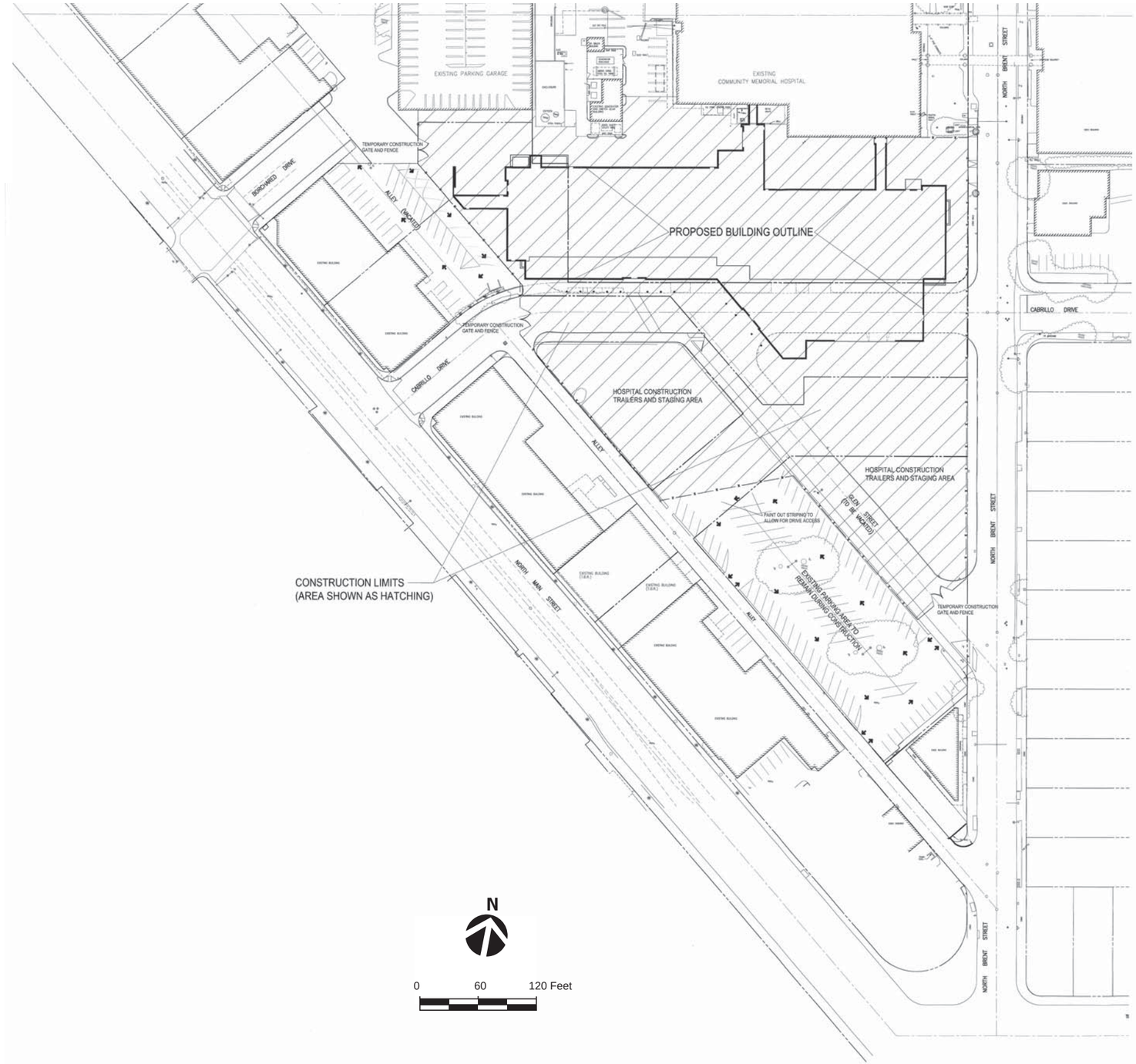
Department, Fire, Planning and Community Development and Police to ensure that the Plan has been designed in accordance with this mitigation measure. This review shall occur prior to commencement of any construction staging for the project. It shall at a minimum, include the following:

- Ongoing requirements throughout the duration of construction:*A detailed traffic control plan for work zones shall be maintained which includes at a minimum accurate existing and proposed: parking and travel lane configurations; warning, regulatory, guide and directional signage; and area sidewalks, bicycle lanes and parking lanes. The plan shall include specific information regarding the project's construction activities that may disrupt normal pedestrian and traffic flow and the measures to address these disruptions. Such plans must be reviewed and approved by the Public Works Department prior to commencement of construction and implemented in accordance with this approval.*
- *Work within the public right-of-way shall be performed between 9:00 A.M. and 4:00 P.M., including: dirt and demolition material hauling and construction material delivery.*
- *Trucks shall only travel on a City approved construction route. Truck queuing/staging shall not be allowed on City Streets. Limited queuing may occur on the construction site itself.*
- *Materials and equipment should not be visible to the public; the preferred location for materials is to be on-site, without storage in the public right-of-way.*
- *Provision of off-street parking for construction workers, which may include the use of a remote location with shuttle transport to the site, if determined necessary by the City.*

Project Coordination Elements that shall be implemented prior to commencement of construction:

- *Advise the traveling public of impending construction activities (e.g. information signs, portable message signs, media listing/notification, implementation of an approved traffic control plan.*
- *Timely notification of construction schedules to all affected agencies (e.g. Gold Coast Transit, Police Department, Fire Department, Public Works Department, and Planning and Community Development Department) and to all owners and residential and commercial tenants of property within a radius of 500 feet.*
- *Coordination of construction work with affected agencies in advance of start of work.*
- *Approval by the Public Works Department of any haul routes, for earth, concrete or construction materials and equipment handling.*

**Significance After Mitigation.** The impact would be less than significant.




Construction Staging Plan

Figure 4.5-4

*Drawing source: Hospital Designers, Inc., January 2010.*

**Impact T-5 The CMH Code would not conflict with adopted policies, plans, or programs supporting alternative transportation (e.g. bus turnouts, bicycle racks). The impact would be Class III, less than significant.**

The CMH Code would provide guidelines to re-develop the Community Memorial Hospital and to develop a medical office campus surrounding the hospital. Medical uses within the Hospital District would compliment nearby commercial uses along Main Street to the west, as well as residential development to the north of Loma Vista Road and further to the east of North Brent Street. The CMH Code and modifications to the Midtown Code would enhance the pedestrian environment within the Hospital District through the addition of frontage types along the eastern boundaries of Main Street parcels in the Midtown Corridors Code, as well as the introduction of open space areas within the SD:H1 District and the Midtown Corridors Code. Additional pedestrian amenities include a retail liner building opposite the Hospital Plaza open space area to block views of the parking lot, the addition of a 6- to 10-foot wide sidewalk along portions of the alley that lie behind the Main Street buildings, and mostly 12-foot wide sidewalks throughout the remainder of the Hospital District. Other public realm improvements include a street tree planting plan that assigns specific varieties of trees to specific roadways. Varieties under consideration include red-flowering gum trees, gold medallion trees, Mexican fan palms, Chinese flame trees, rainbow eucalyptus, and New Zealand Christmas trees.

Table 4.5-11 evaluates the project's consistency with applicable Policies and Actions adopted under the 2005 General Plan to support alternative modes of transportation.

**Table 4.5-11**
**Alternative Transportation Policy Consistency**

| Policy/Action | | Consistency Discussion |
|---|---|---|
| **Action 4.6** | Require new development to be designed with interconnected transportation modes and routes. | **Consistent.** The Project would create a network of connected internal streets and would be located along Gold Coast Transit Route 6. The project includes streetscape enhancements and would preserve the existing bike lanes along Loma Vista Road as described in the streetscape section of the CMH Code. The project appears consistent with this directive. |
| **Action 4.12** | Design roadway improvements and facility modifications to minimize the potential for conflict between pedestrians, bicycles, and automobiles. | **Consistent.** As discussed under Impact T-2, the project would create a pedestrian friendly environment by creating a network of sidewalks, open spaces, and streetscape enhancements such as bulbouts to minimize pedestrian and vehicular conflicts. The project appears consistent with this directive. |
| **Policy 4B** | Help reduce dependence on the automobile. | **Consistent.** The project would improve pedestrian connections. In addition, as the hospital district builds out, implementation of a TDM plan would further reduce automobile use by hospital employees would reduce dependence on the automobile. The project appears consistent with this directive. |
| **Action 4.21** | Require new development to provide pedestrian and bicycle access and | **Consistent.** The project would replace existing bicycle striping along Loma Vista Road as part of the streetscape |

**Table 4.5-11**
**Alternative Transportation Policy Consistency**

| Policy/Action | | Consistency Discussion |
|---|---|---|
| | facilities as appropriate, including connected paths along the shoreline and watercourses. | improvements prescribed under the CMH Code, and would improve pedestrian connections within the Hospital District. The project appears consistent with this directive. |
| **Action 4.23** | Upgrade and add bicycle lanes when conducting roadway maintenance as feasible. | **Consistent.** The project would replace existing striping along Loma Vista Road as part of the streetscape improvements prescribed under the CMH Code. The project appears consistent with this directive. |
| **Action 4.24** | Require sidewalks wide enough to encourage walking that include ramps and other features needed to ensure access for mobility-impaired persons. | **Consistent.** The CMH Code would specify mostly 12' wide sidewalks and all intersections would be ADA compliant. The project appears consistent with this directive. |
| **Action 4.29** | Develop incentives to encourage City employees and local employers to use transit, rideshare, walk, or bike. | **Consistent.** As the hospital district builds out, implementation of a TDM plan to further reduce automobile use by hospital employees would reduce dependence on the automobile. The project appears consistent with this directive. |

The proposed project would be consistent with adopted policies and actions in support of alternative transportation; therefore, the impact is less than significant.

**Mitigation Measures.** Mitigation is not necessary as significant impacts have not been identified.

**Significance After Mitigation.** The impact would be less than significant without mitigation.

**c. Cumulative Impacts.** Cumulative traffic impacts are discussed under Impact T-1, which evaluates the 2025 future year conditions. As indicated in that discussion, cumulative impacts would be less than significant. Cumulative impacts related to design hazards would be reduced through adherence to adopted design standards within the Midtown Code, the CMH code as well as within applicable portions of the City's Municipal Code. Cumulative impacts related to parking could include reduced parking space availability for businesses within the adjacent Midtown Code between Main Street and Telegraph Road as well as parking spillover into residential neighborhoods to the north of Loma Vista Road. The potential for adverse effects related to spillover parking and reduced public supply would be reduced through implementation of the Parking Management Strategy described on page 4.5-23, which will facilitate permit parking in residential neighborhoods surrounding the Hospital District and which would implement two-hour restrictions on public parking in the Hospital District. Time restrictions in association with monitoring to maintain 85% utilization is anticipated to result in a supply that is well used, but always available, similar to the strategy for Downtown. Cumulative impacts related to conflicts with adopted policies in support of alternative transportation would be reduced through adherence Code requirements in addition to review of new developments for consistency with applicable requirements. Cumulative impacts related to transportation would not be significant.

# 4.6 HYDROLOGY AND WATER QUALITY

This section addresses impacts to local and regional hydrology, as well as short and long-term impacts to surface water quality. This section is based in part on a Preliminary Hydrology and Hydraulic Report produced by Jensen Design & Survey, Inc. (November 9, 2009). The report is included as Appendix H.

## 4.6.1 Setting

**a. Hydrology.** The City of Ventura is located within the western portion of the Santa Clara River Basin. The City's general drainage pattern begins in the hills above of the City and terminates at the Ventura River, the Santa Clara River or the Pacific Ocean. Within the Project Area, water is transported overland via sheet flow, which is directed to a system of catch basins and storm drains along Loma Vista and Brent Street. The Project Area lies within four watersheds (see Figure 4.6-1). Watershed areas and peak runoff volumes under existing conditions for different storm events are shown in Table 4.6-1.

**Table 4.6-1**
**Existing Watersheds and Peak Runoff Volumes**

| Watershed Name | Area (acres) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 21.2 | 37.3 | 53.7 | 65.4 |
| A1 | 3.0 | 5.3 | 7.6 | 9.3 |
| B | 23.1 | 40.5 | 58.3 | 71.0 |
| C | 7.3 | 12.9 | 18.5 | 22.6 |
| **Total** | **54.6** | **95.9** | **138.1** | **168.2** |

*Source: Figure 4.6-1. Jensen Design & Survey, Inc.*

*Notes: cfs= cubic feet per second, totals may not add due to rounding.*

The Project Area is about 85% impervious and is developed with surface parking and buildings. Peak runoff volumes for the 10 year, 50 year and 100 year storm are shown above for the existing condition. A Q10 storm has the probability of occurring once every 10 years, while a Q50 has a probability of occurring once every 50 years and a Q100 has the probability of occurring once every 100 years. In actuality, these storms may occur more or less frequently, but the volumes associated with the return period events are static volumes based on the watershed size, soil characteristics and the rainfall intensity.

**b. Drainage.** Under the existing condition, runoff is directed towards an existing 24" storm drain line located along the alley and a system of catch basins located along Brent Street, near Telegraph Road. As mentioned above, the site is contained in four watersheds (see Figure 4.6-1).

Watershed A. Runoff from the northerly part of Watershed A sheet flows towards a series of catch basins located along Loma Vista Road. Runoff collected by these catch basins is released into North Brent Street and is allowed to sheet flow southerly towards two catch basins

located at the southerly end of North Brent Street. The remaining runoff from drainage Area A sheet flows directly into North Brent Street and eventually enters the same two catch basins described above. This runoff is then directed to a 36″ storm drain line located in North Brent Street, ultimately connecting to a 48″ storm drain line located in Main Street.

Watershed A1. Runoff from Watershed A1 is primarily sheet flow and is directed towards North Brent Street, where it mixes with runoff collected from Watershed A. This runoff eventually enters the catch basins on North Brent Street.

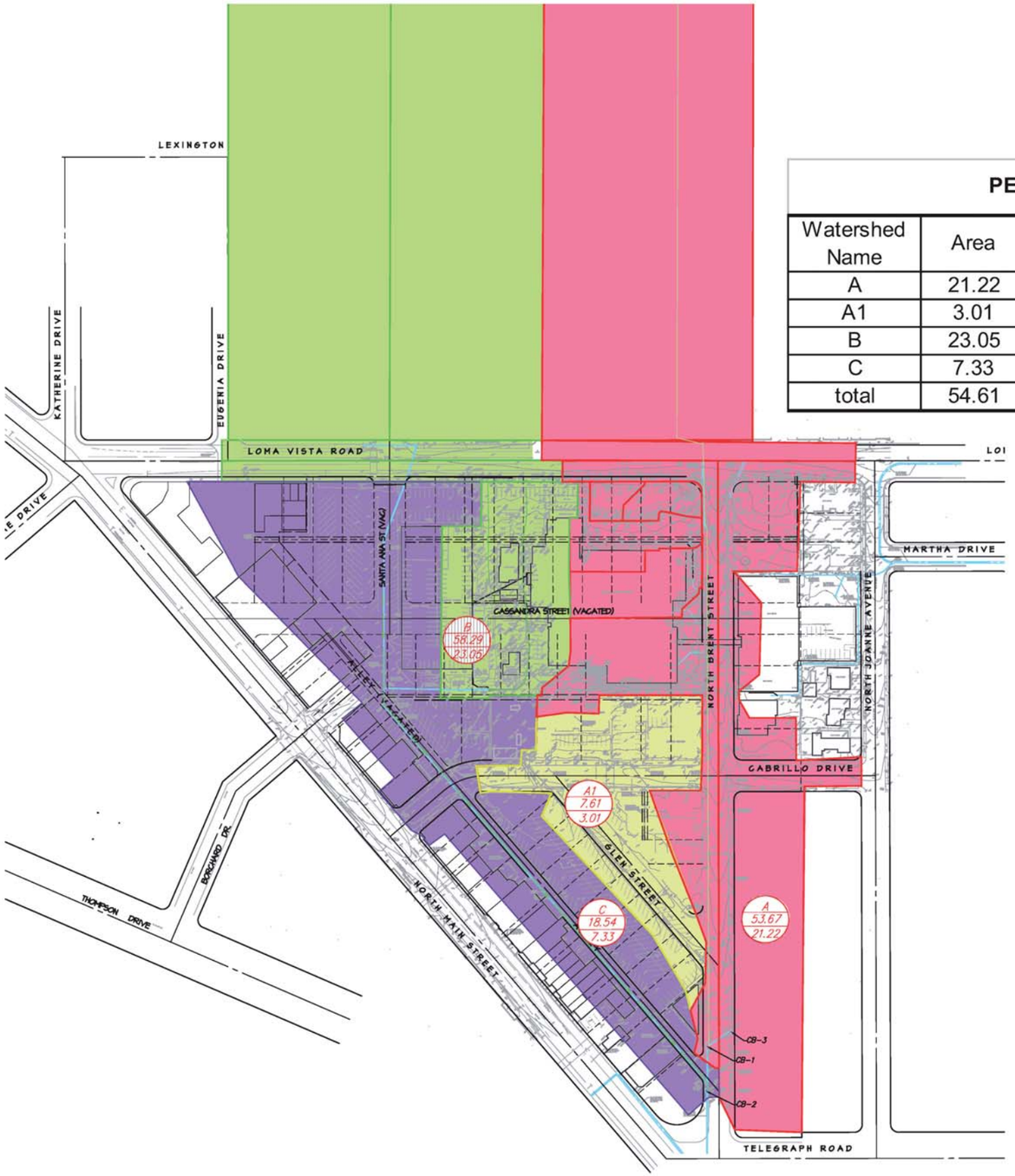
Watershed B. Runoff from Watershed B is composed of sheet flow from northerly areas that is collected in storm drain inlets along Loma Vista Road that connect directly to a 24″ storm drain line located in the existing alley. Within the Project Area, the remaining runoff is directed to on-site drain inlets which connect directly to the same 24″ storm drain line in the existing alley. This 24″ storm drain line connects to the existing 36″ storm drain line in North Brent Street.

Watershed C. Runoff from Watershed C sheet flows towards North Brent Street, where it enters an existing catch basin. The catch basin connects to the existing 36″storm drain line in North Brent Street.

**c. Surface Water Quality.** The primary sources of pollution to surface water resources include stormwater runoff from paved areas, which can contain hydrocarbons, sediments, pesticides, herbicides, toxic metals, and coliform bacteria. Seepage from sewage treatment lagoons can further contribute to degraded water quality in the form of elevated nitrate levels. Improperly placed septic tank leach fields can cause similar types of contamination. Illegal waste dumping can introduce contaminants such as gasoline, pesticides, herbicides, and other harmful chemicals. Agricultural and industrial operations typically use substances that can affect surface water quality.

**d. Regulatory Framework.** Development in the Project Area is subject to various local, state, and federal regulations and permits regarding the use of water resources. The Ventura County Watershed Protection District, the California Department of Water Resources, and the Los Angeles Regional Water Quality Control Board are the primary agencies responsible for the protection of watersheds, floodplains, and water quality. The Ventura County Department of Health is the primary agency responsible for establishing design standards and permitting of septic tanks and wells. The federal government administers the National Pollutant Discharge Elimination System (NPDES) permit program, which regulates discharges into surface waters. Section 404 of the Clean Water Act prohibits the discharge of dredged or fill materials into Waters of the United States or adjacent wetlands without a permit from the U.S. Army Corps of Engineers.

The primary regulatory control relevant to the protection of water quality is the Federal National Pollution Discharge Elimination System (NPDES) permit administered by the State Water Resources Control Board. This board establishes requirements prescribing the quality of point sources of discharge and establishes water quality objectives. These objectives are established based on the designated beneficial uses (e.g., water supply, recreation, and habitat) for a particular surface water or groundwater. The NPDES permits are issued to point source




**PEAK RUNOFF**

| Watershed Name | Area | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 21.22 | 37.26 | 53.67 | 65.35 |
| A1 | 3.01 | 5.29 | 7.61 | 9.27 |
| B | 23.05 | 40.48 | 58.29 | 70.99 |
| C | 7.33 | 12.87 | 18.54 | 22.57 |
| total | 54.61 | 95.90 | 138.11 | 168.19 |

***LEGEND***

- DRAINAGE AREA A – SHEET FLOW INTO CB1 & CB3 ALONG BRENT STREET
- DRAINAGE AREA A1 – SHEET FLOW TOWARDS BRENT STREET
- DRAINAGE AREA B – FLOW INTO 24" SD LINE IN ALLEY
- DRAINAGE AREA C – SHEET FLOW TOWARDS CB-1 ALONG BRENT STREET

R — WATERSHED NAME
0.33 — WATERSHED AREA (ac)
0.12 — Q50 (cfs)

—SD— EXISTING STORMDRAIN LINE

N
0 90 180
Scale in Feet

Existing Conditions

Figure 4.6-1

*Drawing source: Jensen Design & Survey, Inc., April 29, 2009.*

dischargers of pollutants to surface waters and are issued pursuant to Water Code Chapter 5.5 that implements the Federal Clean Water Act. Examples include, but are not limited to, public wastewater treatment facilities, industries, power plants, and groundwater cleanup programs discharging to surface waters (State Water Resources Control Board, Title 23, Chapter 9, Section 2200). Discharge limits, under the NPDES permits, for minerals and pollutants are established and regulated by the California Regional Water Quality Control Board.

Locally, the Ventura County Stormwater Quality Urban Impact Mitigation Plan (SQUIMP) is included as an attachment to the NPDES permit. The SQUIMP is an implementation document that resulted from the Ventura County Stormwater Quality Management Program, which was formed to enhance, protect and preserve water quality in Ventura County water bodies. The Program works as a countywide means to locally implement Clean Water Act Requirements. The SQUIMP requires proposed developments to "control the post-development peak storm water runoff discharge rates to maintain or reduce predevelopment downstream erosion and to protect stream habitat." The SQUIMP addresses stormwater pollution from new and redevelopment by the private sector and contains guidance for implementing and designing Best Management Practices (BMPs) used to reduce impacts.

BMPs can be used for minimizing the introduction of pollutants of concern that may result in significant impacts to the storm water conveyance system from site runoff. Treatment Control BMPs are required for eight categories of development. Additional BMPs may be required by ordinance or code adopted by the City and applied generally or on a case-by-case basis. The City is required to implement the requirements of the SQUIMP, and developers are required to comply with those provisions.

### 4.6.2 Impact Analysis

**a. Methodology and Significance Thresholds.** This evaluation is based on the Preliminary Hydrology and Hydraulic Report (Jensen Design & Survey, November 9, 2009) as well as the NPDES Ventura County Municipal Separate Storm Sewer System Permit.

The Rationale Method as described in the Ventura County Hydrology Manual was used to calculate existing and developed peak runoff amounts. Times of concentration for the drainage areas were calculated for existing and future conditions using the Ventura County Watershed Protection District's Time of Concentration Calculator. The calculated time of concentration was then used to find the intensity for the 10, 50, and 100 year storm events. Runoff hydrographs for each storm event for each drainage area were calculated using the rainfall intensities and soil characteristics for those areas.

Pursuant to the City's thresholds, impacts would be considered significant if development facilitated by the Project would:

- *Violate any water quality standards or waste discharge requirements*
- *Substantially alter the existing drainage pattern of the site or area, including through the alteration of a stream or river, or substantially increase the rate or amount of surface runoff in a manner which would result in substantial erosion or siltation on- or off-site.*

- *Substantially deplete groundwater supplies or interfere with groundwater recharge such that there would be a net deficit in aquifer volume or a lowering of the local groundwater table level.*
- *Create or contribute runoff water that would exceed the capacity of existing or planned storm water drainage systems or provide substantial additional sources of polluted runoff*
- *Otherwise substantially degrade water quality*
- *Place housing within a 100-year flood hazard area*
- *Place within a 100-year flood hazard area structures that would impede or redirect flood flows*
- *Expose people or structures to a significant risk of loss, injury, or death involving flooding, including flooding as a result of the failure of a levee or dam, or involving inundation by seiche, tsunami, or mudflow.*

These issues were evaluated in the Initial Study (see Appendix A). Project impacts for these issues were found to be less than significant. However, additional analysis was completed for the EIR to further evaluate storm water discharges and storm water infrastructure. Therefore, the potential to create or contribute runoff water that would exceed the capacity of existing or planned storm water drainage systems was further evaluated in this section.

In addition, additional CEQA evaluation requirements have come to light since circulation of the initial study. The new Ventura County Municipal Stormwater Permit Section V. *State Statute Conformity* requires each permittee to incorporate into its process no later than November 7, 2009 those additional procedures necessary for considering potential storm water quality impacts and providing for appropriate mitigation when preparing and reviewing CEQA documents. The procedures require consideration of the following.

- *The potential impact of project construction on storm water runoff.*
- *Potential impact of project-post construction activity on storm water runoff.*
- *Potential for discharge of storm water from areas of material storage, vehicle or equipment fueling, vehicle or equipment maintenance (including washing), waste handling or storage, delivery areas or loading docks, or other outdoor work areas.*
- *Potential for discharge of storm water to impair the beneficial uses of the receiving waters.*
- *Potential for the discharge of storm water to cause significant harm on the biological integrity of the waterways and water bodies.*
- *Potential for significant increases in erosion at the project site or surrounding areas.*

Since these requirements focus on construction and operational storm water quality impacts, the potential for short term and long term storm water quality impacts was also added to this section of the EIR for further analysis.

**b. Project Impacts and Mitigation Measures.**

**Impact HYD-1 Phase I and Phase II development under the CMH Code would involve reconfiguration of the existing watershed areas and Project Area drainage system. Post developed runoff volumes do not exceed pre-developed redeveloped runoff volumes; however, infrastructure upgrades will be necessary. This is a Class II, *significant but mitigable* impact.**

Phase I and Phase II development would consist of a new hospital, a small park, realignment of Cabrillo Drive and parking lot improvements, in addition to redevelopment and reuse of other existing developed properties. Since the proposed improvements are similar to the existing condition in terms of impervious area, peak runoff amounts would remain the same as existing runoff amounts, though the boundaries of each watershed within the Project Area have been reconfigured. Figure 4.6-2 shows the boundaries of the reconfigured watershed areas, while Table 4.6-2 shows peak runoff volumes for each of the watersheds.

**Table 4.6-2**
**Redeveloped Watersheds and Peak Runoff Volumes**

| Watershed Name | Area (acres) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 20.8 | 36.4 | 52.5 | 63.9 |
| B | 23.6 | 41.5 | 59.7 | 72.7 |
| C | 0.4 | 0.7 | 1.1 | 1.3 |
| D | 9.8 | 17.3 | 24.9 | 30.3 |
| **Total** | **54.6** | **95.9** | **138.1** | **168.2** |

*Source: Figure 4.6-1 and Figure 4.6-2. Jensen Design & Survey, Inc.*
*Notes: cfs= cubic feet per second, totals may not add due to rounding*

Watershed A. Runoff patterns from Watershed A would remain unchanged from the pre-developed pattern. Re-development of the site, however, would reduce the total area draining towards the catch basins located along North Brent Street. The pre-developed area (comprising Watershed A and Watershed A1) was 24.2 acres, whereas the post-developed area now is 20.8 acres (see Figure 4.6-2).

Watershed B. Runoff patterns from Watershed B would remain unchanged from the pre-developed pattern. Re-development of this site however, would slightly increase the total runoff being collected by the 24" line located along the alley. The existing condition for a Q10 event is 40.5 cfs and developed condition would be 41.5 cfs. The capacity of this line was checked to ensure that this line is capable of handling the slight increase in runoff from within drainage Area B.

Watershed C. Runoff from Watershed C would still sheet flow towards the catch basin located in North Brent Street. However, the total area contributing to this catch basin has significantly decreased from 7.33 acres to 0.42 acres. Most of this area now falls within Watershed D.

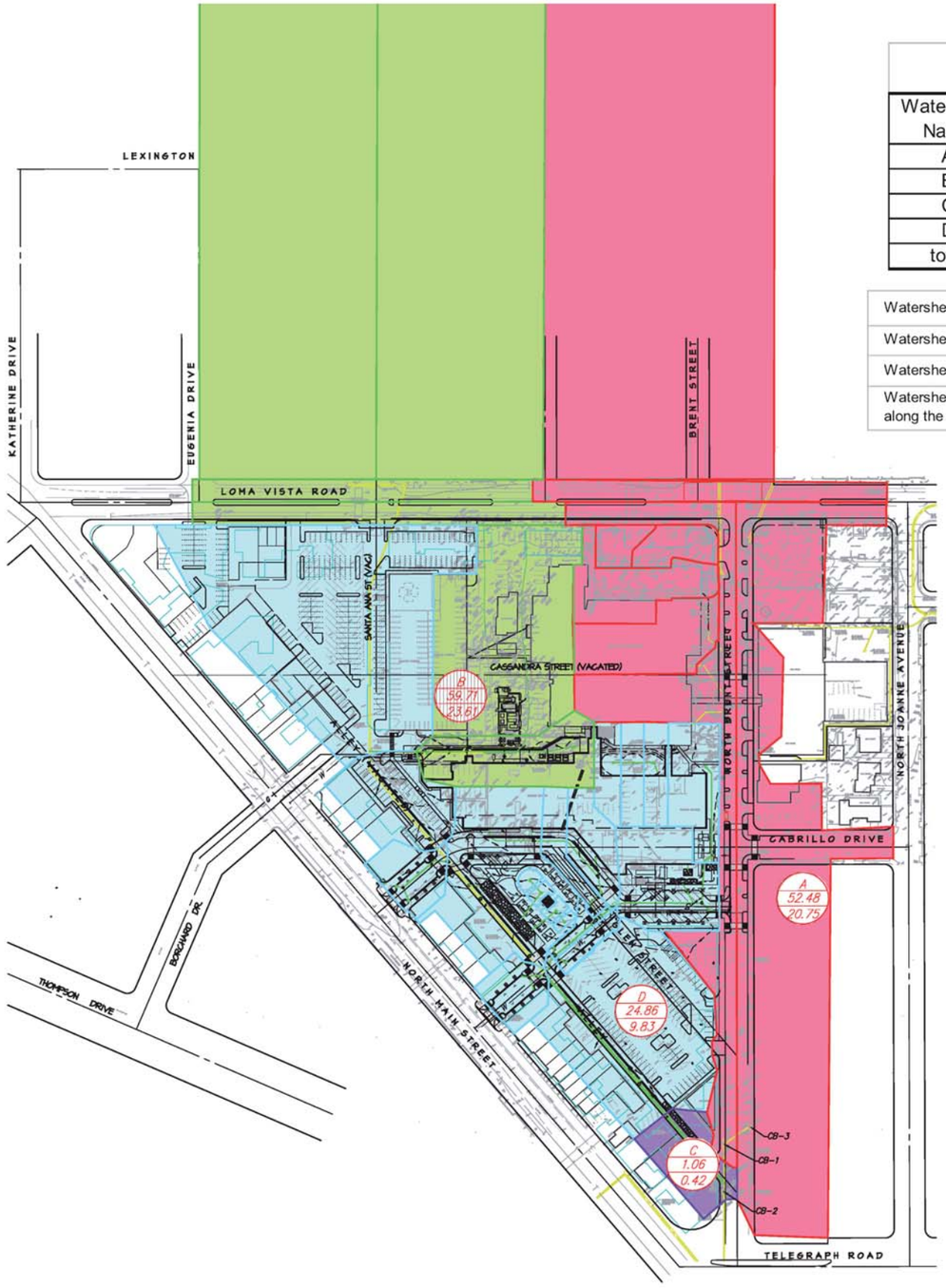
Watershed D. Runoff from Watershed D would be directed to an on-site storm drain system which would connect directly to the existing 24-inch storm drain line in the alley. As this line does not have the capacity o handle the added flows portions would need to be up-sized to 36-inch. This line would still connect directly to the existing 36-inch line in North Brent Street. Post developed peak runoff for the 36-inch Brent Street line would remain unchanged.

Since the pre-developed peak runoff amounts would remain unchanged, no on-site detention is proposed for re-development of the Project Area. The total post developed peak runoff leaving the site for each storm event would be the same as the pre-developed runoff quantities for each storm event up to the Q100. However, as discussed above under subheading Watershed D, runoff quantities discharged to the alley to the existing 24-inch storm drain would exceed the capacity and upgrades would be needed to portions of this storm drain. In addition, redevelopment of roadways and parking areas would disrupt existing storm drain collection components. These facilities would need to be replaced. This is a significant, but mitigable impact.

**Mitigation Measures.** The following mitigation measure would reduce the impacts associated with storm drain infrastructure upgrades and replacements. Figure 4.6-3 shows the new storm drain system components.

**HYD-1** **Storm Drain System Improvements.** 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. Improvements shall include the installation of a 36-inch storm drain in the alley as well as catch basins and additional infrastructure upgrades as necessary, in accordance with the Jensen Design & Survey, Inc. November 2009 report, or as superseded by any subsequent updates. Improvements shall be approved by the Public Works Department, prior to commencement of grading or site improvements.

**Significance After Mitigation.** Impacts would be less than significant with implementation of mitigation measure HYD-1, which includes storm drain infrastructure upgrades that would ensure that Project Area storm water discharges would not exceed the capacity of area drainage facilities.




**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 20.75 | 36.44 | 52.48 | 63.90 |
| B | 23.61 | 41.46 | 59.71 | 72.71 |
| C | 0.42 | 0.74 | 1.06 | 1.29 |
| D | 9.83 | 17.26 | 24.86 | 30.27 |
| total | 54.61 | 95.90 | 138.11 | 168.19 |

| |
|---|
| Watershed A - Sheet flow into CB1 & CB3 @ Brent Street |
| Watershed B - Flow into 24" SD line in Alley |
| Watershed C - Sheet Flow into CB2 @ Brent Street |
| Watershed D - Flow into on-site SD line that connects to the up-sized 36" line along the Alley. |

***LEGEND***

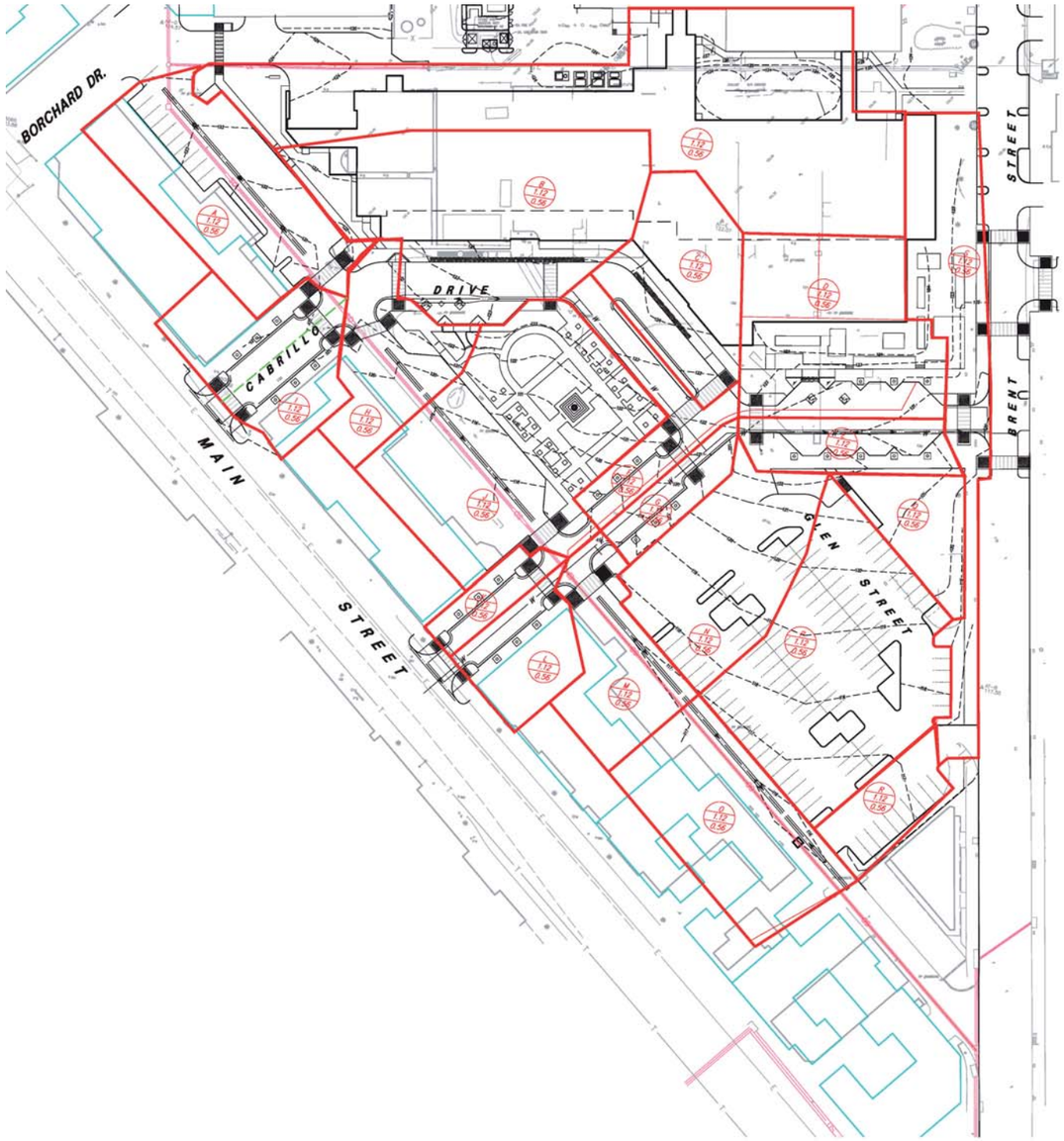
- DRAINAGE AREA A – SHEET FLOW INTO CB1 & CB3 ALONG BRENT STREET
- DRAINAGE AREA B – FLOW INTO 24" SD LINE IN ALLEY
- DRAINAGE AREA C – SHEET FLOW INTO CB2 ALONG BRENT STREET
- DRAINAGE AREA D – FLOW INTO NEW SD SYSTEM.
- R / 0.33 / 0.12 — WATERSHED NAME / WATERSHED AREA (ac) / Q50 (cfs)
- SD — EXISTING STORMDRAIN LINE
- SD — PROPOSED STORMDRAIN LINE

N
0 90 180
Scale in Feet

Developed Conditions

*Drawing source: Jensen Design & Survey, Inc., April 29, 2009.*

Figure 4.6-2




*DEVELOPED CONDITIONS*

| Watershed Name | AREA (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 0.44 | 0.66 | 1.22 | 1.37 |
| B | 0.66 | 0.98 | 1.83 | 2.05 |
| C | 0.29 | 0.43 | 0.81 | 0.90 |
| D | 0.45 | 0.67 | 1.25 | 1.40 |
| E | 0.15 | 0.22 | 0.42 | 0.47 |
| F | 0.17 | 0.25 | 0.47 | 0.53 |
| G | 0.10 | 0.15 | 0.28 | 0.31 |
| H | 0.24 | 0.36 | 0.67 | 0.75 |
| I1 | 0.15 | 0.22 | 0.42 | 0.47 |
| I2 | 0.13 | 0.19 | 0.36 | 0.40 |
| J | 0.65 | 0.97 | 1.81 | 2.02 |
| K | 0.08 | 0.12 | 0.22 | 0.25 |
| L | 0.15 | 0.22 | 0.42 | 0.47 |
| M | 0.23 | 0.34 | 0.64 | 0.72 |
| N | 0.92 | 1.37 | 2.56 | 2.86 |
| O | 0.37 | 0.55 | 1.03 | 1.15 |
| P | 0.61 | 0.92 | 1.71 | 1.91 |
| Q | 0.14 | 0.21 | 0.39 | 0.44 |
| R | 0.12 | 0.18 | 0.33 | 0.37 |
| S | 0.40 | 0.60 | 1.11 | 1.24 |
| T | 0.97 | 1.44 | 2.69 | 3.02 |
| TOTAL | 7.42 | 11.05 | 20.62 | 23.10 |

**LEGEND**

- R — WATERSHED NAME
- 1.12 — Q50 (cfs)
- 0.56 — AREA (ac)
- WATERSHED BOUNDARY
- SD — EXISTING STORMDRAIN LINE
- SD — PROPOSED STORMDRAIN LINE
- PRELIMINARY TREATMENT VAULT LOCATIONS.

N

0 90 180

Scale in Feet

Storm Drain Infrastructure Improvements and Watershed Areas

Figure 4.6-3

*Drawing source: Jensen Design & Survey, Inc., April 17, 2009.*

**Impact HYD-2 Phase I and Phase II development under the CMH Code could incrementally increase the generation of urban pollutants in surface runoff. Point and non-point sources of contamination could affect water quality downstream. However, implementation of existing regulatory requirements in combination with proposed improvements would reduce impacts to a Class III, *less than significant*, level.**

As rainwater passes overland, contaminants become suspended within the flow. In particular, stormwater runoff from landscaped areas, roadways and parking lots contains various pollutants associated with motor vehicles, including petroleum compounds, heavy metals, asbestos, and rubber, as well as, fertilizers and pesticides from landscaped areas. During storm events, these pollutants are transported into drainage systems by surface runoff. The pavement of individual sites reduces the amount of exposed, erodable dirt, resulting in a reduction in sediment loading. With no prior treatment of stormwater runoff, any pollutants retained from the impervious roadway surfaces could enter the downstream surface water bodies including the Mills Road Drain and Arundell Barranca.

Redevelopment under Phase I with construction of the new hospital would disturb an approximate area of five acres including the new hospital, the park area and the reconfigured southern parking area (Jensen Design & Survey, Inc. Nov. 2009). The proposed Hospital Plaza open space area would decrease the percent imperviousness of the site to about 78% (Jensen Design & Survey, Inc. Nov. 2009). Since the total disturbed area is less than 50% of the entire site and the percent imperviousness would decrease, treatment is only required for the redeveloped area (five acres) of the site (Jensen Design & Survey, Inc. Nov. 2009).

The Project would take advantage of several grassy areas throughout to allow for infiltration and treatment of rain water to comply with applicable NPDES requirements. The required runoff would be diverted to the proposed treatment facilities for treatment and infiltration. Figure 4.6-4 shows the preliminary locations for these facilities. These facilities would be designed to provide treatment and infiltration of ¾" of the runoff from the redeveloped site. Thus, considering redevelopment of about five acres under Phase I, the required volume that needs to be treated and infiltrated is 13,620 cubic feet (Jensen Design & Survey, Inc. Nov. 2009). To identify treatment facilities, the site was divided into three areas (see Figure 4.6-4), which are described below.

- *Treatment Area 1 represents the new hospital building, including runoff from watersheds D7-D11*
- *Treatment Area 2 represents the Hospital Plaza open space area, including runoff from watersheds D1-D6*
- *Treatment Area 3 represents the new parking area, including runoff from watersheds D12-D15*

Preliminary volume calculations and the locations of the treatment facilities are shown on Figure 4.6-4. To prevent debris, sediment and trash from entering the proposed treatment facilities, all storm drain inlets would be fitted with Kristar Flogard Plus storm drain filters. These filters would also capture oils and grease, metals, gasoline, suspended solids and pathogens.

As discussed in the *Setting*, the Ventura County SQUIMP applies to the operational runoff and requires new developments and redevelopment projects to implement various BMPs to minimize the amount of pollutants entering surface waters. All projects that fall into one of eight categories are identified in the Ventura Countywide Municipal Permit as requiring SQUIMPs. These categories include: (1) single family hillside residences; (2) 100,000 square foot commercial developments; (3) automotive repair shops; (4) retail gasoline outlets; (5) restaurants; (6) home subdivisions with 10 or more housing units; (7) location within or directly adjacent to or discharging directly to an environmentally sensitive area; and (8) parking lots with 5,000 square foot or more impervious parking or access surfaces with 25 or more parking spaces and potentially exposed to stormwater runoff.

Since the project consists of about 356,000 sf new hospital, 3,900 sf of retail and surface parking under Phase I as well as 162,950 square feet of medical office redevelopment and a surface 570 space parking garage under Phase II, the Project is subject to SQUIMP requirements for implementing stormwater BMPs. Per the SQUIMP, structural or treatment control BMPs must meet the following design standards:

- *Volume based post-construction structural or treatment control BMPs shall be designed to mitigate (infiltrate or treat) storm water runoff from the volume of annual runoff to achieve 80% volume capture (Ventura County Land Development Guidelines); or*
- *Flow-based post-construction structural or treatment control BMPs shall be sized to handle the flow generated from 10% of the 50-year design flow rate.*

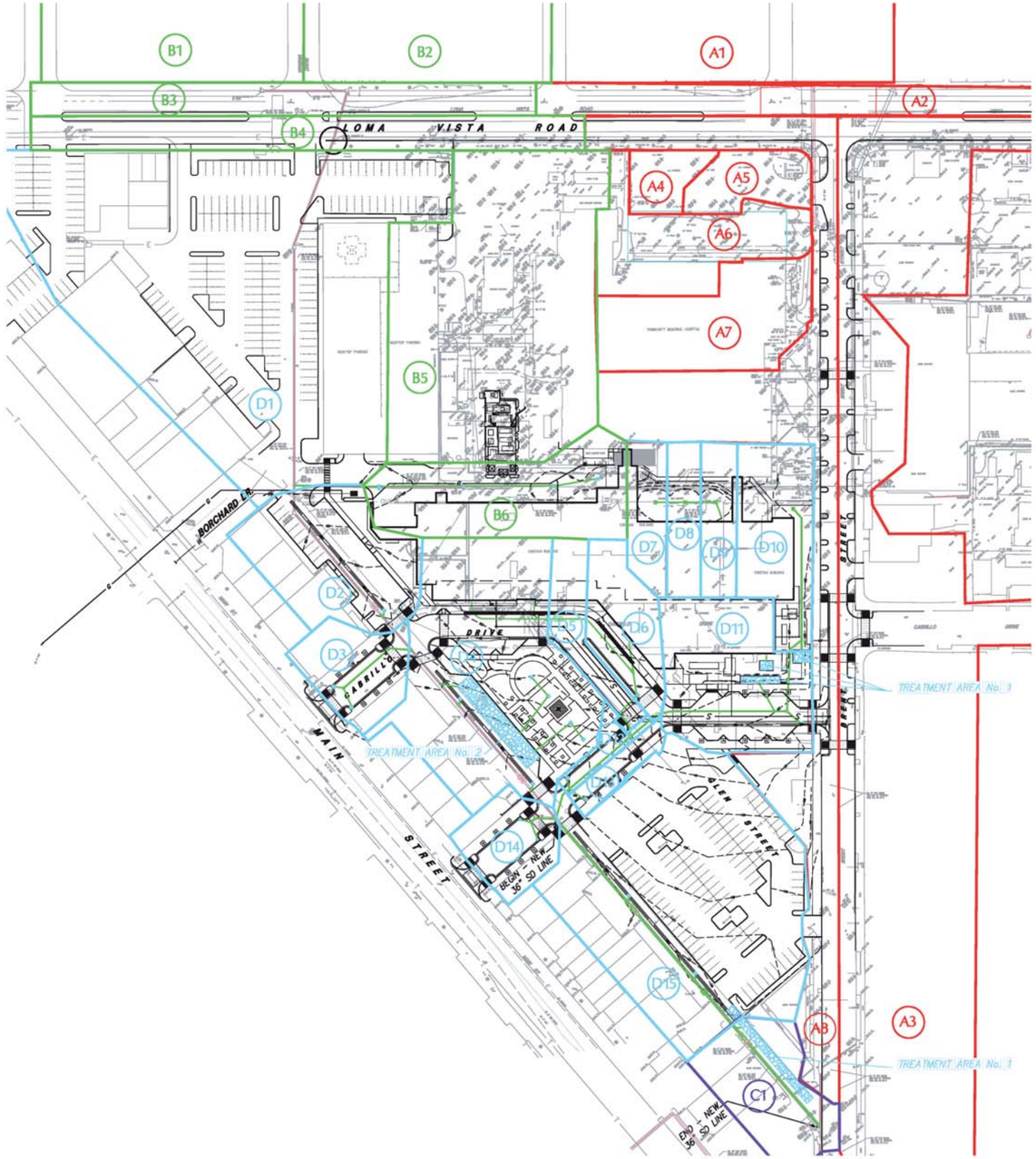
In addition to these standards, the 2005 General Plan includes the following actions aimed at minimizing impacts to the local storm drain system and surface and groundwater quality.

| | |
|---|---|
| *Action 1.16* | *Comply with directives from regulatory authorities to update and enforce storm water quality and watershed protection measures that limit impacts to aquatic ecosystems and that preserve and restore the beneficial uses of natural watercourses and wetlands in the city.* |
| *Action 5.2* | *Use natural features such as bioswales, wildlife ponds, and wetlands for flood control and water quality treatment when feasible.* |

Installation of water quality BMPs in conjunction with new development, as required by the Ventura County SQUIMP (as discussed above), would mitigate potential urban runoff pollutants. In many instances, replacement of older development with new development built in accordance with current runoff and water quality control standards may reduce contaminants entering surface water and groundwater. Impacts to water quality as a result of redevelopment facilitated under Phase I and Phase II pursuant to the CMH Code would be less than significant.

**Mitigation Measures.** Implementation of existing and proposed policies and actions, in combination with existing regulations, would reduce water quality impacts to a less than significant level. Mitigation is not required.

**Significance After Mitigation.** The impact is less than significant without mitigation.




## DEVELOPED CONDITIONS

**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A | 20.75 | 36.44 | 52.48 | 63.90 |
| B | 23.61 | 41.46 | 59.71 | 72.71 |
| C | 0.42 | 0.74 | 1.06 | 1.29 |
| D | 9.83 | 17.26 | 24.86 | 30.27 |
| total | 54.61 | 95.90 | 138.11 | 168.19 |

**Watershed A**

**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| A1 | 12.76 | 22.41 | 32.27 | 39.30 |
| A2 | 0.52 | 0.91 | 1.32 | 1.60 |
| A3 | 4.26 | 7.48 | 10.77 | 13.12 |
| A4 | 0.14 | 0.25 | 0.35 | 0.43 |
| A5 | 0.21 | 0.37 | 0.53 | 0.65 |
| A6 | 0.52 | 0.91 | 1.32 | 1.60 |
| A7 | 0.58 | 1.02 | 1.47 | 1.79 |
| A8 | 1.76 | 3.09 | 4.45 | 5.42 |
| Total | 20.75 | 36.44 | 52.48 | 63.90 |

**Watershed B**

**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| B1 | 10.26 | 18.02 | 25.95 | 31.60 |
| B2 | 9.65 | 16.95 | 24.40 | 29.72 |
| B3 | 0.53 | 0.93 | 1.34 | 1.63 |
| B4 | 0.60 | 1.05 | 1.52 | 1.85 |
| B5 | 1.90 | 3.34 | 4.81 | 5.85 |
| B6 | 0.67 | 1.18 | 1.69 | 2.06 |
| Total | 23.61 | 41.46 | 59.71 | 72.71 |

**Watershed C**

**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| C1 | 0.42 | 0.74 | 1.06 | 1.29 |
| Total | 0.42 | 0.73752 | 1.06218 | 1.293498 |

**Watershed D**

**PEAK RUNOFF**

| Watershed Name | Area (ac) | Q10 (cfs) | Q50 (cfs) | Q100 (cfs) |
|---|---|---|---|---|
| D1 | 3.34 | 5.87 | 8.45 | 10.29 |
| D2 | 0.61 | 1.07 | 1.54 | 1.88 |
| D3 | 0.28 | 0.49 | 0.71 | 0.86 |
| D4 | 1.29 | 2.27 | 3.26 | 3.97 |
| D5 | 0.20 | 0.35 | 0.51 | 0.62 |
| D6 | 0.30 | 0.53 | 0.76 | 0.92 |
| D7 | 0.18 | 0.32 | 0.46 | 0.55 |
| D8 | 0.16 | 0.28 | 0.40 | 0.49 |
| D9 | 0.18 | 0.32 | 0.46 | 0.55 |
| D10 | 0.43 | 0.76 | 1.09 | 1.32 |
| D11 | 0.65 | 1.14 | 1.64 | 2.00 |
| D12 | 0.08 | 0.14 | 0.20 | 0.25 |
| D13 | 0.09 | 0.16 | 0.23 | 0.28 |
| D14 | 0.24 | 0.42 | 0.61 | 0.74 |
| D15 | 1.80 | 3.16 | 4.55 | 5.54 |
| Total | 9.83 | 17.26 | 24.86 | 30.27 |

**LEGEND**

- WATERSHED NAME (R)
- WATERSHED AREA (ac) (0.33)
- Q50 (cfs) (0.12)
- WATERSHED BOUNDARY
- SD — EXISTING STORMDRAIN LINE
- SD — PROPOSED STORMDRAIN LINE
- PRELIMINARY INFILTRATION TRENCH LOCATIONS.

N

0 90 180
Scale in Feet

Stormwater Treatment Areas

*Drawing source: Jensen Design & Survey, Inc., April 17, 2009.*

Figure 4.6-4

**Impact HYD-3 Construction activities have the potential to contribute sediment and urban pollutants to downstream waterways. However, implementation of existing regulatory requirements reduces impacts to a Class III, *less than significant*, level.**

Construction activities could result in the pollution of natural watercourses. The types of pollutant discharges that could occur as a result of construction include accidental spillage of fuel and lubricants, discharge of excess concrete, and an increase in sediment runoff.

Discharge of pollutants from any point source is prohibited unless it is in compliance with the National Pollutant Discharge Elimination System (NPDES) Permit issued by the Regional Water Quality Control Board. Point sources of pollutants of greatest concern include nutrients (ammonia and nitrate), heavy metals, toxic chemicals, chlorine, and salts. Non-point sources of pollutants, which are also regulated under NPDES permits, include both construction-related runoff and operational runoff associated with urban uses. Surface runoff from within the Project Area is carried to City storm drains and eventually to the Mills Road Drain and Arundell Barranca.

Regulations under the federal Clean Water Act require that projects that would disturb greater than one acre during construction comply with the statewide NPDES general construction storm water permit. Compliance with the NPDES permit is dependent on the preparation of a Storm Water Pollution Prevention Plan (SWPPP) that contains specific actions, termed Best Management Practices (BMPs), to control the discharge of pollutants, including sediment, into the local surface water drainages. In the State of California, Regional Water Quality Control Boards administer the NPDES permit process. Development facilitated by Phase I and Phase II the CMH Code would be required to comply with NPDES requirements.

Implementation of these standards on future development and redevelopment projects within the Project Area under the CMH Code would address impacts on a project-by-project basis, thus reducing surface water quality impacts to a less than significant level.

**Mitigation Measures.** Implementation of existing and proposed policies and actions, in combination with existing regulations, would reduce water quality impacts to a less than significant level. Mitigation is not required.

**Significance After Mitigation.** Impacts would be less than significant without mitigation.

**c. Cumulative Impacts.** As discussed in Section 3.0 Environmental Setting, the Project Area is located geographically within the central western portion of the City of Ventura. The area is mostly impervious and covered by buildings and pavement, with pervious area consisting mostly of residential yards, school yards, parks and the open space areas that lie along the hilltops to the north east above Poli Street. Cumulative development consists of redevelopment within the urbanized City, and similar to the project, involves in-kind replacement of pavement and structures. Therefore, large increases in runoff volumes that would adversely affect downstream district facilities are not anticipated.

Implementation of Phase I and Phase II of the Project, in combination with about 8,000 dwelling units and five million square feet of non-residential development under the 2005 General Plan (see Table 3-1 in Section 3.0, *Environmental Setting*) will increase the amount of impervious surfaces that in turn will concentrate flow, and increase volume and velocity of runoff. Moreover, as shown in Table 3-2, in Section 3.0, *Environmental Setting*, planned and pending development within ½ mile of the project site would include development of 83 residential units and 83,416 sf of non-residential development. This development has the potential to intensify the already built environment. Similar to the Project, all planned and pending projects are subject to compliance with SQUIMP, the NDPES permit and 2005 General Plan policies and actions. 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. Similar to the Project, localized improvements may be required as necessary; however, adverse cumulative impacts would not occur due to individual project compliance with requirements. Cumulative impacts to water quality, and storm water infrastructure would not be significant.

# 4.7 LAND USE and PLANNING

This section summarizes the proposed project's potential land use impacts attributable to the project's consistency with applicable plans and compatible with surrounding land uses. General Plan policies and actions related to aesthetics are discussed in Section 4.1, *Aesthetics.*

## 4.7.1 Setting

**a. Lead Agency Actions.** The City of Ventura is acting as the lead agency, with discretionary approval over the Community Memorial Hospital District Development Code ("Code") and subsequent projects within the Hospital District. Discretionary approval is not required from any agency except for the City of Ventura.

As indicated in Section 2.0 *Project Description,* the proposed project would require the following discretionary approvals from the City**:**

- *Certification of the Final EIR*
- *Adoption of the* Community Memorial Hospital District Development Code
- Modification of the Midtown Corridors Development Code to:
    - Move the Midtown Corridors boundary to the west, thereby excluding the proposed Hospital District from the area covered by the Midtown Corridors Development Code;
    - Designate open space in the area still to be governed by the Midtown Corridors Development Code;
    - 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; and
    - Remove the terminated vistas designation from Borchard Street in the area still to be governed by the Midtown Corridors Development Code.
- Zone Change from Hospital (H), Professional Office (P-O), and Urban Center Zone (T5.2) to Hospital District (SD:H1) and Open Space (OS).
- Site Plan approval of the hospital building and other buildings to be constructed in Phase I of the proposed project (which would complete the approval of Phase I subject to design review).
- Design Review of the hospital building and other buildings to be constructed in Phase I of the proposed project
- A Memorandum of Understanding between the City and Community Memorial Health System.

- City Council approval of the Water Supply Assessment

By readjusting the Midtown Corridors Code boundaries to the west, the properties in the Project Area that do not front Main Street or form Midtown Corridor Code corner frontage would be removed from the Midtown Corridors Code boundaries and would be subject to the CMH Code. The properties subject to the CMH Code would be located south and west of the hospital. Figure 2-2(b) in Section 2.0, *Project Description*, shows the zoning modification boundaries for the Midtown Corridors and the CMH Code. The portion of the Project Area that would be removed from the Midtown Corridors Code would be rezoned to Hospital District (SD:H1). The exiting Hospital Zone and Professional Office Zone would also be rezoned to SD:H1. Figure 2-2(c) in Section 2.0, *Project Description*, shows the geographic extent of this area, which is roughly bounded by an alley to the west, Loma Vista Road to the north and North Brent Street to the east.

With regard to project approvals for the new hospital and ancillary projects within Phase I, discretionary project approvals for the new hospital building would include design review pursuant to the new CMH Code. Further discretionary approvals are not anticipated, although non-discretionary approvals such as building permits and certificates of occupancy are expected. Individual projects within the Hospital District that may be constructed during Phase II may require discretionary and/or non-discretionary approvals.

The Memorandum of Understanding (MOU) between the City and CMH establishes a binding agreement between the City and Community Memorial Health Systems (CMHS, the owner and operator of the hospital) regarding various obligations of the City and CMHS. The MOU will establish, for example, CMHS's responsibilities for relocating and/or maintaining public improvements (including landscaping, sidewalks, medians, and street lighting) and utilities on portions of Cabrillo Drive and Glen Street, providing new street connections in the area, and developing the public plaza in front of the hospital. The MOU would also include provisions regarding replacement parking and traffic mitigation fees. With regard to City obligations, the MOU would establish City obligations regarding rights-of-way for street connections, private improvements within public rights-of-way, the leasing of City property for the public plaza and certain buildings, the establishment of permit parking in the residential areas surrounding the hospital, and the design and construction of a parking garage and the Borchard Drive/Virginia Drive extension.

**b. Regulatory Policy Applicability.** Pursuant to CEQA Guidelines Section 15125(d), an EIR shall discuss a project's consistency with applicable general plans and regional plans. Applicable plans are discussed below.

*City of Ventura.* Currently, the City's General Plan and zoning regulations, including the Midtown Corridors Development Code, apply to the project site.

2005 General Plan. The Ventura General Plan was adopted in 2005. The 2005 General Plan establishes the land use designations, policies, programs, standards, and goals for development in the City and its sphere of influence through 2025. The 2005 General Plan is a formal expression of community goals and desires. Table 2-1 in Section 2.0, *Project Description*, lists the existing Project Area characteristics. Each of the General Plan land use designations within the Project Area is shown on Figure 2-4 in Section 2.0, *Project Description*.

The west and southeast portions of the Project Area are designated as "Commerce" on the 2005 General Plan Land Use Map, while the northeast corner of the Project Area is designated as "Public and Institutional" on the General Plan Land Use Map (see Figure 2-4 in Section 2.0, *Project Description*). The "Commerce" designation "encourages a wide range of building types of anywhere from two to six stories (depending on neighborhood characteristics) that house a mix of functions, including commercial, entertainment, office and housing." The "Public and Institutional" designation "accommodates civic functions such as government offices, hospitals, libraries, schools and public green space."

The southern portion of the Project Area, which is currently developed with a rectangular surface parking lot, is designated for residential development as "Neighborhood Low" (0-8du/acre). This designation "emphasizes detached houses with some attached units in a small mix of building types from 0 up to 8 dwelling units per acre. Predominantly residential, with opportunity for limited home occupation and neighborhood services sensitively located along corridors and at intersections."

The 2005 General Plan describes a number of subareas within the City, including "corridors." According to the General Plan, corridors "can be natural or urban, [and] often form boundaries, as well as connections, between neighborhoods and/or districts." "Urban corridors can be transportation thoroughfares that frequently encompass major access routes, especially ones with commercial destinations, including transit routes and rail lines." The General Plan designates corridors as areas "where the development of housing alongside commercial uses is specifically encouraged." Corridors are growth priority areas, and the General Plan provides qualitative descriptions of each corridor's present and proposed attributes.

The Project Area is within the Loma Vista Road Corridor as identified by the 2005 General Plan. The Loma Vista Road Corridor is described as the preferred place to focus on creating a concentration of medical and research-centered business. The Project Area is also partially contained within the Main Street Corridor and the Telegraph Road Corridor. The Main Street Corridor is "currently a commerce-oriented area with a limited amount of mixed use development, [and] this corridor displays the broadest range of architectural types and styles in the city, as well as the widest spectrum of transect characteristics. It has the most potential for increased mixed use and housing with improved streetscape and pedestrian enhancement to slow traffic." The Telegraph Road corridor is "a sub-urban-scale commercial area with some detached homes and multifamily buildings. The City's bus transfer station is located along this corridor, creating the perfect opportunity for a multi-modal connection with an intense node of housing and employment. The streetscape could change character along its length, with a mixture of intensities of development."

<u>Zoning Regulations (Midtown Corridors Development Code and Proposed Community Memorial Hospital District Development Code)</u>. Currently, the Midtown Corridors Development Code, a form-based development code, guides development within the Project Area. A form-based code is an alternative to traditional planning and organizes development by physical form rather than by separation of uses. A form-based code is often intended to encourage pedestrian-oriented and mixed-use development. The Midtown Code is available on the City's website as Midtown 24M100 through 24M300 at http://www.cityofventura.net/cd/planning/citydesign. The Midtown Corridors Development Code regulates form and land uses in the vicinity of the Main Street and

Thompson Boulevard corridors. As shown on Figure 2-5 in Section 2.0, *Project Description*, the Midtown Corridors Development Code currently regulates zoning of all land uses within the Project Area, except the property that contains CMH and the property between the hospital and Cabrillo Drive.

The Community Memorial Hospital District Development Code would supplant the Midtown Corridors Code for most of the Project Area. The Project Area would be governed, then, by either the Hospital District Code or Midtown Corridors Development Code. Properties along the Main Street corridor would remain subject to the Midtown Corridors Development Code (see Figure 2-6 in Section 2.0, *Project Description*). In addition, a City-owned open space area planned for a triangular area west of the future Borchard Drive extension and opposite the existing Parking Garage would be subject to the Midtown Code. The Midtown Code would be amended to address the relocation of the Midtown Code boundaries. Other minor amendments to the Midtown Code include adding a shopfront overlay to interior street and open space frontages (see Figure 2-6 in Section 2.0, *Project Description*); and removing the terminated vistas designation from Borchard Street.

The proposed CMH Code is a form-based code that was developed to be consistent with the Midtown Corridors Development Code. In particular, the CMH Code aims for development that is pedestrian oriented, incorporates a mix of land uses, and has effective circulation elements. The proposed CMH Code would define the Hospital District (SD:H1) zoning designation. The CMH Code would also include an Open Space Zone (OS) designation. Two open space areas are planned as part of the Hospital District, including the Hospital Plaza, which would be located opposite the entry to the hospital, as well as a plaza at the southeast corner of the future intersection of the Borchard Drive extension at Loma Vista Road. Also envisioned under the CMH Code is the realignment of Cabrillo Drive west of North Brent Street. Under the CMH Code, Cabrillo Drive would be moved approximately 50 feet to the south at its intersection with North Brent Street, and would continue westward for about 200 feet, branching into two streets. The north branch would connect with the existing Cabrillo Drive alignment and outlet on Main Street as occurs currently, while the south branch would outlet on Main Street to create a new pedestrian and vehicular linkage to the hospital district and new open space area.

Section 4.8, *Water Supply*, discusses the proposed project's impacts on the water supply and the City's Urban Water Management Plan (UWMP). As discussed in Section 4.8, the proposed CMH Code is consistent with the UWMP.

Regional Plans. The EIR discusses whether the project is consistent with applicable policies of the Ventura County Air Pollution Control District and the governing Air Quality Management Plan (AQMP) in Section 4.2, *Air Quality.* As discussed in Section 4.2, the proposed CMH Code is consistent with the AQMP.

### 4.7.2 Impact Analysis

**a. Methodology and Significance Thresholds.** A significant impact would occur if the project would (1) physically divide an established community; (2) conflict with any applicable governing land use plan, policy, or regulation; or (3) conflict with any applicable habitat conservation plan or natural community conservation plan.

**b. Project Impacts and Mitigation Measures.**

The Hospital District area currently contains a hospital, medical offices, commercial uses, and residences. Land uses surrounding the Project Area include commercial uses, medical offices, and residences. The CMH Code would facilitate redevelopment of an area already containing medical office and hospital uses, and would integrate planned streetscapes, open spaces and supporting commercial retail development. Therefore, implementation of the CMH Code would not physically divide an established community. There would be a less than significant impact with respect to physical division of an established community.

Furthermore, the amendments to the Midtown Corridors Development Code and the new CMH Code were designed to be compatible with the existing Midtown Corridors Development Code, which guides development in the vicinity of the Hospital District and would still guide development within a portion of the Project Area (properties along the Main Street corridor would remain subject to the Midtown Code). The Midtown Code encourages the same goals as the proposed CMH Code: furthering an intensive, pedestrian-oriented area with a mixture of land uses that are compatible through effective urban and architectural design.

The Midtown Code identifies the property surrounding the Project Area as an Urban Center Zone with some residential overlay. An Urban Center Zone "consists of higher density mixed-use building types that accommodate retail, office, rowhouses and apartment uses. It has a tight network of streets with wide sidewalks, steady tree planting, and buildings set close to the frontages." In general, the Urban Center Zone permits numerous uses, including residential, retail, educational, and medical services. Under the City's form-based codes, the design standards and regulations in the neighboring Midtown Code area and for the Hospital District will be consistent with regard to building and frontage standards as well as street and streetscape requirements. Both Codes are designed to encourage a more urban, pedestrian-oriented area. The proposed CMH Code and proposed Midtown Code amendments are consistent with the existing Midtown Code. Therefore, impacts would be less than significant.

**Mitigation Measures.** The proposed Code would not physically divide an existing community and is consistent with the existing Midtown Code. No mitigation is required.

**Significance After Mitigation.** The impact with respect to the existing community and Midtown Code would be less than significant without mitigation.

**Impact LU-2 The proposed Community Memorial Hospital District Development Code is consistent with and implements policies and actions of the 2005 General Plan, in particular the applicable land use and corridor designations. The CMH Code provides development standards specific to the Hospital District area that would not conflict with other regulatory planning documents. The CMH Code is also consistent with the General Plan's growth projections and implementation polices. This is a Class III, *less than significant*, impact.**

According to the 2005 City of Ventura General Plan, the west and southeast portions of the Project Area are designated as "Commerce" on the 2005 General Plan Land Use Map, while the northeast corner of the Project Area is designated as "Public and Institutional" on the

General Plan Land Use Map (see Figure 2-4 in Section 2.0, *Project Description*). As noted above, the "Commerce" designation "encourages a wide range of building types of anywhere from two to six stories (depending on neighborhood characteristics) that house a mix of functions, including commercial, entertainment, office and housing." The proposed uses within the "Commercial" designation are consistent with this designation. The hospital use is consistent with the "Public and Institutional" designation. The CMH Code also includes permitted uses, including open space and neighborhood service uses that are consistent with the portion of the site designated as "Neighborhood Low."

The Hospital District is located within the Loma Vista Road corridor and partially within the Telegraph Road and Main Street corridor zones. As noted above, according to the General Plan, the Loma Vista Road corridor "is a mix of commercial and residential development" "with a high concentration of medical facilities." It "is the ideal place for Ventura to focus on creating a concentration of medical and research-oriented business." The Telegraph Road corridor is a "sub-urban-scale commercial area with some detached homes and multi-family buildings." Its proximity to public transportation presents "the perfect opportunity for a multi-modal connection with an intense node of housing and employment." Finally, the Main Street corridor is a "commerce-oriented area" with "the most potential for increased mixed use and housing."

The proposed Hospital District uses, including the expanded hospital and the Phase II uses (likely medical office but potentially commercial or residential uses) are consistent with the corridor plans. The goal of the CMH Code is to provide pedestrian-oriented development that is guided by a form-based code and not traditional zoning regulations that separate land uses. Consequently, the CMH Code encourages the relatively intense, mixed-use concept desired in each of the applicable corridors. With regard to the primary Loma Vista Road corridor, the CMH Code would facilitate the expansion and continuance of the hospital, which will itself provide medical services but also maintain and spur continued concentrated medical use in the area. The proposed CMH Code would preserve the Hospital District's consistency with the General Plan.

As discussed in Sections 3.0, *Environmental Setting*, and 5.0, Gro*wth Effects and Other CEQA Sections*, the proposed project is consistent with the predictions of future development in the 2005 General Plan.

The proposed CMH Code is consistent with the vision of the 2005 General Plan as it would implement the following General Plan policies.

<u>*Chapter 1, Our Natural Community*</u>. The Goal of Chapter 1 of the General Plan is to be a model of environmental responsibility for other communities, living in balance with our natural setting of coastline, rivers, and hillside ecosystems. The 2005 General Plan policies and actions that are pertinent to the CMH Code include:

*Policy 1D: Expand the use of green practices.*

*Consistency:* As described in Section 5.0, *Growth Effects and Other CEQA Sections*, the proposed hospital expansion would provide measures to reduce its greenhouse gas emissions and would proceed under the Green Guide for Health Care. Furthermore, as discussed in

Section 4.8, *Water Supply*, the hospital would implement water conservation measures to reduce its water use. Therefore, the CMH Code is consistent with Chapter 1 of the General Plan.

*Chapter 2, Our Prosperous Community*. The Goal of Chapter 2 of the General Plan is to attract and retain enterprises that provide high-value, high-wage jobs; to diversify the local economy; to increase the local tax base; and to anticipate our economic future in order to strengthen our economy and help fund vital public services. The 2005 General Plan policies and actions that are pertinent to the CMH Code include:

*Policy 2B:* *Make the local economic climate more supportive of business investment.*

*Action 2.4:* *Map priority locations for commercial and industrial development and revitalization, including a range of parcel sizes targeted for high-technology, non-durables manufacturing, finance, business services, tourism, and retail uses.*

*Consistency:* The CMH Code preserves the existing Community Memorial Hospital and seeks to revitalize the Hospital District area to provide further opportunities for commercial (particularly medical office) uses. Consequently, the Hospital District will continue to provide high-value, high-wage employment opportunities. Therefore, the CMH Code is consistent with Chapter 2 of the General Plan.

*Chapter 3, Our Well Planned Community*. Chapter 3 of the General Plan seeks to protect our hillsides, farmlands and open spaces; enhance Ventura's historic and cultural resources; respect our diverse neighborhoods; reinvest in older areas of our community; and make great places by insisting on the highest standards of quality in architecture, landscaping and urban design. The 2005 General Plan policies and actions that are pertinent to the CMH Code include:

*Policy 3A:* *Sustain and complement cherished community characteristics and values.*

*Action 3.2:* *Enhance the appearance of districts, corridors, and gateways (including views from highways) through controls on building placement, design elements, and unobtrusive directional signage.*

*Policy 3B:* *Integrate uses in building forms that increase choice and encourage community vitality.*

*Action 3.9:* *Adopt new development code provisions that designate areas within districts and corridors for mixed-use development that combines businesses with housing, and focuses on the redesign of single-use shopping centers and retail parcels into walkable, well connected blocks, with a mix of building types, uses, and public and private frontages.*

*Action 3.12:* *The City will work with the hospitals on the new Development Code treatment for the Loma Vista corridor, which includes both hospitals.*

*Policy 3C:* *Maximize use of land in the City before considering expansion.*

*Action 3.18:* *Complete community or specific plans, subject to funding, for areas such as Westside, Midtown, Downtown, Wells, Saticoy, Pierpont, Harbor, Loma Vista/Medical District, Victoria Corridor, and others as appropriate. These plans will set clear development standards for public and private investments, foster neighborhood partnerships, and be updated as needed.*

*Consistency:* The CMH Code is consistent with the General Plan's Well Planned Community policies because it would provide development and design guidelines that would enhance the appearance of the Hospital District and, while expanding Community Memorial Hospital at its existing improved site, also create a walkable, pedestrian-oriented, and mixed-use district that would be compatible with neighboring uses and areas. All development within the Hospital District would be designed and developed according to uniform standards to carefully guide building placement, design elements, and signage. Therefore, the CMH Code is consistent with Chapter 3 of the General Plan.

*Chapter 4, Our Accessible Community:* Chapter 4 of the General Plan is the City's Circulation Element. The opening paragraph, which summarizes the transportation philosophy of the City, states: "Our Goal is to provide residents with more transportation choices by strengthening and balancing bicycle, pedestrian and transit connections within the City and the surrounding region." The following policies and actions of the 2005 General Plan are implemented by the CMH Code:

*Policy 4A:* *Ensure that the transportation system is safe and easily accessible to all travelers.*

*Policy 4B:* *Help reduce dependence on the automobile.*

*Consistency:* The CMH Code implements the above General Plan policies by accommodating the diverse needs of all transportation modes – pedestrians, bicyclists, and motor vehicles. With regard to the latter, the CMH Code would foremost provide a well-organized shared parking supply, which is designed to spur additional private development along Main Street. Along with tree-lined sidewalks, curbside parking, slower but smooth traffic flows, and numerous specially marked pedestrian crosswalks, the new buildings would create the pedestrian-friendly character envisioned by the Midtown Code. The Hospital District would be regenerated from a complex collection of disparate buildings into a coherent, mixed-use, and pedestrian-oriented town center. Pedestrian access to all buildings within the Hospital District would be provided from the adjacent streets, and the proposed Shopfront Overlay identifies street frontages intended to become or be maintained as areas for retail shops and other pedestrian-oriented uses at the sidewalk level. Therefore, the CMH Code is consistent with Chapter 4 of the General Plan.

*Chapter 5, Our Sustainable Infrastructure.* Chapter 5 of the General Plan relates to infrastructure and basic policies for conservation. Policies and actions pertinent to the CMH Code include:

*Policy 5A:* *Follow an approach that contributes to resource conservation.*

*Action 5.1:* *Require low flow fixtures, leak repair, and drought tolerant landscaping (native species, if possible), plus emerging new water reclamation techniques.*

*Policy 5B:* *Improve services in ways that respect and even benefit the environment.*

*Action 5.6:* *Require project proponents to conduct sewer collection system analyses to determine if downstream facilities are adequate to handle the proposed development.*

*Action 5.7:* *Require project proponents to conduct evaluations of the existing water distribution system, pump station, and storage requirements in order to determine if there are any system deficiencies or needed improvements for the proposed development.*

*Action 5.16:* *Require new developments to incorporate stormwater treatment practices that allow percolation to the underlying aquifer and minimize offsite surface runoff utilizing methods such as pervious paving material for parking and other paved areas to facilitate rainwater percolation and retention/detention basins that limit runoff to pre-development levels.*

*Action 5.17:* *Require stormwater treatment measures within new development to reduce the amount of urban pollutant runoff in the Ventura and Santa Clara Rivers and other watercourses.*

*Consistency:* As discussed in more detail in Section 4.8, *Water Supply*, the proposed hospital expansion would utilize water conservation features that would reduce impacts to water supplies. Similarly, the Initial Study (Section O, *Utilities and Service Systems*, see Appendix A) discusses sewer and water distribution. Finally, the proposed hospital would comply with all stormwater requirements to reduce urban pollutant runoff as discussed in Section 4.6, *Hydrology and Water Quality*. Therefore, the CMH Code is consistent with Chapter 5 of the General Plan.

*Chapter 7, Our Healthy and Safe Community:* Chapter 7 of the General Plan has the goal of building effective community partnerships that protect and improve the social well-being and security of all citizens. The following policies and actions of the 2005 General Plan are implemented by the CMH Code:

*Policy 7A:* *Encourage wellness through care and prevention.*

*Action 7.1:* *Work with interested parties to identify appropriate locations for assisted-living, hospice, and other care-provision facilities.*

*Policy 7B:* *Minimize risks from geologic and flood hazards.*

*Action 7.8:* *To the extent feasible, require new critical facilities (hospital, police, fire, and emergency service facilities, and utility "lifeline" facilities) to be located outside of fault and tsunami hazard zones, and require critical facilities within hazard zones to incorporate construction principles that resist damage and facilitate evacuation on short notice.*

*Policy 7D:* *Minimize exposure to air pollution and hazardous substances.*

*Action 7.21:* *Require analysis of individual development projects in accordance with the most current version of the Ventura County Air Pollution Control District Air Quality Assessment Guidelines and, when significant impacts are identified, require implementation of air pollutant mitigation measures determined to be feasible at the time of project approval.*

*Action 7.22:* *In accordance with Ordinance 93-37, require payment of fees to fund regional transportation demand management (TDM) programs for all projects generating emissions in excess of Ventura County Air Pollution Control District adopted levels.*

*Action 7.23:* *Require individual contractors to implement the construction mitigation measures included in the most recent version of the Ventura County Air Pollution Control District Air Quality Assessment Guidelines.*

*Action 7.25:* *Adopt new development code provisions that ensure uses in mixed-use projects do not pose significant health effects.*

*Policy 7E:* *Minimize the harmful effects of noise.*

*Action 7.32:* *Require acoustical analyses for new residential developments within the mapped 60 decibel (dBA) CNEL contour, or within any area designated for commercial or industrial use, and require mitigation necessary to ensure that: exterior noise in exterior spaces of new residences and other noise sensitive uses that are used for recreation (such as patios and gardens) does not exceed 65 dBA CNEL; and interior noise in habitable rooms of new residences does not exceed 45 dBA CNEL with all windows closed.*

*Consistency:* One purpose of the CMH Code is to preserve the existing hospital in its existing, non-hazardous location while ensuring that the hospital satisfies state seismic regulations. The expanded hospital would consequently provide additional protections to patients from seismic hazards. As discussed in Section 4.2, *Air Quality*, air quality impacts would be mitigated to a less than significant level pursuant to Ventura County APCD guidelines. The CMH Code would comply with Ordinance 93-37 and individual contractors would utilize the latest APCD mitigation measures. Also as discussed in Section 4.2, no significant health effects are expected to occur as a result of the project. Finally, Section 4.2 imposes requirements for any future residential uses within the Hospital District. The CMH Code is consistent with Chapter 7 of the General Plan.

**Mitigation Measures.** The proposed Code implements the policies and actions of the 2005 General Plan, and no mitigation is required.

**Significance After Mitigation.** Impacts would be less than significant without mitigation.

**Impact LU-3 The Hospital District is not subject to any habitat or natural community conservation plan. This is a Class III, *less than significant*, impact.**

As described in the Biological Resources section of the Initial Study, the Hospital District does not include and is not located near wetland or riparian habitat, native plant or animal communities, or a water body or watercourse. Therefore, there are no unique, rare, threatened, or endangered animal or plant species or critical habitat on the Project Area. The Project Area is not subject to a habitat conservation plan or natural community conservation plan.

**Mitigation Measures.** No mitigation is required.

**Significance After Mitigation.** The impact would be less than significant without mitigation.

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# 4.8 WATER SUPPLY

Public utilities provided by the City include water services, wastewater conveyance and solid waste. Section 4.6, *Hydrology and Water Quality,* addresses potential impacts to storm drain infrastructure and water quality. Wastewater and solid waste are discussed in the Initial Study (Appendix A). This section is based on a water supply assessment prepared for the project pursuant to SB 610. The water supply assessment is contained in Appendix J.

## 4.13.1 Setting

According to the 2008 Biennial Water Supply Report, the City of Ventura obtains water from the following sources:

1. Ventura River surface and subsurface water intakes and four shallow wells (Foster Park)
2. Casitas Municipal Water District (Casitas)
3. Mound Groundwater Basin
4. Oxnard Plain Groundwater Basin (Fox Canyon Aquifer)
5. Santa Paula Ground Water Basin
6. Saticoy Yard Well

The City also holds a State Water Project entitlement of 10,000 acre-feet per year (AFY). To date, the City has not received delivery of its allotment. In 1998 the City became a signatory to the SWP Monterey Amendment. The amendment allows the City to sell back surplus water to the SWP using a Turn-Back Pool method, which the City has participated in. In 2008, the State allowed one water contractor to sell its surplus SWP water directly to another water contractor (Butte County-Palmdale Agreement). The approval of this agreement has given the City the ability to review its options in short-term sales of its surplus SWP water.

The City manages its water resources conjunctively. Conjunctive use is the practice of first utilizing surface supplies (which are lost to the ocean if not used when they are available) before groundwater supplies (which can be stored for use when the surface supplies are not plentiful). Groundwater is used to provide for seasonal demands and as a source during drought periods. Therefore, the City will generally utilize its water supplies in the following order: Ventura River, Lake Casitas, and groundwater basins. In addition, the City provides reclaimed water from the Ventura Water Reclamation Facility to two municipal golf courses, the Ventura Marina area and private customers for landscape irrigation. The City's Historic and Projected Water Source Supply Availability is shown in Table 4.8-1. The City's current water supply is about 28,000 AFY (Table 4.8-1). The installation of the Saticoy County Yard Well and Saticoy Well #3 will increase redundancy and increase supply by 2,400 acre-feet/year.

Historic water use by the City's population is estimated at 0.22 AF per capita prior to mandatory water conservation measures such as low-flow plumbing fixtures. Following implementation of these measures, per capita annual water usage for the period between 1994 and 2004 is 0.18 AF. Future projected demand within the City based on population growth is shown in Table 4.8-2.

**Table 4.8-1**
**Historic and Projected Water Source Supply Availability (Acre Feet) [1]**

| Year | Surface Water | | Ground Water | | | | Total Water Supply |
|---|---|---|---|---|---|---|---|
| | Lake Casitas [2] | Ventura River [3] | Mound Basin [4] | Oxnard Plain Basin [5] | Santa Paula Basin [6] | Saticoy County Yard Well [7] | |
| 1980 | 7,544 | 7,276 | 0 | 5,198 | 2,129 | 0 | 22,147 |
| 1985 | 9,099 | 5,493 | 2,360 | 6,172 | 46 | 0 | 23,170 |
| 1990 | 6,175 | 2,859 | 4,365 | 5,749 | 0 | 0 | 19,148 |
| 1995 | 1,622 | 9,042 | 2,169 | 2,603 | 2,594 | 0 | 18,030 |
| 2000 | 5,836 | 6,779 | 4,579 | 2,674 | 1,698 | 0 | 21,566 |
| 2001 | 6,292 | 5,727 | 4,030 | 905 | 2,006 | 0 | 18,960 |
| 2002 | 7,127 | 5,951 | 3,721 | 1,978 | 1,157 | 0 | 19,934 |
| 2003 | 4,912 | 6,722 | 5,546 | 2,898 | 316 | 0 | 20,394 |
| 2004 | 6,833 | 6,118 | 4,773 | 2,391 | 2,183 | 0 | 22,298 |
| 2005 | 7,115 | 1,293 | 3,716 | 4,728 | 2,046 | 0 | 18,898 |
| 2006 | 5,398 | 2,244 | 4,102 | 5,348 | 1,068 | 0 | 18,160 |
| 2007 | 6,649 | 1,966 | 3,521 | 5,314 | 1,263 | 0 | 18,713 |
| 2008 | 8,000 | 6,700 | 5,700 | 4,600 | 3,000 | 0 | 28,000 |
| 2013 | 8,000 | 6,700 | 5,700 | 4,100 | 3,000 | 2,400 | 29,900 |
| 2018 | 8,000 | 6,700 | 5,700 | 4,100 | 3,000 | 2,400 | 29,900 |
| 2023[8] | 8,000 | 6,700 | 5,700 | 4,100 | 3,000 | 2,400 | 29,900 |
| 2028[8] | 8,000 | 6,700 | 5,700 | 4,100 | 3,000 | 2,400 | 29,900 |
| 2033[8] | 8,000 | 6,700 | 5,700 | 4,100 | 3,000 | 2,400 | 29,900 |

*Source: City of San Buenaventura, 2008 Biennial Water Supply Report, Table 1*

*[1] Includes treated and raw water; excludes reclaimed water supply.*

*[2] Lake Casitas is the City's total past supply including raw water and oil users; projected supply is the City's anticipated water availability for in-district use.*

*[3] Ventura River future supply is the average long-term production per the Evaluation of Long Term Alternative Water Sources, James M. Montgomery, June 1993.*

*[4] Mound Basin Future supply is 75 percent of well pump capacity within basin.*

*[5] Oxnard Plain Basin future supply is based on GMA restricted extraction limits (rounded to nearest 100 AF)*

*[6] Santa Paula Basin future water supply is the pumping allocation of the Stipulated Judgement.*

*[7] Saticoy County Yard Well supply is 75% of design maximum pump output capacity. The well is located in the Oxnard Forebay Basin.*

*[8] Projections for 2023, 2028, and 2033 were not included in the 2008 UWMP; however, to assure a 20-year projection is included in this analysis, water supply is assumed to remain as allocated in the preceding years.*

A comparison of the overall supply as indicated in Table 4.8-1 with service area demand as indicated in Table 4.8-2 results in a determination that projected available supplies are adequate to meet projected service area demands (see Table 4.8-3).

**Table 4.8-2**
**Projected Service Area Water Demand (Acre Feet)**
**(Normal Year, Weatherwise)**

| Year | Est. Water Service Area Population [1] | Per Capita Usage AFY [2] | Treated Water Demand [2] | Raw Water Demand [3] | Total Water Demand |
|---|---|---|---|---|---|
| 2008 | 112,006 | 0.18 | 20,161 | 1,000 | 21,161 |
| 2013 | 116,920 | 0.18 | 21,046 | 1,000 | 22,046 |
| 2018 | 122,052 | 0.18 | 21,969 | 1,000 | 22,969 |
| 2023[4] | 129,744 | 0.18 | 23,354 | 1,000 | 24,354 |
| 2028 [4] | 137,723 | 0.18 | 24,790 | 1,000 | 25,790 |
| 2033 | 146,193 | 0.18 | 26,315 | 1,000 | 27,315 |

*Source: Table 4, 2008 Biennial Water Supply Report.*
*[1] Service Area population from DOF reflecting an average annual growth rate of 0.88% plus a 0.35% average annual growth rate for unincorporated areas that are served by the City's supply and infrastructure (2008 Biennial Water Supply Report).*
*[2] Treated water demand is estimated population multiplied by 0.18 AF/capita based on 1994-2007 average post mandatory water conservation per capita use from Table 2, 2008 Biennial Water Supply Report.*
*[3] Raw water demand projections include raw water and oil users. i*
*[4] Assumes growth continues at the rate of 0.88% within the City and 0.35% within unincorporated areas served by the City.*

**Table 4.8-3**
**Projected Service Area Surplus (AFY)**
**(Normal Year, Weatherwise)**

| Year | Projected Supply | Projected Demand | Surplus |
|---|---|---|---|
| 2008 | 28,000 | 21,161 | 6,839 |
| 2013 | 29,900 | 22,046 | 6,954 |
| 2018 | 29,900 | 22,969 | 6,931 |
| 2023 | 29,900 | 24,354 | 5,546 |
| 2028 | 29,900 | 25,790 | 4,110 |
| 2033 | 29,900 | 27,315 | 2,585 |

The residential sector of the City is comprised of single and multi-family residential customers. Residential uses comprise about 64% of the overall consumption (2005 UWMP). The commercial sector is comprised of gas stations, large shopping complexes, auto dealerships, restaurants, business parks, office buildings, hotels, and hospitals. The commercial sector comprises about 23% of the overall consumption (2005 UWMP). The industrial sector is comprised of the food industry and oil production, both of which constitute about 1% of the City's overall consumption (2005 UWMP). The institutional and governmental sectors are relatively stable and consist of the County Seat offices, a jail complex, City offices and yards as well as school facilities and churches. The institutional and governmental sector comprises about 4% of the overall consumption (2005 UWMP). Landscape, Agricultural and Other uses consist of 34 developed parks and 45 miles of linear parkways. In addition there are two 18-hole tournament class public golf courses served by reclaimed water for all turf areas. Agricultural uses served by the City comprise about 0.46% of the overall consumption, while the entire Landscape, Agricultural and Other sector utilizes about 8% of the total consumption (2005 UWMP).

The projected water supply in years 2008 through 2033 appears adequate to serve the demands of the City pursuant to planned growth increases, consistent with the 2005 General Plan, as the surplus of available water ranges from a low of 2,585 AFY in 2033 to a high of 6,954 AFY in 2013. In drought conditions, water supplies may be reduced as a result of reduced precipitation. The 2005 UWMP evaluated a three-year drought scenario to determine the City's ability to supply water under drought conditions. The City assumed that severe drought conditions (no rain and above average temperatures) would begin immediately and continue for three consecutive years. Planned water sources for fiscal year 2005, reflecting capacity of current facilities were used as an average normal water year base for estimating purposes. It was also assumed that demand would not be reduced in response to the drought conditions. Available water supplies during the three year period were projected considering: 1) the current status of each existing source; and 2) the past response of each existing source to similar drought conditions. The single dry and multiple dry year supply and demand comparisons are shown in Table 4.8-4. Analysis of single dry water year supply vs. projected demand over a 20-year period is shown in Table 4.8-5.

## Table 4.8-4
## Single and Multiple Dry Year
## Supply Reliability and Demand Comparison (Acre Feet)

| Source | Average/Normal Water Year [1] | Single Dry Water Year [2] | Multiple Dry Years | | |
|---|---|---|---|---|---|
| | | | Year 1 | Year 2 | Year 3 |
| Ventura River [3] | 6,700 | 2,859 | 2,859 | 1,430 | 700 |
| Casitas [4] | 8,000 | 7,090 | 7,090 | 7,090 | 4,960 |
| Oxnard Plain GW [5] | 4,600 | 4,400 | 4,400 | 4,400 | 4,400 |
| Mound Basin GW [6] | 5,700 | 4,365 | 4,365 | 2,838 | 2,270 |
| Santa Paula GW [7] | 2,600 | 3,000 | 3,000 | 3,000 | 3,000 |
| Saticoy County Yard Well [8] | 0 | 1,800 | 1,800 | 900 | 675 |
| Total Source Capacity | 27,600 | 23,514 | 23,514 | 19,658 | 16,005 |
| Less Raw Water Demand [9] | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 |
| Available Treated Water | 26,600 | 22,514 | 22,514 | 18,658 | 15,005 |
| **Total Treated Water Demand [10]** | **19,766** | **19,766** | **19,766** | **19,937** | **20,109** |
| Demand Delta | 6,834 | 2,748 | 2,748 | -1,279 | -5,104 |
| Banked Groundwater Used [11] | 0 | 0 | 0 | 1,300 | 5,120 |
| **Surplus Available for Banking [12]** | **6,834** | **2,748** | **2,748** | **21** | **16** |

*Source: Table 6-1, 2005 UWMP*

*[1] From Table 3-6, 2005 UWMP (See Table 4.8-1). Year 2005 data with adjustment to Ventura River to reflect capacity of current facilities with a full basin.*

*[2] Rainfall in 1990 was 5.53 inches, well below the yearly average of 15 inches. For a single dry water year, 1990 historical data is used for the Ventura River and Mound Basin (ref. Table 3-6). Casitas reflects Stage 2 allocation, Oxnard source reflects the future available supply per GMA Ordinance. Santa Paula Basin reflects allocated amount per UWCD agreement and Saticoy Yd Well reflects 75% of average year (see Table 3-8).*

*[3] Ventura River available supply in Year 1 reflects the single dry water year. Year 2 is 50% of Year 1. Year 3 is the worst-case available annual yield per the Comprehensive Water Resources Management Plan.*

*[4] Casitas available supply during Year 1 and 2 reflects stage 2 allocation with year 3 reflecting stage 5 allocation.*

*[5] Oxnard Plain available supply assumed to be the City's allocation at 80% per GMA Extraction Reductions (Table 3-2).*

*[6] Mound Basin available supply for year 1 is assumed to be the single dry water year, decreasing in Year 2 by 35% based on 1990/1991 historical data. Year 3 reflects a 20% decrease of year 2.*

*[7] Santa Paula Basin Available supply assumed to be City's allocated amount per agreement with UWCD.*

*[8] Saticoy County Yard Well year 1 is assumed to be 75% of average year. Year 2 at 50% of year 1 and year 3 at 75% of year 2.*

*[9] From Table 4-4, 2005 UWMP (see Table 4.8-2).*

*[10] From Table 4-4, 2005 UWMP (see Table 4.8-2). Average and Single Dry Year reflects per capita use of 0.18 to projected 2005 population. The three multiple dry years also reflect 0.18 per capita water uses to extrapolated population estimates. (Population year 1 = 109,812; year 2 = 110,759; year 3 = 111,714).*

*[11] Reduced water demands have allowed the City to store 35,447 AF in the GMA bank at the end of year 2004. The use of banked groundwater would reduce our reserve but allow the City to meet its treated water demand.*

*[12] Surplus for banking is the lesser of net supply or GMA allocation amount.*

**Table 4.8-5**
**Summary of Projected Single Dry Water Year Demand and Supply**
**(Five Year Increments in Acre Feet)**

| Year | Projected Planning Area Population [1] | Projected Water Demand [2] | Projected Single Dry Water Year Supply [3] | Difference (Supply-less-demand) |
|---|---|---|---|---|
| 2008 | 112,006 | 21,161 | 25,464 | 4,303 |
| 2013 | 116,920 | 22,046 | 25,464 | 3,418 |
| 2018 | 122,052 | 22,969 | 25,464 | 2,495 |
| 2023 | 129,744 | 24,354 | 25,464 | 1,110 |
| 2028 | 137,723 | 25,790 | 25,464 | -326 |
| 2033 | 146,193 | 27,315 | 25,464 | -1,851 |

*Source: Table 6-2, 2005 UWMP*
*[1] Projected planning area population is from Table 4.8-4, 2008 Biennial Water Supply Report (see Table 2).*
*[2] Projected water demand is from Table 4.8-2.*
*[3] Projected water supply is from Table 6-1, 2005 UWMP (see Table 4.8-4). For a Single Dry Water Year (23,514 a/f) reduced by 300 a/f, per GMA Extraction Requirement. Plus the New Saticoy Well #3 (Ref. Table 3-8, 2005 UWMP - 2,250 a/f).*

Table 4.8-6 provides a summary of single dry water years in 5-year increments over twenty years, compared to projected service area water demand.

**Table 4.8-6**
**Summary of Projected Multiple-Dry Three Year Water Demand and Supply**
**(Five Year Increments in Acre Feet)**

| Year | Projected Planning Area Population[1] | Projected Water Demand[2] | Projected Supply Multiple-Dry Water Years[3] | Difference (Supply-less-Demand) | Banked Groundwater December 2004 | |
|---|---|---|---|---|---|---|
| | | | | | Standalone[4] 35,447 | CUM[5] 35,447 |
| 2008 | 112,677 | 21,282 | 25,764 | 4,482 | 39,929 | 39,929 |
| 2009 | 113,648 | 21,457 | 20,783 | -674 | 39,256 | 39,256 |
| 2010 | 114,629 | 21,633 | 16,549 | -5,084 | 34,171 | 34,171 |
| | | | | | | |
| 2013 | 116,920 | 22,046 | 25,464 | 3,418 | 38,739 | 37,464 |
| 2014 | 118,358 | 22,304 | 20,483 | -1,821 | 36,868 | 35,592 |
| 2015 | 119,814 | 22,567 | 16,549 | -6,018 | 30,878 | 29,603 |
| | | | | | | |
| 2018 | 122,052 | 22,969 | 25,464 | 2,495 | 37,810 | 31,965 |
| 2019 | 123,553 | 23,240 | 20,483 | -2,757 | 35,001 | 29,157 |
| 2020 | 125,072 | 23,513 | 16,549 | -6,964 | 28,066 | 22,221 |

**Table 4.8-6**
**Summary of Projected Multiple-Dry Three Year Water Demand and Supply**
**(Five Year Increments in Acre Feet)**

| Year | Projected Planning Area Population[1] | Projected Water Demand[2] | Projected Supply Multiple-Dry Water Years[3] | Difference (Supply-less-Demand) | Banked Groundwater December 2004 | |
|---|---|---|---|---|---|---|
| | | | | | Standalone[4] 35,447 | CUM[5] 35,447 |
| | | | | | | |
| 2023 | 129,744 | 24,354 | 25,464 | 1,110 | 36,839 | 23,613 |
| 2024 | 131,340 | 24,641 | 20,483 | -4,158 | 33,051 | 19,825 |
| 2025 | 132,956 | 24,932 | 16,549 | -8,383 | 25,128 | 11,902 |
| | | | | | | |
| 2028 | 137,723 | 25,790 | 25,464 | 326 | 35,835 | 12,290 |
| 2029 | 139,417 | 26,095 | 20,483 | -5,612 | 31,034 | 7,489 |
| 2030 | 141,132 | 26,404 | 16,549 | -9,855 | 22,091 | -1,454 |

*Source: Table 6-4 (2005 UWMP); data for years 2028 through 2030 was extrapolated based on the average annual growth rate of 0.88% plus a 0.35% average annual growth rate for unincorporated areas that are served by the City's supply and infrastructure (2008 Biennial Water Supply Report).*

*[1] Projected planning area population is from Table 4-3 (2005 UWMP)*

*[2] Projected water demand is estimated population multiplied by 0.18 AF/capita based on 1994-2004 average post mandatory water conservation per capita use from Table 4-1 plus 1,000 AF/yr raw water demand.*

*[3] Projected water supply reflects Total Source Capacity from Table 6-1 (2005 UWMP) Multiple Dry Water Years plus the New Saticoy Well #3 (Ref. Table 6-3). Additionally, 2010 forward reflects Fox Canyon GMA Extraction Requirements (Ref. Table 3-2, 2005 UWMP)*

*[4] Each consecutive three year period reflects a standalone snapshot over the next twenty years ending in five year increments. Assumes only one of the three-year drought periods occur. For example if a drought occurred in 2013 through 2015 it is assumed that banked GMA credits would be available to support the water demand delta. As of 2007, the City's banked groundwater was 28,821 a/f.*

*[5] Reflects a cumulative reduction of banked groundwater for each five-year period over the next twenty years. This assumes five (5), three-year drought periods occur in the next twenty years. In this example the use of banked GMA credits would reduce the reserve, but allow the City to meet its treated water demand until the year 2030.*

As indicated in Table 4.8-6, the existing groundwater banking program would allow the City to draft from the existing banked water, which would meet multiple dry year demands until the year 2030, assuming 5 droughts, each having multiple dry year demands. This scenario assumes that the banked groundwater supply is frozen at the December 2004 supply of 35,447 AF and that groundwater bank contributions do not increase beyond single and multiple dry year banking deposits (maximum of 2,748 AF/Year). However, if normal year groundwater bank deposits occur, such as the 6,834 AF/year surplus (surplus avail. for banking in an Average/Normal Water Year – See Table 4.8-4), banked groundwater supplies would be expected to exceed demand in 2030, indicating no cumulative shortage even with a three-year drought every five years.

## 4.9.2 Impact Analysis

**a. Methodology and Significance Thresholds**. The proposed project would have a significant impact on water supplies if demand associated with projected growth exceeds the available supply, thereby causing water shortages during average or peak demand periods. Impacts related to the proposed project would be considered substantial if growth under the

project would:

- *Substantially deplete groundwater supplies or interfere substantially with groundwater recharge such that there would be a net deficit in aquifer volume or a lowering of the local groundwater table level (e.g., the production rate of pre-existing nearby wells would drop to a level which would not support existing land uses or planned uses for which permits have been granted);*
- *Require or result in the construction of new water facilities or expansion of existing facilities, the construction of which could cause significant environmental effects; or*
- *Fail to have sufficient water supplies available to serve the project from existing entitlements and resources, or are new or expanded entitlements needed.*

As discussed in the Initial Study (Appendix A), implementation of the CMH Code would not be anticipated to substantially deplete the existing groundwater supply or interfere with groundwater recharge. In addition, as discussed in the Initial Study, implementation of the project would not require or result in the construction of new water facilities or expansion of existing facilities. Therefore, impacts to groundwater and construction of new water facilities would be less than significant. Therefore, the discussion below focuses on sufficient water supplies available to serve the project.

**b. Project Impacts and Mitigation Measures.**

**Impact WS-1 The proposed project would increase water demand, with a net increase of 15.5 acre-feet per year (AFY) during Phase I and a net increase of 12.1 AFY during Phase II, for a total of 27.6 AFY. Projected supplies are sufficient to serve an additional 27.6 AFY through 2030 under normal, single dry and multiple dry year conditions. Therefore, impacts would be Class III, *less than significant*.**

The proposed Community Memorial Hospital District Development Code facilitates the construction of an imminent project (a replacement hospital building) as well as other probable future development. The CMH Code would facilitate the construction of a new hospital building to house 252 hospital beds, which would essentially absorb the existing 242 beds for a net increase of 10 beds. In addition, the hospital would occupy 121,000 sf of the existing hospital building with non-essential services to support hospital functions, while the remaining 104,000 square feet of the existing hospital would be backfilled with new medical office uses. Other planned Phase I improvements include the construction of a 3,900 square foot retail liner building and construction of street and open space improvements within the Hospital District. Phase II improvements include the probable subsequent construction of an additional 162,950 square feet of new medical office uses in satellite buildings to create a medical services campus. Existing development that would be removed to accommodate new development includes 45,506 square feet of existing medical office uses and four single family residences. Table 4.8-7 shows the projected net increase in water demand associated with the project. As shown in Table 4.8-7, Total Phase I and Phase II development would create demand for about 143 AFY of water. However, because there is 115.4 AFY of existing uses that will be removed, the net increase in demand would be about 27.6 AFY.

**Table 4.8-7**
**Projected Net Increase in Water Demand**

| Use | Size/Units | Demand Rate | Daily Demand (gpd) | Demand (AFY) |
|---|---|---|---|---|
| **Phase I** | | | | |
| New Hospital | 252 beds | 406 gpd/bed | 102,312 | 114.7 |
| Hospital Support | 121,000 sf | 2,664 gpd/acre [1] | 7,400 | 8.3 |
| Medical Office backfill | 104,000 sf | 2,880 gpd/acre [1] | 6,876 | 7.7 |
| Retail | 3,900 sf | 2,088 gpd/acre [1] | 187 | 0.2 |
| **Subtotal Phase I** | | | | **130.9** |
| | | | | |
| **Phase II** | | | | |
| Medical Office | 162,950 sf | 2,880 gpd/acre[1] | 10,774 | 12.1 |
| **Total Phase I and Phase II** | | | | **112.7** |
| | | | | |
| **Existing Uses to be Absorbed and Demolished Under Phase I** | | | | |
| Existing Hospital | 242 beds | 406 gpd/bed | 98,252 | (110.1) |
| Existing Medical Office | 45,506 sf | 2,880 gpd/acre [1] | 3,009 | (3.4) |
| Residential | 4 SFR | 0.18 AFY/person [2] | 1,671 [3] | (1.9) |
| **Subtotal Existing Uses** | | | | **(115.4)** |
| | | | | |
| **Net Increase Phase I** | | | | **15.5** |
| **Net Increase Phase II** | | | | **12.1** |

*Source: Adapted from Jensen Design & Survey, Inc. Community Memorial Hospital Future Developed Water Demand and Sewage Generation July 20, 2010; and*
*Community Memorial Hospital District Development Code EIR, Section 2.0 Project Description, Table 2-4 Existing Development to be Demolished.*
*Notes:*
*[1] City of Simi Valley Water Master Plan, Table 3-3, 2/1986*
*[2] City of San Buenaventura, 2005 UWMP*
*[3] Assumes 2.6 persons/household pursuant to 2005 General Plan*

Though not specifically accounted for as a planned project in the 2005 General Plan, the 522,850 square feet of projected new development (356,000 + 3,900 + 162,950) is within the commercial development projections of 2,655,000 square feet analyzed within the 2005 General Plan EIR and generally represents about 20% of the overall future commercial development through 2025. However, the Phase II development is not imminent in that there are no applicants for this development as of now. Thus, in the short term, the Phase I net increase in water demand will be about 15.5 AFY, while the longer term net increase in Phase II development is estimated at 12.1 AFY. The total overall increase of 27.6 AFY does not exceed normal year surplus indicated in Table 4.8-3. Normal year surplus, even with an additional demand of 27.6 AFY would be 2,557 AF in 2030 (see Table 4.8-3).

As shown in Table 4.8-4, under single dry year conditions, assuming 27.6 AF of water is removed from the 2,748 AF surplus that would be available for banking, 2,720 AF would still be available for banking. Under multiple dry year conditions, banked groundwater would be necessary to serve the project. As shown in Table 4.8-6, banked groundwater is sufficient to meet the City's needs until 2030, at which time a shortage would occur pursuant to the analysis

assumptions. However, the analysis assumptions are conservative in assuming 5 droughts over a 20 year period, each having multiple dry year demands. Moreover, the scenario assumes that the banked groundwater supply is frozen at the December 2004 supply of 35,447 AF and that groundwater bank contributions do not increase beyond single and multiple dry year banking deposits (maximum of 2,748 AF/Year). However, if normal year groundwater bank deposits occur, such as the 6,834 AF/year surplus (surplus avail. for banking in an Average/Normal Water Year – See Table 4.8-4), banked groundwater supplies would be expected to exceed demand in 2030, indicating no cumulative shortage even with a three-year drought every five years. Thus, projected supplies are sufficient to serve an additional 27.6 AFY through 2030 under normal, single dry and multiple dry year conditions.

Lastly, the project includes a number of features that will serve to reduce consumption by the new hospital, which comprises about 75% of the overall demand within the District. As documented in Section 2.0, *Project Description*, the Project is being designed to achieve credits related to the following water conservation techniques under the Green Guide to Healthcare Program.

- WEP1 Non-potable water for equipment cooling
- WE2.1 Water use measurement (separate meters for different uses)
- WE2.2 Motion sensor valves in patient sinks and public toilets
- WE2.5 Condensate reuse

The above measures would contribute to increased water conservation and reduced water demand through reuse of mechanical cooling waters, awareness of demand by metering specific uses, and motion sensors that would respond directly to needs of people.

Because available supplies would be sufficient to serve the anticipated demand within the Plan Area, impacts would be less than significant.

**Mitigation Measures**. Impacts would be less than significant without mitigation.

**c. Cumulative Impacts.** The above discussions account for cumulative development associated with buildout under the 2005 General Plan. As discussed above, even when considering the project in addition to growth envisioned in the 2005 General Plan, water supplies are adequate to serve projected future demands through a 20-year planning horizon in normal, single-dry and multiple dry years. Thus, the cumulative impacts are less than significant.

# 4.9 GREENHOUSE GAS EMISSIONS

This section addresses impacts related to greenhouse gas emissions and global climate change.

## 4.9.1 Setting

**a. Global Climate Change.** Global climate change (GCC) is a change in the average weather that is measured by temperature, wind patterns, precipitation, and storms over a long period of time. The baseline, against which these changes are measured, originates in historical records identifying temperature changes that have occurred in the past, such as during previous ice ages. The global climate is continuously changing, as evidenced by repeated episodes of substantial warming and cooling documented in the geologic record. The rate of change has typically been incremental, with warming or cooling trends occurring over the course of thousands of years. The past 10,000 years have been marked by a period of incremental warming, as glaciers have steadily retreated across the globe. However, scientists have observed an unprecedented acceleration in the rate of warming during the past 150 years.

GCC is a documented effect. Although the degree to which the change is caused by anthropogenic (man-made) sources is still under study, the increase in warming has coincided with the global Industrial Revolution, which has seen the widespread reduction of forests to accommodate urban centers and agriculture and the use of fossil fuels, primarily burning of coal, oil, and natural gas for energy. Per the United Nations Intergovernmental Panel on Climate Change (IPCC, 2007), the understanding of anthropogenic warming and cooling influences on climate has led to a very high confidence (90% or greater chance) that the global average net effect of human activities since 1750 has been one of warming. Most of the observed increase in global average temperatures, since the mid-20th century, is very likely due to the observed increase in anthropogenic greenhouse gas concentrations per the IPCC (November 2007). While some individual scientists disagree with some of the findings of the IPCC, the overwhelming majority of scientists working on climate change agree with the main conclusions, as do the vast majority of major scientific societies and national academies of science. Disagreement within the scientific community is always present for all issues; however, the current state of knowledge suggests that GCC is occurring, with eleven of the last twelve years (1995-2006) ranking among the twelve warmest years in the instrumental record of global surface temperature since 1850 (IPCC, 2007). In addition, the majority of scientists agree that anthropogenic sources are a main, if not primary, contributor to the GCC warming.

## 5.3.1 Greenhouse Gases (GHGs)

Gases that trap heat in the atmosphere are often called greenhouse gases (GHG), analogous to the way in which a greenhouse retains heat. Common GHGs include water vapor, carbon dioxide ($CO_2$), methane ($CH_4$), nitrous oxides ($N_2O_x$), fluorinated gases, and ozone. GHGs are emitted by both natural processes and human activities. Of these gases, $CO_2$ and $CH_4$ are emitted in the greatest quantities from human activities. Emissions of $CO_2$ are largely by-products of fossil fuel combustion, whereas $CH_4$ results from off-gassing associated with agricultural practices and landfills. Man-made GHGs, many of which have greater heat-absorption potential than $CO_2$, include fluorinated gases, such as hydrofluorocarbons (HFCs), perfluorocarbons (PFC), and sulfur

hexafluoride ($SF_6$) (Cal EPA, 2006b).

The accumulation of GHGs in the atmosphere regulates Earth's temperature. Without the natural heat trapping effect of GHGs, Earth's surface would be about 34° C cooler (CAT, 2006). However, it is believed that emissions from human activities, particularly the consumption of fossil fuels for electricity production and transportation, have elevated the concentration of these gases in the atmosphere beyond the level of naturally occurring concentrations. The following discusses the primary GHGs of concern.

Carbon Dioxide. The global carbon cycle is made up of large carbon flows and reservoirs. Billions of tons of carbon in the form of $CO_2$ are absorbed by oceans and living biomass (i.e., sinks) and are emitted to the atmosphere annually through natural processes (i.e., sources). When in equilibrium, carbon fluxes among these various reservoirs are roughly balanced (USEPA, April 2008). $CO_2$ was the first GHG demonstrated to be increasing in atmospheric concentration, with the first conclusive measurements being made in the last half of the 20th century. Concentrations of $CO_2$ in the atmosphere have risen approximately 35%, since the Industrial Revolution. Per the IPCC (2007), the global atmospheric concentration of carbon dioxide has increased from a pre-industrial value of about 280 parts per million (ppm) to 379 ppm in 2005. The atmospheric concentration of $CO_2$ in 2005 exceeds the natural range over the last 650,000 years (180 to 300 ppm) as determined from ice cores. The average annual carbon dioxide concentration growth rate was larger during the last 10 years (1995–2005 average: 1.9 ppm per year) than it has been since the beginning of continuous direct atmospheric measurements (1960–2005 average: 1.4 ppm per year), although there is year-to-year variability in growth rates.

Methane. $CH_4$ is an effective absorber of radiation, though its atmospheric concentration is less than that of $CO_2$ and its lifetime in the atmosphere is limited to 10-12 years. It is approximately 20 times more effective at trapping heat in the atmosphere than $CO_2$ (global warming potential [GWP] 20x that of $CO_2$). Over the last 250 years, the concentration of $CH_4$ in the atmosphere increased by 148% (IPCC 2007). Anthropogenic sources of $CH_4$ include landfills, natural gas and petroleum systems, agricultural activities, coal mining, wastewater treatment, stationary and mobile combustion, and certain industrial processes (USEPA, April 2008).

Nitrous Oxide. Concentrations of nitrous oxide ($N_2O$) also began to rise at the beginning of the industrial revolution. $N_2O$ is produced by microbial processes in soil and water, including those reactions which occur in fertilizers that contain nitrogen. Use of these fertilizers has increased over the last century. $N_2O$'s GWP is 300 times that of $CO_2$.

Fluorinated Gases (HFCS, PFCS and $SF_6$). Fluorinated gases, such as HFCs, PFCs and $SF_6$, are greenhouse gases that are emitted from a variety of industrial processes. Fluorinated gases are used as substitutes for ozone-depleting substances, such as chlorofluorocarbons (CFCs), hydrochlorofluorocarbons (HCFCs), and halons, which have been regulated since the mid-1980s because of their ozone-destroying potential and are phased out under the *Montreal Protocol* and Clean Air Act Amendments of 1990. Fluorinated gases are typically emitted in smaller quantities than $CO_2$, $CH_4$, and $N_2O$, but each molecule can have a much greater global warming effect. $SF_6$ is the most potent greenhouse gas that the IPCC has evaluated.

### 5.3.2 Greenhouse Gas Inventory

Worldwide anthropogenic emissions of GHGs were approximately 40,000 million metric tons of carbon dioxide equivalent (CDE[1]), including ongoing emissions from industrial and agricultural sources, but excluding emissions from land use changes (i.e., deforestation, biomass decay) (IPCC, 2007). $CO_2$ emissions from fossil fuel use accounts for 56.6% of the total emissions of 49,000 million metric tons CDE (includes land use changes) and all $CO_2$ emissions are 76.7% of the total. Methane emissions account for 14.3% and $N_2O$ emissions for 7.9% of GHGs (IPCC, 2007).

Total U.S. GHG emissions were estimated at 7,054 million metric tons CDE in 2006 (USEPA, April 2008), or about 14% of worldwide GHG emissions. U.S. emissions rose by 14.7% from 1990 to 2006, while emissions fell by 1.1% from 2005 to 2006 (75.7 MMT CDE). The following factors were primary contributors to this decrease: (1) compared to 2005, 2006 had warmer winter conditions, which reduced consumption of heating fuels, as well as cooler summer conditions, which reduced demand for electricity; (2) restraint on fuel consumption caused by rising fuel prices, primarily in the transportation sector; and (3) increased use of natural gas and renewables in the electric power sector.

The primary GHG emitted by human activities in the United States is $CO_2$, representing an estimated 84.8% of total GHG emissions (USEPA, April 2008). The largest source of $CO_2$, and of overall greenhouse gas emissions, was fossil fuel combustion. $CH_4$ emissions, which have declined from 1990 levels, resulted primarily from enteric fermentation associated with domestic livestock, decomposition of wastes in landfills, and natural gas systems. Agricultural soil management and mobile source fossil fuel combustion were the major sources of $N_2O$ emissions. The emissions of substitutes for ozone depleting substances and emissions of HFC-23 during the production of HCFC-22 are the primary contributors to aggregate HFC emissions. Electrical transmission and distribution systems account for most $SF_6$ emissions, while PFC emissions result from semiconductor manufacturing and as a by-product of primary aluminum production.

The residential and commercial end-use sectors accounted for 20% and 18%, respectively, of $CO_2$ emissions from fossil fuel combustion in 2006 (USEPA, April 2008). Both sectors relied heavily on electricity to meet energy demands, with 72% and 79%, respectively, of their emissions attributable to electricity consumption for lighting, heating, cooling, and operating appliances. The remaining emissions were due to the consumption of natural gas and petroleum for heating and cooking.

California is the second largest contributor in the United States among states and if California were a country, it would be the sixteenth largest contributor among countries (AEP, 2007). Based upon the 2004 GHG inventory data (the latest year available) compiled by the California Energy Commission (CEC, December 2006), California produced 492 MMT CDE (7% of US total). The major source of GHGs in California is transportation, contributing 41% of the state's total GHG emissions. Electricity generation is the second largest source, contributing 22% of the state's GHG emissions (CEC, December 2006). Most (81%) of California's 2004 GHG emissions (in terms of CDE) were carbon dioxide produced from fossil fuel combustion, with 2.8% from other sources of $CO_2$, 5.7% from methane, and 6.8% from nitrous oxide (CEC, December 2006). California

[1] *Carbon dioxide equivalent (CDE or $CO_2E$) is a quantity that describes, for a given mixture and amount of GHGs, the amount of $CO_2$ (usually in metric tons; million metric tons [megatonne] = $MMTCO_2E$ = terragram [Tg] $CO_2$ Eq; 1,000 MMT = gigatonne) that would have the same global warming potential (GWP) when measured over a specified timescale (generally, 100 years).*

emissions are due in part to its large size and large population. By contrast, California had the fourth lowest $CO_2$ emissions per capita from fossil fuel combustion in the country in 2001, due to the success of its energy-efficiency and renewable energy programs and commitments that have lowered the state's GHG emissions rate of growth by more than half of what it would have been otherwise (CEC, December 2006). Another factor that reduces California's per capita fuel use and GHG emissions, as compared to other states, is its mild climate compared to that of many other states.

### 5.3.3 Effects of Global Climate Change

GCC has the potential to affect numerous environmental resources through potential impacts related to future air temperatures and precipitation patterns. Scientific modeling predicts that continued GHG emissions, at or above current rates, would induce more extreme climate changes during the 21st century than were observed during the 20th century. A warming of about 0.2°C (0.36°F) per decade is projected, and there are identifiable signs that global warming could be taking place, including substantial ice loss in the Arctic (IPCC, 2007).

According to the California Air Resources Board (CARB), potential impacts of global warming in California may include loss in snow pack, sea level rise, more extreme heat days per year, an increase in high ozone days, large forest fires, and drought years (CARB 2006c, 2007c). Below is a summary of some of the potential effects reported by an array of studies that could be experienced in California as a result of global warming and climate change.

Air Quality. Higher temperatures, conducive to air pollution formation, could worsen air quality in California. Climate change may increase the concentration of ground-level ozone, but the magnitude of the effect, and therefore its indirect effects, are uncertain. If higher temperatures are accompanied by drier conditions, the potential for large wildfires could increase, which, in turn, would further worsen air quality. However, if higher temperatures are accompanied by wetter, rather than drier conditions, the rains would tend to temporarily clear the air of particulate pollution and reduce the incidence of large wildfires, thus ameliorating the pollution associated with wildfires. Additionally, severe heat accompanied by drier conditions and poor air quality could increase the number of heat-related deaths, illnesses, and asthma attacks throughout the state (CEC, February 2006).

Water Supply. Uncertainty remains with respect to the overall impact of global climate change on future water supplies in California. Studies have found that, "considerable uncertainty about precise impacts of climate change on California hydrology and water resources will remain, until we have more precise and consistent information about how precipitation patterns, timing, and intensity will change" (Climate Change and California Water Resources). For example, some studies identify little change in total annual precipitation in projections for California (California Climate Change Center, 2006). Other studies show significantly more precipitation (Climate Change and California Water Resources [(DWR 2006)]). Even assuming that climate change leads to long-term increases in precipitation, analysis of the impact of climate change is further complicated by the fact that no studies have identified or quantified the runoff impacts that such an increase in precipitation would have in particular watersheds (California Climate Change Center, 2006). Also, little is known about how groundwater recharge and water quality will be affected (Id.). Higher rainfall could lead

to greater groundwater recharge, although reductions in spring runoff and higher evapotranspiration could reduce the amount of water available for recharge (Ibid.).

The California Department of Water Resources (DWR 2006) report on climate change and effects on the State Water Project (SWP), the Central Valley Project, and the Sacramento-San Joaquin Delta concludes that "[c]climate change will likely have a significant effect on California's future water resources… [and] future water demand." DWR also reports that "much uncertainty about future water demand [remains], especially [for] those aspects of future demand that will be directly affected by climate change and warming. While climate change is expected to continue through at least the end of this century, the magnitude and, in some cases, the nature of future changes is uncertain" (DWR, 2006).

This uncertainty serves to complicate the analysis of future water demand, especially where the relationship between climate change and its potential effect on water demand is not well understood (DWR, 2006). DWR adds that "[i]t is unlikely that this level of uncertainty will diminish significantly in the foreseeable future." Still, changes in water supply are expected to occur, and many regional studies have shown that large changes in the reliability of water yields from reservoirs could result from only small changes in inflows (Kiparsky 2003; DWR 2005; Cayan 2006, Cayan, D., et al, 2006).

Hydrology. As discussed above, climate changes could potentially affect: the amount of snowfall, rainfall and snow pack; the intensity and frequency of storms; flood hydrographs (flash floods, rain or snow events, coincidental high tide and high runoff events); sea level rise and coastal flooding; coastal erosion; and the potential for salt water intrusion. Sea level rise may be a product of global warming through two main processes: expansion of sea water as the oceans warm and melting of ice over land. A rise in sea levels could result in coastal flooding and erosion and could jeopardize California's water supply. Increased storm intensity and frequency could affect the ability of flood-control facilities, including levees, to handle storm events.

Agriculture. California has a $30 billion agricultural industry that produces half the country's fruits and vegetables. Higher $CO_2$ levels can stimulate plant production and increase plant water-use efficiency. However, if temperatures rise and drier conditions prevail, water demand could increase; crop-yield could be threatened by a less reliable water supply; and greater ozone pollution could render plants more susceptible to pest and disease outbreaks. In addition, temperature increases could change the time of year conducive to certain crops, such as wine grapes, bloom or ripen; and thus affect their quality (CCCC, 2006).

Ecosystems and Wildlife. Increases in global temperatures and the potential resulting changes in weather patterns could have ecological effects on a global and local scale. Increasing concentrations of GHGs are likely to accelerate the rate of climate change. Scientists expect that the average global surface temperature could rise as discussed previously: 1.0-4.5°F (0.6-2.5°C) in the next 50 years, and 2.2-10°F (1.4-5.8°C) in the next century, with substantial regional variation (EPA 2000). Soil moisture is likely to decline in many regions, and intense rainstorms are likely to become more frequent. Sea level could rise as much as two feet along most of the U.S. coast. Rising temperatures could have four major impacts on plants and animals: (1) timing of ecological events; (2) geographic range; (3) species' composition within communities;

and (4) ecosystem processes, such as carbon cycling and storage (Parmesan, 2004; Parmesan, C. and H. Galbraith 2004.)

### 5.3.4 Regulatory Setting

International and Federal. The United States is, and has been, a participant in the United Nations Framework Convention on Climate Change (UNFCCC), since is was signed on March 21, 1994. The Kyoto Protocol is a treaty, made under the UNFCCC, and was the first international agreement to regulate GHG emissions. It has been estimated that if the commitments outlined in the Kyoto Protocol are met, global GHG emissions could be reduced by an estimated 5% from 1990 levels during the first commitment period of 2008–2012. Although the United States is a signatory to the Kyoto Protocol, Congress has not ratified the Protocol and the United States has not bound itself to the Protocol's commitments (UNFCCC, 2007).

The United States is currently using a voluntary and incentive-based approach toward emissions reductions in lieu of the Kyoto Protocol's mandatory framework. The Climate Change Technology Program (CCTP) is a multi-agency research and development coordination effort (which is led by the Secretaries of Energy and Commerce) that is charged with carrying out the President's National Climate Change Technology Initiative (CCTP, December 2007; http://www.epa.gov/climatechange/policy/cctp.html).

To date, the United States Environmental Protection Agency (USEPA) has not regulated GHGs under the Clean Air Act; however, the U.S. Supreme Court in *Massachusetts v. EPA* (April 2, 2007) held that the USEPA can, and should, consider regulating motor-vehicle GHG emissions. The USEPA has not yet promulgated federal regulations limiting GHG emissions. In December 2007, the USEPA also denied California's request for a waiver to directly limit GHG tailpipe emissions, which prompted a suit by California in January 2008 to overturn that decision.

California Regulations. Assembly Bill (AB) 1493, requiring the development and adoption of regulations to achieve "the maximum feasible reduction of greenhouse gases", emitted by noncommercial passenger vehicles, light-duty trucks, and other vehicles used primarily for personal transportation in the State was signed into law in September 2002. Executive Order S-3-05 was issued in 2005, establishing statewide GHG emissions reduction targets. S-3-05 provides that by 2020, emissions shall be reduced to 1990 levels and by 2050, emissions shall be reduced to 80% of 1990 levels (CalEPA, 2006a).

AB 32, the "California Global Warming Solutions Act of 2006," was signed into law in the fall of 2006. AB 32 required the CARB to adopt regulations to require reporting and verification of statewide GHG emissions. In 2008 CARB produced a Climate Change Scoping Plan that indicates how emission reductions will be achieved from significant GHG sources via regulations, market mechanisms, and other actions. Additionally, the CARB plan outlines a comprehensive plan to reduce GHG emissions to 1990 emission levels by 2020 (essentially a 25% reduction below 2005 emission levels; same requirement as under S-3-05). Additionally, the bill requires the adoption of rules and regulations to achieve the maximum technologically feasible and cost-effective GHG emissions reductions.

Executive Order S-01-07 was enacted on January 18, 2007. The order mandates that a statewide goal be established to reduce the carbon intensity of California's transportation fuels by at least 10% by 2020. In addition, a Low Carbon Fuel Standard ("LCFS") for transportation fuels is to be established for California.

In response to EO S-3-05, the CalEPA created the Climate Action Team (CAT), which in March 2006 published the Climate Action Team Report (the "2006 CAT Report"). The 2006 CAT Report identifies a recommended list of strategies that the State could pursue to reduce GHG emissions. These are strategies that could be implemented by various State agencies to ensure that the targets are met and can be met with existing authority of the State agencies. The strategies include the reduction of passenger and light duty truck emissions, the reduction of idling times for diesel trucks, an overhaul of shipping technology/infrastructure, increased use of alternative fuels, increased recycling, and landfill methane capture.

In response to the requirements of AB 32, CARB produced a list of 37 early actions for reducing GHG emissions in June 2007. In October 2007, CARB expanded this list to 44 measures that have the potential to reduce GHG emissions by at least 42 million metric tons of $CO_2$ emissions by 2020. After completing a comprehensive review and update process, the CARB has approved a 1990 statewide GHG level and 2020 limit of 427 MMT CDE. CARB developed the 2020 target after extensive technical work and a series of stakeholder meetings. The 2020 target of 427 MMT requires the reduction of 169 MMT, or approximately 30 percent, from the state's projected 2020 emissions of 596 MMTCO2E (business-as-usual) and the reduction of 42 MMTCO2E, or almost 10 percent, from 2002-2004 average emissions. For more information on the Assembly Bills and Executive Orders identified above, and to view reports and research referenced above, please refer to the following websites:
www.climatechange.ca.gov and www.arb.ca.gov/cc/cc.htm.

Regulations and CEQA Requirements. GHG emissions and their contribution to GCC have only recently been addressed in CEQA documents, such that CEQA and case law does not provide guidance relative to their assessment. Significance thresholds, quantitative or otherwise have not been adopted by the Ventura County Air Pollution Control District (APCD) or the City of Ventura.

Pursuant to the requirements of SB 97, the Resources Agency adopted amendments to the *CEQA Guidelines* for the feasible mitigation of GHG emissions or the effects of GHG emissions. The adopted *CEQA Guidelines* provide regulatory guidance on the analysis and mitigation of GHG emissions in CEQA documents, while giving lead agencies the discretion to set quantitative or qualitative thresholds for the assessment and mitigation of GHG and GCC impacts. In addition, in an effort to guide professional planners, land use officials and CEQA practitioners, OPR prepared *CEQA and Climate Change: Addressing Climate Change through California Environmental Quality Act (CEQA)*. This document offers informal guidance regarding the steps lead agencies should take to address climate change in CEQA documents. This guidance was developed in cooperation with the Resources Agency, Cal EPA, and the CARB.

### 5.3.5 Climate Change Impact Analysis

The information provided in this section is based on recently established California goals for reducing GHG emissions, as well as a project-specific emissions inventory developed for the proposed project. How a proposed project might contribute to GCC and the overall effect of an individual project based on that contribution are still being debated. As previously discussed, no statewide thresholds or methodologies for determining the significance of a project's potential cumulative contribution to GCC have been adopted to date. An individual project (unless it is a massive construction project, such as a dam or a new freeway project, or a large fossil-fuel fired power plant) does not generate sufficient GHG emissions to directly influence GCC; therefore, the issue of global climate change typically involves an analysis of whether a project's contribution towards a cumulative impact is cumulatively considerable. "Cumulatively considerable" means that the incremental effects of an individual project are significant when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.

Methodology. This analysis is based on (1) the methodologies recommended by the California Air Pollution Control Officers Association [CAPCOA] (January 2008) *CEQA and Climate Change* white paper and (2) consistency with the goals, strategies, and control measures established by AB 32 and associated guidance documents, including the 2006 Climate Action Team's report, the 2008 OPR guidance strategies, the CEQA Guidelines energy conservation measures, and the Green Guide for Health Care Program.

*The Quantitative Threshold.* CAPCOA's tiered approach, discussed below, is one of several discussed in their white paper, none of which are mandated by statute or regulation. The CAPCOA white paper was prepared "as a resource, not a guidance document. It is not intended, and should not be interpreted, to dictate the manner in which an air district or lead agency chooses to address greenhouse gas emissions in the context of its review of projects under CEQA." Furthermore, *CEQA Guidelines* Section 15064.4 expressly provides that a "lead agency shall have discretion to determine, in the context of a particular project," whether to "[u]se a model or methodology to quantify greenhouse gas emissions resulting from a project, and which model or methodology to use." A lead agency also has discretion under the *CEQA Guidelines* to "[r]ely on a qualitative analysis or [quantitative] performance based standards."

In its 2008 white paper, CAPCOA conducted an analysis of various approaches and significance thresholds that a lead agency could choose to adopt. A zero threshold approach could be considered based on the concept that climate change is a global phenomenon in that all GHG emissions generated throughout the Earth contribute to it, and not controlling small source emissions would potentially neglect a major portion of the GHG inventory. However, the *CEQA Guidelines* also recognize that there may be a point where a project's contribution, although above zero, would not be a considerable contribution to the cumulative impact (*CEQA Guidelines*, Section 15130 (a)). Therefore, a threshold of greater than zero is considered more appropriate for the analysis of GHG emissions under CEQA.

CAPCOA' white paper also included a "tiered" approach to analyzing a project's impacts on climate change. Under this "tiered" approach, a lead agency would "establish different levels at which to determine if a project would have a significant impact. The tiers could be established

based on the gross GHG emission estimates for a project or could be based on the physical size and characteristics of the project. This approach would then prescribe a set of GHG mitigation strategies that would have to be incorporated into the project in order for the project to be considered less than significant." The following discussion relies upon the tiered approach. The first step in the "tiered" approach requires consideration of whether a project is consistent with a qualifying "green list" (a listing of projects that make "a positive contribution to California efforts to reduce GHG emissions") or a general plan or regional plan that has already been determined to reduce GHG emissions consistent with AB 32.

If a project is not encompassed by a plan in the first step, the second step in the "tiered" approach is to determine whether a project is above or below a quantitative threshold. Possible quantitative thresholds were set forth ranging from a 900 metric tons CDE per year to 40,000 – 50,000 metric tons CDE per year. CAPCOA also includes thresholds based not on emissions output (in metric tons) but on project size (in square feet and by land use). Each is listed in Table 4.9-1 below.

**Table 4.9-1**
**CAPCOA Suggested Thresholds for Greenhouse Gases**

| | |
|---|---|
| Quantitative (900 tons) | ~900 tons CDE/year |
| Quantitative<br>CARB Reporting<br>Threshold/Cap and Trade | Report: 25,000 tons CDE/year<br><br>Cap and Trade: 10,000 tons CDE/year |
| Quantitative<br>Regulated Inventory Capture | ~40,000 - 50,000 tons CDE/year |
| Qualitative<br>Unit-Based Threshold | Commercial space > 50,000 sf |
| Statewide, Regional or<br>Area-wide<br>(CEQA Guidelines 15206(b)). | Office Space > 250,000 sf |

**sf = square feet*
*Sources: California Air Pollution Control Officers Association (CAPCOA), CEQA & Climate Change, January 2008.*

The lowest threshold, based on a market capture theory that requires mitigation for greater than 90% of likely future discretionary development, would use a quantitative threshold of greater than 900 metric tons CDE/year for most projects, which would generally correspond to office projects of approximately 35,000 square feet, retail projects of approximately 11,000 square feet, or supermarket space of approximately 6,300 square feet. Similarly, a unit-based market capture approach (focused on a project's square feet rather than metric tons of emissions) discussed by CAPCOA would again try to capture 90% of future discretionary projects. CAPCOA discusses a 50,000 sq. ft. threshold for commercial development that would roughly correspond to the 900 metric ton threshold.

The conclusions in this section do not result from either of the two market capture thresholds. As CAPCOA's white paper notes, there is often a large variance between projects and their characteristics such that unit-based measures (square feet here) cannot accurately determine

whether a project will have a significant impact on global climate change. While the 900 metric ton threshold deals with this concern, the threshold will, like a zero threshold, capture projects that do not have a considerable contribution to the cumulative impact.

The conclusions in this section also do not rely upon the CARB reporting threshold discussed in the white paper. This threshold of 25,000 metric tons is based on CARB regulations requiring mandatory reporting of emissions from industrial facilities such as cement plants, oil refineries, hydrogen plants, and other stationary sources. The 25,000 metric ton threshold is designed to cause the reporting of 94 percent of emissions associated with these stationary sources. However, because (A) the CMH Code and proposed hospital are not industrial or stationary sources like a cement plant or oil refinery, and (B) this threshold is based on a reporting objective and not necessarily determinative of the significance of the environmental effect, this threshold is not appropriate for this project. Similarly, another potential threshold of 10,000 metric tons was considered by the Market Advisory Committee for inclusion as it determines the eligibility of an entity to participate in a GHG Cap and Trade System in California. For the same reasons, that threshold does not adequately correspond to the CMH Code, which is not a single stationary source that would be subject to a cap and trade program.

The CAPCOA white paper also discusses a threshold based on unit numbers that attempt to capture projects that are regionally significant pursuant to CEQA Guidelines Section 15206. That threshold would apply to office projects greater than 250,000 sf. Because the CMH Code is not a regionally significant project, and, as noted above, because thresholds based on units are inherently inaccurate given the variances between project types and associated GHG emissions, this threshold is not utilized. It is also worth noting that thresholds based on square feet are particularly inappropriate for the hospital expansion because the expansion, while adding square feet, is not significantly expanding the services or capacity of the hospital. For the same reasons that impacts are measured by the net increase in beds rather than the net increase in square feet, reliance upon a unit-based threshold would not accurately reflect the CMH Code's GHG emissions impacts.

The remaining threshold discussed in the CAPCOA white paper analogizes GHG emissions to the emissions of ozone precursors such as NOx and ROG. The white paper notes that the "historical management of ozone nonattainment issues in urbanized air districts is somewhat analogous to today's concerns with greenhouse gas emissions in that regional ozone concentrations are a cumulative air quality problem caused by relatively small amounts of NOx and ROG emissions from thousands of individual sources, none of which emits enough by themselves to cause elevated ozone concentrations. Those same conditions apply to global climate change where the environmental problem is caused by emissions from a countless number of individual sources, none of which is large enough by itself to cause the problem. Because establishment of NOx/ROG emissions CEQA significance thresholds has been a well-tested mechanism to ensure that individual projects address cumulative impacts and to force individual projects to reduce emissions under CEQA, this threshold presumes the analogy of NOx/ROG emission thresholds could be used to develop similar GHG thresholds." The ozone precursor threshold is the most analogous to the GHG emissions analysis and the most appropriate to consider the climate change impacts of the CMH Code.

To reach the numeric thresholds under the zone precursor analogy, the white paper evaluated the total inventory of ozone precursors such as NOx and ROG emissions and determined what percentage of that inventory corresponded to a significance threshold for the ozone precursors. Examining agencies that have utilized this approach, CAPCOA determined that this methodology generally results in a GHG emissions threshold between approximately 40,000 to 50,000 metric tons per year. The CMH Code will be analyzed under that numeric threshold.

The third step in CAPCOA's "tiered" approach is to identify mitigation measures for projects that will produce GHG emissions above the selected significance threshold. These projects are subject to mitigation that correspond with the project's impacts. For example, all projects should, according to CAPCOA, be subject to "Level 1" mitigation measures regardless of CEQA. Level 1 mitigation measures include transit stops for planned routes, Energy Star appliances, Title 24 compliance, and water use efficiency measures. If a project is above a threshold, however, it must also utilize "Level 2" mitigation measures, which may include LEED Silver or Gold Certification, the exceedance of Title 24 building standards by 20 percent, and Traffic Demand Management (TDM) measures. If further mitigation is necessary to reduce emissions to below threshold levels, "Level 3" mitigation measures should be implemented according to CAPCOA. Level 3 measures include on-site renewable energy systems, LEED Platinum certification, exceedance of Title 24 building requirements by 40 percent, required recycled water use for irrigation, and zero waste/high recycling requirements.

To determine whether the CMH Code will exceed the CAPCOA threshold described above, calculations of $CO_2$, $CH_4$, and $N_2O$ are provided below for full disclosure of the magnitude of potential project effects. The analysis focuses on $CO_2$, $N_2O$, and $CH_4$ as GHG emissions that the project would emit in the largest quantities, as compared to other GHGs (such as chlorofluorocarbons [CFCs]). Calculations were based on the methodologies discussed in the CAPCOA white paper (January 2008) and included the use of the California Climate Action Registry General Reporting Protocol (March 2007).

*Construction-related Emissions.* While construction-related GHG emissions are temporary in nature and not analyzed under the CAPCOA thresholds of significance, a quantification of construction-related emissions is provided for informational purposes. Emissions associated with construction were estimated using the California Air Resources Board's URBEMIS 2007 (Version 9.2.4) computer model and the California Climate Action Registry General Reporting Protocol (March 2007).

*Emissions from Electricity Consumption*. Operational emissions of $CO_2$ associated with space heating and landscape maintenance were quantified using the CARB's URBEMIS 2007 (version 9.2.4) computer model based on default characteristics for hospital operations. $N_2O$ and $CH_4$ emissions were quantified using the California Climate Action Registry General Reporting Protocol (March 2007) emission factors for electricity use (see Appendix C for calculations). The calculations and emission factors contained in the General Reporting Protocol were selected based on technical advice provided to the Registry by the California Energy Commission. This methodology is considered reasonable and reliable for use as it has been subjected to peer review by numerous public and private stakeholders, in particular the California Energy Commission, and is recommended by CAPCOA (January 2008).

*Direct Emissions from Mobile Combustion.* Emissions of $CO_2$ from transportation sources were quantified using the CARB's URBEMIS 2007 (version 9.2.4) computer model. $N_2O$ and $CH_4$ emissions were quantified using the California Climate Action Registry General Reporting Protocol (March 2007) direct emission factors for mobile combustion (see Appendix C for calculations). Total daily mileage was calculated in URBEMIS 2007 and extrapolated to derive total annual mileage. Emission rates were based on the vehicle mix output, generated by URBEMIS, and emission factors found in the California Climate Action Registry General Reporting Protocol.

It should be noted that one of the limitations to a quantitative analysis is that emission models, such as URBEMIS, evaluate aggregate emissions and do not demonstrate, with respect to a global impact, what proportion of these emissions are "new" emissions, specifically attributable to the proposed project in question. For most projects, the main contribution of GHG emissions is from motor vehicles and the total vehicle miles traveled (VMT), but the quantity of these emissions appropriately characterized as "new" is uncertain. Traffic associated with a project may be relocated trips from other locales, and consequently, may result in either a higher or lower net VMT. In this instance, it is likely that some of the proposed project-related GHG emissions, associated with traffic and energy demand, would be truly "new" emissions; but, it is also likely that some of the emissions represent diversion of emissions from other locations. Thus, although GHG emissions are associated with the project, it is not possible to discern how much diversion is occurring or what fraction of those emissions represent global increases. In the absence of information regarding the types of trips, the VMT generated by URBEMIS is used as a conservative, worst-case estimate.

*Consistency with CAT Report Strategies, OPR Guidance, CEQA Guidelines, and the Green Guide for Health Care.* As discussed above, the Climate Action Team, established by Executive Order S-3-05, has recommended strategies to reduce GHG emissions at a statewide level to meet the goals of the Executive Order. Similarly, the Office of Planning and Research published a guidance document regarding the analysis of GHG emissions in CEQA documents. Additionally, Appendix F to the CEQA Guidelines provides energy conservation measures which in turn reduce GHG emissions. A consistency analysis is provided for those measures as well. Finally, the hospital's compliance with the Green Guide for Health Care, a guide containing requirements similar to LEED that can be utilized for the hospital, is discussed. This section analyzes the impacts of the CMH Code by considering whether and how the Code is consistent with the goals and strategies contained in the four listed documents. The first three documents are analyzed in light of the entire project (Phases I and II of the CMH Code). The Green Guide for Health Care is analyzed against the first phase since, at this time, only the proposed hospital expansion is registered with the Green Guide program.

**Impact GCC-1 Development of Phase I and II under the CMH Code would generate GHG emissions; however, the emissions would not exceed the City's selected numeric significance threshold, derived from the January 2008 CAPCOA white paper. To further reduce GHG emissions, the project would include CAPCOA's Level 1 mitigation measures. The project's impacts on global climate change would be Class III, *less than significant*.**

Estimate of GHG Emissions. The project's sources of GHG emissions are discussed below along with the quantification of each source's emissions.

*Construction-Related Emissions.* Construction of the proposed project would generate temporary GHG emissions primarily due to the operation of construction equipment and truck trips. Site grading typically generates the greatest amount of emissions due to the use of grading equipment and soil hauling. Emissions associated with construction were estimated using the California Air Resources Board's URBEMIS 2007 (Version 9.2.4) computer model and the California Climate Action Registry General Reporting Protocol (March 2007).

As discussed in Section 2.0, *Project Description*, Phase I would occur from 2010 to 2014 and Phase II would occur over a period of years**.** For a conservative estimate, it was assumed that construction activities would occur for approximately 260 days during each year of construction. The average CO2 generated during construction would be 2,174 pounds per day (derived from URBEMIS 2007 version 9.2.4 computer model results). Assuming the average pounds of CO2 per day during the construction period (260 days per year), construction activity would generate an estimated 256 metric tons of carbon dioxide equivalent (CDE) units per year at the project site, as shown in Table 4.9-2.

**Table 4.9-2**
**Estimated Annual Construction Emissions of Greenhouse Gases**

| Source | Annual Emissions | |
|---|---|---|
| | **Emissions** | ***CDE*** |
| $CO_2$* | 282.62 tons (short, US) | 256 metric tons |
| $CH_4$ | N/A | 0.00 metric tons |
| $N_2O$ | N/A | 0.00 metric tons |
| | **Total** | **256 metric tons** |

** $CO_2$ emission estimates are partially based on the URBEMIS model (see Appendix C)*
*CDE = carbon dioxide equivalents*
*Calculation Methodology per 30, Version 2.2, March 2007, pages 30-35.*
*See Appendix C for GHG emission factor assumptions.*
*N/A = Emissions generated for methane and nitrous oxide are not estimated by the URBEMIS model and are therefore not available.*

*Operational Indirect and Stationary Direct Emissions.* Phase I of the Project would include a 10-bed increase in the Hospital, 104,000 square feet of medical office reuse within the old hospital, and 3,900 square feet of retail development. For the purposes of modeling, since the existing hospital is already operational, reuse of the old hospital was omitted from the emissions calculations. Such development would consume an estimated net increase of 8,200,544 kilowatt-hours [kWh]/year of electricity during Phase I (see Table 4.9-3). Phase II would include construction of an additional 162,950 sf of medical office space and construction of a 570 space parking garage. However, because there are currently 45,506 sf of existing use that would be demolished, the net increase would be 117,444 sf of medical office use. Phase II

development would generate demand for a net increase of 2,024,100 kilowatt-hours [kWh]/year of electricity (see Table 4.9-4).

**Table 4.9-3**
**Phase I Estimated Electricity Consumption**

| Use | Square Feet | Electricity Demand Factor [1] | Annual Electricity Demand (kWH/year) |
|---|---|---|---|
| Retail | 3,900 | 14.3 kWH/sf/year | 55,770 |
| Hospital | 355,667 | 22.9 kWH/sf/year | 8,144,774 |
| | | **Phase I Total** | 8,200,544 |

*sf = square feet kWH = kilowatt hour*
*[1] Generation Factor Source: Energy Information Administration, 2008. 2003 CBECS Detailed Tables*
*Medical office reuse not included in electricity calculations, because the existing space is occupied and currently draws electricity.*

**Table 4.9-4**
**Phase II Estimated Electricity Consumption**

| Use | Square Feet | Electricity Demand Factor [1] | Annual Electricity Demand (kWH/year) |
|---|---|---|---|
| Medical Office | 117,000 | 17.3 kWH/sf/year | 2,819,035 |
| | | **Phase II Total** | 2,024,100 |

*sf = square feet kWH = kilowatt hour*
*[1] Generation Factor Source: Energy Information Administration, 2008. 2003 CBECS Detailed Tables*

The generation of electricity through combustion of fossil fuels typically yields $CO_2$, and to a lesser extent $N_2O$ and $CH_4$. As discussed above, annual electricity emissions can be calculated using the California Climate Action Registry General Reporting Protocol, which has developed emission factors based on the mix of fossil-fueled generation plants, hydroelectric power generation, nuclear power generation, and alternative energy sources associated with the regional grid. $CO_2$ emission estimates using the URBEMIS model also take into account emissions from other operational sources such as natural gas use for space heating. Tables 4.9-5 and 4.9-6 show the operational emissions of GHGs associated with electricity consumption due to Phase I and Phase II development.

*Transportation Emissions.* Mobile source GHG emissions were estimated using the average daily trips estimate generated by the traffic report and the total vehicle miles traveled estimated in URBEMIS 2007 (v. 9.2.4). The URBEMIS 2007 model estimates that Phase I development would generate approximately 30,361 daily VMT and that Phase II development would generate approximately 31,825 VMT. Tables 4.9-7 and 4.9-8 show the estimated

emissions of GHGs that would result from the increase in VMT associated with development under Phases I and II.

**Table 4.9-5**
**Phase I Estimated Annual Operational Emissions of Greenhouse Gases**

| Source | Annual Emissions | |
|---|---|---|
| | **Emissions** | *CDE* |
| $CO_2$* | 3,299 tons (short, US) | 2,993 metric tons |
| $CH_4$ | 0.03 metric tons | 0.6 metric tons |
| $N_2O$ | 0.01 metric tons | 4.1 metric tons |
| | **Total** | **3,153 metric tons** |

** $CO_2$ emission estimates are partially based on the URBEMIS model (see Appendix C), which also take into account emissions from other operational sources, such as natural gas used for space heating.*
*CDE = carbon dioxide equivalents*
*Calculation Methodology per 30, Version 2.2, March 2007, pages 30-35.*
*See Appendix C for GHG emission factor assumptions.*

**Table 4.9-6**
**Phase II Estimated Annual Operational Emissions of Greenhouse Gases**

| Source | Annual Emissions | |
|---|---|---|
| | **Emissions** | *CDE* |
| $CO_2$* | 814 tons (short, US) | 739 metric tons |
| $CH_4$ | 0.01 metric tons | 0.1 metric tons |
| $N_2O$ | 0.0 metric tons | 1.0 metric tons |
| | **Total** | **895 metric tons** |

** $CO_2$ emission estimates are partially based on the URBEMIS model (see Appendix C), which also take into account emissions from other operational sources, such as natural gas used for space heating.*
*CDE = carbon dioxide equivalents*
*Calculation Methodology per 30, Version 2.2, March 2007, pages 30-35.*
*See Appendix C for GHG emission factor assumptions.*

**Table 4.9-7**
**Phase I Estimated Annual Mobile Emissions of Greenhouse Gases**

| Source | Annual Emissions | |
|---|---|---|
| | **Emissions** | ***CDE*** |
| $CO_2$ | 5,162 tons (short, US) | 4,683 metric tons |
| $CH_4$ | 4.7 metric tons | 107 metric tons |
| $N_2O$ | 5.1 metric tons | 1,517 metric tons |
| | **Total** | **6,307 metric tons** |

*CDE = carbon dioxide equivalents*
*Calculation Methodology per California Climate Action Registry General Reporting Protocol, Reporting Entity-Wide Greenhouse Gas Emissions, Version 2.2, March 2007, pages 30-35.*
*See Appendix C for GHG emission factor assumptions.*

**Table 4.9-8**
**Phase II Estimated Annual Mobile Emissions of Greenhouse Gases**

| Source | Annual Emissions | |
|---|---|---|
| | **Emissions** | ***CDE*** |
| $CO_2$ | 5,410 tons (short, US) | 4,908 metric tons |
| $CH_4$ | 4.9 metric tons | 112 metric tons |
| $N_2O$ | 5.4 metric tons | 1,590 metric tons |
| | **Total** | **6,610 metric tons** |

*CDE = carbon dioxide equivalents*
*Calculation Methodology per California Climate Action Registry General Reporting Protocol, Reporting Entity-Wide Greenhouse Gas Emissions, Version 2.2, March 2007, pages 30-35.*
*See Appendix C for GHG emission factor assumptions.*

*Combined Stationary and Mobile Source Emissions.* Tables 4.9-9 and 4.9-10 combine the operational and mobile GHG emissions associated with Phase I and II development. GHG emissions associated with Phase I would total approximately 9,460 metric tons per year of CDE. This total represents roughly 0.002% of California's total 2004 emissions of 492 million metric tons. GHG emissions associated with Phase II would total approximately 7,505 metric tons per year of CDE. This total represents roughly 0.002% of California's total 2004 emissions of 492 million metric tons.

**Table 4.9-9**
**Phase I Combined Annual Emissions of Greenhouse Gases**

| Emission Source | Annual Emissions |
|---|---|
| Operational | 3,153 metric tons CDE |
| Mobile | 6,307 metric tons CDE |
| **Phase I Total** | **9,460 metric tons CDE** |

*CDE = carbon dioxide equivalents*
*Sources: Operational Emissions from URBEMIS 2007 (version 9.2.4). California Climate Action Registry General Reporting Protocol, Reporting Entity-Wide Greenhouse Gas Emissions, Version 2.2, March 2007.*

**Table 4.9-10**
**Phase II Combined Annual Emissions of Greenhouse Gases**

| Emission Source | Annual Emissions |
|---|---|
| Operational | 895 metric tons CDE |
| Mobile | 6,610 metric tons CDE |
| **Project Total** | **7,505 metric tons CDE** |

*CDE = carbon dioxide equivalents*
*Sources: Operational Emissions from URBEMIS 2007 (version 9.2.4). California Climate Action Registry General Reporting Protocol, Reporting Entity-Wide Greenhouse Gas Emissions, Version 2.2, March 2007.*

The emission levels shown in Tables 4.9-9 and 4.9-10 assume that all GHG emissions associated with the CMH Code are new emissions that would not occur if the proposed CMH Code was not implemented. In reality, a majority of the emissions already occur insofar as the Hospital District is currently utilized and some of the buildout under the CMH Code encompasses development that would relocate to the District from other areas within the City.

The emissions estimates for the CMH Code are also conservative because the emissions estimates are, as discussed above, based off of the square feet of development to be added under the CMH Code. As described above, square footage is not representative of the likely impacts of the hospital expansion. In this case, the project consists of the construction of a replacement building to house an existing hospital facility with an increase in capacity of 10 beds, while providing increased square footage to accommodate changing code requirements, larger private patient rooms, and adequately accommodate outpatient services. Moreover, the Phase II analysis conservatively assumes that all uses will be medical office, the most intensive of the permissible uses for the purpose of GHG emissions.

*Comparison of GHG Emissions to CAPCOA Thresholds*. As discussed under *Methodology*, CAPCOA (January 2008) provides a "tiered" approach to analyzing climate change impacts of a project that has been adopted for this Recirculated DEIR. Applying the first step of CAPCOA's "tiered" approach, there is no adopted "green list" or AB 32-consistent general or regional plan encompassing the proposed CMH Code. Consequently, the use of a quantitative threshold is appropriate. Table 4.9-1 shows CAPCOA's suggested thresholds for GHG emissions that could be selected under the "tiered" approach. These various approaches suggested by CAPCOA are used herein to determine whether or not the proposed project's GHG emissions are "cumulatively considerable."

As indicated in tables 4.9-9 and 4.9-10, development facilitated by the CMH Code would increase the global GHG inventory by an estimated 9,460 metric tons CDE/year during Phase I and 7,505 metric tons CDE/year during Phase II. At buildout, the Project would emit a combined total of 16,965 metric tons of CDE/year. Based on CAPCOA-suggested threshold of 40,000 to 50,000 metric tons CDE/year, the CMH Code's contribution of about 9,460 metric tons CDE/year for Phase I would not exceed the numeric threshold. Similarly, the contribution of 7,505 metric tons CDE/year for Phase II would not exceed the quantitative threshold of 40,000 to 50,000 metric tons CDE/year. Even when combined, the GHG emissions from the two phases would be below the threshold. Please note that GHG emissions from construction have not been added into the above total due to the fact that the significance threshold is based on an annual emission level and construction will not overlap with operational emissions (the latter of which is greater and still does not exceed the significance threshold). Still, including the construction and operational emissions would not exceed the significance threshold.

Nevertheless, the proposed project would adopt the CAPCOA "Level 1" mitigation to reduce impacts associated with GHG emissions. The following design features will be made conditions of project approval and apply throughout the CMH Code:

**GCC-1** **Global Climate Change.** The following design features shall be incorporated.

- *New buildings within the Hospital District will have bicycle parking;*
- *The Hospital District includes transit stops for planned routes;*
- *New buildings within the Hospital District will utilize Energy Star roofs and Energy Star appliances;*
- *New buildings within the Hospital District will comply with Title 24*

**Mitigation Measures.** The proposed CMH Code does not produce GHG emissions above the applicable quantitative threshold, and no mitigation is required. To reduce GHG emissions, however, the project's design features would include CAPCOA's "Level 1" mitigation measures. In addition, mitigation measure AQ-3(a) will require a reduction in Energy Efficiency of 20% beyond Title 24, which is a CAPCOA "Level 2" mitigation measure. Other project design features discussed below in Impact GCC-2 would further reduce GHG emissions.

**Significance After Mitigation.** The impact with respect to GHG emissions is Class III, less than significant.

**Impact GCC-2 The proposed CMH Code is consistent with the GHG reduction strategies and measures in the Climate Action team report, OPR guidance document, and CEQA Guidelines. The proposed hospital expansion is consistent with the Green Guide for Health Care. The CMH Code's impacts related to the project's consistency with plans designed to reduce GHG emissions are Class III, *less than significant*.**

GHG reduction strategies and measures in the Climate Action team report, OPR guidance document, and the Green Guide for Health Care are discussed below. Please note that the Green Guide is discussed in the context of Phase I of the project only since it applies to the hospital expansion.

*Climate Action Team Strategies Evaluation.* The Climate Action Team, established by Executive Order S-3-05, has recommended strategies to reduce GHG emissions at a statewide level to meet the goals of the Executive Order (http://www.climatechange.ca.gov/climate_action_team/index.html). Several of these actions are already required by California regulations. The CMH Code's consistency with the Climate Action Team Strategies is discussed in Table 4.9-11. It should be noted that because the CMH Code seeks to intensify development in an existing urban environment, it would be expected to reduce reliance on the drive-alone automobile. A reduction in vehicle use and vehicle miles traveled would result in a reduction in fuel consumption and in air pollutant emissions, including GHG emissions.

**Table 4.9-11**
**CMH Code Consistency with Applicable Climate Action Team Greenhouse Gas Emission Reduction Strategies**

| Strategy | CMH Code Consistency |
|---|---|
| ***California Air Resources Board*** | |
| ***Vehicle Climate Change Standards***<br>AB 1493 (Pavley) required the state to develop and adopt regulations that achieve the maximum feasible and cost-effective reduction of climate change emissions emitted by passenger vehicles and light duty trucks. Regulations were adopted by the CARB in September 2004. | **Consistent**<br>Vehicles that travel to and from the Hospital District on public roadways would be in compliance with CARB vehicle standards that are in effect at the time of vehicle purchase. |
| ***Diesel Anti-Idling***<br>The CARB adopted a measure to limit diesel-fueled commercial motor vehicle idling in July 2004. | **Consistent**<br>Current State law restricts diesel truck idling to five minutes or less. Diesel trucks operating from and making deliveries to the Hospital District are subject to this statewide law. Construction vehicles are also subject to this regulation. |
| ***Hydrofluorocarbon Reduction***<br>1) Ban retail sale of HFC in small cans.<br>2) Require that only low GWP refrigerants be used in new vehicular systems.<br>3) Adopt specifications for new commercial | **Consistent**<br>This strategy applies to consumer products. All applicable products would comply with the regulations that are in effect at the time of manufacture. |

**Table 4.9-11**
**CMH Code Consistency with Applicable Climate Action Team Greenhouse Gas Emission Reduction Strategies**

| Strategy | CMH Code Consistency |
|---|---|
| refrigeration.<br>4) Add refrigerant leak-tightness to the pass criteria for vehicular inspection and maintenance programs.<br>5) Enforce federal ban on releasing HFCs. | |
| ***Alternative Fuels: Biodiesel Blends***<br>CARB would develop regulations to require the use of 1 to 4 percent biodiesel displacement of California diesel fuel. | **Consistent**<br>Diesel vehicles that travel to and from the Hospital District on public roadways could utilize this fuel once it is commercially available. |
| ***Alternative Fuels: Ethanol***<br>Increased use of E-85 fuel. | **Consistent**<br>People traveling to and from the Hospital District could choose to purchase flex-fuel vehicles and utilize this fuel once it is commercially available in the region and local vicinity. |
| ***Heavy-Duty Vehicle Emission Reduction Measures***<br>Increased efficiency in the design of heavy duty vehicles and an education program for the heavy duty vehicle sector. | **Consistent**<br>Heavy-duty vehicles that travel to and from the Hospital District on public roadways would be subject to all applicable CARB efficiency standards that are in effect at the time of vehicle manufacture. |
| ***Achieve 50% Statewide Recycling Goal***<br>Achieving the State's 50% waste diversion mandate as established by the Integrated Waste Management Act of 1989, (AB 939, Sher, Chapter 1095, Statutes of 1989), will reduce climate change emissions associated with energy intensive material extraction and production as well as methane emission from landfills. A diversion rate of 48% has been achieved on a statewide basis. Therefore, a 2% additional reduction is needed. | **Consistent**<br>The City of Ventura has already achieved the 50% Statewide Recycling Goal. It is anticipated that the Hospital District would similarly divert at least 50% of its solid waste through recycling. Development projects under the CMH Code will be conditioned to provide recycling bins to promote recycling of paper, metal, glass, and other recyclable material. |
| ***Zero Waste – High Recycling***<br>Efforts to exceed the 50% goal would allow for additional reductions in climate change emissions. | **Consistent**<br>It is anticipated that the Hospital District would similarly divert at least 50% of its solid waste through recycling. Projects under the CMH Code would be conditioned to provide recycling bins to promote recycling. Individual projects under the CMH Code would also be subject to all applicable State and City requirements for solid waste reduction as they change in the future. |
| **Department of Forestry** | |
| ***Urban Forestry***<br>A new statewide goal of planting 5 million trees in urban areas by 2020 would be achieved through the expansion of local urban forestry programs. | **Consistent**<br>The CMH Code incorporates vegetation in the Hospital District and street trees on surrounding streets. In addition, the Hospital District would include two new open space areas. |
| **Department of Water Resources** | |
| ***Water Use Efficiency*** | **Consistent** |

**Table 4.9-11**
**CMH Code Consistency with Applicable Climate Action Team Greenhouse Gas Emission Reduction Strategies**

| Strategy | CMH Code Consistency |
|---|---|
| Approximately 19% of all electricity, 30% of all natural gas, and 88 million gallons of diesel are used to convey, treat, distribute and use water and wastewater. Increasing the efficiency of water transport and reducing water use would reduce greenhouse gas emissions. | The CMH Code proposes to include drainage processes, such as parks, infiltration systems, and a storm water treatment system to retain runoff from the Hospital District and recharge groundwater supplies. |
| **Energy Commission (CEC)** | |
| ***Building Energy Efficiency Standards in Place and in Progress***<br>Public Resources Code 25402 authorizes the CEC to adopt and periodically update its building energy efficiency standards (that apply to newly constructed buildings and additions to and alterations to existing buildings). | **Consistent**<br>All future development under the CMH Code would need to comply with the standards of Title 24 that are in effect at the time of development. |
| ***Appliance Energy Efficiency Standards in Place and in Progress***<br>Public Resources Code 25402 authorizes the Energy Commission to adopt and periodically update its appliance energy efficiency standards (that apply to devices and equipment using energy that are sold or offered for sale in California). | **Consistent**<br>Under State law, appliances that are purchased for any development under the CMH Code, both pre- and post-development, would be consistent with energy efficiency standards that are in effect at the time of manufacture. |
| ***Fuel-Efficient Replacement Tires & Inflation Programs***<br>State legislation established a statewide program to encourage the production and use of more efficient tires. | **Consistent**<br>Community members traveling to and from the Hospital District site could purchase tires for their vehicles that comply with state programs for increased fuel efficiency. |
| ***Municipal Utility Energy Efficiency Programs/Demand Response***<br>Includes energy efficiency programs, renewable portfolio standard, combined heat and power, and transitioning away from carbon-intensive generation. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by municipal utility providers. |
| ***Municipal Utility Renewable Portfolio Standard***<br>California's Renewable Portfolio Standard (RPS), established in 2002, requires that all load serving entities achieve a goal of 20 percent of retail electricity sales from renewable energy sources by 2017, within certain cost constraints. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by Southern California Edison. |
| ***Municipal Utility Combined Heat and Power***<br>Cost effective reduction from fossil fuel consumption in the commercial and industrial sector through the application of on-site power production to meet both heat and electricity loads. | *Not applicable* since this strategy addresses incentives that could be provided by utility providers such as Southern California Edison and The Gas Company. |
| ***Alternative Fuels: Non-Petroleum Fuels***<br>Increasing the use of non-petroleum fuels in | **Consistent**<br>People traveling to and from the Hospital District could |

**Table 4.9-11**
**CMH Code Consistency with Applicable Climate Action Team Greenhouse Gas Emission Reduction Strategies**

| Strategy | CMH Code Consistency |
|---|---|
| California's transportation sector, as recommended as recommended in the CEC's 2003 and 2005 Integrated Energy Policy Reports. | purchase alternative fuel vehicles and utilize these fuels once they are commercially available in the region and local vicinity. |
| **Business, Transportation and Housing** | |
| ***Measures to Improve Transportation Energy Efficiency***<br>Builds on current efforts to provide a framework for expanded and new initiatives including incentives, tools and information that advance cleaner transportation and reduce climate change emissions. | **Consistent**<br>The proposed CMH Code seeks to promote walkability, alternative modes of transportation, and bicycling as a mode of transportation. In addition, the CMH Code includes incentives that would encourage those traveling to and from the Hospital District to utilize alternative transportation to travel to the Hospital District. |
| ***Smart Land Use and Intelligent Transportation Systems (ITS)***<br>Smart land use strategies encourage jobs/housing proximity, promote transit-oriented development, and encourage high-density residential/commercial development along transit corridors.<br><br>ITS is the application of advanced technology systems and management strategies to improve operational efficiency of transportation systems and movement of people, goods and services.<br><br>The Governor is finalizing a comprehensive 10-year strategic growth plan with the intent of developing ways to promote, through state investments, incentives and technical assistance, land use, and technology strategies that provide for a prosperous economy, social equity and a quality environment.<br><br>Smart land use, demand management, ITS, and value pricing are critical elements in this plan for improving mobility and transportation efficiency. Specific strategies include: promoting jobs/housing proximity and transit-oriented development; encouraging high density residential/commercial development along transit/rail corridor; valuing and congestion pricing; implementing intelligent transportation systems, traveler information/traffic control, incident management; accelerating the development of broadband infrastructure; and comprehensive, integrated, multimodal/intermodal transportation planning. | **Consistent**<br>Development under the proposed CMH Code would locate new commercial developments, offices, and hospital facilities in relatively close proximity to residential neighborhoods in the vicinity of the Hospital District. This would cut down on vehicular trips to and from the Hospital District. The CMH Code would help guide future development in the area while ensuring efficient land use and a circulation system that effectively moves people, goods and services. |
| **State and Consumer Services Agency** | |
| ***Green Buildings Initiative***<br>Green Building Executive Order, S-20-04 (CA 2004), sets a goal of reducing energy use in public and private buildings by 20 percent by the year 2015, as | **Consistent**<br>As discussed previously, any development under the CMH Code would be required to be constructed in compliance with the standards of Title 24 that are in effect at the time |

**Table 4.9-11**
**CMH Code Consistency with Applicable Climate Action Team Greenhouse Gas Emission Reduction Strategies**

| Strategy | CMH Code Consistency |
|---|---|
| compared with 2003 levels. The Executive Order and related action plan spell out specific actions state agencies are to take with state-owned and -leased buildings. The order and plan also discuss various strategies and incentives to encourage private building owners and operators to achieve the 20 percent target. | of development. |
| **Public Utilities Commission (PUC)** | |
| ***Accelerated Renewable Portfolio Standard***<br>The Governor has set a goal of achieving 33 percent renewable in the State's resource mix by 2020. The joint PUC/Energy Commission September 2005 Energy Action Plan II (EAP II) adopts the 33 percent goal. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by energy providers. |
| ***California Solar Initiative***<br>The solar initiative includes installation of 1 million solar roofs or an equivalent 3,000 MW by 2017 on homes and businesses, increased use of solar thermal systems to offset the increasing demand for natural gas, use of advanced metering in solar applications, and creation of a funding source that can provide rebates over 10 years through a declining incentive schedule. | **Consistent**<br>It is recommended that the developers of future projects under the CMH Code consider the installation and use of solar equipment. |

The CMH Code is consistent with the measures indicated in the 2006 CAT Report. Consistency with this report illustrates that the CMH Code would coincide with the State's greenhouse legislation and would not hinder the ability to meet statewide emission reduction targets.

*June 2008 OPR Technical Advisory Guidance Evaluation*. OPR's guidance regarding the discussion of GHG emissions in CEQA documents may be found at http://www.opr.ca.gov/ceqa/pdfs/june08-ceqa.pdf. The CMH Code's consistency with the relevant OPR Guidance is discussed in Table 4.9-12.

**Table 4.9-12**
**CMH Code Consistency with OPR Guidance**

| Measure | CMH Code Consistency |
|---|---|
| Implement land use strategies to encourage jobs/housing proximity, promote transit-oriented development, and encourage high density development along transit corridors. Encourage compact, mixed-use projects, forming urban villages designed to maximize affordable housing and encourage walking, bicycling and the use of public transit systems. | **Consistent**<br>Development under the proposed CMH Code would locate new commercial developments, offices, and hospital facilities in relatively close proximity to residential neighborhoods in the vicinity of the Hospital District. This would reduce vehicular trips to and from the Hospital District. The CMH Code would help guide future development in the area while ensuring efficient land use |

**Table 4.9-12**
**CMH Code Consistency with OPR Guidance**

| Measure | CMH Code Consistency |
|---|---|
| | and a circulation system that effectively moves people, goods and services.<br><br>The proposed CMH Code also seeks to promote walkability, alternative modes of transportation, and bicycling as modes of transportation. In addition, the CMH Code includes incentives that would encourage those traveling to and from the Hospital District to utilize alternative transportation to travel to the Hospital District. |
| Encourage infill, redevelopment, and higher density development, whether in incorporated or unincorporated settings | **Consistent**<br>The CMH Code would guide development within the already-improved Hospital District and encourage relatively high-density infill development. |
| Encourage new developments to integrate housing, civic and retail amenities (jobs, schools, parks, shopping opportunities) to help reduce VMT resulting from discretionary automobile trips. | **Consistent**<br>Development under the proposed CMH Code would locate new commercial developments, offices, and hospital facilities in relatively close proximity to residential neighborhoods in the vicinity of the Hospital District. This would reduce vehicular trips to and from the Hospital District. The CMH Code would help guide future development in the area while ensuring efficient land use and a circulation system that effectively moves people, goods and services.<br><br>The proposed CMH Code also seeks to promote walkability, alternative modes of transportation, and bicycling as modes of transportation. In addition, the CMH Code includes incentives that would encourage those traveling to and from the Hospital District to utilize alternative transportation to travel to the Hospital District. |
| Apply advanced technology systems and management strategies to improve operational efficiency of transportation systems and movement of people, goods and services. | **Consistent**<br>The CMH Code seeks to promote a planned system of transportation, including accessibility for pedestrians and cyclists. In addition, the site is oriented to encourage the use of several bus lines. |
| Incorporate features into project design that would accommodate the supply of frequent, reliable and convenient public transit. | **Consistent**<br>The proposed CMH Code seeks to promote walkability, alternative modes of transportation, and bicycling as a mode of transportation. In addition, the CMH Code includes incentives that would encourage those traveling to and from the Hospital District to utilize alternative transportation to travel to the Hospital District.<br><br>The Hospital District is sited in an existing urban area in close proximity to several bus lines and bike routes. |
| Implement street improvements that are designed to relieve pressure on a region's most congested roadways and intersections. | **Consistent**<br>Development under the proposed CMH Code would locate new commercial developments, offices, and hospital facilities in relatively close proximity to residential neighborhoods in the vicinity of the Hospital District. This would reduce vehicular trips to and from the Hospital District. The CMH Code would help guide future development in the area while ensuring efficient land use and a circulation system that effectively moves people, goods and services. |

## Table 4.9-12
## CMH Code Consistency with OPR Guidance

| Measure | CMH Code Consistency |
|---|---|
| | The proposed CMH Code also seeks to promote walkability, alternative modes of transportation, and bicycling as modes of transportation. In addition, the CMH Code includes incentives that would encourage those traveling to and from the Hospital District to utilize alternative transportation to travel to the Hospital District.<br><br>The Hospital District is sited in an existing urban area in close proximity to several bus lines and bike routes. |
| Limit idling time for commercial vehicles, including delivery and construction vehicles. | **Consistent**<br>Current State law restricts diesel truck idling to five minutes or less. Diesel trucks operating from and making deliveries to the Hospital District are subject to this statewide law. Construction vehicles are also subject to this regulation. |
| Plant trees and vegetation near structures to shade buildings and reduce energy requirements for heating/cooling. | **Consistent**<br>The CMH Code incorporates vegetation in the Hospital District and street trees on surrounding streets. In addition, the Hospital District would include two new open space areas. |
| Preserve or replace onsite trees (that are removed due to development) as a means of providing carbon storage. | **Consistent**<br>The CMH Code incorporates vegetation in the Hospital District and street trees on surrounding streets. In addition, the Hospital District would include two new open space areas. |
| Encourage public and private construction of LEED (Leadership in Energy and Environmental Design) certified (or equivalent) buildings. | **Consistent**<br>The new hospital building is registered with the Green Guide for Health Care Program. While not affiliated with LEED, this program has been developed for hospitals in collaboration with the U.S. Green Building Council (LEED). (LEED itself is not available for use with the expanded hospital.) |
| Recognize and promote energy saving measures beyond Title 24 requirements for residential and commercial projects | **Consistent**<br>All future development under the CMH Code would need to comply with the standards of Title 24 that are in effect at the time of development.<br><br>In addition to compliance with Title 24, new buildings will be consistent with the *CEQA Guidelines* Appendix F recommended mitigation strategies to conserve energy and reduce GHG impacts. |
| Where feasible, include in new buildings facilities to support the use of low/zero carbon fueled vehicles, such as the charging of electric vehicles from green electricity sources. | **Consistent**<br>The project is seeking incentives to alternative fueled vehicles and will include preferred parking for fuel efficient vehicles. |
| Educate the public, schools, other jurisdictions, professional associations, business and industry about reducing GHG emissions. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by others. |
| Replace traffic lights, street lights, and other electrical uses to energy efficient bulbs and appliances. | **Consistent**<br>As discussed in Section 2.0, *Project Description*, the new hospital is registered with the Green Guide for Healthcare Program. Under this program, the project would comply with the following:<br>**EA1.0** Optimize energy performance<br>**EA7** Equipment efficiency (75% of equipment equal to |

## Table 4.9-12
## CMH Code Consistency with OPR Guidance

| Measure | CMH Code Consistency |
|---|---|
| | "energy star") |
| Purchase Energy Star equipment and appliances for public agency use. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City. New buildings in the Hospital District will utilize "energy star" appliances. |
| Incorporate on-site renewable energy production, including installation of photovoltaic cells or other solar options. | **Consistent**<br>It is recommended that the developers of future projects under the CMH Code consider the installation and use of solar equipment. The project is also seeking to purchase green power under contract to promote renewable energy. |
| Execute an Energy Savings Performance Contract with a private entity to retrofit public buildings. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City. |
| Design, build, and operate schools that meet the Collaborative for High Performance Schools (CHPS) best practices. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the school districts. |
| Retrofit municipal water and wastewater systems with energy efficient motors, pumps and other equipment, and recover wastewater treatment methane for energy production. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City or other agencies. |
| Convert landfill gas into energy sources for use in fueling vehicles, operating equipment, and heating buildings. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by public agencies. |
| Purchase government vehicles and buses that use alternatives fuels or technology, such as electric hybrids, biodiesel, and ethanol. Where feasible, require fleet vehicles to be low emission vehicles. Promote the use of these vehicles in the general community. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City. |
| Offer government incentives to private businesses for developing buildings with energy and water efficient features and recycled materials. The incentives can include expedited plan checks and reduced permit fees. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City. Note that the CMH Code seeks to reduce energy, reduce water use and encourage recycling. |
| Offer rebates and low-interest loans to residents that make energy-saving improvements on their homes. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy. |
| Create bicycle lanes and walking paths directed to the location of schools, parks and other destination points. | **Consistent**<br>The proposed CMH Code seeks to promote walkability, alternative modes of transportation, and bicycling. The Hospital District would include bicycle lanes and greater pedestrian access. |
| Offer government employees financial incentives to carpool, use public transportation, or use other modes of travel for daily commutes. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy. |
| Encourage large businesses to develop commute trip reduction plans that encourage employees who commute alone to consider alternative transportation modes. | **Consistent**<br>The CMH Code includes incentives that would encourage those traveling to and from the Hospital District to carpool and utilize alternative transportation to travel to the Hospital District. |
| Develop shuttle systems around business district parking garages to reduce congestion and create shorter commutes. | *Not applicable*, but the CMH Code would not preclude the City from considering a shuttle system in connection with the future parking garage. |
| Create an online ridesharing program that matches potential carpoolers immediately through email. | **Consistent**<br>The CMH Code includes incentives that would encourage those traveling to and from the Hospital District to carpool. The proposed expanded hospital will consider utilizing an on-line system. |

**Table 4.9-12**
**CMH Code Consistency with OPR Guidance**

| Measure | CMH Code Consistency |
|---|---|
| Develop a Safe Routes to School program that allows and promotes bicycling and walking to school. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy. |
| Create incentives to increase recycling and reduce generation of solid waste by residential users. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy. |
| Implement a Construction and Demolition Waste Recycling Ordinance to reduce the solid waste created by new development. | *Not applicable*, but the CMH Code would not preclude the implementation of this strategy by the City, which has already achieved the 50% Statewide Recycling Goal. It is anticipated that the Hospital District would similarly divert at least 50% of its solid waste through recycling. Development projects under the CMH Code would be conditioned to provide recycling bins to promote recycling of paper, metal, glass, and other recyclable material. |
| Add residential/commercial food waste collection to existing greenwaste collection programs. | **Consistent**<br>Development projects under the CMH Code would be conditioned to provide recycling bins to promote recycling of paper, metal, glass, and other recyclable material. |

*CEQA Guidelines Appendix F Evaluation.* In addition to the above CAT and OPR GHG reduction strategies, the *CEQA Guidelines* Appendix F includes recommended mitigation strategies to conserve energy and reduce GHG impacts. According to this document, mitigation measures may include:

1. *Potential measures to reduce wasteful, inefficient and unnecessary consumption of energy during construction, operation, maintenance and/or removal.*

   As discussed in detail below, the project incorporates several energy efficiency design considerations through the Green Guide for Health Care Program, including the use of energy efficient lighting, energy efficient equipment, and building commissioning. These include credits EAP1, EAP2, EA1.0, EA5, EA6, & EA7.

2. *The potential of siting, orientation, and design to minimize energy consumption, including transportation energy, water conservation and solid-waste reduction.*

   The project is sited in an existing urban area in close proximity to several bus lines and bike routes. In addition, the project is seeking to incentivize carpooling, alternative fueled vehicles and bicycling through Green Guide for Health Care Program credits SS4.2, SS4.3, and SS4.4. In addition, the project design promotes conservation of water resources through credits WEP1, WE2.1, WE2.2, & WE2.3. Lastly, the project promotes solid waste reduction through credits MRP1,. MR2.1, and MR5.1.

3. *The potential for reducing peak energy demand.*

   Peak energy demand would be reduced through overall energy efficiency measures including EAP1, EAP2, EA1.0, EA5, & EA7 as described, which promote the use of equipment and fixtures that have reduced energy demands.

4. *Alternative fuels (particularly renewable ones) or energy systems.*

   The project is seeking to purchase green power under contract to promote renewable energy as indicated by credit EA6.0.

5. *Energy conservation which could result from recycling efforts.*

   The project promotes recycling efforts by designating recycling areas, recycling construction materials, and through the furniture reuse/recycle credit (MRP1, MR2.1, and MR5.1).

The proposed CMH Code would locate new commercial developments, offices, and hospital facilities in relatively close proximity to residential neighborhoods in the vicinity of the Hospital District. This would cut down on vehicular trips to and from the Hospital District. The CMH Code would help guide future development in the area while ensuring efficient land use and a circulation system that effectively moves people, goods and services. In addition, buildings would be required to be designed to comply with requirements of Part 6, Title 24 of the California Building Standards Code – California Energy Code.

*Green Guide for Health Care Program Evaluation.* In addition to the proposed project's consistency with Climate Action Team, OPR and *CEQA Guidelines* strategies, the proposed new hospital is also registered with the Green Guide for Health Care Program. The Green Guide for Health Care™ is the healthcare sector's first quantifiable sustainable design toolkit integrating enhanced environmental and health principles and practices into the planning, design, construction, operations and maintenance of healthcare facilities. The Green Guide is not a LEED® rating system and is not a product of the U.S. Green Building Council. However, the Green Guide has a history of collaboration with the U.S. Green Building Council, beginning with an agreement in 2002 to borrow the organizational structure from the USGBC's LEED Green Building Rating System. The Green Guide for Health Care adopted the LEED structure because it is a familiar and effective method used by a rapidly growing segment of the building design, construction, operations and maintenance industries. For many credits, the Green Guide directly incorporates the language of a parallel LEED credit, referencing credits in the LEED systems for New Construction, Existing Buildings — Operations and Maintenance and Commercial Interiors. In some cases, existing LEED credits have been modified to respond to the unique needs and concerns of healthcare facilities. In others, new credits have been added beyond those in current LEED products.

It is anticipated that the hospital portion of the project would achieve between 24 -40 total points. At this preliminary stage in the design process, the hospital portion of the project has been registered and numerous credits have been identified for pursuit, including the following:

- *SSP1 Erosion control plan*
- *SS1 Avoid virgin land*
- *SS2 Density of > 30ksf/acre*
- *SS4.1 Locate building within ¼ mile of two bus lines*
- *SS4.2 Incorporate bike racks and showers*
- *SS4.3 5% preferred parking for fuel efficient vehicles*
- *SS4.4 5% preferred parking for carpools*

- *SS5.3 50% of parking in a structure*
- *SS6.1 decrease runoff by 25%*
- *SS6.2 Treat 90% of runoff*
- *SS9.1 Provide outdoor place of respite*
- *WEP1 Non-potable water for equipment cooling*
- *WE2.1 Water use measurement (separate meters for different uses)*
- *WE2.2 Motion sensor valves in patient sinks and public toilets*
- *WE2.5 Condensate reuse*
- *EAP1 Basic commissioning*
- *EAP2 Min. energy performance*
- *EAP3 No CFC based refrigerants in HVAC*
- *EA1.0 Optimize energy performance*
- *EA5 Electricity use measurement (separate metering for distinct uses)*
- *EA6.0 Green power purchase contract*
- *EA7 Equipment efficiency (75% of equipment equal to "energy star")*
- *MRP1 Designated recycling collection areas*
- *MRP2 Mercury elimination I (mercury reduction plan, no mercury in equipment, No HID mercury vapor lamps, Energy Star exit signs)*
- *MR2.1 Recycle 50% of construction waste*
- *MR4.2 Mercury Elimination II (low mercury fluorescent lamps)*
- *MR4.3 Lead and cadmium free paints*
- *MR5.1 Furniture reuse/recycle*
- *EQP1 Minimum AIQ performance*

Furthermore, water conservation measures discussed in Section 4.8, *Water Supply*, are incorporated into the CMH Code and would be utilized to reduce water use within the Hospital District.

In addition to mitigation recommended by CAPCOA and implemented through the CMH Code, the Code would be consistent with CAT strategies as demonstrated in Table 4.9-11, would implement energy conservation measures described in the *CEQA Guidelines*, and is being designed to reduce effects related to energy consumption, water consumption, waste generation pursuant to the Green Guide for Health Care. The list of project design features that obtain credits under the Green Guide (SSP1 through EQP1 above) will be made enforceable as project conditions pursuant to *CEQA Guidelines* Section 15091(d).

After implementation of the CAPCOA Level 1 mitigation measures as well as implementation of the project design features receiving credits under the Green Guide for Health Care, and because of the Code's consistency with the Climate Action Team strategies, the CMH Code's contribution to cumulative GHG emissions and climate change would not be cumulatively considerable.

**Mitigation Measures.** The proposed CMH Code is consistent with the goals, strategies, and measures contains in the 2006 Climate Action Team report, the 2008 OPR guidance document, and CEQA Guidelines Appendix F. Furthermore, Phase I of the project is consistent with the Green Guide for Health Care Program. Mitigation is not required.

**Significance After Mitigation.** The impact with respect to GHG emissions would be less than significant.

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# 5.0 GROWTH EFFECTS AND OTHER CEQA SECTIONS

This section discusses other issues for which CEQA requires analysis in addition to the specific issue areas discussed in Section 4.0, Environmental Impact Analysis. These additional issues include the CMH Code's potential to induce growth and potential significant and irreversible effects on the environment.

## 5.1 GROWTH INDUCING EFFECTS

Section 15126.2(d) of the *CEQA Guidelines* requires that EIRs discuss the potential for projects to induce population or economic growth, either directly or indirectly. CEQA also requires a discussion of ways in which a project may remove obstacles to growth, as well as ways in which a project may set a precedent for future growth.

Growth may be induced in the following ways:

- *The removal of an impediment to growth (e.g., the establishment of an essential public service, or the provision of new access to an area.)*
- *Urbanization of land in a remote area (leapfrog development)*
- *Establishment of a precedent-setting action (e.g., change in zoning or general plan)*
- *Economic expansion or growth in response to the CMH Code*

### 5.1.1 Population and Economic Growth

No residential units are included in the development projections (see Table 2-3 in Section 2.0, *Project Description*) for the CMH Project; however, hospital residential uses, including multi-unit, home occupation, live/work, and special residence are permitted uses under the CMH Code (see Table 2-2 in Section 2.0, *Project Description*) to provide housing opportunities for medical staff and visitors within the hospital campus. Single family dwellings are not permitted within the Hospital District, which is intended to function as a medical campus. Moreover, the CMH Code Shopfront frontage type precludes residential use on the ground floor facing the street. Residential uses are recommended above the ground floor and behind another use that fronts the street. However, as mentioned above, no residential development is specifically proposed at this time. If housing is proposed at some time in the future, any residential development is anticipated to contribute to meeting the 8,000 dwelling unit buildout projected under the City's 2005 General Plan. Any residential units constructed in the Hospital District would be consistent with this projection.

The existing hospital is proposed to be expanded by 10 beds as part of Phase I, while 3,900 sf of retail space is proposed and 104,000 sf of medical office space is proposed as a backfill use within the existing hospital. Under Phase II, 162,950 sf of medical office space is proposed as part of a medical office campus, along with a 570 space parking garage. Therefore, the majority of jobs will come from the medical office backfill of the old hospital and buildout of the Hospital District. Employment projections were derived based on employment densities for office and retail uses in the southern California region, in addition to the ratio of employees/beds at the existing hospital. Estimated employment generation is shown in Table 5-1.

**Table 5-1**
**Estimated Employee Generation**

| Phase | Generation Rate | Number of New Employees |
|---|---|---|
| **Phase I Net Increase (2010-2014)** | | |
| 10 bed Hospital | 6 employees/bed ** | 60 |
| 3,900 sf retail liner building | 1 employee/585 sf * | 7 |
| 104,000 sf medical office (old hospital reuse) | 1 employee/466 sf * | 223 |
| **Total** | | **290** |
| **Existing Employment Displaced** 45,506 sf of medical office | 1 employee/466 sf | **(98)** |
| **Phase II Net Increase (2014-2025)** | | |
| 162,950 sf medical office | 1 employee/466 sf * | 349 |
| 570 space parking garage | None | 0 |
| **Total** | | **349** |
| **Net Increase Phase I + Phase II** | | **541** |

*Source: * The Natelson Company, Terry Hayes & Associates for SCAG. 2001. Table 1A Derivation Square foot/Employee, Median Employees/Acre, Median FAR, Five County Region.*

*** based on existing hospital employees to beds ratio (1,450 employees/242 beds = 6 employees/bed). The resulting ratio (six employees per bed) is conservative for the purpose of this EIR's impacts analyses because the existing employee count (1,450) includes employees not assigned to patient care (i.e., beds). The hospital generally operates efficiently at a ratio lower than six employees per bed.*

Based on the estimates above, Phase I development would create an estimated 290 new jobs (with the hospital itself generating 60 jobs), while Phase II development would add about 349 new full time jobs. The employment projections are included within the overall growth assumptions that are evaluated in the environmental analyses for each issue area (as applicable). As noted in this EIR, there are no significant effects with respect to traffic or noise due to increased trip generation. There is a significant impact with respect to operational air quality due to vehicular emissions that would exceed the VCAPCD thresholds for NOx and ROG; however, this impact would be less than significant after mitigation.

The existing hospital employs about 1,450 full time persons, including about 250 for the Family Health Center Program (personal communication, Sandy Smith, February 2010) and it is estimated that there are currently about 98 jobs in addition to the CMH jobs. Therefore, buildout under the CMH Code would result in about a 37% increase in employment density for the Hospital District.

The 2005 General Plan estimated a net increase of 14,479 jobs citywide through 2025. The estimate of 541 new jobs generated within the Hospital District is within the 14,479 increase in

jobs that was estimated in the 2005 General Plan. Consequently, economic growth inducing impacts would not exceed General Plan forecasts and would not be significant.

### 5.1.2 Removal of Obstacles to Growth

The CMH Code would not facilitate development in any undeveloped areas. Consequently, it would not open up new areas to development or otherwise remove obstacles to growth. The CMH Code would facilitate construction of a new hospital building and supportive medical office uses in the vicinity in addition to facilitating reuse of the existing hospital building. In this way, it could induce further growth within the Hospital District, but such potential growth has been accounted for in this EIR. The Hospital District is located in Midtown area of the City of Ventura, which is an already urbanized and developed area. Therefore, adverse impacts due to removal of obstacles to growth would not be significant.

## 5.2 IRREVERSIBLE ENVIRONMENTAL EFFECTS

The *CEQA Guidelines* require that EIRs evaluating projects involving amendments to public plans, ordinances, or policies contain a discussion of significant irreversible environmental changes. CEQA also requires decision makers to balance the benefits of a proposed project against its unavoidable environmental risks in determining whether to approve a project. This section addresses non renewable resources, the commitment of future generations to the proposed uses, and irreversible impacts associated with the proposed development.

Construction facilitated by the CMH Code would involve the use of building materials and energy, some of which are non-renewable resources. Consumption of these resources would occur with any development in the region and are not unique to Ventura or the Hospital District. The Project would irreversibly increase local demand for non-renewable energy resources such as petroleum and natural gas. Increasingly efficient building fixtures and automobile engines, as well as policies and actions implemented under the 2005 General Plan, are expected to offset the demand to some degree. It is not anticipated that growth accommodated under the CMH Code would significantly affect local or regional energy supplies.

Growth facilitated by the CMH Code would require an irreversible commitment of law enforcement, fire protection, water supply, wastewater treatment, and solid waste disposal services. However, City services provided to the Hospital District would not be significantly increased, as the area is currently served by the City. Moreover, impacts to public services and utilities were determined to be less than significant within the Initial Study (see Appendix A)

Additional vehicle trips associated with buildout under the CMH Code would incrementally increase local traffic and noise levels and regional air pollutant emissions. However, none of these impacts were determined to be significant under CEQA (see sections 4.2, *Air Quality*, and 4.5, *Traffic and Parking*).

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# 6.0 ALTERNATIVES

As required by Section 15126.6 of the *CEQA Guidelines*, this section of the EIR examines a range of reasonable alternatives to the Project. Per Section 15126.6, the purpose of the alternatives analysis in EIRs is to identify alternatives that would attain most of the objectives of a proposed project, but that "would avoid or substantially lessen any of the significant effects of the project…" Based on the analysis in Section 4.0, *Environmental Impact Analysis*, the proposed Project would not result in any unavoidably significant impacts. Thus, consideration of alternatives is not needed in order to address significant environmental effects. Nevertheless, the following three alternatives have been evaluated:

- *Alternative 1: No Project (no development - no change to existing land uses)*
- *Alternative 2: Buildout Under Existing Zoning*
- *Alternative 3: Reduced Project, Phase I Only*

These alternatives are described in the impact analysis for each alternative. This section also includes a discussion of the "environmentally superior alternative" among those studied.

## 6.1 ALTERNATIVE 1: NO PROJECT

This alternative assumes that the proposed Community Memorial Hospital District Development Code is not adopted and that development within the Hospital District would not occur. As such, environmental conditions would not change under this alternative. Implementation of this alternative would not result in any physical changes as it would not accommodate any new development. There would be no impact with respect to aesthetics, air quality, historic resources, noise, traffic and parking, or hydrology and water quality. Therefore, although the proposed Project would not result in any unavoidably significant impacts related to any of these issue areas, the No Project alternative's impact would be lower. It should be noted, however, that implementation of the No Project alternative would not preclude future redevelopment activity at CMH or within the Hospital District.

## 6.2 ALTERNATIVE 2: BUILDOUT UNDER EXISTING ZONING

This alternative assumes that the proposed Hospital District is developed based on existing zoning, including the Midtown Corridors Development Code and City of Ventura zoning designations. The Midtown Corridors Development Code is a form-based code that is applicable to the Main Street and Thompson Boulevard corridors. The Midtown Corridors Development Code assigns zoning designations to land uses in the vicinity of the Main Street and Thompson Boulevard corridors, including about half of the Hospital District (see Figure 2-5 in Section 2.0, *Project Description*). The Midtown Corridors Development Code currently regulates zoning of all land uses within the proposed Hospital District, except the property that contains CMH and the property between the hospital and Cabrillo Drive. The City of Ventura Municipal Code Zoning Ordinance guides development of the property that contains CMH and the property between the hospital and Cabrillo Drive.

Development accommodated in the Hospital Zone (H) (see Figure 2-5) would be regulated by existing zoning designations. Permitted uses on the CMH property include medical care, medical services, community meeting, safety services, and parking. There are no general minimum lot area, minimum lot width, or maximum lot coverage standards for the Hospital Zone, provided that the decision-making authority may specify such standards for a particular site as a condition of approval of a planned development permit. In order to construct a new hospital building and adhere to the existing zoning regulations, CMH would need to demolish the existing hospital building because the majority of this zone is already developed.

If a new hospital building were constructed within the existing Hospital Zone, it might be of a similar height as the existing hospital, but could have a larger massing to accommodate the additional square footage needed to accommodate modernized hospital operations. The existing hospital is 225,299 sf, while the hospital design analyzed throughout the EIR consists of about 356,000 sf plus reuse of 121,000 sf of the old hospital, for a total of 477,000 sf.

Development accommodated on the property between CMH and Cabrillo Drive would be regulated by existing zoning designations. Permitted uses on this property would include medical services; administrative, business, and professional services; parking; safety services; and government services. This property is currently developed with medical office buildings. The maximum height for development on this property would be three stories and 45 feet. The minimum area for development would be 6,500 sf per lot. Therefore, redevelopment of this property under the existing zoning would be similar to existing development on this property, which includes one to three story medical office buildings and parking lots.

Development in the Hospital District (excluding the CMH property and the property between CMH and Cabrillo Drive) would be regulated by Midtown Development Code zoning designations. These properties are zoned T5.2, which is intended to accommodate mixed-use, and high density residential infill. The northern portion of the Hospital District along Loma Vista Road and along Main Street would be subject to the Residential Overlay Two, which would limit maximum height to three stories and 40 feet for a flat roof, or 45 feet for a sloped roof. The portions of the Hospital District that front Loma Vista Road and Main Street would include a Shopfront Overlay. The Shopfront Overlay identifies street frontages intended to become areas for retail shops and other pedestrian-oriented businesses at the sidewalk level.

Development accommodated on the CMH property and the property between CMH and Cabrillo Drive could include construction of a new hospital if the existing hospital were demolished, while medical office uses could be constructed on the property that lies between Cabrillo Drive and the Hospital. Development accommodated under existing Midtown Development Code zoning would include primarily residential uses with commercial uses on the ground floor fronting Loma Vista Road and Main Street.

### 6.2.1 Aesthetics

This alternative would be consistent with the objectives, goals and policies of the 2005 General Plan pertaining to aesthetics. If a new hospital building were constructed, it might be of a similar height as the existing hospital, but could have a larger massing to accommodate the additional square footage needed to contain the hospital operations. The existing hospital is

225,299 sf, while the proposed new hospital would consist of 356,000 sf plus reuse of 121,000 sf of the old hospital, for a total of 477,000 sf. Therefore, if a new hospital were constructed in the location of the old hospital, it could involve the construction of a building that is roughly twice the mass of the existing building in order to provide the same building area as is proposed. In addition, residential and commercial development accommodated in the Hospital District would be limited to three stories in height. Therefore, this alternative would not affect views of the hillsides. As with the proposed Project, impacts related to aesthetics would not be significant for this alternative. Mitigation would not be needed.

### 6.2.2 Air Quality

Air quality impacts associated with construction accommodate under this alternative would be similar to those associated with buildout under the CMH Code, but may be reduced slightly due to elimination of the 104,000 sf within the existing hospital. As with the Project, temporary construction impacts would not be significant. Operational air quality impacts associated with this alternative would be slightly lower than what would occur under the Project's potential development scenario. This is because the Project would include expansion of the hospital facility, and buildout under the City's P-O zoning in addition to the T5.2 zoning would accommodate a mix of commercial and residential uses, but the 104,000 sf of backfill of medical office uses associated with the existing hospital would be eliminated. Therefore, operational air quality impacts would likely be somewhat lower, but would still be significant but mitigable, the same as with the proposed project.

### 6.2.3 Historic Resources

As discussed in Section 4.3, *Historic Resources*, development in the Hospital District would occur within the setting of one eligible property: the Sears Roebuck building at 2750 E. Main Street. However, development in the Hospital District would not have a significant or adverse effect on the eligibility of the Sears Roebuck building. Impacts to historic resources would be less than significant and, as with the Project, mitigation would not be required.

### 6.2.4 Noise

Construction noise associated with this alternative would be similar to that of the Project, with Phase I encompassing demolition of the existing hospital building and reconstruction of a new building that would likely be of a similar or greater scale and of similar duration. Operational noise associated with this alternative would likely be similar to that of the Project, with less than significant impacts related roadway generated noise, due to a similarity in the density of this alternative as compared with the Project. With respect to noise exposure, this alternative would have the potential for mixed use noise conflicts due to parking lots, residential and commercial uses in close proximity, as well as reconstruction of a helipad on the new building. Development in the Hospital District would be required to comply with applicable noise standards and requirements such as the City's 45 dBA interior noise requirements for residences. Therefore, the impact with respect to noise exposure would remain significant but mitigable, the same as with the proposed project and mitigation measure N-3 would apply.

### 6.2.5 Traffic and Parking

Traffic impacts of Phase I development would be reduced as compared with the proposed Project due to elimination of the 104,000 sf of medical office reuse, which would eliminate 3,758 ADT, which is a 46% reduction in overall Phase I traffic and about 97% of the net increase in Phase I traffic (accounting for removals associated with existing medical office uses). In addition, since there would be no backfill of the existing building, parking demand may not exceed the available supply as would occur with the Proposed Project (see impact statement T-3 in Section 4.5, *Traffic and Parking*). Thus, the impacts of Phase I development under this alternative with respect to traffic would be lower than those of the proposed Project, though this alternative's traffic impacts would remain significant but mitigable with payment of fees. Parking demand may be reduced under Phase I due to the lack of backfill reuse in the old hospital building. Under Phase I, parking demand would be reduced by about 347 spaces (104,000/300 sf per parking space). Mitigation measure T-3(a) for temporary traffic and construction impacts would still apply; however, Mitigation Measure T-3(b) may not be necessary.

### 6.2.6 Hydrology and Water Quality

Stormwater conveyance impacts associated with this alternative would be about the same as would occur under the Project because the development footprint would be about the same. The impact would be significant but mitigable with infrastructure conveyance upgrades and replacement of components displaced during construction. Construction and operational water quality impacts would be about the same as with the proposed project, less than significant, due to compliance with NPDES permit requirements including an SWPPP during construction and SQUIMP BMPs during operation.

## 6.3 ALTERNATIVE 3: REDUCED PROJECT - PHASE I ONLY

This alternative would include development associated with the Phase I of the Project only. 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 (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), 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 (Building 18), which would be constructed adjacent the location of surface parking to the south and opposite the hospital open space plaza.

This alternative would not include development accommodated under Phase II, including remaining liner buildings, development along Loma Vista Road and Brent Street, and the new parking garage. It should be noted, however, that adoption of this alternative would not preclude future development within the Hospital District. Table 6-1 compares the development accommodated by this Alternative to the Project.

**Table 6-1**
**Project vs. Alternative 3 Increase in Potential Development**

| | Hospital (sf) | Retail (sf) | Medical Office (sf) |
|---|---|---|---|
| Project | 356,000 | 3,900 | 266,950 |
| Alternative 3 | 356,000 | 3,900 | 104,000 |
| *Net Change* | *0* | *0* | *-162,950* |

As shown in Table 6-1, this alternative would not result in a change in the amount of hospital or retail development. However, it would result in a 40% decrease in medical office uses compared to the Project. Instead of medical offices uses as proposed under the Project, the existing commercial development would remain in the Hospital District.

### 6.3.1 Aesthetics

Development under this alternative would be consistent with 2005 General Plan goals, and policies related to aesthetics. In addition, similar to the proposed Project, implementation of this alternative would not significantly affect views of the hillsides. As with the Project, impacts to aesthetics would not be significant under this alternative and mitigation would not be required.

### 6.3.2 Air Quality

Under this alternative, Phase II construction and operational air quality impacts would be eliminated. Construction mitigation would not be necessary, but would still be recommended to reduce dust and ozone precursors, the same as with the proposed project. Phase I Operational emissions are shown below in Table 6-2.

**Table 6-2**
**Phase I Operational Emissions Estimates (lbs/day)**

| Net Increase in Development by Phase | ROG | NOx |
|---|---|---|
| Phase I<br>10 beds<br>104,000 sf new medical office use<br>3,900 sf retail | 19 | 20 |
| *VCAPCD Threshold* | *25* | *25* |
| **Significant Impact** | **No** | **No** |

*Source: URBEMIS V.9.2.2, see Appendix C*
*Notes. Emissions estimates reflect the URBEMIS mitigated totals to account for the developed environment, including: local serving retail, mix of uses (900 jobs and 850 residences within ½ mile radius), 70 buses/day within ¼ mile, bike lanes on 60% of arterials, 100% of streets with sidewalks. These are existing conditions in the Project vicinity.*

As shown in Table 6-2, operational emissions would be ~~20~~19 lbs/day of ROG and 21 lbs/day of NOx. No mitigation would be necessary for operational air quality impacts and CMH would not need to implement a TDM Program or pay City TDM fees pursuant to Ordinance 93-37 and Mitigation Measures AQ-3(a-b) would be eliminated.

### 6.3.3 Historic Resources

As discussed in Section 4.3, *Historic Resources*, development in the Hospital District would occur within the setting of one eligible property: the Sears Roebuck building at 2750 E. Main Street. However, as with the proposed Project, development in the Hospital District under this alternative would not have a significant or adverse effect on the eligibility of the Sears Roebuck building. As with the Project, this alternative's impacts to historic resources would not be significant and mitigation would not be required.

### 6.3.4 Noise

Construction noise associated with this alternative would be reduced compared to the Project due to the elimination of the 162,950 square feet of medical office development and removal of the parking garage that would be constructed under Phase II. Operational noise and exposure impacts would be lower than those of the proposed Project because there would be less roadway generated noise and less potential for noise conflicts due to the elimination of Phase II development. This alternative would not have significant impacts related to traffic-generated noise, the same as with the Project. However, unlike the Project, this alternative would not have significant impacts related to noise conflicts. Thus, the Project mitigation measure N-3 in Section 4.4, *Noise* would not be required.

### 6.3.5 Traffic and Parking

Overall traffic would be reduced compared to the Project and traffic impacts would be about 70% lower. Table 6-3 shows traffic comparison between Phase I and Phase II, accounting for removal of traffic associated with the buildings demolished under Phase I. However, traffic impact would remain significant but mitigable with payment of fees, the same as with the proposed project.

**Table 6-3**
**Phase I vs. Phase II Average Daily and Peak Hour Traffic**

| | ADT | A.M. Peak Hour | P.M. Peak Hour |
|---|---|---|---|
| Net Increase Phase I * | 2,423 | 158 | 244 |
| Phase II | 5,889 | 396 | 597 |
| *% Reduction with removal of Phase II* | *71%* | *72%* | *71%* |

*Source: Table 4.5-5 in Section 4.5, Traffic and Parking.*
** Phase I development traffic totals account for the removals associated with demolition of the existing nine structures*

In addition, with removal of 162,950 sf of medical office use, parking demand would be reduced by about 543 spaces (162,950 sf/300 sf per parking space). Mitigation measure T-3(a) would still be required for construction impacts; however, T-3(b) may not be necessary. Thus, this alternative would have less impact than the proposed Project with respect to traffic and parking, though it is noted that impacts associated with the proposed Project would not be significant following mitigation.

### 6.2.6 Hydrology and Water Quality

Water Quality impacts would be about the same as the proposed Project under this alternative, since the developed area would be about the same. Stormwater discharge amounts and conveyance impacts would remain mitigable with application of HYD-1, due to the necessity to upgrade and replace infrastructure within the Project Area. In addition, short term construction impacts would remain less than significant through compliance with stormwater discharge permit requirements and preparation of a SWPPP. Long term operational impacts would remain less than significant due to compliance with the stormwater discharge permit and SQUIMP requirements for BMPs.

## 6.4 ALTERNATIVE SITES

The Project involves various policies and actions specific to the Hospital District, including consolidation of hospital operations and reuse of the existing building for non-essential services. Implementing these changes at another location is not feasible since they relate to the development at the current location. Therefore, analysis of alternative sites is not warranted.

## 6.5 ENVIRONMENTALLY SUPERIOR ALTERNATIVE

Table 6-4 provides a summary comparison of the Project and the three project alternatives. The table indicates how the impact for each alternative compares to the Project (superior [+], similar [=], or inferior [-]).

Each of the alternatives has specific issue areas for which they are environmentally superior to the proposed Project. Overall, the No Project alternative is considered environmentally superior among the three options. However, the No Project alternative would not meet the major objectives of the Project, which include the following:

1) *To construct a new seismically conforming hospital building in accordance with Senate Bill 1953, the Hospital Facilities Seismic Safety Act, which requires hospitals to meet more stringent seismic safety requirements.*
2) *To modernize the hospital and consolidate hospital operations through construction of a larger building to hold essential services, while housing non-essential services within the existing hospital facility.*
3) *To redevelop the area commonly known as the Hospital Triangle in a manner that integrates open space, activates the pedestrian realm and reinforces the connection with Main Street.*

4) *To manage and expand existing parking facilities in a manner that creates a pedestrian friendly environment, accommodates redevelopment and intensification of uses within the Hospital District and prevents overflow of hospital district demand to residential areas on the periphery of the Hospital District.*

**Table 6-4**
**Comparison of the Environmental Impacts of Project Alternatives**

| Issue | Alt 1 (No Project) | Alt 2 (Buildout Under Existing Zoning) | Alt 3 (Reduced Project: Phase I Only) |
|---|---|---|---|
| Aesthetics | + | = | = |
| Air Quality | + | = | + |
| Historic Resources | = | = | = |
| Noise | + | = | + |
| Transportation | + | + | + |
| Hydrology and Water Quality | + | = | = |

\+ *Superior to the proposed project*
\- *Inferior to the proposed project*
= *Similar impact to the proposed project*

The No Project alternative would not construct a seismically conforming hospital building, would not modernize the hospital or consolidate operations with reuse of the existing hospital facility would not redevelop the Hospital Triangle in a manner that integrates open space, or activates the public realm. In addition, the No Project alternative would not manage and expand parking facilities in a manner that prevents impacts to pedestrians and surrounding neighborhoods.

Alternative 2, buildout under the existing zoning may not be feasible, since it may not be possible for CMH to suspend the current hospital operation and reopen in 2014 upon completion of a new building that requires demolition of the existing building. Alternative 2 is infeasible from a public policy and social perspective. Western Ventura County has three major providers of hospital services, including CMH (the other two are St. John's and Ventura County Medical Center). In 2008, CMH provided 52,117 "patient days." St. John's provided 53,872 patient days, and VCMC 44,971. Additionally, all three hospitals have comparable licensed beds: 220 for CMH, 266 for St. John's, and 229 for VCMC. Because of CMH's high patient days and the comparable beds at each hospital, the other two hospitals in Western Ventura County do not have the capacity to absorb the demand of patient days at CMH for the period required to implement Alternative 2 (approximately 44 months). Additionally, physicians and hospital staff would be greatly disrupted under Alternative 2's construction period, including a substantial loss if employment opportunities at CMH for the Alternative 2 construction period.

Among the development alternatives, Alternative 3 would be the environmentally superior alternative due to the reduction of air quality, noise and traffic/parking impacts associated with the Project, mostly due to the elimination of 162,950 sf of medical office use. However, Alternative 3 Phase I Only would not preclude additional buildout of the area under the Midtown Corridors Code. Moreover, it should be noted that with mitigation, impacts identified for the proposed Project would not be significant. It should also be noted that Alternative 3 would not meet the Project objectives identified above, particularly those related to parking and activation of the public realm.

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# 7.0 REFERENCES AND REPORT PREPARERS

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