

ORDINANCE 115914

1  
2  
3 AN ORDINANCE approving the master plan for Northwest Hospital  
4 under the major institutions provisions of the Land Use  
Code (C.F. 298299).

5 WHEREAS, Northwest Hospital is an institution within or  
6 adjacent to the boundaries of the major institution  
7 designation established by former Seattle Municipal Code  
8 (SMC) 23.48.002, entitled "Northwest Hospital"; and

9 WHEREAS, Northwest Hospital initiated the preparation of a  
10 master plan for the area designated by former SMC 23.48.  
11 002 pursuant to former SMC 23.81.050(A); and

12 WHEREAS, a citizens advisory committee was formed pursuant to  
13 former SMC 23.81.050(B) to review and comment on the pro-  
14 posed master plan; and

15 WHEREAS, as permitted by SMC 23.04.040(D), Northwest Hospital  
16 elected to have its master plan be subject to the  
17 procedures and provisions for master plans in effect at  
18 the time its master plan application was filed; and

19 WHEREAS, the Director of the Department of Construction and  
20 Land Use issued his report on the proposed master plan  
21 on May 9, 1991, as required by former SMC 23.81.050(E);  
22 and

23 WHEREAS, the Hearing Examiner conducted a public hearing on  
24 the proposed master plan on June 18, through June  
25 21, 1991, and submitted her recommendation to the City  
26 Council on July 22, 1991; and

27 WHEREAS, the City Council has considered the proposed master  
28 plan, the report of the Director of the Department of  
Construction and Land Use, the Hearing Examiner's  
recommendation and the request for further consideration  
filed by the Haller Lake Improvement Club and has entered  
its written findings and conclusions on the proposed  
master plan; Now, Therefore,

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1: That the Northwest Hospital Master Plan dated  
February 4, 1991 and filed in C.F. 298299 is hereby approved  
as modified in the findings, conclusions and decision of the  
City Council attached hereto as Exhibit A, for the area  
described in Exhibit B attached hereto, and the property  
located within such area may be developed for major  
institutional uses in accordance with said modified master  
plan.

Section 2. This ordinance shall take effect and be in force thirty days from and after its passage and approval, if approved by the Mayor; otherwise it shall take effect at the time it shall become a law under the provisions of the city charter.

Passed by the City Council the 12th day of November, 1991,  
and signed by me in open session in authentication of its passage this 12th day of  
November, 1991. [Signature]  
President of the City Council.

Approved by me this 20th day of November, 1991.  
[Signature]  
Mayor.

Filed by me this 20th day of November, 1991.

[Signature]  
Attest: City Comptroller and City Clerk.

(SEAL)

Published

By [Signature]  
Deputy Clerk.

EXHIBIT A

FINDINGS, CONCLUSIONS AND DECISION  
OF THE SEATTLE CITY COUNCIL

In the Matter of the	)	MUP No. 8702470
Application of	)	C.F. No. 298299
	)	
NORTHWEST HOSPITAL	)	
	)	FINDINGS, CONCLUSIONS
for Major Institution Master	)	AND DECISION OF THE
Plan Approval pursuant to	)	SEATTLE CITY COUNCIL
Chapter 23.81, Seattle	)	
Municipal Code	)	
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INTRODUCTION

Northwest Hospital has requested approval of its major institution master plan.

The Report of the Director of Construction and Land Use, submitted to the Hearing Examiner pursuant to Seattle Municipal Code (SMC) 23.76.050.C, recommended that the application be approved with conditions.

The matter was heard before the Hearing Examiner on June 18 through June 21, 1991.

The applicant was represented in the proceedings by attorney Brent Carson and Buck & Gordon, and the Director was represented by Faith Lumsden, senior land use specialist.

After due consideration of the evidence presented by the applicant, the information provided by the Director's Report, the view trip, and all the evidence produced at the hearing, the Hearing Examiner made her findings, conclusions and recommendation on this matter.

A timely request for further consideration of the Hearing Examiner's recommendation was filed on August 6, 1991 pursuant to SMC 23.74.054.A by the Haller Lake Improvement Club ("the Club"), represented by attorney Kathryn Railsback. Thereafter, at the September 17, 1991 meeting of the Growth Policies & Regional Affairs Committee of the City Council, the Committee determined pursuant to SMC 23.76.054.E to open the record to receive new information regarding Northwest Hospital's history of charity care expenditures.

At its meeting on September 27, 1991, the Committee received the new information, heard oral argument based on the record, and thereafter met on October 11 and October 15 to consider the matter, and on November 5, 1991 to modify the findings and conclusions and recommend a decision on the application to the full Council.



After due consideration of the evidence in the Hearing Examiner's record and the Hearing Examiner's findings, conclusions and recommendations, the new information admitted and the written materials and oral arguments submitted by the applicant and the Club, the City Council adopts, modifies and makes the following

FINDINGS OF FACT

1. Hearing Examiner Findings of Fact Nos. 1, 3 through 6, 8 through 12, 15, 16, 19 through 25, 27, 28, 30 through 42, 44, 45, 48 through 50, 52 through 58, 60, 62 through 64, 66, 67, 70, 71, 73 through 78, 80, 83 through 85, 87 through 142, 144, and 146 through 163 are adopted without change as the Council's Findings of Fact.

2. Hearing Examiner Findings of Fact Nos. 2, 7, 13, 14, 17, 18, 26, 29, 43, 46, 47, 51, 59, 61, 65, 68, 69, 72, 79, 81, 82, 86, 143, and 145 are modified as follows, and as so modified, adopted:

2. Northwest Hospital is a non-profit community hospital serving the residents of North Seattle and South Snohomish County and licensed by the State of Washington. Northwest Hospital has at least three affiliated corporations: (1) Health Resources Northwest, the non-profit parent corporation; (2) Pacific Consolidated Services Corporation, a for-profit subsidiary; and (3) the Northwest Hospital Foundation, a fund-raising arm for Northwest Hospital.

7. The Hospital operates some facilities which are not located on the main campus. The Major Institutions

chapter of the Land Use Code regulates off-campus facilities if they are within 2,550 ft. of the main campus:

Northgate Facility: 39,000 sq. ft. of leased space in the Northgate Medical Office Building (former Northgate Hospital in the northwest corner of Northgate Mall) used for outpatient surgery, diagnostic, storage, and private physician offices. (Within 2,500 ft. radius of main campus.)

128th Street Facility: A parking facility at the southeast corner of Stone Avenue North and North 128th Street with 190 parking spaces for employees and a support services building. (Within 2,500 ft. radius of main campus.)

Delta Building: 4,098 sq. ft. of leased space in the Delta Building at 9706 - 4th Avenue N.E., used for outpatient Speech and Hearing Services. (Outside 2,500 ft. radius of main campus.)

Lake City Satellite: 4,400 sq. ft. building at 3223 N.E. 125th used as headquarters of a home health care agency. (Outside 2,500 ft. radius of main campus.)

Allstate Building: 135,000 sq. ft. building at 10330 Meridian Avenue North with 558 parking spaces formerly occupied by Allstate Insurance offices. Approximately 57,000 sq. ft. to be converted to medical office space and the remaining area to house the Hospital administrative offices and storage. (Outside 2,500 ft. radius of main campus.)

Shoreline Family Medical Center:  
2611 N.E. 125th Street

13. Northwest Hospital indicates it intends to continue operating as a general service hospital offering primary and secondary health care services with emphasis on acute

rather than long-term care services. The Hospital also expresses a commitment to maintaining and initiating new programs and services that promote access to affordable, high-quality health care with particular emphasis on serving the increasingly elderly population. The director of the Fremont Public Association requested that the hospital increase its charitable contribution to the community in addressing the health related needs of the low-income elderly, disabled and seriously ill people living in the community. A newspaper article submitted into evidence indicated that by some measures Northwest Hospital ranks very low among the hospitals of the area in resources devoted to charity care for low-income families and individuals.

14.(a) To keep pace with growing demands, Northwest Hospital wants to reactivate hospital beds and to expand or enhance services including cardiology, oncology, orthopaedics, surgery, diagnostic imaging and laboratory and emergency facilities. New parking facilities are also desired to accommodate current and future demand. The hospital also desires additional medical office space. The Master Plan proposes development of 824,508 square feet. 406,509 square feet of this sum will be devoted to new buildings, with the remaining 418,000 square feet devoted to parking garages. Of the footage devoted to new buildings 37% will be devoted to the proposed "twin tower" addition to the hospital, 30% will be devoted to new physician medical office buildings; 26% to two "specialty centers", and the remaining 8% to the hospital.

14.(b) The Hospital contends that close proximity of physicians to the hospital is necessary for access to increasingly sophisticated outpatient services and equipment. Additionally, it contends that proximity is also important for patients in the hospital who require visits by their attending physician and consultation by additional specialists. Some community representatives contend that many of the uses sought, particularly the physician office buildings, could be decentralized to the Allstate building or alternative sites without detriment to the patients. Without an approved Master Plan, all

of the additions and expansion of facilities envisioned, could not be permitted.

17. The following are the key elements proposed in the Master Plan (Option C). See Exhibit 5 of the Director's Report, Building Summary:

New facilities:

Heart Cath Lab and additional support service space (13,305 sq. ft. one story addition to the east side of the existing hospital).

Administrative Annex (a one-story, 13,000 sq. ft. addition to the north side of the existing hospital).

Expansion of the Child Care Center (2,000 sq. ft., one-story addition to the existing Child Care Center).

A five-story, 149,946 sq. ft. tower mirroring the existing "A-Wing" of the Hospital.

Specialty Center I to accommodate inpatient and ancillary services (three-story, 65,000 square foot building).

South Campus Medical Office Building, (a three-story, 60,000 square foot private physician office building; includes demolition of the existing Northwest Hospital Professional Center).

Outpatient-oriented Specialty Center II (one-story, 40,000 square foot building, demolish or enlarge Hospital "B-Wing").

Eliminate approximately 630 surface on-site parking spaces to accommodate development of two multi-level parking garages (one to the west with 900 spaces and one to the south with 650 to 850 spaces).

Existing Facilities:

Continued use of the existing Medical Office Building and the Medical Arts Building for private physician offices, with addition of the three-story, 59,353 sq. ft. West Campus Medical Office Building currently under development.

Continued utilization of current off-site facilities.

Operation of a new incinerator for disposal of infectious waste generated on the main campus and by facilities related to Northwest Hospital.

18. With full buildout of the Master Plan facilities, the number of daily inpatients will increase from 161 to 240; the number of visitors from 322 to 480, the number of outpatient visits from 918 to 2,140; the number of emergency visits from 66 to 125; the number of hospital based employees from 1,332 to 2,285; the number of hospital based doctors from 44 to 75 and the number of off-site doctors from 525 to 676. The number of physicians leasing office space on campus will rise from 101 to 191; the number of employees associated with these physicians will increase from 315 to 596; and the number of daily patients for these doctors will increase from 1,327 to 2,509.

26. Northwest Hospital will construct or bear the full cost of improvements on N. 115th Street including widening to a 40' pavement width and adding curbs, gutters and a sidewalk on the north side, street trees, storm drainage, and pavement type and depth as specified by SED. The improvements will run from, the west property line east to Meridian Avenue North. In addition, a second turn lane will be added to the westbound approach at the intersection of Aurora Avenue N. and N. 115th Street. Northwest Hospital will also contribute 59% of the City's cost for improvements on Meridian Avenue N. from N. Northgate Way to N. 115th Street.

29. The Master Plan and EIS provide analyses of expected energy and utility services demands. Most energy consumption is of electricity and natural gas. All proposed development would meet or exceed the requirements of Seattle's Energy Code. Drainage control designed for a 25-year storm would be constructed. According to the Master Plan the hospital's infectious waste stream will be incinerated on campus as was done since the early sixties. The old incinerator was removed from service in February, 1991 to be replaced with a new incinerator which the hospital expects to start operation in November 1991. Until the new incinerator is in operation, infectious waste is being hauled off-campus by a regulated transporter of infectious waste and incinerated in an incinerator in Bellingham. Non-infectious waste that is not reused or recycled is hauled off campus for disposal.

43. North 115th Street would remain the primary street of access and the main entrance and exit for the hospital.

46. The Master Plan proposes construction of two major parking garages in conjunction with facility development. This is intended to relieve much of the impact currently experienced due to employees parking in the nearby residential area and to serve the increased demand generated by the proposed development. The hospital has also committed to fund a Residential Parking Zone (RPZ) if and as one is needed. The neighborhood does not presently meet the qualifications for RPZ status.

47. An enhanced Transportation Management Program (TMP) is proposed to reduce traffic by encouraging transit, carpools, and vanpools, and discouraging travel by single occupancy vehicles. Also, the Hospital has committed to constructing street and intersection improvements to mitigate traffic delays anticipated from the hospital expansion. The Hospital has also committed to implement flexible work schedules that promote HOV/transit use, and to work with METRO to improve transit service to the hospital. Some community residents expressed a desire for more stringent TMP goals.



51. The hospital will retain many of its existing off-campus facilities. At present, the following operations are decentralized at locations off the main campus.

- Outpatient speech and hearing (Delta Building)
- Outpatient surgery (Northgate)
- Outpatient radiology (Northgate)
- Home healthcare agency offices (Lake City)
- Support services (marketing, data processing, print shop, purchasing, storage at 128th St. satellite site)
- Remote parking lot (128th St.)
- Primary care (Shoreline)

59. Northwest Hospital has received a permit (August 30, 1990) from the Puget Sound Air Pollution Control Agency (PSAPCA) to install and operate an incinerator to burn hospital waste (up to twelve tons per day). In general, on the order of 10-15% of hospital waste is considered infectious.

61. According to PSAPCA, the new incinerator represents the "best available control technology." It has a practical capacity of nine tons per day, but Northwest Hospital notes that the hospital's use would be no more than six tons per day.

65. Separation of materials in the waste stream, sterilization of metallic sharps (needles, scalpels, etc.), can help to reduce toxic metals emissions from incineration. Use of a dry scrubber and operation to ensure proper combustion conditions, can control hydrochloric acid, dioxins, and other emissions of concern. Northwest Hospital's solid waste management plan includes the separation of metallic sharps from the waste stream and disposal by means other than incineration. The plan also includes the long term goal of eliminating the purchasing of products which contain chlorinated plastics.

68. PSAPCA was the lead agency for environmental review of the proposed incinerator. Notice of PSAPCA's review of the proposed incinerator was issued on July 27, 1990

and published in the Daily Journal of Commerce on July 30, 1990. On September 12, 1990, PSAPCA issued its environmental determination that the proposal would not have a probable significant adverse impact and no EIS would be required. PSAPCA did not require an EIS pursuant to RCW 70.95.700. James Nolan, Compliance Chief for PSAPCA, in his testimony declared that PSAPCA did not require an EIS pursuant to RCW 70.95.700 because that statute was declared unconstitutional by the Superior Court in Pierce County. DCLU relied upon the environmental review of the incinerator permit conducted by PSAPCA. DCLU did not comment on the SEPA review of the incinerator project conducted by PSAPCA. DCLU approved the mechanical permit filed for the installation of the incinerator. The mechanical permit is exempt from SEPA.

69. According to Mr. Nolan's testimony PSAPCA requires that the new facility utilize the best available control technology, meet all applicable air quality standards, and not pose a risk to human health. The PSAPCA permitting and monitoring processes are based upon meeting those requirements. The conditions of the PSAPCA permit include: installation according to specifications and the application; 80% control of hydrochloric acid; minimum and maximum combustion temperatures and measurement of smoke; 12 ton limit; on-going maintenance.

72. The hospital has agreed to several measures to be included in the Operation and Maintenance Plan (OMP) for the incinerator. The OMP is a requirement of the PSAPCA permit and is enforceable by PSAPCA. These controls agreed to by Northwest Hospital are:

(1) To identify potential sources of fugitive dust from ash handling and to evaluate the control system annually to meet PSAPCA requirements for best available control technology;

(2) To review the availability of continuous emission monitoring (CEM) technology every two years and upgrade the systems if the new CEM technology is determined by the hospital to be



reliable, reasonably available, and economically feasible;

(3) To separate all sharps from the waste stream and dispose of them by means other than incineration and to implement a program to separate batteries from the incinerator waste stream; and

(4) To implement a solid waste management program to encourage reuse and recycling of materials that would otherwise be sent to the incinerator.

(5) To burn only infectious waste; and

(6) To include representation from the Citizens Advisory Committee in the program for solid waste management.

79. Haller Lake Improvement Club, Broadview Community Club, Licton Springs Community Club, Maple Leaf Community Club, Greenwood Community Council, Northwest District Council, and Seattle Neighborhood Coalition supported the Haller Lake Improvement Club's opposition to the incinerator. Exhibit 44 lists some conditions which a representative of Haller Lake Improvement Club said would "minimize" the community's objections to the proposed incinerator. The proposed conditions were asserted to be acceptable to the other community groups mentioned above. The conditions include: using the incinerator only for biomedical waste generated within the hospital campus; additional controls added to the operation and maintenance plan required by PSAPCA; dispersion model indicating no adverse health effects; establishment of a citizens advisory committee chartered to ensure proper functioning; additional surveillance; Northwest Hospital's demonstrated commitment to sound waste handling, recycling, and elimination of disposables.

81. Improvements to the Meridian Avenue North intersections with North Northgate Way, North 115th Street, and North 130th Street as are recommended by DCLU

to reduce traffic congestion, will have a secondary benefit of improving air quality.

82. The EIS predicts slightly improved or only minimally decreased air quality primarily due to street improvements to reduce congestion and Clean Air Act requirements for less vehicle emissions in future. Because of the uncertainty surrounding the timing and configuration of the street improvements expected to result from completion of the Northgate Transportation Study, DCLU recommends that quantitative air quality studies, similar to the modeling study included in the FEIS, be performed and evaluated for any major project constructed after the Twin Tower. Some community residents contended that no reliance should be placed upon improved vehicle emissions standards to improve air quality.

86. Increased levels of dust and other suspended particulates will occur during demolition and construction. In general, this is controlled by standard construction practices including watering sites, and washing truck wheels and undercarriages prior to their leaving a site. Northwest has committed to engage in these standard construction practices.

143. North 115th Street is a collector arterial which will be widened to 40 ft. pursuant to the Master Plan. Residential uses fronting on North 115th are limited to two single family homes immediately east of the hospital and an apartment complex west of Stone Way N. (the cemetery fronts all along the south side of the street and part of the north side). With street widening and the installation of curbs, parking on North 115th will be more orderly, increasing safety and visibility as well as improving the aesthetic impact. DCLU recommends that parking be allowed but limited to two-hours to prevent availability of free long-term parking from decreasing the effectiveness of the TMP. DCLU also recommends two-hour parking be introduced adjacent to the Washelli Cemetery on Meridian Avenue North, south of 115th Street.

145. The hospital has an existing Transportation Management Plan (TMP) with provisions intended to reduce peak hour single occupancy vehicle (SOV) trips and

control employee parking on surrounding residential streets. Only carpoolers and those employees or doctors who have need of their vehicles during the day are allowed to park on campus. Northwest Hospital also subsidizes transit passes with a \$15 discount. The shuttle service to the remote lot at 128th Street carries an average of 180 riders per day. Shuttle service to the former Allstate building averages of 72 riders daily, and is expected to increase as additional services are added to the TMP. The TMP also provides for Commuter Information Centers, regular dissemination of transit, carpool and other information.

3. Any Conclusion of Law deemed to be a Finding of Fact is hereby adopted as such. From these Findings of Fact, the Council makes the following

#### CONCLUSIONS OF LAW

1. The Hearing Examiner had jurisdiction over this matter pursuant to Chapter 23.76 and former Chapter 23.81 of the Seattle Municipal Code to take evidence and comments regarding the Director's Report and all proposals for changes, alternatives, mitigating measures and conditions, and to issue a recommendation to the City Council. The Council has jurisdiction to consider the Hearing Examiner's recommendation, to request new proposals on significant elements not adequately addressed in a master plan, and to approve, approve with conditions, or deny the application for master plan approval pursuant to Chapter 23.76 and former Chapter 23.81 of the Seattle Municipal Code.

2. The Major Institutions Policies (SMC 23.16.10) states the purpose to be:

. . . to balance the need for institutional growth and change with the need to protect the livability of neighborhoods adjacent to institutions.

3. The proposed Master Plan contains all elements required by SMC Chapter 23.81.

4. Northwest Hospital seeks approval for a Master Plan which envisions development during the next 10 to 15 years of facilities that would approximately double the building square footage, employees, patient visits, and, employees, patient visits, and parking spaces on-campus. The development is predicated upon the past and present success of the Hospital in serving the growing medical needs of the growing residential population of North Seattle and South Snohomish County. As more people have sought the services of the Hospital, the impact of the institution on the immediate neighborhood has grown. The parking and traffic impacts generated by the Hospital have grown larger than the residential neighborhood has anticipated and they have understandable fears that the Master Plan build-out could mean even more adverse impacts for them. Those who oppose the Master Plan indicate it is too much and would overwhelm the livability of the neighborhood. Those who are in favor cite the growth in demand and success of Northwest Hospital. It is just the kind of balancing anticipated by the Major Institutions policy quoted above.

5. Traffic impacting the residential neighborhood to the north of the Hospital is part of the larger Northgate area traffic problem. The Northwest contributes to these impacts; most notably adding traffic to Meridian Avenue North between North 115th and North 130th Streets. Discouraging northbound traffic from the Hospital turning onto Meridian Avenue North, should be included in the Master Plan conditions unless the Seattle Engineering Department finds that some other considerations outweigh the value to decreasing trips on Meridian Avenue North in this way. The prohibition of left turns from N. 115th Street onto northbound Meridian Avenue North would not address traffic traveling to the hospital southbound on Meridian Avenue North to N. 115th Street. Traffic impacts from the Hospital west of Aurora do not require mitigation due to the small percentage of trips in that area from the Hospital. Traffic impacts caused by the Hospital in the neighborhood between Meridian Avenue

North and I-5 would be mitigated by construction of a "choker" at the east leg of N. 115th Street.

6. The Hospital's traffic impacts are not as concentrated in the usual 4 to 6 p.m. peak as is the case with office and similar employment centers. The work shifts of hospital medical personnel produce commuter trips earlier in the afternoon. The good news is that because of the p.m. peak is not as great as it would be if the end of the workday was 5 p.m. for all or most workers. The bad news for the residential neighbors, is that this type commuter traffic (combined with on-going inpatient visitors, trips by hospital and medical office doctor outpatients, and service deliveries) results in traffic impacts also being spread throughout the day.

7. The new medical office buildings will mean more doctors and 9-to-5 medical and administrative personnel which in turn will mean increased congestion at the morning and evening traffic peaks as well as adding to the all-day-long traffic due to more patient trips office visits. This aspect of the Master Plan carries with it a great potential for increased traffic impact without a commensurate showing of why so much of this kind of space must be on the campus. The doctors occupying the medical office buildings some of their employees, and all their patients, are among those making vehicle trips to the campus over which Northwest Hospital has little control (unlike hospital shift workers, etc.). Meeting TMP goals (and the ultimate goal of fewer vehicle trips to the campus, particularly in the p.m. peak), could be made more difficult due to choices made by the Hospital that result in increasing the campus population over which it has the least control in terms of managing vehicle use.

8. The overflow parking situation in the residential neighborhood must be corrected. A Residential Parking Zone (RPZ) program which would allow unlimited on-street parking for residents, but no more than 2-hour parking for others on North 120th Street and other residential streets (as specified in the DCLU Report) would appear to be an effective approach both for achieving TMP goals and for giving the residential neighbors appropriate



relief. The Hospital has agreed to fund an RPZ when the criteria for an RPZ are met. It should be noted that this approach could increase the enforcement burden on the Seattle Police Department. It should also be noted that the criteria for an RPZ are not yet met on the surrounding residential streets. An aggressive enforcement program by the Hospital to discourage employee parking on residential streets should be included in the TMP with enough clout to be influential.

9. The cemetery is located along the entire length of North 115th Street from Aurora to Meridian Avenue North, and along nearly three quarters of the northern side of the street is Northwest Hospital and more cemetery. North 115th Street does not have a primarily residential character, and once it is widened and improved, the only parking restriction necessary is to prohibit long-term parking so as not to undermine the effectiveness of the TMP.

10. The Council agrees with the Hearing Examiner, DCLU and those neighbors who have spoken for an aggressive TMP. Northwest Hospital envisions a very significant increase in size. There should be a commensurate commitment to reducing traffic impacts. In order for the Master Plan to be consistent with the City policy that "livability" of adjacent neighborhoods be protected, there must be proper mitigation of traffic impacts. Meeting TMP goals is connected with the timing and type of development that actually occurs. Development has impacts. Increased square footage, increased services, increased personnel, increased numbers of patients, can all spell impacts. Progress toward meeting the TMP provides an indicator; as goals are met, or not met, future development of facilities will be consistent or not.

11. The storm water drainage situation will be adequately addressed by the recommended conditions.

12. Approval of the Master Plan acts in much the same way as does a rezone, indicating what is possible and expected. As with zoning, specific development proposals pursuant to the Master Plan are subject to SEPA review

and as such may be conditioned or denied based upon project-specific or cumulative impacts. DCLU's recommendation that the potential for denial of specific Phase IV and V projects be expressly reserved, is indicative that at this time it cannot be predicted how impacts at the time may affect the environmental review and process in the future. Furthermore since former SMC 23.81.040 limits master plans to ten(10) years and the record indicates that they are more than ten years away, the Phase IV and Phase V facility developments (i.e. South Campus Medical Office Building, South Campus Parking Garage and Specialty Center II) should be omitted from the Master Plan.

13. Many persons commenting on the master plan appeared to believe that the hearing was intended to gather comments about whether or not the public wanted the incinerator to be located on the Northwest Hospital campus. This perception was incorrect. The permits necessary for the installation and operation of the incinerator have already been issued and were not on appeal before the Hearing Examiner.

14. PSAPCA is the agency that DCLU would normally look to for expertise in evaluating air quality impacts. They are the experts in the field and DCLU's reliance upon their environmental review and threshold determination was appropriate. The testimony of the PSAPCA witness was credible and persuasive: the incinerator proposed is consistent with all applicable regulations and as such is not expected to have a significant adverse impact.

15. To ensure an aggressive program regarding reduction of solid waste, a condition of approval should address the requirement for a solid waste management plan that can effectively reduce the amount of waste.

16. The community needs to be informed and updated through time as to the operation and progress of the TMP, the solid waste management plan, and the functioning of the incinerator. Northwest Hospital has urged that annual reporting on these matters is sufficient and more frequent reporting would be administratively burdensome. The public's need to know outweighs administrative

convenience. It is reasonable to require that all the reporting be done at the same time and the frequency be at least twice per year.

17. Northwest Hospital argues that the authority of the City Council with Master Plan approval does not extend to placing conditions on the incinerator because it is, for Master Plan purposes, an existing facility. This would seem a moot point in that Northwest Hospital has agreed to the DCLU recommended conditions related to the incinerator, PSAPCA has indicated a willingness to include them in its requirements, and the neighbors are supportive of such limitation and controls, but would like additional limitations and controls.

18. Since the Hospital began work on its Master Plan, the City has adopted policies requiring a report in Master Plans on how the institution proposes to "address the City's health policies and human service goals." While these policies do not govern the Northwest Hospital Master Plan, there is precedent for the Council to take note of the charity care issue as a measure of the public benefit which should balance the impacts of the growth of a major hospital in a residential area.

From the Conclusions of Law, the City Council makes the following

#### DECISION

The Northwest Hospital Master Plan, Phases I, II, and III is approved as modified herein, subject to Hearing Examiner conditions 2, 4, 9-11, 13-20, 22-25, 27, 28 and 31-41, 43, 44, 46-48 and also to the following conditions:

#### Development Phasing:



1. The West Parking Garage shall be constructed prior to occupancy of the first major Master Plan (MP) project. "Major MP Project" includes the West Campus Medical Office Building (MOB), the West Parking Garage, the Twin Tower, and Specialty Center I.

Street Improvements/Traffic Mitigation:

3. In conjunction with the first major MP project (prior to occupancy), the following street improvements and traffic mitigation shall be required:

a. The Northwest Hospital shall contribute its fair share for Transportation Improvement Board (T.I.B) improvement project (projected for 1991-92) on Meridian Avenue North from North Northgate Way to North 115th Street. The hospital's fair share shall be 59% of the amount provided by local matching funds.

b. If T.I.B. funding is not secured and the improvements to Meridian Avenue North are not constructed as a T.I.B. project, DCLU recommends that Northwest Hospital be required to provide the following in conjunction with the first major MP project:

i. Contribute 50% of the design and construction cost to add a left turn phase to the signal at Meridian Avenue North and North Northgate Way.

ii. Provide a left turn lane and stacking lane for vehicles southbound on Meridian turning to eastbound North Northgate Way.

iii. Provide a left turn lane and stacking lane on Meridian Avenue North at North 115th street for vehicles turning from northbound Meridian to westbound 115th.

c. With approval from the Seattle Engineering Department, Northwest Hospital shall provide (funds or actual improvements) for the engineering design and construction of intersection improvements at North 115th Street and Meridian Avenue North that permit right turns only from eastbound North 115th Street to southbound Meridian Avenue North.

5. If a signal is installed at the intersection of Meridian Avenue North and North 115th Street prior to occupancy of the last Major MP project, Northwest Hospital shall provide its fair share, as determined by SED, of the funds needed for that signalization as represented by Northwest Hospital's contribution to all traffic affecting the intersection (daily or peak hour, which ever is greater) at the time the need for signalization is determined by the City.

6. Updated traffic and parking studies and review of progress toward the goals of the hospital's Transportation Management Program (TMP) shall be required for each major MP project, provided that the first major project, if approved within one year of MP approval may require only limited updating. This information shall be used by DCLU during its project-level SEPA review for each major MP project.

Transportation Management Plan (TMP) Requirements:

7. The TMP goal for the campus shall require a minimum number of non-single-occupancy-vehicle (non-SOV) trips. The minimum number shall be defined as 35% of the peak number of all employees and doctors who arrive on the Northwest Hospital campus and at the Allstate site and the North 128th Street site in the morning. The peak day-shift population shall not include the population of second shift employees who overlap the earlier shift. This number shall be updated every two years to reflect current employment figures at the hospital and related facilities.

8.(a) Northwest Hospital shall achieve the TMP 35% non-SOV goal prior to approval of Phase III projects. Prior to approval of Phase II projects the hospital shall

reach a 25% non-SOV rate. Phase II and III project permits may be issued before the required non-SOV levels have been reached, if the Director determines that the required levels are likely to be reached by the time of the occupancy of the projects, provided that occupancy shall not be permitted until the required non-SOV levels have been reached. Progress toward these goals shall be evaluated in conjunction with review of any major project and at least every two years. Failure to make satisfactory progress toward or to achieve the goals shall subject the hospital to enforcement action pursuant to the Land Use Code and may result in suspension, delay, or denial of future permits.

8.(b) DCLU shall have the authority to restrict or prohibit use of parking spaces on campus or at related facilities to the extent that parking exceeds the maximum number of spaces permitted under the Land Use Code or if it is determined upon evaluation of the TMP that excess parking availability is diminishing TMP effectiveness.

12. Upon Council approval of the Master Plan and DCLU approval of the Transportation Management Program, Northwest Hospital shall increase the transit subsidy for all employees who commute to work by public transit to at least 75%. Upon occupancy of the parking garage the transit subsidy shall be increased to 100%.

14. One day per month of free on-campus parking for employees who travel to work at least four days per week by high occupancy vehicle, carpool, vanpool, or transit or other non-SOV mode shall be provided. NWH will work through its Department Directors and with Metro to implement work schedules that promote HOV/transit usage.

21. Quantitative air quality studies, similar to the modeling study in the FEIS, shall be performed and evaluated for any major project constructed after Phase I if Federal Clean Air Act standards have not been attained in the Northgate area. Project-specific mitigation to reduce automobile emissions may be available pursuant to that future environmental review.

Solid Waste Disposal:

26. NWH and all related facilities shall be required to meet the standards set forth in Chapter 21.43 (Infectious Waste Management) of the Seattle Municipal Code for the transport of infectious waste in any quantity. To minimize hazards of transport through the surrounding neighborhood, infectious waste of 100 pounds per month or less shall not be exempted from the standards of infectious waste transport. Northwest Hospital shall comply with the City's Flow Control Ordinance.

Air Quality (Incinerator):

29.(a) The required Operation and Maintenance Plan(OMP) for the incinerator shall be subject to review and approval by the Director. The Master Plan Advisory Committee shall be invited to participate in the review and to advise the Director regarding the provisions of the OMP.

29.(b) Should a review of City Policy with regard to the siting of medical waste incinerators take place and should it lead to policy changes which exclude such incinerators from residential or major institution zones, termination of the operation of the Northwest Hospital incinerator would be required subject to timing as determined by that policy.

30.(a) The use of the incinerator for waste burning shall be limited to infectious waste as defined in SMC 21.43, and the sources of such waste shall be limited to the Northwest Hospital campus and Northwest Hospital facilities within one-half (1/2) mile of the campus boundary, pending the results of the study referenced in condition 29.b.

30.(b) A program for monitoring fugitive dust from ash handling shall be included in the required incinerator Operation and Maintenance Plan. Upgrades of controls and equipment shall be as required by PSAPCA to meet regulations for best available control technology. Controls on fugitive dust emissions shall be evaluated annually as part of the Operation and Maintenance Plan.

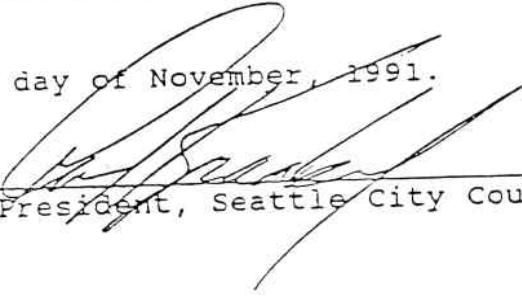
30.(c) The Operation and Maintenance Plan shall also provide for new continuous emission monitoring (CEM) technology to be evaluated every two years. In particular, CEM technology for hydrochloric (HCl) shall be investigated. If new technology is found by PSAPCA to be reliable, reasonably available, and economically feasible, the new equipment shall be installed by Northwest Hospital according to the Operation and Maintenance Plan.

42. Construction vehicles shall be prohibited from traveling north or south on Meridian Avenue north of 115th Street.

45. Phases IV and V of the Plan (South Campus MOB, Gateway Parking Garage, and Specialty Center II) are not approved as a part of the Master Plan. The approval of the Master Plan is limited to ten years from the date of this decision.

49. Northwest Hospital shall report annually to the Director and to the Citizens Advisory Committee regarding progress being made toward strengthening its charity care efforts.

ENTERED this 12<sup>th</sup> day of November, 1991.

  
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President, Seattle City Council



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**SECTION III. HEARING EXAMINER'S FINDINGS, CONCLUSIONS  
AND RECOMMENDATIONS, JULY 22, 1991**





FINDINGS AND RECOMMENDATION  
OF THE HEARING EXAMINER FOR THE CITY OF SEATTLE

In the Matter of the Application of

NORTHWEST HOSPITAL

C.F. 298299

DCLU File No. 8702470

for Major Institution Master Plan  
Approval pursuant to Chapter 23.81,  
Seattle Municipal Code

Introduction

Northwest Hospital has requested Major Institution Master Plan approval.

For purposes of this recommendation, all sections numbers refer to the Seattle Municipal Code unless otherwise indicated.

The Director's report, submitted by the Department of Construction and Land Use ("DCLU report"), as required by SMC 23.76.050, recommended that the petition be conditionally granted.

This matter was heard before the Hearing Examiner on June 18 through June 21, 1991.

The public hearing on the recommendation was consolidated with an appeal from the adequacy of the Environmental Impact Environmental Statement (EIS) prepared in conjunction with the Master Plan. The Hearing Examiner file number for that appeal is W-91-003. The Hearing Examiner's decision on the adequacy appears in a separate decision, and is based upon the record made at the appeal hearing. The Hearing Examiner found the EIS to be adequate.

Represented at the master plan public hearing was the applicant, Northwest Hospital by attorney Brent Carson, and the Director of the Department of Construction and Land Use (DCLU), by Faith Lumsden, senior land use specialist.

After due consideration of the evidence presented by applicant, the information provided by the DCLU report, the evidence from all the hearing proceedings, and the personal inspection of the subject property and the surrounding neighborhood, the following shall constitute the findings of fact, conclusions and recommendation of the Hearing Examiner on this application.

### Findings of Fact

1. The subject applicant is Northwest Hospital ("NWH" or "Hospital") which proposes a major institution master plan.

#### Description and Location

2. NWH is a non-profit community hospital serving the residents of North Seattle and South Snohomish County and licensed by the State of Washington.

3. The hospital was originally dedicated as a 113-bed acute care facility in 1960. The licensed bed capacity was increased in 1967 with the addition of a wing, and again increased in 1984 with the acquisition of Northgate Hospital. All inpatient activities have been consolidated on the main campus since 1987. NWH offers a comprehensive range of inpatient and outpatient medical/surgical services and a number of specialized services.

4. The hospital's 32.2 acre main campus is located southwest of Haller Lake and about a quarter mile west of the I-5 freeway in North Seattle. The campus site extends from North 115th Street to North 120th Street and from about one-half block west of Meridian Avenue North to Ashworth Avenue North (as extended). The main entrance is on North 115th Street. A secondary entrance serving only the Center for Medical Rehabilitation, the extended care facility, is situated on North 120th Street. NWH also operates a variety of off-campus facilities beyond the main campus.

#### Existing Facilities

5. Facilities operated on the campus include: the acute-care hospital; an extended care facility (Center for Medical Rehabilitation), and three physician office buildings. Currently NWH operates 218 of its 281 licensed beds, 30 short-term skilled nursing beds, and 12 hospice beds.

6. On-campus surface parking for 834 cars is accessible from 115th Street, and 40 parking spaces are accessible from the secondary campus entrance on North 120th Street.

7. NWH operates some facilities which are not located on the main campus. The Major Institutions chapter of the Land Use Code regulates off-campus facilities if they are within 2,550 ft. of the main campus:

Northgate Facility: 39,000 sq. ft. of leased space in the Northgate Medical Office Building (former Northgate Hospital in the northwest corner of Northgate Mall) used for outpatient surgery, diagnostic, storage, and private physician offices. (Within 2,500 ft. radius of main campus.)

128th Street Facility: A parking facility at the southeast corner of Stone Avenue North and North 128th Street with 190 parking spaces for employees and a support services building. (Within 2,500 ft. radius of main campus.)

Delta Building: 4,098 sq. ft. of leased space in the Delta Building at 9706 - 4th Avenue N.E., used for outpatient Speech and Hearing Services. (Outside 2,500 ft. radius of main campus.)

Lake City Satellite: 4,400 sq. ft. building at 3223 N.E. 125th used as headquarters of a home health care agency. (Outside 2,500 ft. radius of main campus.)

Allstate Building: 135,000 sq. ft. building at 10330 Meridian Avenue North with 558 parking spaces formerly occupied by Allstate Insurance offices. Approximately 57,000 sq. ft. to be converted to medical office space and the remaining area to house NWH administrative offices and storage. (Outside 2,500 ft. radius of main campus.)

### Vicinity

8. The NWH campus is located at the southern edge of a primarily residential area southwest of Haller Lake and near the Licton Springs and Broadview communities. To the east of I-5 are the Northgate shopping mall, and the Northgate, Victory Heights, and Maple Leaf residential communities. The property across North 120th Street to the north is zoned SF 7200 and developed with single family residences. The property across North 115th Street to the south is zoned Lowrise 3, but is developed as a cemetery. Property to the west is also zoned Lowrise 3 and is partly developed as a cemetery (southwest corner), with Stendall Place Condominiums, a 67-unit a planned unit development, bordering the rest of that margin. Nearly all of the property to the east of the site is zoned for and developed as single family (SF 7200), except for a small portion at the northeast corner of the campus which is zoned Lowrise (L-1) but developed primarily with single family homes.

9. Major arterials in the vicinity include Aurora Avenue North to the west, I-5 to the east, and Northgate Way to the south. Meridian Avenue North to the east serves as a collector arterial. Other streets in the vicinity include North 115th to the south of the site and North 120th to the north of the site.

10. The Northgate area has been faced with significant increases in traffic in recent years and is currently controlled by an interim ordinance (Ordinance Nos. 114630 and 114899) limiting new development which generates more than minimal traffic impacts.

Master Plan Need, Goals, Objectives

11. The Master Plan is required because NWH proposes to increase its gross floor area and lot coverage by more than 120% of the baseline allowance (i.e., the levels existing as of June 2, 1983) and has acquired properties within the one-mile limit.

12. Over the last five years the average overall occupancy of Northwest Hospital has ranged between 70% and 80%. Occupancy of medical/surgical units often approaches 90%, and ICU/CCU beds are sometimes unavailable necessitating redirection of emergency patients to other hospitals.

13. NWH indicates it intends to continue operating as a general service hospital offering primary and secondary health care services with emphasis on acute rather than long-term care services. NWH also expresses a commitment to maintaining and initiating new programs and services that promote access to affordable, high-quality health care with particular emphasis on serving the increasingly elderly population.

14. To keep pace with growing demands, NWH wants to reactivate hospital beds and to expand or enhance services including cardiology, oncology, orthopaedics, surgery, diagnostic imaging and laboratory and emergency facilities. New parking facilities are also desired to accommodate current and future demand. The hospital also desires additional medical office space. NWH contends that close proximity of physicians to the hospital is necessary for access to increasingly sophisticated outpatient services and equipment. Additionally, proximity is also important for patients in the hospital who require visits by their attending physician and consultation by additional specialists. Without an approved Master Plan, all of the additions and expansion of facilities envisioned, could not be permitted.

15. The purpose of the Master Plan is to provide a long-range facility plan to guide NWH in programmatic and capital decision-making processes over the next 10 to 15 years. As approved and conditioned by the City Council, the Master Plan will establish the standards, general location, and size of development. Approval of the Master Plan does not eliminate the requirement for master use permits and SEPA review on major elements on a project-by-project basis.

Master Plan Concept

16. The Master Plan would divide the campus into five major facility zones:

MD Offices - The south area of the campus off North 115th Street, would be devoted to private physician office buildings.

Acute Inpatient - The geographic center of the campus would be devoted to acute inpatient care services.

Specialty/Outpatient - A semicircle to the north of the geographic center would be devoted to speciality services including obstetrics, cancer, and orthopedics with special emphasis on outpatient services.

Long-Term Care/Rehabilitation - The northwest corner of the campus would be dedicated to long-term and rehabilitative care services and would retain the most park-like and residential surroundings.

Parking/Circulation - The major parking and circulation zone including two major parking garages would be maintained close to North 115th Street.

17. The following are the key elements proposed in the Master Plan (Option C). See Exhibit 5 of the DCLU Director's Report, Building Summary:

New facilities:

Heart Cath Lab and additional support service space (13,305 sq. ft. one story addition to the east side of the existing hospital).

Administrative Annex (a one-story, 13,000 sq. ft. addition to the north side of the existing hospital).

Expansion of the Child Care Center (2,000 sq. ft., one-story addition to the existing Child Care Center).

A five-story, 149,946 sq. ft. tower mirroring the existing "A-Wing" of the Hospital.

Speciality Center I to accommodate inpatient and ancillary services (three-story, 65,000 square foot building).

South Campus Medical Office Building, (a three-story, 60,000 square foot private physician office building; includes demolition of the existing NWH Professional Center).

Outpatient-oriented Speciality Center II (one-story, 40,000 square foot building, demolish or enlarge Hospital "B-Wing").

Eliminate approximately 630 surface on-site parking spaces to accommodate development of two multi-level parking garages (one to the west with 900 spaces and one to the south with 650 to 850 spaces).

Existing Facilities:

Continued use of the existing Medical Office Building and the Medical Arts Building for private physician offices, with addition of the three-story, 59,353 sq. ft. West Campus Medical Office Building currently under development.

Continued utilization of current off-site facilities.

Operation of a new incinerator for disposal of infectious waste and other wastes generated by uses on the main campus and by facilities related to NWH.

18. Currently there are approximately 101 physicians with 315 associated employees in the medical offices on-campus. (In the hospital itself there are 44 hospital-based physicians, 525 off-site physicians, and 1,332 employees, all shifts). The medical office building doctors are estimated to see approximately 1,327 patients per day (based upon an average of 13 patients per doctor per day). With full build-out of the Master Plan facilities, the doctor offices would almost double the number of physicians (191), associated employees (596), and patient visits (2,509). Personnel working in the hospital at full build-out of the Master Plan facilities would be: 2,285 employees, all shifts; 75 hospital-based physicians; and 676 off-site physicians

Master Plan Process

19. The Master Plan process began in 1987 with revision of Northwest Hospital's strategic plan. NWH made a formal application for its Master Plan on September 9, 1988. An eleven member Citizens' Advisory Committee (CAC) was appointed by the Seattle City Council. The Draft Master Plan was published April 26, 1990. Two public hearings were held to take comments (May 16 and June 12, 1990). The final Proposed Master Plan was published February 4, 1991.

Land Use Code Required Elements

20. In May, 1990, new Land Use Code provisions regarding major institutions took effect (SMC Chapter 23.69). The transition rule adopted with the new Code provisions allows institutions with master plan processes already underway to complete the process according to the provisions in effect at the time of filing the application. The contents of the Master Plan and the process for its review and approval, are set by the earlier Code provisions (SMC Chapter 23.48). Current Code provisions apply to all other aspects of major institution use and future development.

21. According to the applicable sections of the Land Use Code, the Master Plan must address eleven elements: Boundaries; Non-institutional Zone Designations; Site Plans,



Institutional Zones and Development Standards; Parking and Traffic Circulation; Transportation Management Program; Energy and Utilities; Alternatives; Phasing Priorities; Street and Alley Vacations; Consistency With Land Use Policies. SMC 23.81.40.

*Boundaries and Zone Designations:*

22. The boundaries and the institutional and underlying zone designations for the NWH campus are set forth in Exhibit 2 of the DCLU Director's Report. No boundary changes or changes to the existing zone designations are proposed.

*Site Plans:*

23. A site plan illustrating height and location of existing development is provided in Exhibit 3 of the DCLU Director's Report and Exhibit 4 of that report indicates the proposed development of the Master Plan is proposed development under Option C.

*Development standards:*

24. NWH would retain the existing height limitations (37 feet in the northern portion of the campus, 50 feet in the eastern portion, and 105 feet in the southern portion). The standard Land Use Code allowances for rooftop features would apply. Structure width and depth would not be limited. Setbacks, landscaping, noise, odor, light and glare, and sign standards set forth in the formerly applicable Sections 23.48.012, 23.48.014, and 23.45.100 would apply.

*Parking and Traffic Circulation:*

25. Parking would be regulated according to currently applicable Code provisions set forth in Chapter 23.54 except that to accommodate phasing priorities, the hospital would be allowed to construct more than the maximum permitted number of parking spaces.

26. Street improvements on North 115th Street, Meridian Avenue North (south of 115th), and Aurora Avenue North would be constructed or partially funded by the hospital to mitigate existing and expected impacts related to hospital traffic.

*Transportation Management Plan:*

27. The proposed Transportation Management Program (TMP) would revise from the existing (unmet) goal of 50% of non-exempt employees travelling by non-SOV modes, to 30% of all employees/doctors travelling by non-SOV. DCLU recommends a more aggressive goal of 35%.

28. Other elements of the hospital's TMP include a transit subsidy, carpool and

vanpool preferred parking spaces and/or subsidies, a guaranteed ride home program, satellite parking and shuttle services, commuter information centers, a full-time institution Transportation Coordinator, and financial underwriting of a Residential Parking Zone (RPZ).

*Energy and Utilities:*

29. The MP and EIS provide analyses of expected energy and utility services demands. Most energy consumption is of electricity and natural gas. All proposed development would meet or exceed the requirements of Seattle's Energy Code. Drainage control designed for a 25-year storm would be constructed. The hospital's solid waste stream would continue to be primarily incinerated on campus. Improved recycling as well as some hauling of waste material off campus would continue.

*Alternatives:*

30. The MP and EIS set forth four alternatives: a "no action" alternative and three development alternatives, "A," "B" and "C." Option A and Option B are two plan alternatives addressed in the draft version of the Master Plan. Option A had a total development of 1,543,476 sq. ft., Option B would have 193,400 sq. ft. less (totaling 1,350,076 sq. ft.). After publication of the draft plan and EIS, the Hospital developed Option C which is smaller than either A or B. Under Option C, the total Master Plan build-out on-campus would be 1,258,776 sq. ft. The proposed Master Plan focuses on Option C. (See Finding # 18 for descriptions of existing and proposed facilities under Option C.)

*Phasing Priorities:*

31. The Master Plan is in five phases over the next 10 to 15 years. (See Exhibit 6 in the DCLU Director's Report.) Phase I includes the parking garage (900 stalls), a day care expansion, expansion of the administrative annex, support areas, and a cath lab addition. The West Campus medical office building (MOB), although not technically a part of the MP, would be constructed during Phase I. Phase II would see the construction of the Twin Tower (hospital, inpatient focus); Phase III would add Specialty Center I; Phase IV would add the South Campus MOB and the Gateway Parking Garage (600 spaces); Phase V would complete the plan with the addition of Specialty Center II. Street improvements and landscaping will be provided for in each phase.

32. The CAC recommends that breaks of two to three years be required between phases to allow each major project to be fully occupied and its impacts evaluated prior to approval of the next phase.

33. DCLU does not recommend a two to three year waiting period between phases, but does recommend that actual traffic counts be taken and traffic conditions and TMP



effectiveness be updated prior to approval of each major project.

34. The West Campus MOB is exempt from the Northgate Interim Controls. The MOB and the West Parking Garage (which technically generates no actual vehicle trips), may be constructed without modification to the Interim Controls. All Phase I projects, except administrative annex, generate fewer than 30 p.m. peak hour trips so are exempt from the Interim Controls. DCLU notes that the administrative annex project, which would generate 42 p.m. peak hour trips as currently configured, must be revised to comply with the interim controls or permits will not be issued.

35. The CAC Scale-Scope-Phasing Committee recommends approval of the Master Plan development presented in Option C. This recommendation includes an understanding that construction of the first parking garage would occur concurrently with any major development on campus. In addition, new traffic and parking studies are recommended to be completed prior to development of the South Campus Parking Garage or MOB.

36. DCLU recommends that approval for Phases IV and V be granted only conditionally, pending a full review of cumulative transportation and air quality impacts. Completion of Phases IV and V is not expected for ten to fifteen years, making predictions of future conditions difficult. All major projects under the Master Plan are subject to additional environmental review and potential denial based on environmental impacts. DCLU believes it is important to expressly reserve the potential to deny future development based on cumulative environmental impacts.

*Street and Alley Vacations:*

37. No street or alley vacations are proposed.

*Consistency With Land Use Policies:*

38. The general land use policy for major institutions is "to balance the need for institutional growth and change with the need to protect the livability of neighborhoods adjacent to institutions." SMC 23.16.010. This policy is expressed through ten implementation guidelines. The implementation guidelines applicable to NWH's Master Plan are:

- Guideline 3 -- Development Not Requiring a Master Plan
- Guideline 4 -- Institutional Classification
- Guideline 5 -- Development Requiring a Master Plan
- Guideline 7 -- Decentralization

39. The thrust of the Single Family land use policies is to preserve and maintain the physical character of single family residential areas by discouraging demolition of single family residences and by protecting the edges of single family residential areas

from encroachment by other uses (SMC 23.16.002). DCLU found that the master plan conforms with this policy by limiting growth to the current institution boundary, concentrating expansion to central and southern areas of campus away from residential areas to the north and east, and providing sensitive treatment of facilities proposed near the edge of the single family zone.

40. Citizens opposed to the Master Plan expansion assert that the impacts of NWH traffic, parking, and waste incineration are inconsistent with and encroach into their single family neighborhood.
41. Development permits are currently pending for an additional physician office building, the West Campus Medical Office Building (59,353 sq. ft.), and for a 1,700 sq. ft. expansion to the existing Medical Office Building. These projects are treated as existing because they are developable outside the Master Plan process.
42. The hospital has a permit from the Puget Sound Air Pollution Control Agency to install and operate an incinerator to replace the former incinerator which had failed to meet current emission standards and was taken out of service in February 1991.
43. North 115th Street would remain the primary street of access to the hospital, orienting traffic to the south side of the campus away from streets to the north.
44. Greater setbacks than required by code are proposed. The minimum required setback from the single family lot lines is 30 feet but the proposed setbacks from the single family zone to the east are: 200 ft. for Specialty Center I; 120-150 ft. for Specialty Center II; and 45 ft. for the South Campus Parking Garage.
45. The Master Plan includes landscape buffering and pedestrian amenities on the residential periphery. A greenbelt would be established at North 120th Street (including trees and a paved walkway); improved landscaping provided adjacent to residential areas on the east; mature native trees preserved on the north, east, and west edges of the campus; and a formal streetscape on North 115th Street would be developed.
46. The master plan proposes construction of two major parking garages in conjunction with facility development. This is intended to relieve much of impacts currently experienced due to employees parking in the nearby residential area. The hospital has also committed to fund a Residential Parking Zone (RPZ) if and as one is needed.
47. An enhanced Transportation Management Program (TMP) is proposed to reduce traffic by encouraging transit, carpools, and vanpools, and discouraging travel by single occupancy vehicles. Also, the hospital has committed to constructing street and intersection improvements to mitigate traffic delays anticipated from the hospital expansion.

48. A substantial portion of the planned facility development in the Master Plan is upgraded inpatient facilities, including private rooms, additional beds, added surgical units, expanded laboratory services, and expanded diagnostic and treatment facilities. The major outpatient facilities planned for expansion are those that benefit from sharing major capital diagnostic and treatment equipment and facilities which service inpatients as well.

49. The new office space development would be leased to physicians practicing at the hospital who need access to large, specialized equipment, laboratories and other services provided and shared in a hospital. Specialists on campus would also be more conveniently located for frequent hospital visits. General practitioners now on campus would be displaced over time and encouraged to decentralize.

50. The Medical Arts Building on the campus is not owned or controlled by the hospital. Until its ground lease expires in 2017, its utilization cannot be controlled by Northwest Hospital.

51. The hospital will retain many of its existing off-campus facilities. At present, the following operations are decentralized at locations off the main campus.

- Outpatient speech and hearing (Delta Building)
- Outpatient surgery (Northgate)
- Outpatient radiology (Northgate)
- Home health care agency offices (Lake City)
- Support services (marketing, data processing, print shop, purchasing, storage at 128th St. satellite site)
- Remote parking lot (128th St. satellite site)

52. The 128th Street facility is expected to continue to operate as a parking facility to serve excess parking demand until adequate on-campus parking is built and it will also provide needed parking during construction phases. Some of the support services now operating at this facility are expected to move back onto campus into the Administrative Annex and data processing area of the Cath Lab facility.

53. The CAC favors decentralization of non-hospital uses to the Allstate site or elsewhere. Some of the development proposed by the Master Plan to occur on-campus is recommended to occur at the Allstate site.

54. DCLU recommends that the Allstate site be used to decentralize medical office use, to the extent allowable given the requirements of the Northgate Transportation Study Interim and/or permanent controls. The South Medical Office Building is recommended by DCLU to be located at the Allstate site, depending upon traffic conditions.

55. All sections of the applicable Code will apply with respect to the future

amendments to the Master Plan. The exact location of structures has not been pinpointed, but the proposed site plan shows location within a range of several feet to several yards. Changes to projects under an approved Master Plan are determined to be minor or major by DCLU in compliance with the criteria set out in Section 23.69.035. This determination is made in the form of an appealable interpretation.

56. A CAC minority report was filed which recommends that: only the new Twin Tower be approved; only 70 percent of predicted parking demand be provided; mitigation not be delayed to later phases; and, decentralization be more actively pursued.

### Environmental Impacts

57. DCLU published a Draft Environmental Impact Statement (EIS) addressing the draft proposed master plan (Options A and B) on April 26, 1990. The Final EIS was published February 4, 1991, in conjunction with the final proposed Master Plan (Option C). DCLU found that the EIS on the proposed master plan meets the standards for adequacy and recommended that the Master Plan be approved, subject to conditions.

58. The Master Plan is a programmatic document without full project-specific detail; sections of the EIS dealing with structure design and future use are somewhat general. Project-specific detail will be required prior to approval of individual major projects. Future SEPA review may entail an addendum to the EIS, a supplemental EIS, or a checklist review with issuance of a determination of non-significance.

#### *Air Quality: Incinerator*

59. NWH has received required permits (August 30, 1990) from the Puget Sound Air Pollution Control Agency (PSAPCA) to install and operate an incinerator to burn biohazardous and nonhazardous waste (up to six tons per day) In general, on the order of 10-15% of hospital waste is considered infectious.

60. The incinerator subject to the permit referred to above, is to replace an incinerator that had previously operated on the NWH campus. The former incinerator operated seven days per week, one shift per day, and burned between two and four tons of waste per day. Emission levels from the former incinerator exceeded PSAPCA standards which were adopted in June 1988 for chlorides. (Chlorides emissions result from the incineration of many plastics). PSAPCA issued a regulatory order requiring NWH to reduce the chloride emissions to meet the standards. The former incinerator ceased to operate in February, 1991 and was subsequently demolished. Infectious wastes are currently being hauled from the hospital to approved landfill sites.

61. According to PSAPCA, the new incinerator represents the "best available control technology." It has a nominal capacity of nine tons per day, but NWH notes it has a

practical capacity of eight tons per day and that the hospital's use would be no more than six tons per day.

62. The hospital asserts that the new incinerator's additional capacity is or will be required based on the institution's growth under the Master Plan. DCLU based its recommended conditions on incinerator operations on the authority and responsibility for the City to evaluate and mitigate adverse impacts related to the Master Plan.

63. All incinerators are regulated by PSAPCA. Private incinerators can burn up to 12 tons per day before falling under the regulations for municipal incinerators. Private incinerators may not accept waste from other non-associated sources.

64. For infectious organisms and hazardous or toxic organic chemicals, well operated and monitored incineration is often preferred by environmental engineers because it can have negligible risk to human health and the environment. Potential problems most often arise with metals, chlorinated dioxins and furans. By-products of the incineration of hospital waste can include hydrochloric acid, dioxins, and some heavy metals (cadmium, lead, mercury). The dioxins and furans can be destroyed and prevented from reforming with proper combustion and the metals can be controlled efficiently with air pollution control devices.

65. Separation of materials in the waste stream, sterilization of metallic sharps (needles, scalpels, etc.), can help to reduce toxic metals emissions from incineration. Use of a wet scrubber and/or drastic reduction in the amount of plastics in the incinerated waste, and operation to ensure proper combustion conditions, can control hydrochloric acid, dioxins, and other emissions of concern.

66. Hydrochloric acid, dioxins, and heavy metals are of concern because they pose health risks. Dioxins are considered carcinogenic.

67. In recent years increasing attention has been focused on the methods of disposal used to address infectious hospital waste. Incineration on-site in properly operated and monitored facilities, sterilization in an autoclave or similar unit, chemical disinfection, and electro-thermal-deactivation are all means through which such wastes can be treated. Electro-thermal-deactivation involves shredding, microwaves, and thermal reaction; the sterilized waste is processed into granules.

68. PSAPCA was the lead agency for environmental review of the proposed incinerator. Notice of PSAPCA's review of the proposed incinerator was issued on July 27, 1990 and published in the Daily Journal of Commerce on July 30, 1990. On September 12, 1990, PSAPCA issued its environmental determination that the proposal would not have a probable significant adverse impact and no EIS would be required. DCLU relied upon the environmental review of the incinerator permit conducted by PSAPCA. DCLU did not comment on the SEPA review of the incinerator project conducted by PSAPCA. DCLU approved the mechanical permit filed for the



installation of the incinerator. The mechanical permit is exempt from SEPA.

69. PSAPCA requires that the new facility utilize the best available control technology, meet all applicable air quality standards, and not pose a risk to human health. The PSAPCA permitting and monitoring processes are based upon meeting those requirements. The conditions of the PSAPCA permit include: installation according to specifications and the application; 80% control of hydrochloric acid; control of temperature to ensure dioxins not released; control and measurement of smoke; limit to tonnage; on-going maintenance.

70. The equipment proposed is capable of complying with the strict air quality standards used in California; it is the equipment identified by California's Air Resources Board to address this situation (i.e., it is designed for plastics with chlorine and has dry scrubber /baghouse).

71. The PSAPCA permit requires continuous emission monitoring (CEM) for carbon monoxide, opacity, oxygen, and temperature, sets a maximum five percent, one hour opacity limit (described as generally undetectable), and sets standards for maximum emissions of hydrochloric acid, particulate matter, and carbon monoxide. State and federal Clean Air Act standards and PSAPCA regulations apply.

72. The hospital has agreed to several measures to be included in the Operation and Maintenance Plan (OMP) for the incinerator. The OMP is a requirement of the PSAPCA permit and is enforceable by PSAPCA. These controls agreed to by NWH are:

(1) To identify potential sources of fugitive dust from ash handling and to evaluate the control system annually to meet PSAPCA requirements for best available control technology;

(2) To review the availability of continuous emission monitoring (CEM) technology every two years and upgrade the systems if the new CEM technology is determined by the hospital to be reliable, reasonably available, and economically feasible;

(3) To separate all sharps from the waste stream and dispose of them by means other than incineration and to implement a program to separate batteries from the incinerator waste stream; and

(4) To implement a solid waste management program to encourage reuse and recycling of materials that would otherwise be sent to the incinerator.

73. DCLU recommends that: (1) NWH be required to separate sharps from the waste stream and that the incineration of sharps be prohibited; (2) A program to collect and

separately dispose of batteries in accordance with federal, state, and local regulations be instituted; (3) Recycling and other means of waste reduction be required; (4) The hospital report to the community on its waste reduction recycling progresss quarterly; (5) The hospital and all related facilities be required to comply with all regulations relating to transport of infectious waste, regardless of the amount of waste generated or being transported to the campus for incineration; (6) The Operation and Maintenance Plan should provide for new continuous omission monitoring (CEM) technology to be evaluated every two years, and when new technology is found by PSAPCA to be reliable, reasonably available, and economically feasible, it shall be installed by NWH; (7) Until such time as reliable CEM equipment is found to be reasonably available and is required by PSAPCA, annual source testing for hydrochloric acid should be required through the Operation and Maintenance Plan.

74. The CAC Development Committee recommends minimizing incineration of hospital wastes and suggests that additional information should be made public by the hospital concerning incinerator use.

75. NWH maintains that the City cannot impose conditions in the Master Plan relating to the incinerator because the permits have already been issued and opportunity to condition has passed. NWH does, however, agree to voluntarily abide by DCLU's recommended conditions 26 through 32.

76. The CAC expressed concern about the old incinerator and also questions the operation of the new incinerator, with particular concern over increased volumes, alternatives to incineration, inclusion of sharps and batteries, and the need for monitoring.

77. Neighbors in the vicinity expressed significant concern about the operation of the incinerator. Many neighbors complained that NWH did not keep them adequately informed, had not informed them that they intended to construct a new incinerator with greater capacity, and that there was insufficient notice that PSAPCA was conducting environmental review.

78. Hundreds of citizens have signed petitions opposing the construction and operation of the incinerator. Numerous speakers at the public hearing on the Master Plan urged the Hearing Examiner to revoke the permits that approved the construction and operation of the incinerator.

79. Haller Lake Improvement Club, Broadview Community Club, Licton Springs Community Club, Maple Leaf Community Club, Greenwood Community Council, Northwest District Council, and Seattle Neighborhood Coalition supported the Haller Lake Improvement Club's opposition to the incinerator. In Exhibit 44, it is indicated that representatives of those groups agreed to conditions that would make the incinerator "acceptable to their groups." The conditions include: using the incinerator only for biomedical waste generated within the hospital campus; additional controls



added to the operation and maintenance plan required by PSAPCA; dispersion model indicating no adverse health effects; establishment of a citizens advisory committee chartered to ensure proper functioning; additional surveillance; NWH's demonstrated commitment to sound waste handling, recycling, and elimination of disposables

#### *Air Quality: Vehicle Emissions*

80. Northgate Way, adjacent to the Northgate Shopping Center area, is a non-attainment area for carbon monoxide (i.e., fails to meet federal Clean Air Act standards). The main reason for this problem is the intense traffic congestion along Northgate Way.

81. Improvements to the Meridian Avenue North intersections with North Northgate Way, North 115th Street, and North 130th Street are recommended by DCLU to help reduce air quality impacts.

82. The EIS predicts slightly improved or only minimally decreased air quality primarily due to street improvements to reduce congestion and Clean Air Act requirements for less vehicle emissions in future. Because of the uncertainty surrounding the timing and configuration of the street improvements expected to result from completion of the Northgate Transportation Study, DCLU recommends that quantitative air quality studies, similar to the modeling study included in the FEIS, be performed and evaluated for any major project constructed after the Twin Tower.

83. The EIS includes an analysis of traffic air quality impacts. With or without development of the Master Plan, some violations of the 8-hour carbon monoxide standard are anticipated to continue. The greatest impact related to Master Plan development would occur near the intersection of North Northgate Way and Meridian Avenue North due to traffic-generated pollutants.

84. DCLU recommends that to accomplish some air quality impact mitigation, that intersection improvements and other traffic-related conditions be included with Master Plan approval.

85. The CAC did not make specific recommendation regarding auto-related air quality concerns but consistently support minimizing traffic.

#### *Construction-Related Impacts*

86. Increased levels of dust and other suspended particulates will occur during demolition and construction. In general, this is controlled by standard construction practices including watering sites, and washing truck wheels and undercarriages prior to their leaving a site.

87. CAC and some other speakers recommended construction be paced so as to

separate major projects by two or three years in order to mitigate construction impacts including dust and noise.

*Storm Water:*

88. Storm water runoff from the hospital campus and from the nearby residential areas to the north and northwest is collected in a storm water detention pond in the southwest corner of the campus. From the detention pond, the water is released at a controlled rate of four cubic feet per second (4 cfs). The runoff passes through the Washelli cemetery and then to an undeveloped area between North Seattle Community College and Interstate 5. Ultimately, the water enters Thornton Creek and empties into Lake Washington.

89. The EIS reports that storm water runoff would increase about 10 percent due to more area being covered with impervious surfaces.

90. The City's Drainage and Waste Water Utility ultimately plans to revise the drainage flow to direct the bulk of the water from the hospital's drainage basin to the east rather than south through the cemetery. This will require a new storm sewer in North 115th Street. The runoff rate from the NWH campus will not be allowed to increase from its present 4 cfs flow. Due to the additional water being collected and released, the duration of the flow could increase.

91. DCLU recommends that prior to the occupancy of the first major project, the campus detention pond be increased to 57,011 cubic feet in order to handle a 25-year storm and to maintain the current rate of release. Also, DCLU suggests that the hospital should be required to install the upgraded storm sewer line in North 115th Street in conjunction with the widening of that street.

92. The CAC indicates concern about increased runoff due to increased impervious surfaces.

*Energy and Natural Resources:*

93. Consumption of electricity and natural gas will increase from approximately 17,000 megawatt hours (MWh) and 45,000 million British thermal units (MBtu's) to approximately 26,400 megawatt hours and 52,400 MBtu's.

94. NWH energy consumption is primarily electricity and natural gas. A limited amount of oil is used for emergency boiler and generator fuel. The hospital, as opposed to the medical office and rehabilitation use, is the main energy user. Electricity usage would increase under Option C from 16,959 MWh to 26,4432 MWh. Natural gas usage would increase from 45,104 million MBtu to 52,405 MBtu.

95. The older hospital wings and structures on campus built in the 1960's do not meet

present energy code standards. These buildings would be demolished or upgraded under the MP. The "major project" provisions of the Seattle Energy Code would apply to nearly all projects under the MP. Electric service is and would remain underground on campus.

96. The CAC made no specific recommendation regarding energy and natural resource use, but expressed a desire to see continued efforts toward energy conservation.

97. DCLU found that energy and natural resource impacts are anticipated and adequately mitigated by existing codes and regulations. Seattle City Light made a number of comments and recommendations regarding compliance with codes and energy conservation which have been incorporated into the Master Plan.

*Environmental Health - Noise:*

98. Increased noise will occur primarily during construction.

99. The CAC wants a definite commitment from the hospital to reduce or eliminate construction noise problems on weekends and expressed concern over displacement of surface parking on campus during construction and construction truck trips through the neighborhood.

100. DCLU recommends that: (1) all exterior or outside construction and heavy landscaping activities be limited to non-holiday weekdays between the hours of 7:30 a.m. and 6:00 p.m., (2) construction vehicles be prohibited from traveling north on Meridian Avenue North past North 115th Street; (3) any parking spaces displaced as a result of construction activity on campus be replaced either on campus or at satellite lots prior to issuance of the construction permits; and (4) NWH offer regular shuttle service to the construction parking lots and incorporate the lots into the TMP.

101. DCLU interprets the recommended limitation on the hours of construction to include deliveries. NWH objects to this limitation being applied to deliveries because it could substantial delay the beginning of each day's construction, jeopardizing the overall time needed for construction.

*Land Use:*

102. Existing institutional zoning would remain unchanged. No expansion of the designated campus boundaries would occur. Approximately 1,258,776 square feet of new gross floor area, including two parking garages, would be added to the campus.

103. The CAC is adamantly opposed to the original Plan A offered by NWH (1,5443,476 sq. ft.). Plan B was also considered too large.

104. Many neighbor voiced opposition to the Master Plan as too large to be compatible with the nearby residential uses. The CAC minority report, and a number of speakers at the public hearing, advocated that only the inpatient/hospital facilities be allowed and that the physician medical offices and associated facilities be eliminated from the Master Plan.

*Light, Glare, and Shadows:*

105. Existing development and most of the proposed Master Plan development create negligible glare impacts. Under Plan C, the only structure with a potential for creating significant glare impacts on the adjacent residences is Speciality Center I. Preliminary design concepts show a glazed atrium on the east side of the building. The glazing is proposed to be of moderate reflectance (20-30 percent).

106. The FEIS presents a worst case glare analysis, assuming no obscuring or shading of the Specialty Center from landscaping or other structures. At worst, glare could be reflected outside the campus boundaries during summer from sunrise (4:20 a.m.) until 6:00 a.m.; during Spring and Fall from sunrise (6:00 a.m.) until 7:30 a.m.; during Winter from sunrise (7:54 a.m.) until 10:00 a.m. The glare would be reflected in narrow bands toward the residences due east of the campus. At present, the east property lines are landscaped with mature shrubs and evergreen and deciduous trees.

107. The CAC made no formal recommendation regarding glare.

108. DCLU recommends that the atrium design for Specialty Center I be required to use glazing of low to moderate reflectivity (no greater than 20 percent reflective) and that DCLU have authority to require landscaping improvements for Speciality Center I and II prior to completion of the permit review process.

109. Under Option C, the proposed structures would cause no significant shadows beyond the campus boundaries from approximately February 25 through October 15 of a given year. A worst case Winter analysis shows a shadow extending over 1,000 feet beyond the campus boundaries to the northeast at 4:00 p.m. A small portion of the shadow from the South Campus MOB would extend around the existing MOB and approximately 730 feet beyond the campus boundaries. The EIS shadow diagram does not account for shadows caused by the existing mature trees on the east and northeast property lines. Nor are the shadows caused by the existing hospital tower noted. The area on which the Specialty Center I shadow will fall is already largely shaded by the A-Wing tower.

110. The CAC noted continuing concern about the shadow impact of Specialty Center I.

111. DCLU found that Option C results in adverse, although not significant, shadow

impacts. Shadows of concern from the proposed new structures will extend eastward beyond the campus boundaries primarily during November, December, January, and February, in the later afternoon. Much of this area is already shaded by the mature landscaping and by existing buildings. DCLU recommends that, to the extent possible within the basic parameters of Option C, new structures be located to minimize creation of new shadows and to this end, shadow analysis should be a required component of individual project review for each major project (Buildings 5-11).

*Aesthetics:*

112. Landscaping along the boundaries of the campus would be enhanced, particularly along North 120th Street. Taller buildings, including the twin hospital tower and Speciality Centers I and II would be visible from off campus.

113. The hospital has committed to continuing the main architectural design theme (exterior materials generally brick, with accenting features of low reflectance glass and nonreflective materials such as concrete). Under Plan C, a new five-story twin tower would be constructed to mirror the existing hospital tower. All other development would be three stories or less. Because of the higher floor-to-floor height required for hospital and medical services uses, the three-story structures would have a height of approximately 44 feet (to top of parapet). The twin tower would match the 72 ft. height of the existing A-wing tower.

114. Except for the proposed Specialty Center I, all structures to the north of the existing A-Wing would have one or two stories. Specialty Center I would be set back nearly 200 feet from the east property line and adjacent single family residences; it would be 100 to 120 feet back from the small Lowrise 1 zone in the northeast corner.

115. The CAC Scale and Scope Committee recommends adoption of Plan C with its smaller Speciality Centers I and II. The Development Committee noted that Speciality Center I is still of concern with respect to bulk and potential shadow impacts. The CAC minority report opposes construction of any new facility except the twin tower, finding that further development was incompatible with the neighborhood infrastructure.

116. DCLU recommends that Specialty Centers I and II be setback at least 120 feet from the north and northeast property lines and Specialty Center I be setback a minimum of 180 feet from the main east property line.

117. NWH proposes a long-term landscaping and pedestrian circulation plan including: establishment of a greenbelt/pedestrian path along the south side of North 120th; a more defined hospital front entrance on North 115th Street with wider sidewalks; a structured public streetscape on North 115th; improved landscaping adjacent to residential areas; and, preservation of mature native trees, particularly adjacent to residential areas.



118. The CAC expressed concern over potential losses of existing mature vegetation throughout the campus and noted dissatisfaction with the efforts to improve landscaping and screening along the northern property lines.

119. DCLU recommends that the North 120th Street greenbelt plan, including a planted berm, paved walk, and benches, be implemented prior to issuance of construction permits for the first major project. Creating a greenbelt "linear park" along the north campus boundary and in the street right-of-way has long been an idea offered by NWH and favored by the neighbors.

120. The hospital also proposes to retain and improve the mature landscaping along the east and west property lines. DCLU recommends that a survey of the existing mature trees and shrubs in these areas be completed and placed on file with DCLU prior to permit issuance for any project involving major disturbance, that detailed landscaping plans be required, filed and mature growth be retained whenever possible.

121. The FEIS notes that the decrease in the scale of the Master Plan facilities proposed in Option C would result in less impact than Options A or B. Photographs and view diagrams are included to illustrate bulk/scale/aesthetic impacts.

122. The Development Committee of the CAC indicates that the size and related shadow, glare, and aesthetic impacts of the Specialty Center I, in the northeast portion of the campus are of concern. The Committee suggests moving Specialty Center I to the location of the proposed West Campus MOB and allowing a smaller structure on the Specialty Center I site. The West Campus MOB use could be transferred off campus to the Allstate site.

#### *Transportation and Parking:*

123. Traffic volumes in the Northgate area have increased substantially in the last ten years. Northwest Hospital is one of many contributors to this increased volume. The Draft and Final EIS include traffic studies evaluating the impacts of the three Master Plan options, A, B, and C. Traffic counts were taken in June 1990.

124. Current peak hour trips generated by the hospital are approximately 739 per day. With development of the Master Plan, the total peak hour trips are anticipated to be 1562. NWH-related traffic will contribute to delays at the intersections of concern. If current trends continue, nearly all intersections in the NWH study area will be at level of service (LOS) F by the year 2000, even without any new development at NWH.

125. It is expected that the intersection of North 115th and Meridian North will continue to degrade as volumes increase. The high left turn volumes attributable to the NWH campus are the main cause of the low levels of service. The CAC recommended construction of a "choker" at this intersection to prohibit northbound turns onto Meridian North from eastbound North 115th. DCLU recommends that if a signal is

required in future, that the hospital pay its "fair share" of installation which would be between 73% (the percentage suggested by NWH's traffic engineer) and 100% (suggested by the Seattle Engineering Department due the hospital's major impact).

126. NWH recommends the inclusion of the prohibition on northbound turns onto Meridian Avenue North from eastbound North 115th Street. If signalization is required, NWH believes its "fair share" should be determined by the hospital's contribution to the increase in traffic through the intersection (i.e., approximately 59%).

127. A project for widening the upgrading Meridian Avenue North between North Northgate Way and North 115th Street is currently being developed by the City. Partial funding for this project would come from state transportation funds. The NWH campus currently contributes about 34% of peak hour traffic on this section of Meridian and would contribute 59% projected for the year 2000. The Seattle Engineering Department has recommended that the hospital pay its fair share of the City's match of the state funds. If state-funds are secured, DCLU recommends that NWH contribute 59% of the City's match for the design engineering and construction on Meridian North between Northgate Way and North 115th Street.

128. If the improvements to Meridian Avenue North are not constructed as a state-funded project, DCLU recommends that NWH be required to provide the following in conjunction with the first major project (i.e., the MOB, Garage, or the Twin Tower):

Contribute 50% of the design and construction cost to add a left turn phase to the signal at Meridian Avenue North and North Northgate Way for traffic turning from southbound Meridian to eastbound Northgate Way.

Provide a left turn lane and stacking lane for vehicles southbound on Meridian turning to eastbound North Northgate Way.

Provide a left turn lane and stacking lane on Meridian Avenue North at North 115th Street for vehicles turning from northbound Meridian to westbound 115th.

129. DCLU also recommends the following improvements on North 115th Street should be required prior to occupancy of the first major Master Plan project:

Widen North 115th from the campus' west property line to Meridian Avenue North.

Widen North 115th at the intersection with Aurora Avenue North to provide an additional westbound lane.



Signalization at North Meridian and 115th North as indicated above.

130. The Seattle Engineering Department and DCLU strongly recommend that the required improvements to the roadway pavement be of concrete instead of asphalt in order to adequately support expected future traffic.

131. Regarding the North 130th Street/5th Avenue N.E. intersection, the DCLU recommends the hospital contribute \$1,000 toward the cost of installing a fully actuated traffic signal if approved or required as a result of the Northgate Transportation Study or otherwise by SED prior to completion of all Master Plan development. The contribution, if required, should be made at the time of the signal upgrade.

132. The EIS included the following as proposed mitigation measures for NWH related to development of Master Plan facilities:

Pursue TMP more aggressively.

Work with the City to convert high occupancy vehicle (HOV) lane on Aurora Avenue North to general purpose travel lane.

Encourage use of Aurora Avenue North via signs.

Make widening improvements to 115th North at Aurora Avenue North.

Widen southbound approach Meridian Avenue North at Northgate Way and install left turn lane.

Reconstruct Meridian Avenue North and/North 115th Street intersection.

Pay proportional share of fully actuating signal at 5th/North 115th Street.

Pay proportional share of northbound turn lane at Meridian Avenue North/North 130th Street.

Pay proportional share of improvements to northbound and southbound 1st Avenue North/North 130th Street.

133. The CAC Transportation Committee favors decentralization as a means of dispersing traffic and parking impacts and also recommends a waiting period of two to three years between major projects in order to more fully assess long-term impacts.

134. The CAC Transportation Committee favors leaving the existing four-way stop at 115th and Meridian over installing a signal. Prohibiting left turns from eastbound North 115th to northbound Meridian to reduce traffic through the neighborhood was also favored, as were traffic circles throughout the neighborhood and sidewalk and crosswalk improvements. A Residential Parking Zone (RPZ) was requested as well as removing parking from North 115th and North 120th Streets.

135. At present, 874 parking spaces exist on the NWH campus with an additional 190 spaces at a remote lot located at 128th and Stone Avenue North. There is parking demand for approximately 1500 spaces. Due to the lack of sufficient parking on campus, many employees park on North 115th Street (about 105 spaces), Meridian

Avenue North, and other nearby streets. The parking overflow from the campus fills the nearby residential streets and has been the source of a great deal of controversy.

136. The remote parking lot at North 128th and Stone Avenue North, with regular shuttle service to the campus, has helped ease some of the pressure for parking on nearby residential streets. The hospital also offers shuttle service from Northgate Mall and from the former Allstate building to encourage employees to park in these lots away from the residential streets.

137. NWH plans to construct two parking garages, ultimately providing 2271 spaces on campus. The first garage (900 spaces) would be built in phase one and would add a net total of 561 spaces to the campus supply. The second garage (650 spaces) would add a net total of 545 spaces. The 190 space remote lot, with a shuttle to the campus, would remain in use, and approximately 60 street parking spaces would be provided on North 115th Street. An excess of about 237 spaces is predicted upon completion of all Master Plan development. The roughly ten percent surplus of parking supply over demand assumes an overall reduction in parking demand of approximately ten percent based on improvements to the hospital's Transportation Management Program.

138. The West Campus medical office building (MOB) is scheduled to be built prior to or outside the Master Plan. In conjunction with this development the hospital intended to provide an additional 459 surface parking spaces by reconfiguring several of the existing surface lots.

139. DCLU recommends that the West Garage be built at the same time the West Campus MOB is constructed (or with the first major project, should phasing priorities change). Completion of the garage is recommended to be a condition of occupancy for the MOB. With the West Garage and remaining surface parking after completion of the MOB, 1894 spaces would be available on campus. Cumulative parking demand after occupancy of the MOB is expected to be 1767.

140. The on-campus surplus of parking would remain through Phase I. Upon occupancy of the Twin Tower in Phase II, a deficit would occur. A 98 space deficit, over and above the vehicles to be parked on North 115th Street or at North 128th Street, would occur upon occupancy of Speciality Center I, to be completed in Phase III of the Master Plan. Phase IV would include the construction of the South Gateway Garage along with the South Campus MOB. A parking surplus of 204 spaces would result and would be carried over into Phase V. DCLU predicts a surplus of 237 parking spaces is predicted upon completion of all development.

141. DCLU recommends that the hospital be required to ensure that any future parking deficit (demand in excess of on-campus supply plus the 128th Street lot plus the spaces available on North 115th Street) be met by providing additional satellite parking lots with regular shuttle service to the campus, with the remote lots approved for location and layout by DCLU and SED.

142. The CAC and some neighbors recommend that no parking be allowed along 115th or 120th Streets.

143. North 115th Street is a collector arterial which will be widened to 40 ft. pursuant to the Master Plan. Residential uses fronting on North 115th are quite limited (the cemetery fronts all along the south side of the street and part of the north side). With street widening and the installation of curbs, parking on North 115th will be more orderly, increasing safety and visibility as well as improving the aesthetic impact. DCLU recommends that parking be allowed but limited to two-hours to prevent availability of free long-term parking from decreasing the effectiveness of the TMP. DCLU also recommends two-hour parking be introduced adjacent to the Washelli Cemetery on Meridian Avenue North, south of 115th Street.

144. DCLU also disagrees with the CAC recommendation to prohibit parking on North 120th. Currently, two-hour parking is allowed on the south side of 120th adjacent to the campus to prevent long-term employee parking. DCLU recommends that this situation remain as is unless landscaping improvements that are approved by SED call for removal of parking. If long-term overflow parking continues to be a problem, DCLU recommends that an RPZ funded by the hospital would be an appropriate solution in this location.

145. The hospital has an existing Transportation Management Plan (TMP) with provisions intended to reduce peak hour single occupancy vehicle (SOV) trips and control employee parking on surrounding residential streets. Only carpoolers and those employees or doctors who have need of their vehicles during the day are allowed to park on campus. NWH also subsidizes transit passes with a 30% discount. The shuttle service to the remote lot at 128th Street carries an average of 180 riders per day. Shuttle service to the former Allstate building averages of 72 riders daily, and is expected to increase as additional services are added to the TMP. The TMP also provides for Commuter Information Centers regular dissemination of transit, carpool and other information.

146. The current goal of the TMP is to reduce SOV trips by "non-exempt" employees to 50%. This figure allows approximately 75% of all employees/doctors to commute by SOV. Exempt employees are those who need their vehicles for work-related trips during the day. The 50% SOV goal set as a standard in the Land Use Code applies only to non-exempt employees.

147. With the proposed Master Plan, the TMP would continue to focus primarily on carpool and vanpool use, the transit subsidy would be increased to a full 100%, a guaranteed ride home to employees who commute by other than SOV would be provided, a residential parking zone would be instituted, and free parking provided on-campus for carpools and vanpools. The hospital proposes to change the TMP goal to a number equal to 30% of all p.m. peak period employees/doctors. This goal would eliminate the need to determine which employees are exempt and would simplify the

reporting and monitoring process. Currently, about 15% of all employees and doctors commute by non-SOV modes.

148. The CAC questioned whether the proposed goal 30% of all commuters was really more aggressive than the existing 50% of non-exempt employees and encouraged that the most aggressive goal be selected. The CAC minority report recommends that the TMP goal be increased to 55%, fees be charged for employee parking, Metro improve transit service to the campus, additional satellite parking lots be made available, and that TMP participation be mandatory for medical office building employees and doctors.

149. SED also expressed concern that: an aggressive TMP goal be pursued; a higher non-SOV rate than proposed by NWH be used; evaluation of TMP progress be made at least every two years, rather than every four years as suggested by NWH; the population base for determining the SOV reduction goal should include facilities beyond the main campus, including the 128th Street facility and the former Allstate site; and, a fee for on-campus parking be implemented immediately, with reduced or free parking for HOV's. SED noted that establishment of an RPZ is an independent process, with separate criteria apart from TMPs in general.

150. DCLU recommends that the proposed TMP be adopted, with the following modification/clarifications:

Set the required non-SOV goal at 35% of the p.m. peak period employee and doctor population on the NWH campus and at the Allstate site and the North 128th Street site. (DCLU believes that the 30% goal is comparable to the standard 50% of non-exempt employees goal, and that by doing away with the need to determine which employees are exempt and which are non-exempt, the monitoring and evaluation process would be simplified.)

The time schedule for reaching the goal should be accelerated. NWH proposes to reach the TMP goal by the year 2000, or in conjunction with Phase V of the Master Plan development. DCLU recommends that the hospital be required to reach its goal within five years of occupancy of the West Parking Garage (achieving a non-SOV rate of 25% within 3 years).

The hospital should be required to fund the implementation and maintenance of an RPZ, should the RPZ criteria be met. The RPZ should include all surrounding streets except North 115th between Meridian Avenue North and Stone Avenue North, and Meridian Avenue North, south of 115th Street.

A parking fee should be implemented when the first parking garage is

constructed. Once the first garage is constructed, parking will be available on campus for those people currently parking off site on surrounding streets. Employees and doctors should be required to park in the garage or on campus. A market rate parking fee should be charged to SOV commuters (deducted from salary or other compensation) as an incentive for carpools and other SOV options as set forth in the proposed TMP.

151. Although NWH has agreed to a separate TMP for the Allstate site, it objects to the inclusion of the site in the hospital's TMP. The hospital cites the authority of the Major Institution Code as only extending to 2,500 ft., and the Allstate site is beyond that distance.

152. The hospital recommends that "market rate" parking fees be based upon the Northgate area rather than downtown rates.

153. NWH argues with the DCLU view that enforcement of the TMP be according to the provisions of the Land Use Code chapter on enforcement, SMC Chapter 23.90, and asserts that because achieving the TMP goals depends upon many factors outside the control of NWH, the hospital should not be held liable under SMC Chapter 23.90 if the goals are not met.

154. NWH disagrees with DCLU's recommendation that progress on reaching the TMP goals be reported to the community at least twice a year. More than annual reporting is indicated to pose an administrative burden for NWH.

155. The CAC Transportation Committee recommends that an aggressive TMP goal be set. Decentralization was favored as a means of dispersing traffic and parking impacts and that a waiting period of two to three years between major projects be required in order to more fully assess long-term impacts. Prohibiting left turns from eastbound North 115th to northbound Meridian to reduce traffic through the neighborhood was also favored. Traffic circles throughout the neighborhood and sidewalk and crosswalk improvements were requested. A Residential Parking Zone (RPZ) was requested as well as removing parking from North 115th and North 120th Streets.

156. With respect to the TMP, the CAC minority report suggests a goal of more than 55% compared to the hospital's proposed 70% (30 percent non-SOV). Limiting parking supply, charging for parking, working with Metro to improve transit service, and requiring all employees to participate in the TMP were other recommendations.

*Public Services and Utilities:*

157. Potable water usage will increase from approximately 53 million gallons per year.

158. Water service for the NWH campus is provided by the Seattle Water Department.



The water reservoir serving the campus and nearby area is located between North 138th and North 143rd Streets on the west side of Linden Avenue North. Annual water consumption on the campus is approximately 32.5 million gallons. Of this figure, about 7.2 million gallons are used for irrigation and about 25.3 million gallons for domestic purposes. Total projected water usage with full Master Plan development would increase by 24.7 million gallons per year.

159. DCLU recommends that the extension of the 8-inch water main from Meridian Avenue North to the western boundary of the campus be required in conjunction with the widening and improvement to North 115th Street. The water main extension is expected to improve water pressure within the campus system.

160. The hospital has instituted a recycling program to reduce its solid waste output. A draft of a Solid Waste Management Plan, dated June 1991, was introduced at the public hearing. The draft plan includes descriptions and amounts of the wastes generated, current practices, and goals. The plan discusses the new incinerator and indicates that "only such wastes generated at Northwest Hospital and hospital facilities located within 2500' of the main hospital campus, ie. Northgate, Meridian Street, and 128th Street. No wastes from other hospitals or medical facilities will be accepted..." (Exhibit 11)

161. Impacts to fire, police, schools, parks, and communication services are expected to not be significant. Parking enforcement may need to be increased if a Residential Parking Zone is instituted.

#### Public Comment

162. During DCLU's review of the Master Plan comments were made by the Licton Springs Community Council, the Haller Lake Improvement Club, the Broadview Community, and numerous area residents.

163. During the public comment portion of the hearing, 34 individuals, including some representatives of groups, spoke regarding the Master Plan. About half the speakers were in favor of the Master Plan (many of these were NWH employees and patients) and about half were opposed. Those who favored the approval of the Master Plan cited proximity and excellence of care as their reasons to support expansion. Those opposed focused on the incinerator. Those speakers in opposition who spoke about the Master Plan, expressed objections related to NWH becoming too large and producing increasingly intolerable traffic and parking impacts for the nearby residents.

#### Conclusions

1. The Hearing Examiner has jurisdiction over this matter pursuant to Chapter 23.81, Seattle Municipal Code. The Director's Report and Recommendation and all proposals for changes, alternatives, mitigating measures and conditions, and to issue a

recommendation to the City Council.

2. The Major Institutions Policies (SMC 23.16.10) states the purpose to be:

...to balance the need for institutional growth and change with the need to protect the livability of neighborhoods adjacent to institutions.

3. The proposed Master Plan contains all elements required by SMC Chapter 23.81.

4. Northwest Hospital seeks approval for a Master Plan which envisions development during the next 10 to 15 years of facilities that would approximately double the building square footage, employees, patient visits, and, employees, patient visits, and parking spaces on-campus. The development is predicated upon the past and present success of NWH in serving the growing medical needs of the growing residential population of North Seattle and South Snohomish County. As more people have sought the services of NWH, the impact of the institution on the immediate neighborhood has grown. The parking and traffic impacts generated by NWH have grown larger than the residential neighborhood has anticipated and they have understandable fears that the Master Plan build-out could mean even more adverse impacts for them. Those who oppose the Master Plan indicate it is too much and would overwhelm the livability of the neighborhood. Those who are in favor cite the growth in demand and success of NWH. It is just the kind of balancing anticipated by the Major Institutions policy quoted above.

5. Traffic impacting the residential neighborhood to the north of NWH is part of the larger Northgate area traffic problem. NWH contributes to these impacts; most notably adding traffic to Meridian Avenue North between North 115th and North 120th Streets. Discouraging northbound traffic from NWH turning onto Meridian Avenue North, should be included in the Master Plan conditions unless the Seattle Engineering Department finds that some other considerations outweigh the value to decreasing trips on Meridian Avenue North in this way.

6. The traffic impacts from NWH are not as concentrated in the usual 4 to 6 p.m. peak as is the case with office and similar employment centers. The work shifts of hospital medical personnel produce commuter trips earlier in the afternoon. The good news is that because of the p.m. peak is not as great as it would be if the end of the workday was 5 p.m. for all or most workers. The bad news for the residential neighbors, is that this type commuter traffic (combined with on-going inpatient visitors, trips by hospital and medical office doctor outpatients, and service deliveries) results in traffic impacts also being spread throughout the day.

7. The new medical office buildings will mean more doctors and 9-to-5 medical and administrative personnel which in turn will mean increased congestion at the morning and evening traffic peaks as well as adding to the all-day-long traffic due to more patient trips office visits. This aspect of the Master Plan carries with it a great



potential for increased traffic impact without a commensurate showing of why so much of this kind of space must be on the campus. The doctors occupying the medical office buildings some of their employees, and all their patients, are among those making vehicle trips to the campus over which NWH has little control (unlike hospital shift workers, etc.). Meeting TMP goals (and the ultimate goal of fewer vehicle trips to the campus, particularly in the p.m. peak), could be made more difficult due to choices made by NWH that result in increasing the campus population over which it has the least control in terms of managing vehicle use.

8. The overflow parking situation in the residential neighborhood must be corrected. A Residential Parking Zone (RPZ) program which would allow unlimited on-street parking for residents, but no more than 2-hour parking for others on North 120th Street and other residential streets (as specified in the DCLU Report) would appear to be the most effective approach both for achieving TMP goals and for giving the residential neighbors appropriate relief. It should be noted that this approach could increase the enforcement burden on the Seattle Police Department. An aggressive enforcement program by NWH to discourage employee parking on residential streets should be included in the TMP with enough clout to be influential.

9. The cemetery is located along the entire length of North 115th Street from Aurora to Meridian Avenue North, and along nearly three quarters of the northern side of the street is NWH and more cemetery. North 115th Street does not have a residential character, and once it is widened and improved, the only parking restriction necessary is to prohibit long-term parking so as not to undermine the effectiveness of the TMP.

10. The undersigned agrees with DCLU and those neighbors who have spoken for an aggressive TMP. NWH envisions a very significant increase in size. There should be a commensurate commitment to reducing traffic impacts. In order for the Master Plan to be consistent with the City policy that "livability" of adjacent neighborhoods be protected, there must be proper mitigation of traffic impacts. Meeting TMP goals is connected with the timing and type of development that actually occurs. Development has impacts. Increased square footage, increased services, increased personnel, increased numbers of patients, can all spell impacts. Progress toward meeting the TMP provides an indicator; as goals are met, or not met, future development of facilities will be consistent or not.

11. The storm water drainage situation will be adequately addressed by the recommended conditions.

12. The approval of the Master Plan by the City Council acts in much the same way as does a rezone. It indicates what is possible and expected. As with zoning, specific development proposals pursuant to the Master Plan are subject to SEPA review and as such may be conditioned or denied based upon project-specific or cumulative impacts. DCLU's recommendation that the potential for denial of specific Phase IV and V projects be expressly reserved, is indicative that at this time it cannot be predicted how

impacts at the time may affect the environmental review and permitting process in the future. If the Master Plan is seen by City Council and NWH as serving a "pre-authorization" type function that would effectively vest the Master Plan's future developments to approval regardless of subsequent cumulative conditions, it would not be advisable to include all the facilities in the approved Master Plan. The Phase IV and Phase V facility developments (i.e. South Campus Medical Office Building and Speciality Center II) should be omitted from the Master Plan if inclusion is tantamount to preauthorization.

13. Most of the public comment was opposed to the Master Plan and was aimed at the incinerator. Many persons appeared to believe that the hearing was intended to gather comments about whether or not the public wanted the incinerator to be located on the NWH campus. This perception was incorrect. The permits necessary for the installation and operation of the incinerator have already been issued and were not on appeal before the Hearing Examiner.

14. PSAPCA is the agency that DCLU would normally look to for expertise in evaluating air quality impacts. Indeed, they are the experts in the field and DCLU's reliance upon their environmental review and threshold determination was not inappropriate. It is unfortunate that PSAPCA's processes received so little attention and that many in the public were unaware of the incinerator permit. The testimony of the PSAPCA witness was credible and persuasive; the incinerator proposed is consistent with all applicable regulations and as such is not expected to have a significant adverse impact.

15. To ensure an aggressive program regarding reduction of solid waste, a condition of approval should address the requirement for a solid waste management plan that can effectively reduce the amount of waste.

16. The community needs to be informed and updated through time as to the operation and progress of the TMP, the solid waste management plan, and the functioning of the incinerator. NWH has urged that annual reporting on these matter is sufficient and more frequent reporting would be administratively burdensome. The public's need to know outweighs administrative convenience. It is reasonable to require that all the reporting be done at the same time and the frequency be at least twice per year.

17. NWH argues that the authority of the City Council with Master Plan approval does not extend to placing conditions on the incinerator because it is, for Master Plan purposes, an existing facility. This would seem a moot point in that NWH has agreed to the DCLU recommended conditions related to the incinerator, PSAPCA has indicated a willingness to include them in its requirements, and the neighbors are supportive of such limitation and controls.

### Recommendation

The Hearing Examiner recommends that the City Council approve the Northwest Hospital Master Plan as modified and subject to the following conditions:

#### Development Phasing:

1. The West Parking Garage shall be constructed prior to occupancy of the first major Master Plan (MP) project. "Major MP Project" includes the West Campus Medical Office Building (MOB), the West Parking Garage, the Twin Tower, Specialty Centers I and II, the Gateway Parking Garage, and the South MOB.
2. For all purposes except application of the Northgate Area Interim Traffic Controls, the West Campus MOB shall be considered a part of the approved Master Plan, provided that DCLU may require additional information to supplement the environmental review currently in process under project number 8802936 (West Campus MOB).

#### Street Improvements/Traffic Mitigation:

3. In conjunction with the first major MP project (prior to occupancy), the following street improvements and traffic mitigation shall be required:
  - a. The NWH shall contribute its fair share for Transportation Improvement Board (T.I.B) improvement project (projected for 1991-92) on Meridian Avenue North from North Northgate Way to North 115th Street. The hospital's fair share shall be 59% of the amount provided by local matching funds.
  - b. If T.I.B. funding is not secured and the improvements to Meridian Avenue North are not constructed as a T.I.B. project, DCLU recommends that NWH be required to provide the following in conjunction with the first major MP project:
    - i. Contribute 50% of the design and construction cost to add a left turn phase to the signal at Meridian Avenue North and North Northgate Way.
    - ii. Provide a left turn lane and stacking lane for vehicles southbound on Meridian turning to eastbound North Northgate Way.
    - iii. Provide a left turn lane and stacking lane on Meridian Avenue North at North 115th street for vehicles turning from northbound Meridian to westbound 115th.

c. With approval from the Seattle Engineering Department, NWH shall provide (funds or actual improvements) for the engineering design and construction of intersection improvements at North 115th Street and Meridian Avenue North that prohibit left turns from eastbound North 115th Street to northbound Meridian Avenue North.

4. The following improvements on North 115th Street shall be required prior to occupancy of the first major MP project:

Widen North 115th Street with a concrete surface from the campus' west property line to Meridian Avenue North. Pavement width shall be 40 ft., with curbs on both sides, and a sidewalk and street trees on the north side. The public storm drain pipe (as part of the SED drainage plan) and the water main extension shall be constructed in conjunction with the widening project. Pavement depth shall be designed per AASHTO standards.

Widen North 115th at the intersection with Aurora Avenue North to provide an additional westbound lane.

5. If a signal is installed at the intersection of Meridian Avenue North and North 115th Street prior to occupancy of the last Major MP project, NWH shall provide its fair share of the funds needed for that signalization as represented by NWH's contribution to all traffic affecting the intersection (daily or peak hour, which ever is greater) at the time the need for signalization is determined by the City.

6. Updated traffic and parking studies and review of progress toward the goals of the hospital's Transportation Management Program (TMP) shall be required for each major MP project, provided that the first major project, if approved within one year of MP approval may require only limited updating.

Transportation Management Plan (TMP) Requirements:

7. The TMP goal for the campus shall require a minimum number of non-single-occupancy-vehicle (non-SOV) trips. The minimum number shall be defined as 35% of all employees and doctors on the NWH campus and at the Allstate site and the North 128th Street site during the p.m. peak time period (as defined by the Seattle Engineering Department). This number shall be updated every two years to reflect current employment figures at the hospital and related facilities.

8. NWH shall achieve the TMP non-SOV goal within five years of occupancy of the first parking garage, the hospital shall reach a non-SOV rate equal to 25% of the p.m. peak period employee/doctor total. Progress toward these goals shall be evaluated in conjunction with review of any major project and at least every two years. Failure to make satisfactory progress toward or to achieve the goals shall subject the hospital to

enforcement action pursuant to the Land Use Code and may result in suspension, delay, or denial of future permits.

9. NWH shall be required to fund an independent survey to determine actual commuting mode split for the campus and the related facilities at the Allstate site and the North 128th Street site. A survey shall be required approximately two-and-one-half years after occupancy of the parking garage (in order to determine progress toward the 25% non-SOV goal required three years from garage occupancy). Future surveys shall be funded by NWH as determined necessary by DCLU in conjunction with the review of major projects.

10. Upon occupancy of the parking garage, NWH shall institute a fee for on-campus parking. The fee shall be set at a level approved by DCLU which reflects the market rate for parking in the Northgate area as that rate is adjusted, if and as necessary, to be reasonable comparable to fees charged by other major institutions outside the downtown core, including Swedish Hospital Medical Center and Children's Hospital and Medical Center. All doctors and employees shall be required to park in the garage or on campus. The parking fee shall be deducted from salary or other compensation unless the employee or doctor demonstrates that he or she commutes via a non-SOV mode. Parking fees shall be adjusted as needed to provide a functional disincentive to SOV commuting.

11. Free parking for carpools with two or more members shall be provided in preferred locations in the garage and elsewhere on campus.

12. If the first survey reveals that satisfactory progress is not being made toward the TMP goal, NWH shall increase the transit subsidy for all employees who commute to work by public transit to at least 50%. Increased subsidies, up to a 100% subsidy, shall be required if satisfactory progress is not made toward the 35% non-SOV goal. Vanpools shall be subsidized at a rate equal to the carpool subsidy.

13. NWH shall institute and maintain a Guaranteed Ride Home program meeting SED guidelines, for employees commuting to campus by non-SOV modes.

14. One day per month of free on-campus parking for employees who travel to work at least four days per week by high occupancy vehicle, carpool, vanpool, or transit) or other non-SOV mode shall be provided.

15. The hospital shall be required to fund the implementation and maintenance of a Residential Parking Zone (RPZ) should the independent RPZ criteria be met. The boundaries of the RPZ shall be determined by SED but should include all surrounding streets except North 115th Street between Meridian Avenue North and Stone Avenue North, and Meridian Avenue North south of 115th Street.

16. Parking adjacent to the cemetery on North 115th Street between Meridian Avenue



North and Stone Avenue North, and on Meridian Avenue North south of 115th Street shall be limited to two-hour parking in order to prevent long-term parking related to NWH.

17. If parking spillover from the campus to surrounding residential streets occurs after occupancy of the first parking garage, NWH shall institute a parking enforcement program including the issuance of tickets by the Institution Transportation Coordinator. The tickets shall include monetary or other disciplinary penalties. The enforcement program shall be comparable to the program in place at Children's Hospital and Medical Center.

18. NWH shall report to the community on its progress toward the TMP goal at least twice per year in its community information publication.

19. In addition to the conditions noted above, all elements of the proposed TMP for the Final Master Plan as set forth in the Final Environmental Impact Statement on pages FEIS - D1 through D12, shall apply; provided, the conditions set forth in this Master Plan approval shall supersede provisions of NWH's proposed TMP in cases of conflict.

#### Vehicle Emission Mitigation:

20. To help reduce air quality impacts, NWH shall contribute \$1000 toward the cost of installing a fully actuated traffic signal at the intersection of Northeast 130th Street and 5th Avenue N.E. if such an upgrade is approved by SED or required as a result of the Northgate Transportation Study.

21. Quantitative air quality studies, similar to the modeling study in the FEIS, shall be performed and evaluated for any major project constructed after the Twin Tower if Federal Clean Air Act standards have not been attained in the Northgate area. Project-specific mitigation to reduce automobile emissions may be available pursuant to that future environmental review.

#### Storm Water/Drainage Control:

22. The detention pond shall be sized to handle all proposed Master Plan site development for a 25-year design storm. Calculations and a work sheet showing impervious/pervious and controlled/uncontrolled site areas used to calculate the coefficient of run-off from the two-acre area containing the Professional Office Building, which currently flows off the site uncontrolled.

23. The on-site detention pond shall be sized to account for new impervious area resulting from right-of-way improvements in North 115th Street, or a separate detention pipe in the street shall be provided.

24. The outlet pipe orifice for the campus detention pond shall be sized so that the rate of discharge does not exceed 4.0 cubic feet per second.

Access to Campus:

25. Vehicular access from the south shall be primarily from North 115th Street. No new driveways shall be opened to North 120th Street, nor shall any new parking areas or interior roads be connected to the existing driveways on North 120th Street.

Solid Waste Disposal:

26. NWH and all related facilities shall be required to meet the standards set forth in Chapter 21.43 (Infectious Waste Management) of the Seattle Municipal Code for the transport of infectious waste in any quantity. To minimize hazards of transport through the surrounding neighborhood, infectious waste of 100 pounds per month or less shall not be exempted from the standards of infectious waste transport.

27. NWH shall be required to separate sharps and batteries from the incinerator waste stream. Sharps shall be disposed of through an appropriate infectious waste transport and disposal company. Batteries shall be recycled or disposed of in accordance with applicable state, federal, and local regulations.

28. A solid waste management program plan approved by DCLU shall be adopted and implemented at NWH and all satellite facilities. This program shall include requirements to reduce, reuse, recycle all non-infectious and other non-hazardous materials. NWH shall report to the community on its waste reduction/recycling progress at least twice per year in its publication "Health Matters."

Air Quality (Incinerator):

29. A program for monitoring fugitive dust from ash handling shall be included in the required incinerator Operation and Maintenance Plan. Upgrades of controls and equipment shall be as required by PSAPCA to meet regulations for best available control technology. Controls on fugitive dust emissions shall be evaluated annually as part of the Operation and Maintenance Plan.

30. The Operation and Maintenance Plan shall also provide for new continuous emission monitoring (CEM) technology to be evaluated every two years. In particular, CEM technology for hydrochloric (HCl) shall be investigated. If new technology is found by PSAPCA to be reliable, reasonably available, and economically feasible, the new equipment shall be installed by NWH according to the Operation and Maintenance Plan.

31. Until such time as reliable continuous emission monitoring equipment for hydrochloric acid (HCl) is found by PSAPCA to be reasonably available and is



installed on the NWH incinerator, the Operation and Maintenance Plan shall provide for annual source testing for HCl.

32. NWH shall report to the community at least twice per year via its community information publication on the current usage of the incinerator and on the results of monitoring, review, and evaluation of air quality impacts made by both NWH and PSAPCA, including fugitive dust control systems and continuous emission monitoring technology pursuant to the Operation and Maintenance Plan.

#### Water Service:

33. NWH shall extend the 8-inch water main on North 115th Street from Meridian Avenue North to the west property line of the campus as required by the Seattle Water Department in conjunction with the improvements to North 115th Street.

#### Aesthetics (Height, Bulk & Scale, Light, Glare & Shadows, Landscaping):

34. Specialty Centers I and II shall be required to maintain a minimum setback of 120 ft. from the north and northeast property lines. A minimum 180 ft. setback for Specialty Center I from the main east property line (due east of the proposed structure) shall be required.

35. NWH shall continue to use brick as the primary architectural theme in its major projects. Prior to making final design decisions, NWH shall meet with the CAC or other designated representatives from the community, as well as with DCLU and the Department of Neighborhoods to gather feedback and comments on the proposed design.

36. The atrium design for Specialty Center I shall be required to use glazing of low to moderate reflectivity (no greater than 20% reflectance).

37. At the time of application to DCLU for Specialty Center I and/or Specialty Center II, landscaping buffering along the east and northeast property lines shall be reviewed by DCLU and the CAC or other designated community representatives. DCLU shall have authority to require landscaping improvements prior to completion of the permit review process in order to ensure that plantings are well established prior to occupancy of the structures.

38. To the extent possible within the basic parameters of Option C, new structures shall be located to minimize creation of new shadows. To this end, shadow analysis shall be a required component of individual project review for each major MP project (Buildings 5-11).

39. The North 120th Street greenbelt plan including a planted berm, paved walk, and benches, shall be implemented prior to issuance of construction permits for any

major MP project. Completion of the North 120th Street plan shall be required prior to occupancy of any major MP project.

40. NWH shall complete a survey of the existing mature trees and shrubs in the areas adjacent to residential uses on the north, northeast, northwest, and east and west property lines. A copy of the vegetation survey shall be placed on file with DCLU. Prior to permit issuance for any project involving major disturbance of these areas or potential impact on adjacent residential uses, a detailed landscaping plan shall be filed with DCLU for approval, after review by the CAC or other designated community representatives. Plantings shall be designed to screen light and glare where necessary. Mature growth shall be retained whenever possible.

Basic Construction Limitations (Noise & Traffic):

41. All exterior or outside construction and heavy landscaping activities shall be limited to non-holiday weekdays between the hours of 7:30 a.m. and 6:00 p.m.

42. Construction vehicles shall be prohibited from traveling north on Meridian Avenue past North 115th Street.

43. Any parking spaces to be displaced as a result of construction activity on campus shall be replaced either on campus or at satellite lots prior to issuance of the construction permits. NWH shall offer regular shuttle service to the construction parking lots and shall incorporate the lots into the TMP.

Land Use Concerns (Decentralization, Police Consistency, Process):

44. NWH shall pursue the possibility of using the Allstate site to decentralize medical office uses, to the extent allowable given the requirements of the Northgate Transportation Study Interim controls and any permanent traffic or development regulations.

45. Phases IV and V of the Plan (South Campus MOB, Gateway Parking Garage, and Specialty Center II) should be given only conditional approval at this time. Denial of these projects based on cumulative transportation and air quality impacts disclosed pursuant to future environmental review is hereby expressly reserved.

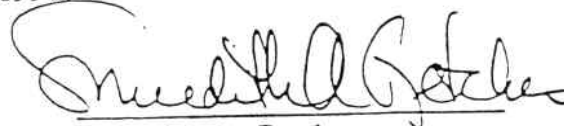
46. Upon adoption of the Master Plan and establishment of a long-term or on-going CAC, a member of the Licton Springs Community should be included on the committee because of NWH's ownership and use of the Allstate site.

47. No modifications to the Northgate Interim Traffic Controls are recommended. The West Campus Medical Office Building is exempt from application of the controls. The West Parking Garage and several small Phase I projects may be constructed within the limits of the controls. Other major projects should await the final report and

recommendations of the Northgate Transportation Study.

48. Modifications or changes to the approved Master Plan shall be allowed only after review by DCLU and the standing CAC pursuant to SMC Section 23.69.035, which provides for an appealable interpretation determining whether such a change is a minor or a major amendment to the approved plan.

Entered this 22<sup>nd</sup> day of July, 1991.



Meredith A. Getches  
Hearing Examiner

NOTICE OF RIGHT TO PETITION  
FOR FURTHER CONSIDERATION

Pursuant to Seattle Municipal Code Section 23.76.054, as amended, any person substantially affected by a recommendation of the Hearing Examiner may submit a petition in writing to the City Council requesting further consideration. The petition must be submitted within fifteen days after the date of mailing the recommendation of the Hearing Examiner and addressed to: City Council Urban Redevelopment Committee, Municipal Building, Seattle, Washington 98104. The request for further review reconsideration shall clearly identify specific objections to the Hearing Examiner's recommendation, facts missing from the record, and the relief sought.

Pursuant to Seattle Municipal Code Section 23.76.054(D), if there is no request for further consideration Council action shall be based on the record established by the Hearing Examiner.

The City Council Urban Redevelopment Committee Should be consulted for further information on the Council review Process.



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**SECTION IV. FINAL CONDITIONS OF APPROVAL**





## FINAL CONDITIONS OF APPROVAL

The following are the final conditions of approval of the Northwest Hospital Master Plan. The Hearing Examiner's recommended conditions adopted by the City Council are shown in regular type. The new and modified conditions adopted by the City Council are shown in bold. They are combined here for ease of reference.

### Development Phasing:

1. The West Parking Garage shall be constructed prior to occupancy of the first major Master Plan (MP) project. "Major MP Project" includes the West Campus Medical Office Building (MOB) , the West Parking Garage, the Twin Tower, Specialty Center I.
2. For all purposes except application of the Northgate Area Interim Traffic Controls, the West Campus MOB shall be considered a part of the approved Master Plan, provided that DCLU may require additional information to supplement the environmental review currently in process under- project number 8802936 (West Campus MOB).

### Street Improvements/Traffic Mitigation:

3. In conjunction with the first major MP project (prior to occupancy), the following street improvements and traffic mitigation shall be required:
  - a. The NWH shall contribute its fair share for Transportation Improvement Board (T.I.B) improvement project (projected for 1991-92) on Meridian Avenue North from North Northgate Way to North 115th Street. The hospital's fair share shall be 59% of the amount provided by local matching funds.
  - b. If T.I.B. funding is not secured and the improvements to Meridian Avenue North are not constructed as a T.I.B. project, DCLU recommends that NWH be required to provide the following in conjunction with the first major MP project:
    - i. Contribute 50% of the design and construction cost to add a left turn phase to the signal at Meridian Avenue North and North Northgate Way.
    - ii. Provide a left turn lane and stacking lane for vehicles southbound on Meridian turning to eastbound North Northgate Way.
    - iii. Provide a left turn lane and stacking lane on Meridian Avenue North at North 115th street for vehicles turning from northbound Meridian

to westbound 115th.

- c. With approval from the Seattle Engineering Department, NWH shall provide (funds or actual improvements) for the engineering design and construction of intersection improvements at North 115th Street and Meridian Avenue North that prohibit left turns from eastbound North 115th Street to northbound Meridian Avenue North.

4. The following improvements on North 115th Street shall be required prior to occupancy of the first major MP project:

Widen North 115th Street with a concrete surface from the campus' west property line to Meridian Avenue North. Pavement width shall be 40 ft., with curbs on both sides, and a sidewalk and street trees on the north side. The public storm drain pipe (as part of the SED drainage plan) and the water main extension shall be constructed in conjunction with the widening project. Pavement depth shall be designed per AASHTO standards.

Widen North 115th at the intersection with Aurora Avenue North to provide an additional westbound lane.

5. If a signal is installed at the intersection of Meridian Avenue North and North 115th Street prior to occupancy of the last Major MP project, NWH shall provide its fair share, as determined by SED, of the funds needed for that signalization as represented by NWH's contribution to all traffic affecting the intersection (daily or peak hour, which ever is greater) at the time the need for signalization is determined by the City.

6. Updated traffic and parking studies and review of progress toward the goals of the hospital's Transportation Management Program (TMP) shall be required for each major MP project, provided that the first major project, if approved within one year of MP approval may require only limited updating. This information shall be used by DCLU during its project-level SEPA review for each major MP project.

#### Transportation Management Plan (TMP) Requirements:

7. The TMP goal for the campus shall require a minimum number of non-single occupancy vehicle (non-SOV) trips. The minimum number shall be defined as 35% of the peak number of all employees and doctors who arrive on the NWH campus and at the Allstate site and the North 128th Street site in the morning. The peak day-shift population shall not include the population of second shift employees who overlap the earlier shift. This number shall be updated every two years to reflect current employment figures at the hospital and related facilities.

8.(a) Northwest Hospital shall achieve the TMP 35% non-SOV goal prior to approval of Phase III projects. Prior to approval of Phase II projects the hospital shall reach a 25% non-SOV rate. Phase II and III project permits may be issued before the required non-SOV levels have been reached, if the Director determines that the required levels are likely to be reached by the time of the occupancy of the projects, provided that occupancy shall not be permitted until the required non-SOV levels have been reached. Progress toward these goals shall be evaluated in conjunction with review of any major project and at least every two years. Failure to make satisfactory progress toward or to achieve the goals shall subject the hospital to enforcement action pursuant to the Land Use Code and may result in suspension, delay, or denial of future permits.

8.(b) DCLU shall have the authority to restrict or prohibit use of parking spaces on campus or at related facilities to the extent that parking exceeds the maximum number of spaces permitted under the Land Use Code or if it is determined upon evaluation of the TMP that excess parking availability is diminishing TMP effectiveness.

9. NWH shall be required to fund an independent survey to determine actual commuting mode split for the campus and the related facilities at the Allstate site and the North 128th Street site. A survey shall be required approximately two-and-one-half years after occupancy of the parking garage (in order to determine progress toward the 25% non-SOV goal required three years from garage occupancy). Future surveys shall be funded by NWH as determined necessary by DCLU in conjunction with the review of major projects.

10. Upon occupancy of the parking garage, NWH shall institute a fee for on-campus parking. The fee shall be set at a level approved by DCLU which reflects the market rate for parking in the Northgate area as that rate is adjusted, if and as necessary, to be reasonable comparable to fees charged by other major institutions outside the downtown core, including Swedish Hospital Medical Center and Children's Hospital and Medical Center. All doctors and employees shall be required to park in the garage or on campus. The parking fee shall be deducted from salary or other compensation unless the employee or doctor demonstrates that he or she commutes via a non-SOV mode. Parking fees shall be adjusted as needed to provide a functional disincentive to SOV commuting.

11. Free parking for carpools with two or more members shall be provided in preferred locations in the garage and elsewhere on campus.

12. Upon Council approval of the Master Plan and DCLU approval of the Transportation Management Program, Northwest Hospital shall increase the transit subsidy for all employees who commute to work by public transit to at least 75%. Upon occupancy of the parking garage the transit subsidy shall be increased to 100%.

13. NWH shall institute and maintain a Guaranteed Ride Home program meeting SED guidelines, for employees commuting to campus by non-SOV modes.

14. One day per month of free on-campus parking for employees who travel to work at least four days per week by high occupancy vehicle, carpool, vanpool, or transit or other non-SOV mode shall be provided. NWH will work through its Department Directors and with Metro to implement work schedules that promote HOV/transit usage.

15. The hospital shall be required to fund the implementation and maintenance of a Residential Parking Zone (RPZ) should the independent RPZ criteria be met. The boundaries of the RPZ shall be determined by SED but should include all surrounding streets except North 115th Street between Meridian Avenue North and Stone Avenue North, and Meridian Avenue North south of 115th Street.

16. Parking adjacent to the cemetery on North 115th Street between Meridian Avenue North and Stone Avenue North, and on Meridian Avenue North south of 115th Street shall be limited to two-hour parking in order to prevent long-term parking related to NWH.

17. If parking spillover from the campus to surrounding residential streets occurs after occupancy of the first parking garage, NWH shall institute a parking enforcement program including the issuance of tickets by the Institution Transportation Coordinator. The tickets shall include monetary or other disciplinary penalties. The enforcement program shall be comparable to the program in place at Children's Hospital and Medical Center.

18. NWH shall report to the community on its progress toward the TMP goal at least twice per year in its community information publication.

19. In addition to the conditions noted above, all elements of the proposed TMP for the Final Master Plan as set forth in the Final Environmental Impact Statement on pages FEIS - D1 through D12, shall apply; provided, the conditions set forth in this Master Plan approval shall supersede provisions of NWH's proposed TMP in cases of conflict.

#### Vehicle Emission Mitigation:

20. To help reduce air quality impacts, NWH shall contribute \$1000 toward the cost of installing a fully actuated traffic signal at the intersection of Northeast 130th Street and 5th Avenue N.E. if such an upgrade is approved by SED or required as a result of the Northgate Transportation Study.

21. Quantitative air quality studies, similar to the modeling study in the FEIS, shall be performed and evaluated for any major project constructed after Phase I if Federal Clean Air Act standards have not been attained in the Northgate area. Project-



specific mitigation to reduce automobile emissions may be available pursuant to that future environmental review.

Storm Water/Drainage Disposal :

22. The detention pond shall be sized to handle all proposed Master Plan site development for a 25-year design storm. Calculations and a work sheet showing impervious/pervious and controlled/uncontrolled site areas used to calculate the coefficient of run-off from the two-acre area containing the Professional Office Building , which currently flows off the site uncontrolled.

23. The on-site detection pond shall be sized to account for new impervious area resulting from right-of-way improvements in North 115th Street, or a separate detention pipe in the street shall be provided.

24. The outlet pipe orifice for the campus detention pond shall be sized so that the rate of discharge does not exceed 4.0 cubic feet per second.

Access to Campus:

25. Vehicular access from the south shall be primarily from North 115th Street. No new driveways shall be opened to North 120th Street, nor shall any new parking areas or interior roads be connected to the existing driveways on North 120th Street.

Solid Waste Disposal:

26. NWH and all related facilities shall be required to meet the standards set forth in Chapter 21.43 (Infectious Waste Management) of the Seattle Municipal Code for the transport of infectious waste in any quantity. To minimize hazards of transport through the surrounding neighborhood, infectious waste of 100 pounds per month or less shall not be exempted from the standards of infectious waste transport.

27. NWH shall be required to separate sharps and batteries from the incinerator waste stream. Sharps shall be disposed of through an appropriate infectious waste transport and disposal company. Batteries shall be recycled or disposed of in accordance with applicable state, federal, and local regulations.

28. A solid waste management program plan approved by DCLU shall be adopted and implemented at NWH and all satellite facilities. This program shall include requirements to reduce, reuse, recycle all non-infectious and other non-hazardous materials. NWH shall report to the community on its waste reduction/recycling progress at least twice per year in its publication "Health Matters. "

Air Quality (Incinerator):

29. A program for monitoring fugitive dust from ash handling shall be included in the required incinerator Operation and Maintenance Plan. Upgrades of controls and equipment shall be as required by PSAPCA to meet regulations for best available control technology. Controls on fugitive dust emissions shall be evaluated annually as part of the Operation and Maintenance Plan.

30.(c) The Operation and Maintenance Plan shall also provide for new continuous emission monitoring (CEM) technology to be evaluated every two years. In particular, CEM technology for hydrochloric (HCl) shall be investigated. If new technology is found by PSAPCA to be reliable, reasonably available, and economically feasible, the new equipment shall be installed by NWH according to the Operation and Maintenance Plan.

31. Until such time as reliable continuous emission monitoring equipment for hydrochloric acid (HCl) is found by PSAPCA to be reasonably available and is installed on the NWH incinerator, the Operation and Maintenance Plan shall provide for annual source testing for HCl.

32. NWH shall report to the community at least twice per year via its community information publication on the current usage of the incinerator and on the results of monitoring, review, and evaluation of air quality impacts made by both NWH and PSAPCA, including fugitive dust control systems and continuous emission monitoring technology pursuant to the Operation and Maintenance Plan.

#### Water Service:

33. NWH shall extend the 8-inch water main on North 115th Street from Meridian Avenue North to the west property line of the campus as required by the Seattle Water Department in conjunction with the improvements to North 115th Street.

#### Aesthetics (Height, Bulk & Scale, Light, Glare & Shadows, Landscaping):

34. Specialty Centers I and II shall be required to maintain a minimum setback of 120 ft. from the north and northeast property lines. A minimum 180 ft. setback for Specialty Center I from the main east property line (due east of the proposed structure) shall be required.

35. NWH shall continue to use brick as the primary architectural theme in its major projects. Prior to making final design decisions, NWH shall meet with the CAC or other designated representatives from the community, as well as with DCLU and the Department of Neighborhoods to gather feedback and comments on the proposed design.

36. The atrium design for Specialty Center I shall be required to use glazing of low to moderate reflectivity (no greater than



20% reflectance).

37. At the time of application to DCLU for Specialty Center I and/or Specialty Center II, landscaping buffering along the east and northeast property lines shall be reviewed by DCLU and the CAC or other designated community representatives. DCLU shall have authority to require landscaping improvements prior to completion of the permit review process in order to ensure that plantings are well establish prior to occupancy of the structures.

38. To the extent possible within the basic parameters of Option C, new structures shall be located to minimize creation of new shadows. To this end, shadow analysis shall be a required component of individual project review for each major MP project Buildings 5-11).

39. The North 120th Street greenbelt plan including a planted berm, paved walk, and benches, shall be implemented prior to issuance of construction permit for any major MP project. Completion of the North 120th Street plan shall be required prior to occupancy of any major MP project.

40. NWH shall complete a survey of the existing mature trees and shrubs in the areas adjacent to residential uses on the north, -northeast, northwest, and east and west property lines. A copy of the vegetation survey shall be placed on file with DCLU. Prior to permit issuance for any project involving major disturbance of these areas or potential impact on adjacent residential uses, a detailed landscaping plan shall be filed with DCLU for approval, after review by the CAC or other designated community representatives. Plantings shall be designed to screen light and glare where necessary. Mature growth shall be retained whenever possible.

Basic Construction Limitations (Noise & Traffic) :

41. All exterior or outside construction and heavy landscaping activities shall be limited to non-holiday weekdays between the hours of 7:30 a.m. and 6:00 p.m.

42. Construction vehicles shall be prohibited from traveling north or south on Meridian Avenue north of 115th Street.

43. Any parking spaces to be displaced as a result of construction activity on campus shall be replaced either on campus or at satellite lots prior to issuance of the construction permits. NWH shall offer regular shuttle service to the construction parking lots and shall incorporate the lots into the TMP.

Land Use Concerns (Decentralization. Police Consistency. Process):

44. NWH shall pursue the possibility of using the Allstate site to decentralize medical office uses, to the extent allowable given the

requirement of the Northgate Transportation Study Interim controls and any permanent traffic or development regulations.

45. Phases IV and V of the Plan (South Campus MOB, Gateway Parking Garage, and Specialty Center II) are not approved as part of the Master Plan. The approval of the Master Plan is limited to ten years from the date of this decision.

46. Upon adoption of the Master Plan and establishment of a long-term or on-going CAC, a member of the Licton Springs Community should be included on the committee because of NWH's ownership and use of the Allstate site.

47. No modifications to the Northgate Interim Traffic Controls are recommended. The West Campus Medical Office Building is exempt from application of the controls. The West Parking Garage and several small Phase I projects may be construction within the limits of the controls. Other major projects should await the final report and recommendations of the Northgate Transportation Study.

48. Modifications or changes to the approved Master Plan shall be allowed only after review by DCLU and the standing CAC pursuant to SMC Section 23.69.035, which provides for an appealable interpretation determining whether such a change is a minor or a major amendment to the approved plan.

49. Northwest Hospital shall report annually to the Director and to the Citizens Advisory Committee regarding progress being made toward strengthening its charity care efforts.