

ADDENDUM
to the
FINAL
ENVIRONMENTAL IMPACT STATEMENT

associated with

***Children's Hospital &
Regional Medical Center
Major Institution Master Plan***

prepared for the

**PROPOSED
INPATIENT WING**

March 2002

prepared by

City of Seattle

Department of Design, Construction & Land Use

ADDENDUM

to the

FINAL EIS

for

Children's Hospital & Regional Medical Center Major Institution Master Plan

prepared for the

PROPOSED INPATIENT WING

City of Seattle

Department of Design, Construction & Land Use

This EIS Addendum has been prepared in compliance with the State Environmental Policy Act of 1971 (Chapter 43.21C, Revised Code of Washington); the SEPA Rules, effective April 4, 1984, as amended (Chapter 197-11, Washington Administrative Code); and Seattle's Environmental Policies and Procedures Code (Chapter 25.05, City of Seattle Municipal Code), which implement SEPA. Preparation of this EIS Addendum is the responsibility of the Seattle's Department of Design, Construction & Land Use (DCLU). In managing preparation of this EIS Addendum, DCLU has determined that this document has been prepared in a responsible manner using appropriate methodology and DCLU has directed the areas of research and analysis that were undertaken in preparation of this document.

Date of Issuance of this EIS Addendum.....March 21, 2002

PREFACE

The purpose of this EIS Addendum is to provide information concerning site-specific development that is proposed for Children's Hospital & Regional Medical Center -- the proposed *Inpatient Wing*.

This EIS Addendum complements the Draft and Final EISs that were prepared for Children's Hospital & Regional Medical Center's *Major Institution Master Plan*.¹ This EIS Addendum is not an authorization for an action, nor does it constitute a decision or a recommendation for action. It is intended that this EIS Addendum accompany the *Proposed Inpatient Wing* proposal through the City's review processes and be considered by City officials in making the necessary permitting/approval decisions regarding this proposed development, as noted on page i of the *Fact Sheet* to this EIS Addendum.

As background, the EIS that was prepared for Children's Hospital & Regional Medical Center's *Major Institution Master Plan* is, like other Major Institution Master Plans, a programmatic document. Key issues that were analyzed in the Draft and Final EISs for Children's Hospital & Regional Medical Center's *Major Institution Master Plan* included the following:

- Air Quality
- Water/Stormwater Runoff
- Energy and Natural Resources
- Environmental Health/Noise
- Land Use/Population
- Light/Glare/Shadows
- Aesthetics
- Transportation
- Public Services and Facilities (Utilities)

The Draft EIS for the *Major Institution Master Plan* was issued in October 1992 and the Final EIS was issued in June 1993. The Final EIS provided clarification concerning the Draft EIS, based on the written comments and testimony received; incorporated new information that became available since the Draft EIS was issued; and responded to specific comments regarding the Draft EIS.

This EIS Addendum provides additional site-specific information concerning the proposed *Inpatient Wing*. The EIS Addendum is organized into three major sections. The *Fact Sheet* (starting on page i) provides an overview of the proposed project and location, permits required, and points of contact. *Section I* (beginning on page 1) describes the *Proposed Action*. *Section II* (page 14) is an analysis of environmental impacts associated with the *Proposed Action* compared with that described in the Draft and Final EISs.

¹ Seattle, DCLU, 1992 and 1993 (refer to the *References* section of this EIS Addendum for the complete citation).

FACT SHEET

Name of Proposal	Children's Hospital & Regional Medical Center – Proposed <i>Inpatient Wing</i>
Proponent	CHILDREN'S HOSPITAL & REGIONAL MEDICAL CENTER
Location	The <i>Proposed Action</i> is located in northeast Seattle on the 21.7-acre campus of Children's Hospital & Regional Medical Center. Specifically, the site of the proposed <i>Inpatient Wing</i> (described below) is in the west-central portion of the campus.
Proposed Action	The <i>Proposed Action</i> would involve development of an <i>Inpatient Wing</i> to Children's Hospital & Regional Medical Center. The proposed <i>Inpatient Wing</i> would be a four story structure (above-grade) containing approximately 99,437 sq.ft. of floor area. ² The ground floor would contain a new lobby and space for education and support services; the upper three floors would contain up to 100 beds. The proposed <i>Inpatient Wing</i> would require modification of the hospital's Helen Lane and associated turn-around, and the hospital's Train Entrance, which is the northwestern pedestrian entrance to the hospital complex.
Lead Agency	City of Seattle, Department of Design, Construction & Land Use
Responsible Official	Diane Sigumura, Acting Director City of Seattle, Department of Design, Construction & Land Use Key Tower, 700 Fifth Ave., Suite 2000 Seattle, WA 98104-7195
Contact Person	Malli Anderson Land Use Planner Department of Design, Construction & Land Use Key Tower, 700 Fifth Ave., Suite 2000 Seattle, WA 98104-7195 Telephone: (206) 233-3858 Fax: (206) 233-7901
Addendum	This EIS Addendum complements the Draft and Final EISs for the Children's Hospital & Regional Medical Center's <i>Major Institution Master Plan</i> .
Master Use Permit	Project No. 2108029

² This encompasses all gross floor area in the building including the area below-grade and mechanical spaces.

Required Approvals

Preliminary investigation indicates that the following permits and/or approvals could be required for the *Proposed Action*. Additional permits/approvals may be identified during the review process.

■ *State of Washington*

Elevator Permits

■ *City of Seattle*

Department of Design, Construction & Land Use

permits/approvals associated with the proposed project:

- Master Use Permit
- Grading Permit/Shoring Permit
- Building Permit
- Mechanical Permits
- Electrical Permits
- Occupancy Permit
- Comprehensive Drainage Control Plan approval
- Large-Parcel Drainage Control Plan with Construction Best Management Practices, Erosion and Sediment Control Plan Approval

Seattle-King County Department of Health

- Plumbing Permits

Authors and Principal Contributors to this EIS Addendum

The *Inpatient Wing* EIS Addendum has been prepared under the direction of the Department of Design, Construction & Land Use. Research and analysis was provided by the following consulting firm:

■ **Huckell/Weinman Associates, Inc.**

Location of Background Data

City of Seattle
Department of Design, Construction & Land Use
City of Seattle, Department of Design, Construction & Land Use
Key Tower, 700 Fifth Ave., Suite 2000
Seattle, WA 98104-7195

Huckell/Weinman Associates, Inc.
270 – 3rd Ave., Suite 200
Kirkland, WA 98033
(425) 828-4463

Date of Issuance of this EIS Addendum

March 21, 2002

**Date of Issuance
of the Final EIS**

June 17, 1993

**Date of Issuance
of the Draft EIS**

October 15, 1992

**Availability/Cost of
the EIS Addendum**

Copies of this EIS Addendum have been distributed to agencies, organizations and individuals noted on the Distribution List (*Appendix A* to this document).

Copies of this document are also available for review at the Seattle Dept. of Design, Construction & Land Use Public Resource Center, which is located in Suite 2000 of Key Tower in Downtown Seattle (700 Fifth Avenue) and at the following branches of the Seattle Public Library

- Central Library (800 Pike St. [temporary location])
- North East branch (6801 – 35th Ave. N.E.).

A limited number of complementary copies of this EIS Addendum may be obtained from the Dept. of Design, Construction & Land Use Public Resource Center while the supply lasts. Additional copies may be purchased at Dept. of Design, Construction & Land Use Public Resource Center for the cost of reproduction.

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SECTION I

PROJECT DESCRIPTION

SECTION I

PROJECT DESCRIPTION

A. PROPONENT/PROJECT LOCATION

Proponent

The proposed *Inpatient Wing* is sponsored by Children's Hospital & Regional Medical Center.

Project Location

The site of the proposed *Inpatient Wing* is on the campus of Children's Hospital & Regional Medical Center, which is located in northeast Seattle (see Figure 1 and 2). Specifically, the proposed *Inpatient Wing* would be located in the west-central area of the campus immediately north of A-Wing, where the hospital's "Train Entrance" (pedestrian access) is located (Figure 3).

Campus/Site Characteristics

The campus of Children's Hospital & Regional Medical Center comprises approximately 21.7 acres, bounded by NE 50th St. on the north, NE 45th St. on the south and 44th Ave. NE and 45th Ave. NE on the east. The campus extends roughly 1,300 feet in a north-south direction and 900 feet in an east-west direction. An area of approximately 200 lineal feet in the northwest corner of the campus borders Sand Point Way NE.

The topography of the campus slopes downward from east to west. Cross-campus (east-west) grade change is roughly 120 feet³ with an overall average gradient of 12.5 percent.

As shown in Figure 3, Children's Hospital & Regional Medical Center's building complex is situated in the south-half of the campus. The entire complex contains approximately 650,000 sq.ft. of gross floor area and includes the hospital's admitting area, clinics, patient rooms, surgery center, emergency rooms, and ancillary support services. The building complex is referred to as the Pavilion and Wings A through I.

There are four public pedestrian entrances to the hospital complex. They include: Train Entrance (northwest corner of the building), Emergency Entrance (north-central portion of the building), Airplane Entrance (northeast corner of the building), and Whale Entrance (east-side of the building).

³ The highest elevation is roughly 184 feet near the southwest corner of 45th Ave. N.E. and N.E. 47th St. The lowest elevation is about 64 feet along the west property line.

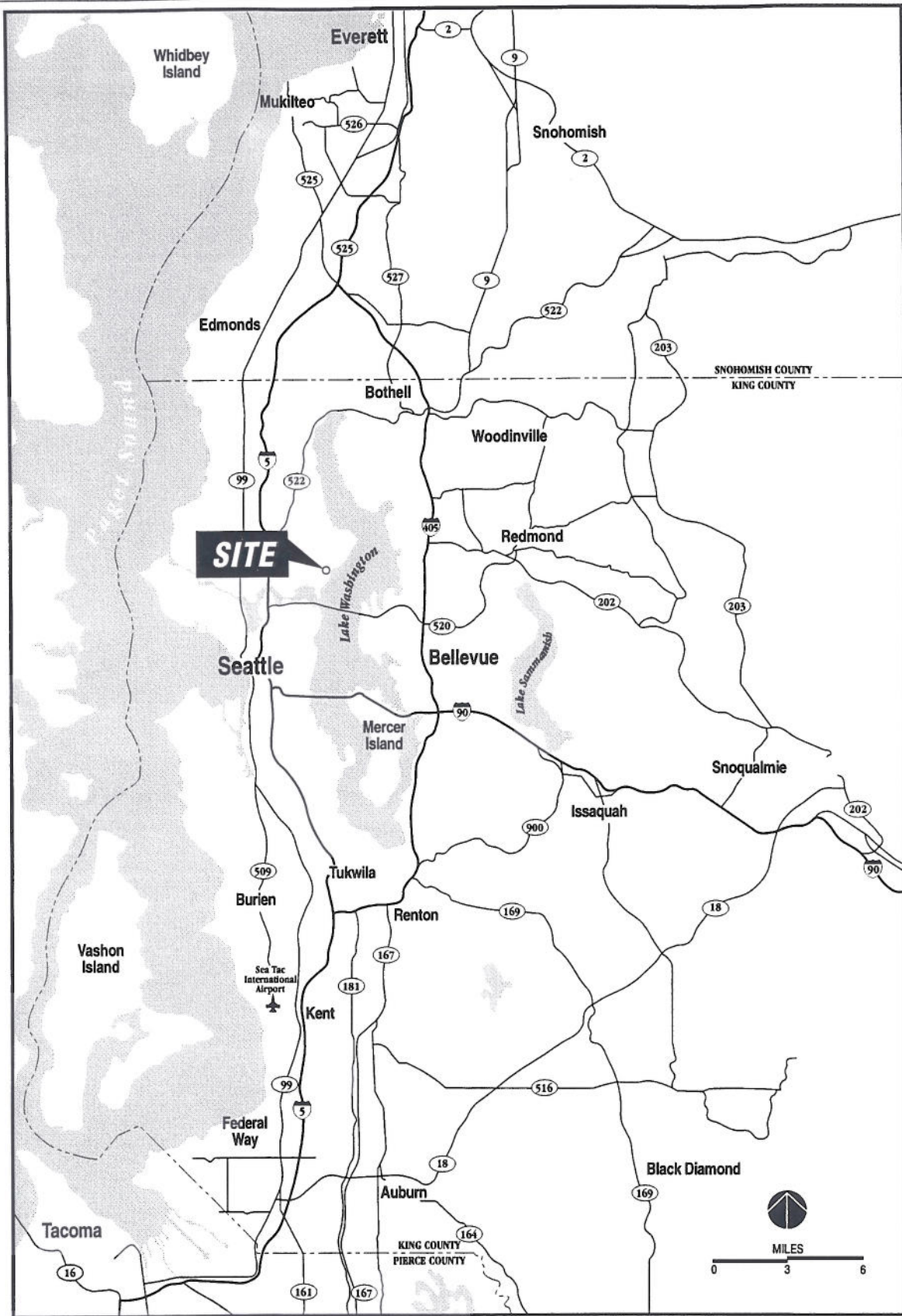


Figure 1

Regional Map

Huckell/Weinman

Associates, Inc.

HWA

**CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER**
PROPOSED INPATIENT WING



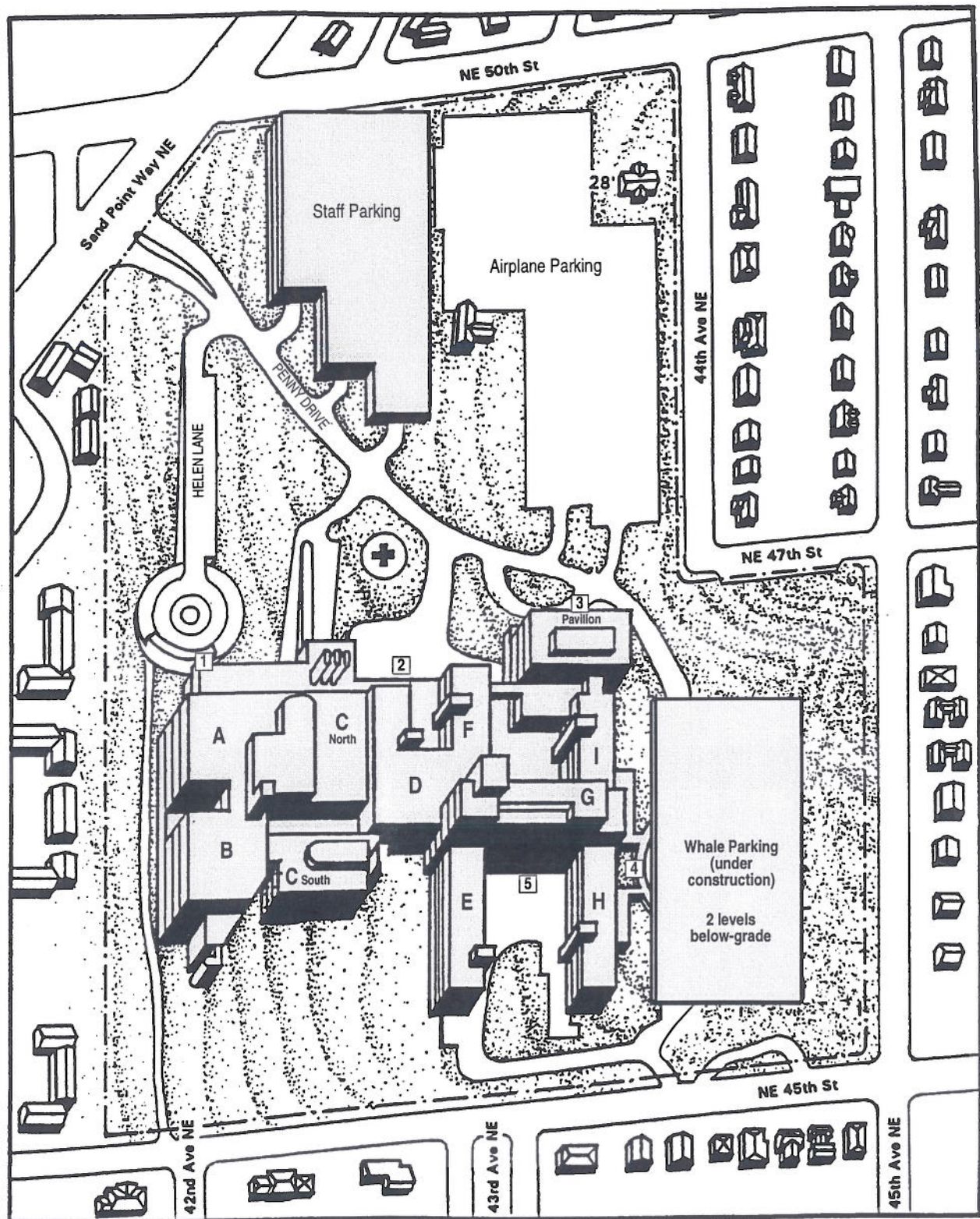
Source: Thomas Brothers Guide

Figure 2

Vicinity Map

**CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER**
PROPOSED INPATIENT WING





LEGEND

- | | |
|--------------------|-------------------|
| Existing Structure | Airplane Entrance |
| Train Entrance | Whale Entrance |
| Emergency Entrance | Balloon Entrance |

TO BE REVISED



Source: NBBJ & Huckell/Weinman Associates

Figure 3

Existing Campus Plan

Huckell/Weinman

Associates, Inc.

HWA

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING

Existing parking facilities on-campus consist of structured parking and surface parking. The hospital has two parking garages – Staff Parking (parking structure closest to the project site), which is located in the north portion of the campus and a new Whale Parking structure in the southeast corner of campus. A surface parking lot is located in the northeast portion of the campus (referred to as the Airplane Parking area). As described in the EIS Addendum for the *Proposed Parking Garage*⁴ (Whale Parking), the parking supply is approximately 1,636 spaces – comprised of 1,225 current spaces on-site with a net increase of 411 parking spaces once the Whale Parking garage is operational.⁵

Vehicular access to the campus is via one main internal access roadway that extends from Sand Point Way N.E. in the northwest corner of the campus to the southeast corner of campus. This roadway, referred to as Penny Drive, provides internal vehicle access to the entire campus.

Three King County/Metro bus loading and unloading areas are located on or adjacent to campus – two are on N.E. 45th St. and one is on Sand Point Way N.E.

The site of the proposed *Inpatient Wing* is a portion of Helen Lane and adjacent landscaped areas. Helen Lane is the driveway and passenger drop-off/loading area that currently serves the hospital's A-Wing. Helen Lane extends from Penny Drive south a distance of approximately 400 feet to the turnaround - drop-off and loading area adjacent to the hospital's pedestrian Train Entrance.

B. BACKGROUND INFORMATION

The following provides an overview of the services that are provided by Children's Hospital & Regional Medical Center, together with general information concerning the hospital's *Major Institution Master Plan* (MIMP) and the environmental analysis that is associated with the MIMP.

Scope of Services -- Children's Hospital & Regional Medical Center

Children's Hospital was founded in 1907 as the first orthopedic facility for children on the West Coast. The initial site of the hospital was in a wing of Seattle General Hospital. The following year the hospital moved to its initial facility on Queen Anne Hill and in 1911 it moved to an adjacent site and opened a 40-bed hospital. In 1953, Children's Hospital moved to its present location in Northeast Seattle.

Mission: As both a community hospital for greater Seattle and the pediatric referral center for the Pacific Northwest, Children's provides, directly or in partnership with others, excellent pediatric care, education and research programs. Children's is an advocate on behalf of health care needs for children at local, state and national levels. Children's Hospital provides health care appropriate for the special needs of children regardless of race, sex, creed, ethnicity or disability. Financial assistance is provided based upon family need and hospital resources.

⁴ Seattle DCLU, 2001, Table 2

⁵ The Whale Parking Garage is expected to become operational in February 2002.

Major Institution Master Plan and Associated Environmental Analysis

- A Draft EIS was prepared for Children's Hospital & Regional Medical Center's *Major Institution Master Plan* (MIMP) and issued by DCLU on 10/15/92. That Draft EIS evaluated the environmental impacts associated with development of 13 projects totaling approximately 263,680 sq.ft. of new development.⁶ Nine major environmental parameters were evaluated in the Draft EIS, including: air, stormwater runoff, energy, environmental health/noise, land use/population, light/glare/shadows, aesthetics, transportation/parking, and public services/utilities.

The *Inpatient Wing* is comprised of MIMP-approved project #10 and #11. The purpose of those projects was to provide space for an additional 50 to 75 beds and additional diagnostic and treatment facilities to meet patient needs in the context of high quality family care. MIMP project #10 was envisioned to be a four-level structure (above-grade) with the beds on the upper three levels. A new lobby and space for education and support uses was proposed for the ground level.

A Final EIS was prepared for the MIMP and issued by DCLU on 6/17/93. The Final EIS evaluated the environmental impacts associated with development of approximately 262,630⁷ sq.ft. While the Final EIS depended largely on the environmental analysis that was included in the Draft EIS, additional environmental analysis was provided relative to noise, light/glare/shadows, aesthetics, and transportation/parking. DCLU found that the EIS adequately disclosed probable, adverse environmental impacts, discussed reasonable mitigating measures and formed an adequate basis for making final decisions regarding the proposed MIMP.

The proposed campus master plan that was evaluated in the Final EIS differed slightly from that of the Draft EIS. The modifications were in response to comments and recommendations from the City, the hospital's Master Plan Advisory Committee, public comments, and to address potential environmental impacts that were noted in the Draft EIS.

- As required by Seattle Municipal Code, a public hearing concerning the proposed MIMP was conducted by Seattle's Hearing Examiner (January 1994). The Hearing Examiner's decision recommended approval of the MIMP.
- In September 1994, the Seattle City Council adopted Children's Hospital & Regional Medical Center's MIMP (Ord. #117319). As approved, the plan was intended to provide a long-range facility plan to guide CHRMC's programmatic and capital decision-making processes for the next 15 years. The MIMP established the standards, general location and size of development that is authorized. The City Council decision noted that "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."
- An EIS Addendum⁸ was issued in 1996 in conjunction with A and B-Wing Bed Renovations.

⁶ Draft EIS, Table 1, pg. 16

⁷ This area is 1,050 sq.ft. less than the amount of development noted in the Draft EIS (DEIS Table 1, pg. 16 and FEIS Table 1, pg. 20).

⁸ Pacific Architects, 1996.

- An EIS Addendum⁹ was issued in January 2001 for the *Proposed Parking Garage* (Whale Parking) and ancillary facilities.

CHRM works with individual neighbors, neighborhood organizations, and community advisory committees on an on-going basis to foster effective communication and to be responsive to community questions and concerns. The purpose of such efforts is to be a good neighbor, to work collaboratively with neighbors on projects of mutual benefit, and to mitigate adverse impacts of hospital construction and operations on the neighborhood to the greatest degree possible.

CHRM takes many steps to maintain close communication with its neighbors about on-going operations, construction, and future development at the hospital. Children's approved 15-year Major Institution Master Plan was developed through the work of many dedicated community representatives meeting with the City of Seattle and CHRM. The Master Plan Standing Advisory Committee, staffed in conjunction with the City of Seattle's Department of Neighborhoods, meets at least twice each year.

CHRM maintains ongoing communications with the Laurelhurst Community Club through a variety of means. The Laurelhurst Community Club is represented on CHRM's Master Plan Standing Advisory Committee, and Children's attends Laurelhurst Community Club board of trustees meetings periodically. Children's communicates regularly with the Laurelhurst Community Club via email and telephone, and Laurelhurst Community Club provides the neighborhood updates of hospital happenings in their neighborhood newsletter.

Children's also maintains frequent communication with the hospital's most immediate neighbors bordering the campus through attendance at local organization board meetings and by telephone, email, and informal meetings with individual neighbors, representatives of the Laurelhurst School, local businesses, and other institutions. Children's and its contractors work with individuals and groups to implement additional specific mitigation steps whenever needed and feasible to address impacts of hospital operations and construction.

Summary reports about the critically ill children who are transported to Children's emergency helistop are provided to the community, and a review committee, which includes community representatives, meets at Children's to monitor this important program. Children's distributes annual reports and newsletters throughout the community and provides tours of the hospital upon request.

CHRM submits an annual report to DCLU relative to activity associated with implementation of their MIMP. Children's has an extensive transportation management program, which continues to meet City requirements and has received awards for innovation and results.

Table 1 presents an overview of the amount of development that was authorized by the MIMP, the amount of development that has occurred, and development potential that remains following implementation of the proposed *Inpatient Wing*.

⁹ Seattle DCLU (January 25, 2001).

Table 1
CHILDREN'S HOSPITAL & REGIONAL MEDICAL CENTER
CAMPUS DEVELOPMENT SUMMARY
 (areas noted are in square feet)

New Development Authorized by the MIMP¹⁰	262,630
(net adjusted for demolition of existing wings)	
Development that has Occurred Since Approval of the MIMP	
■ A/B Wing Bed Renovation, Plaza Addition	15,000
■ Inpatient Project, Levels 2, 4, 5 (MIMP Project #10A)	<u>3,980</u>
■ Parking Garage	214,400 ¹¹
<i>Total Additional Development Since MIMP Approval</i>	<u>18,980</u>
MIMP Development Potential Remaining	243,650
Proposed Development – Inpatient Wing	<u>99,437</u>
MIMP Development Potential Remaining	
<i>Following Implementation of the Inpatient Wing</i>	144,213

This EIS Addendum provides additional site-specific information concerning the proposed *Inpatient Wing* – to supplement and update information contained in Final EIS for Children's Hospital & Regional Medical Center's *Major Institution Master Plan*.

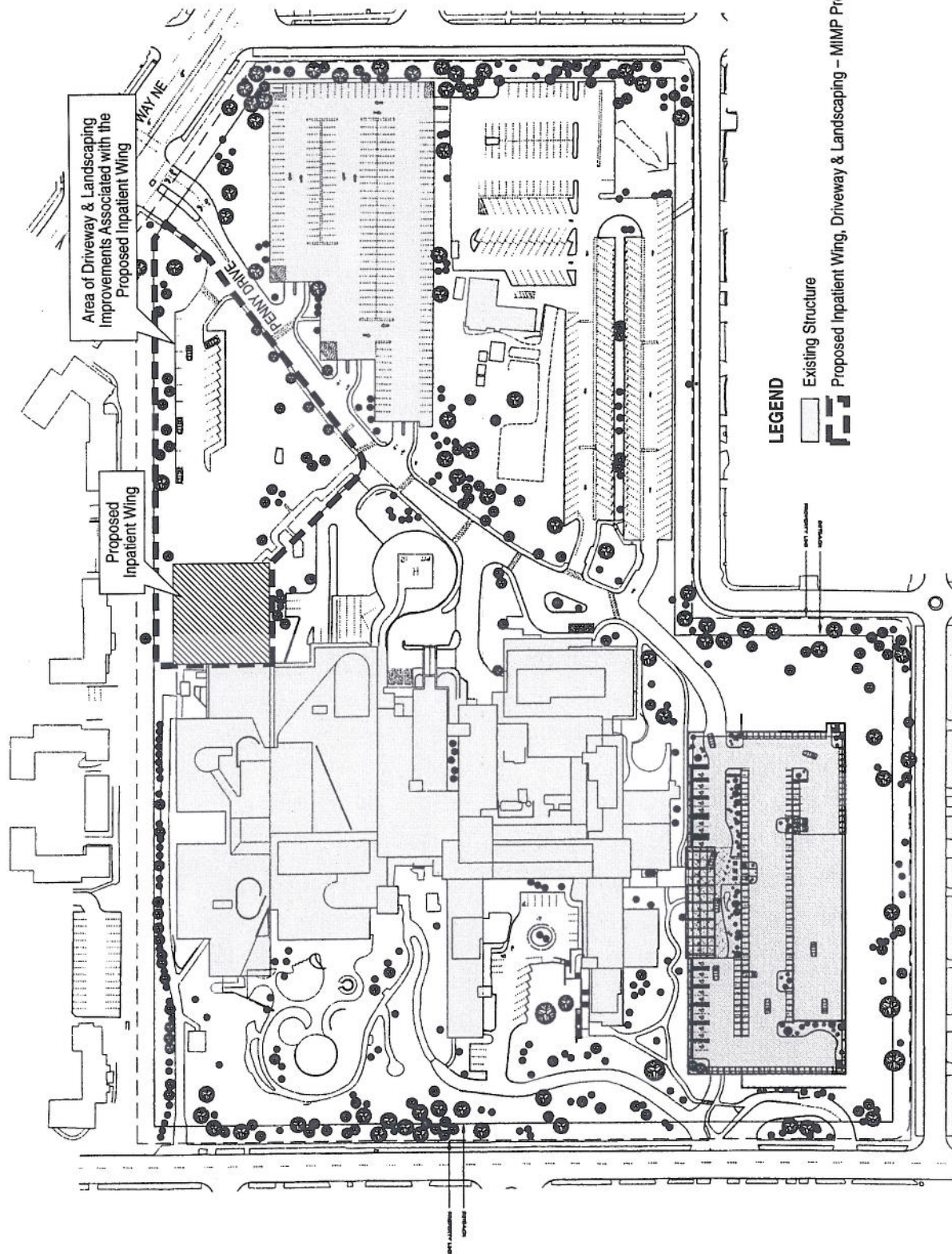
C. DESCRIPTION OF THE PROPOSED ACTION

The *Proposed Action* involves siting and development of a new *Inpatient Wing* to the hospital complex for inpatient beds, diagnostic and treatment and related uses. The proposed facility is depicted in Figure 4 in the context of the entire campus. Figure 5 is the site plan of the proposed facility and Figure 6 depicts building elevations.

Over the past decade, Children's Hospital & Regional Medical Center has continued to serve a growing number of children living in the region. As medical technology and expertise has advanced, Children's has been able to develop greater ability to treat children with complex, life threatening diseases. The Medical Center's existing inpatient bed areas were designed and built in the 1970's. Many multi-bed rooms were designed as children stayed in the hospital long periods of time and companionship was desirable. Currently, children are in the hospital 3 – 4 days on average. They are still very ill, surrounded by a substantial amount of medical equipment and concerned family members. The existing multi-bed rooms present many barriers for care. In order to support growing technology, higher level intensity, higher volumes of patients served and adequate support for families of patients, it is essential that the inpatient space be expanded.

¹⁰ Final MIMP, Table 3, Page 25

¹¹ Parking garages are not included in the 262,630 sq.ft. MIMP gross floor area authorization.

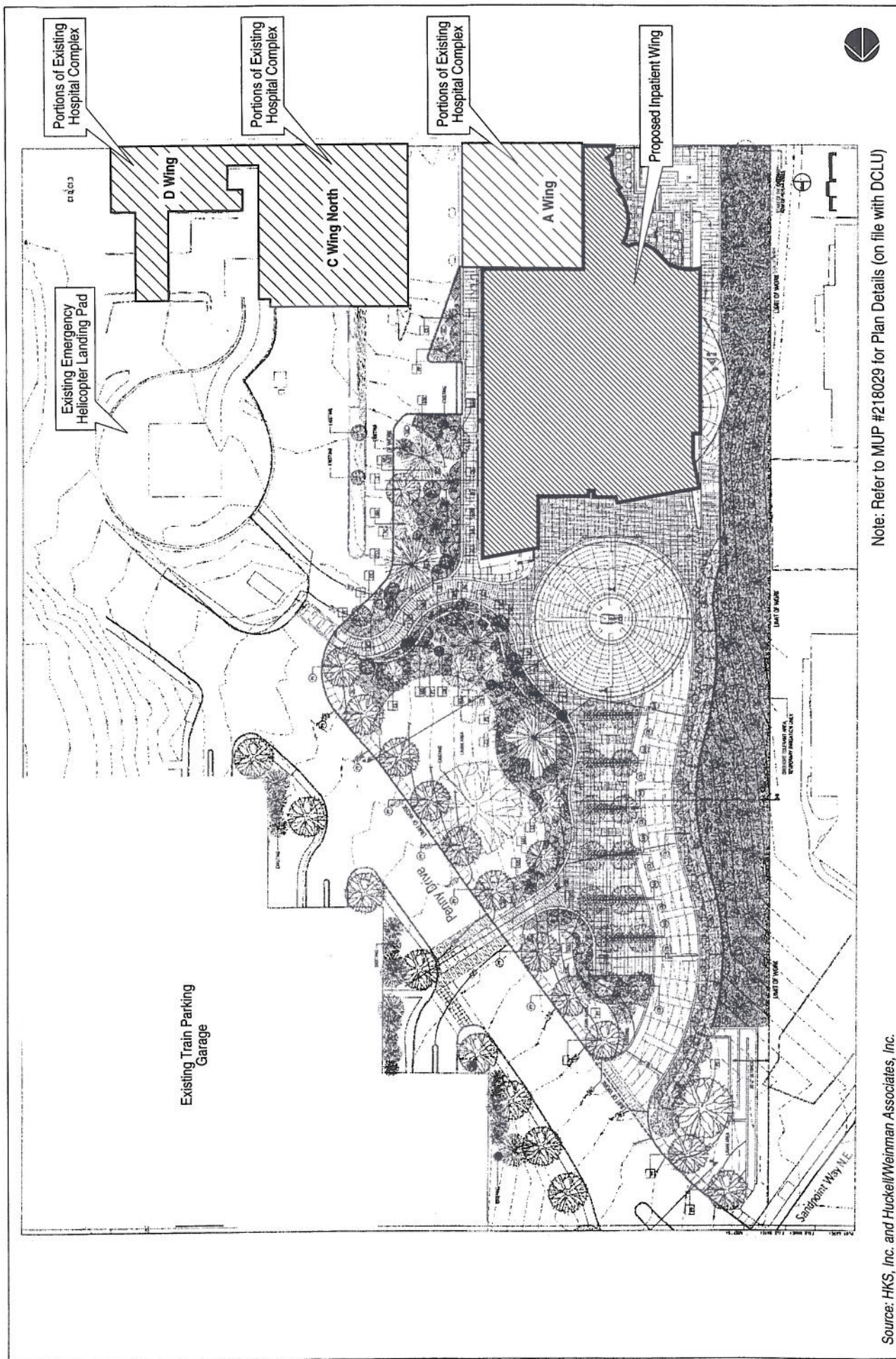


Source: HKS, Inc.

Figure 4

Campus Plan with Proposed Development

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING



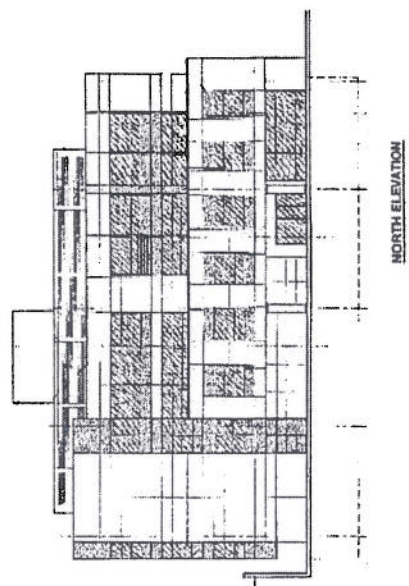
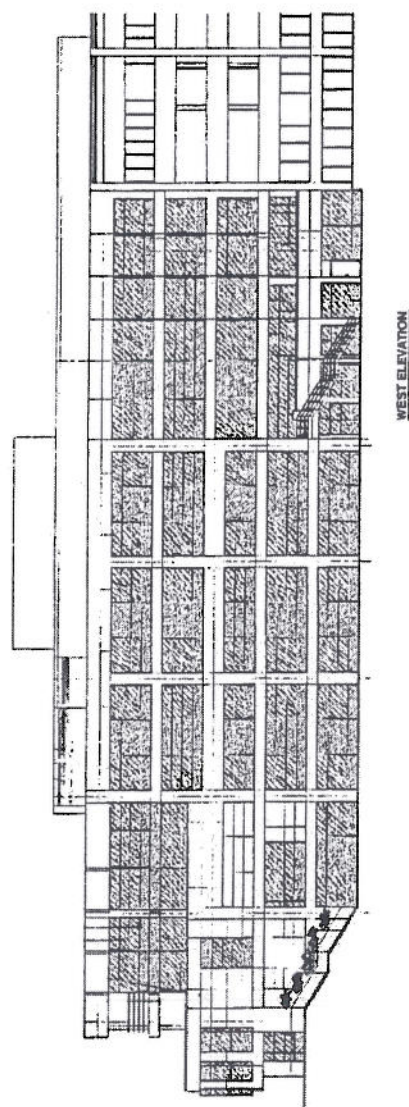
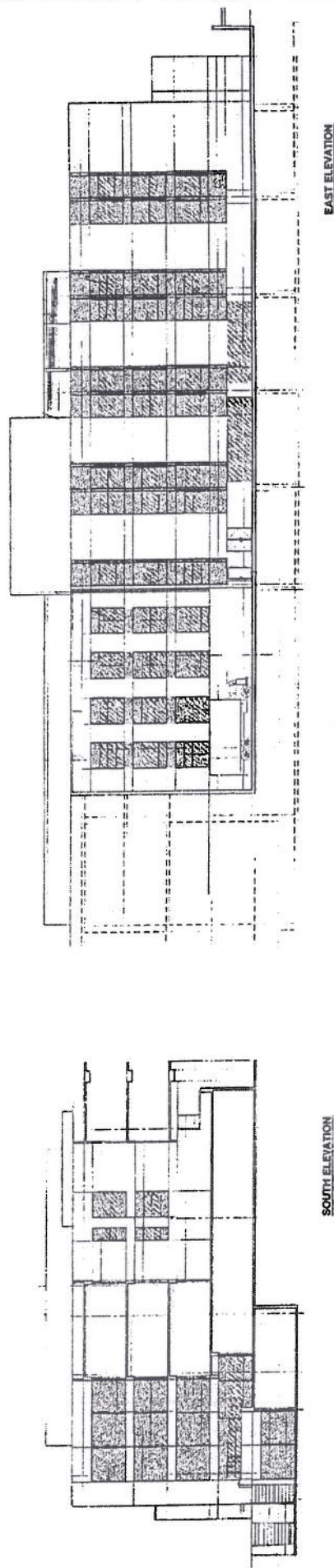
Source: HKS, Inc. and Huckell/Weinman Associates, Inc.

Figure 5

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING

Huckell/Weinman
Associates, Inc.
HWA

Site Plan: Inpatient Wing and Landscape Design



Note: Refer to MUP #2108029 for details regarding elevations (on file with DCLU).

Source: HKS, Inc. and Huckell/Weinman Associates, Inc.

Figure 6

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING

Proposed Inpatient Wing
South, East, West and North Elevations



As shown by Figure 4 and 5, the proposed *Inpatient Wing* would be attached to the north-side of the hospital's A-Wing and connected to each floor (and roof) of the hospital's existing A-Wing. The *Inpatient Wing* would include four stories above grade consisting of approximately 80,496 sq.ft. of gross floor area (99,437 sq.ft. of total gross floor area including above-grade, below-grade and mechanical areas). The building would contain approximately 17,717 sq.ft. of space on the below-grade plaza level, 16,815 sq.ft. of space on the first level, 22,248 sq.ft. on the second level, 19,623 sq.ft. on the third level and 19,609 sq.ft. on the fourth level.

The height of the proposed *Inpatient Wing* would be approximately 54 feet to the roof of the building, 58 feet to top of the building parapet, and 68 feet to the top of the mechanical penthouse. Refer to the MUP plans on file with DCLU.

Seattle's Land Use Code treats as exempt¹² the transfer of square footage from approved-MIMP projects to another location on-campus (SMC 23.69.035 B.). The proposed 80,496 sq.ft. (above-grade) *Inpatient Wing* is a composite of two approved MIMP projects: project #10, the 59,000 sq.ft. "Bed Wing," and project #11, the 15,100 sq.ft. Diagnostic and Treatment Facility (originally proposed for the C Wing). The Land Use Code also authorizes additions to structures "not yet constructed but approved in the master plan that is no greater than twenty percent (20%) of the approved gross floor area of that structure or twenty thousand (20,000) square feet, whichever is less."¹³ The following is a summary of calculations associated with the proposed *Inpatient Wing*, which indicate that the proposed project is consistent with Children's approved MIMP.

	<u>square footage</u>
Approved MIMP Project #10 – "Bed Wing"	59,000
Approved MIMP Project #11 – D & T	15,100
Subtotal.....	74,100
Allowed 20% Factor	14,820
Adjusted Total Authorized	88,920
Proposed Inpatient Wing ¹⁴	80,496

The structure would be poured in place concrete. The façade of the proposed *Inpatient Wing* would be comprised of exposed architectural precast, concrete panels, composite metal panels, cast-in-place concrete, and a glazed aluminum wall system.

Helen Lane currently provides vehicular ingress and egress to Children's Hospital's pedestrian Train Entrance, which is the northwestern pedestrian entrance to the hospital complex. As depicted by Figure 3, Helen Lane is accessed from Penny Drive; Penny Drive will continue to be the one main vehicular entrance to CHRMC. As shown by Figure 5, Helen Lane would be reconfigured and shortened as part of the *Proposed Action*. Changes would include removal and replacement of the existing asphalt driveway, the vehicle turnaround at the south-end of the driveway, on-street parking modifications and changes to the adjacent sidewalks, and landscaping in this portion of the campus.

¹² No DCLU interpretation is necessary.

¹³ SMC 23.69.035 B.3. Below-grade development is "exempt" for purposes of changes in the approved MIMP (SMC 23.69.035B5) but it is counted against the total authorized MIMP development (SMC 23.69.035 B.).

¹⁴ Above-grade area

As shown by Figure 4 and 5, the proposed *Inpatient Wing* would be attached to the north-side of the hospital's A-Wing and connected to each floor (and roof) of the hospital's existing A-Wing. The *Inpatient Wing* would include four stories above grade consisting of approximately 80,496 sq.ft. of gross floor area (99,437 sq.ft. of total gross floor area including above-grade, below-grade and mechanical areas). The building would contain approximately 17,717 sq.ft. of space on the below-grade plaza level, 16,815 sq.ft. of space on the first level, 22,248 sq.ft. on the second level, 19,623 sq.ft. on the third level and 19,609 sq.ft. on the fourth level.

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Approved MIMP Project #11 – D & T.....	15,100
<i>Subtotal</i>	74,100
Allowed 20% Factor	14,820
<i>Adjusted Total Authorized</i>	88,920
 <i>Proposed Inpatient Wing</i> ¹⁴	 80,496

The structure would be poured in place concrete. The façade of the proposed *Inpatient Wing* would be comprised of exposed architectural precast, concrete panels, composite metal panels, cast-in-place concrete, and a glazed aluminum wall system.

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¹³ SMC 23.69.035 B.3. Below-grade development is "exempt" for purposes of changes in the approved MIMP (SMC 23.69.035B5) but it is counted against the total authorized MIMP development (SMC 23.69.035 B.).

¹⁴ Above-grade area

The existing northwest pedestrian entrance to the hospital complex (Train Entrance) would be replaced by an at-grade entrance on the north-side of the proposed *Inpatient Wing*. The new entrance would be closer to the Staff Parking Garage (located immediately north of Penny Drive). As with the existing Train Entrance, the new entrance would provide internal access to other portions of the hospital complex.

The amount of landscaping that is proposed -- 136 trees, 350 shrubs and 15,000 sq.ft. of groundcover exceeds the amount required based on DCLU Director's Rule 13-92, which indicates that the amount of plant materials required include 74 trees, 148 shrubs and 15,000 sq.ft. of groundcover. Site preparation and construction of the proposed *Inpatient Wing* would require replacement of most of the existing vegetation that is now located on the hillside east of Helen Lane. All plantings would be irrigated except where designated as drought tolerant areas (drought tolerant areas would be temporarily irrigated until plant materials mature). Refer also to the Site Plan (Figure 5).

As defined in Children's MIMP,¹⁵ lot coverage is a measure of the amount of the hospital campus that is covered by structures¹⁶ and is presented as a percentage of the total lot area. Existing lot coverage is approximately 24.75 percent. With the proposed *Inpatient Wing*, lot coverage would increase to approximately 26.62 percent of the total campus area (see discussion in *Section II B.* of this EIS Addendum).

It is anticipated that construction of the proposed *Inpatient Wing* would take approximately 18 months -- beginning in June or July of 2002 and completion approximately January 2004. This includes site demolition/site preparation work, excavation and construction. Based on MIMP conditions, hours of construction activity would be weekdays from 8 AM to 5 PM, excluding all holidays observed by the construction trades; such holidays include: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. Construction vehicle ingress and egress to the site would primarily be via Penny Drive.

¹⁵ Pg. 97

¹⁶ Lot coverage does not include paved surfaces (e.g., walkways, driveways, surface parking, etc.).

SECTION II

**Comparison of Environmental
Impacts
& Mitigation Measures**

SECTION II

Comparison of Environmental Impacts & Mitigation Measures

Overview

This document is an Addendum to the Draft¹ and Final² EIS that was prepared for Children's Hospital & Regional Medical Center's *Major Institution Master Plan* (MIMP) in 1992/1993. The MIMP EIS evaluated several alternatives and the environmental impacts and mitigation measures associated with each alternative. The Draft and Final EISs for that action are available for review at DCLU and at local libraries, noted in the *Fact Sheet* of this EIS Addendum. Information contained in those documents is hereby incorporated by reference.

According to the SEPA Rules³, an EIS Addendum is an environmental document used to provide additional information or analysis that does not substantially change the analysis of significant impacts and alternatives in existing environmental documents (WAC 197-11-706, 197-11-600[4][c]). Existing environmental documents may be used in whole or part to address environmental considerations. The previous proposal and this proposed project need not be identical but must have similar elements that provide a basis for comparing environmental consequences (RCW 43.21C.034).

Scope of EIS Addendum Analysis

The MIMP Draft and Final EISs contain detailed environmental analyses relative to each of the environmental parameters noted below:

- | | |
|---------------------------------|-----------------------------|
| ■ Air Quality | ■ Land Use/Population |
| ■ Water | ■ Light, Glare, and Shadows |
| ■ Energy and Natural Resources | ■ Aesthetics |
| ■ Environmental Health (noise) | ■ Transportation |
| ■ Public services and Utilities | |

In light of the previous environmental analysis and the similarity of this proposed project to actions contemplated and evaluated in the MIMP EIS, this EIS Addendum provides additional or updated information regarding the environmental impacts of the proposed project. It compares environmental impacts associated with the CHRMC's currently proposed *Inpatient Wing* with those previously described for this site within the MIMP's planning area.

Mitigation measures that are identified in this section of the EIS Addendum incorporate mitigation that was contained in the Draft and Final EISs as well as the approved MIMP and represent mitigation that would be provided in conjunction with the proposed *Inpatient Wing*.

¹ Seattle, DCLU, 1992.

² Seattle, DCLU, 1993.

³ Chapter 197-11 Washington Administrative Code

A. AIR QUALITY

EIS

The Draft EIS indicates that the proposed development improvements would impact air quality in the short-term due to construction activity and in the long-term due to on-going facility operations. A temporary increase in particulates related to site preparation and new building construction was anticipated. It was also noted that excavation for buildings and foundations may add to suspended particulates, especially during dry seasons of the year and that wind could carry the dust to the surrounding neighborhood. Uncovered trucks carrying debris and/or soil could also contribute to the pollution. It was noted that localized air quality would be affected by carbon monoxide emissions from construction machinery and increased trips related to the construction site. While the impacts would be temporary (associated with specific projects), construction activity would occur periodically throughout the 15-year master plan horizon.

Longer-term air quality impacts that were noted were those primarily attributable to increases in vehicle emissions resulting in localized increases in carbon monoxide emissions. This increase in activity was not expected to have a significant affect on air quality. It was anticipated that the overall attainment rankings of Seattle by Puget Sound Clean Air Agency (PSAPCA) would not be affected by the proposed CHRMC MIMP.

EIS addendum

Affected Environment

Typical sources of air pollution within the Laurelhurst project area include vehicular traffic, a variety of commercial enterprises, and residential wood-burning devices (e.g., wood-burning fireplaces, stoves). The major concern with regard to air pollution from vehicular traffic is carbon monoxide (CO). Of the various vehicular emissions, CO is the pollutant that is emitted in the largest quantity for which ambient air standards exist.

Other pollutants generated by traffic include the ozone precursors: hydrocarbons and nitrogen oxides. Fine particulate matter (PM₁₀ and PM_{2.5}) is also emitted in vehicle exhaust and generated by tire action on pavement (or unpaved areas). However, the amount of PM₁₀ and PM_{2.5} generated by individual vehicles is small compared with other sources (e.g., wood-burning fireplaces, stoves). In addition, sulfur oxides and nitrogen dioxide are also emitted by motor vehicles, although concentrations of these pollutants are usually not high unless near large industrial facilities.

The CHRMC project study area is in an ozone air quality "maintenance" area (a nonattainment area that has been found to be in attainment of the standard, but which is still subject to special air quality reviews until the standard has been maintained for at least 10 years). Under current air quality plans and policies, this status has no direct implications for the *Proposed Action*.

Federal, state, and local regulations set limits on the concentrations of particles less than or equal to about 10 micrometers in diameter. This fraction of particulate matter, called PM₁₀, is important in terms of potential human health impacts, because particles this size can be inhaled deeply into human lungs. PM₁₀ is generated by fuel combustion sources (e.g., residential wood

burning, motor vehicle engines, etc.); industrial activities and operations; and other sources. Such sources occasionally cause high PM₁₀ levels in the Puget Sound region, and three areas in Seattle, Tacoma, and Kent have been declared nonattainment areas because PM₁₀ concentrations sometimes exceed health standards. There are no PM₁₀ monitors in the immediate project area. The project area is not in a non-attainment or maintenance area for PM₁₀.

The CHRMC's campus is located in what was previously designated a CO nonattainment area (established in 1991) that encompasses a large portion of the Everett-Seattle-Tacoma urban area. This designation required PSCAA and Ecology to develop strategies and plans to work toward complying with the ambient standards, and affected transportation planning and emission control policies throughout the nonattainment area. In 1997 the EPA re-designated the Central Puget Sound region as attainment for CO, and approved the associated maintenance plan to ensure the area remains attainment for the CO NAAQS. The proposed *Inpatient Wing* site is, therefore, located in a carbon monoxide maintenance area.

The air quality of the area at present is likely to be typical of the urbanized areas of the Puget Sound. It is expected that typical conditions of 2-3 parts per million of CO are present in the area, but that under atypical circumstances, concentrations may rise to 2-3 times that level. The National, State and PSCAA⁴ standard for CO is 9 ppm. Atypical air quality conditions could include cold temperatures and high traffic volumes.

Impacts

The proposed *Inpatient Wing* would result in construction-related impacts similar to those described in the Draft EIS. The proposed project would result in localized increases in air quality emissions as a result of construction activity and vehicular traffic.

In general, construction of the proposed *Inpatient Wing* could produce dust from excavation and grading activities, which could contribute to localized, temporary increases in ambient concentrations of suspended particulate matter. It is estimated that approximately 15,000 cubic yards of material would be excavated and transported off-site and an additional 2,000 cubic yards of material could be imported to the site for use as backfill, etc. In addition, trucks would deliver building materials to the site. (See discussion in *Section II H. Transportation* concerning the estimated number of construction-related truck trips.) Construction-related truck traffic could also track earth from the construction site and deposit it on public streets where it could become airborne by wind and traffic. No burning of land debris is proposed.

Construction activity would involve the use of heavy trucks and dozers, as well as smaller equipment (e.g., generators, compressors, etc.). Engines associated with such equipment would emit air pollutants that could slightly degrade localized air quality. These emissions, however, would be temporary (construction-related) and, because the equipment would be substantially fewer in number (compared with the volume of traffic operating on adjacent City streets), it is anticipated that emissions from such equipment would be less than that from normal vehicular traffic operating. Construction, material hauling, and detours associated with excavation and grading could affect localized traffic flow and associated emissions. In the event that construction activity results in delays in traffic sufficient to significantly reduce travel speeds, general traffic-related emissions could increase.

⁴ PSCAA = Puget Sound Clean Air Agency

Once the proposed *Inpatient Wing* is operational, no significant air quality emissions from the structure are anticipated. Increases in vehicular traffic and resultant air quality emissions were addressed previously in the MIMP Draft EIS and the EIS Addendum for the *Proposed Parking Garage*.

Mitigation

The following mitigation measures will be implemented by CHRMC.

Construction

- CHRMC will participate in project review with the Puget Sound Clean Air Agency (PSCAA); this agency was formerly known as the Puget Sound Air Pollution Control Agency (PSAPCA).
- The construction contractor(s) will be required to comply with PSCAA's Regulation I, Section 9.15, which requires reasonable precautions to avoid dust emissions.
- CHRMC will require contractors to use electrical, non-CO-producing equipment, whenever possible.
- During construction, exposed soils and debris will be sprayed with water or other dust suppressants to reduce dust; truck wheels and undercarriages will be brushed/washed before leaving the site; quarry spall areas⁵ will be provided on-site;⁶ and truck loads and routes will be monitored to minimize impacts.
- The use of well-maintained equipment will reduce emissions from construction equipment and trucks.
- Prolonged periods of vehicle idling and engine-powered equipment will be avoided to reduce emissions.
- Delivery of materials that are transported by truck to and from the project area will be scheduled to minimize congestion during peak travel times on adjacent City streets. This will minimize secondary air quality impacts that would otherwise be caused by traffic having to travel at reduced speeds.

Building Operation

- Continued implementation of the CHRMC Transportation Management Plan (TMP) will reduce air quality impacts related to longer-term vehicle use.
- "State-of-the-art" mechanical venting systems from CHRMC's facilities will be utilized to minimize potential air quality impacts.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse air quality impacts have been identified and none are anticipated.

⁵ Quarry spalls are large aggregate that earth-moving trucks would travel over to loosen material on truck tires and the undercarriage before a truck departs the project site.

⁶ EIS Addendum for the *Proposed Parking Garage* (p. 30).

B. WATER

EIS

The Final EIS indicates that all project components of the plan could result in surface water quality and quantity impacts during the site preparation/excavation phases of construction. With proposed mitigation measures, however, no significant impacts are anticipated with regard to surface water. No groundwater impacts are anticipated.

EIS addendum

Affected Environment

Approximately 24.75% of the campus is presently covered by structures. It is estimated that the proposed *Inpatient Wing* would increase the amount of coverage to approximately 26.62%. The proposed *Inpatient Wing* would have a building footprint of approximately 17,700 sq.ft. — compared to the proposed 17,000 sq.ft. that was noted for project #10 in the MIMP.⁷

While Children's surface water drainage system meets Seattle code, on rare occasions extraordinarily heavy rains have overwhelmed the system and affected the Laurelon Terrace Condominium complex that is located immediately west of the campus (and immediately west of the site of the proposed *Inpatient Wing*). Buildings in this complex are at the base of the hillside, roughly 12 to 15 feet below the elevation of Children's Hospital's A-Wing and the site of the proposed *Inpatient Wing*.

To alleviate these infrequent drainage problems, Children's designed and installed an above-ground storm water overflow system to the west of the hospital to accommodate excess stormwater runoff.

As a further safeguard, Children's proposes to install a wide French drain at the base of the west slope of Children's property to collect water, which would then be piped through Laurelon Terrace property and connect with the existing storm sewer drain that is located in 41st Ave. N.E. Under this proposal, Children's would tie any additional drains desired by Laurelon Terrace Condominiums into the storm drain line running to 41st Ave N.E.

Impacts

Impacts associated with the amount of impervious lot coverage associated with proposed *Inpatient Wing* would be similar to those described previously in the Draft EIS, namely construction-related impacts would be addressed through mitigation. The amount of additional lot coverage associated with the proposed *Inpatient Wing* is 700 sq.ft. — 4% greater than that assumed under the *Draft EIS* for project #10. As noted in Section I of this EIS Addendum, the proposed *Inpatient Wing* is also comprised of project #11, which was approved as part of the MIMP. Project #11, had it been built in its original location as an addition to the C-Wing, would have added 2,500 sq.ft. of lot coverage. As such, the impact of lot coverage associated with the

⁷ See additional discussion with regard to Impacts.

proposed Inpatient Wing would actually be 1,800 sq.ft. less than what was approved by the MIMP for project #10 and #11.⁶

Mitigation

The following mitigation measures will be implemented by CHRMC. See also MUP plan C0.0 (on-file with DCLU) for a comprehensive list of storm drainage and erosion/sediment control notes.

Construction

- CHRMC will comply with all applicable requirements related to surface water runoff control and water quality including the Seattle Drainage Control Ordinance.
- A Drainage Control Plan, including short-term plans during construction phases will be prepared consistent with City requirements. Specific measures in the Drainage Control Plan could include oil/water separators, additional stormwater retention/detention, and provision of catch basins with clean-outs.
- Temporary sedimentation collection facilities will be provided and maintained to ensure that sediment or other hazardous material does not enter the storm drainage system.
- The footing drainage system and the roof downspout system will not be interconnected unless such connection is at least one foot below the footing drainage and downslope of the building foundation.

Building Operation

- CHRMC will install a 20,000 gallon stormwater detention facility. Stormwater from this storage facility would be discharged at the same rate as occurred naturally.
- A French drain is proposed to be installed at the base of the west-slope of Children's property. Water collected in this drain would be piped through Laurelon Terrace property to the west to connect with the existing storm sewer drain located in 41st Avenue NE. Under this proposal, Children's would tie any additional drains desired by Laurelon Terrace Condominiums into the drain line running to 41st Ave NE.
- Water conservation programs will continue to be discussed with Seattle Public Utilities, evaluated by CHRMC, and implemented, as appropriate.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse water quality impacts have been identified and none would be anticipated.

C. ENERGY AND NATURAL RESOURCES

EIS

The Draft EIS indicates that development of all proposed CHRMC projects would result in increased consumption of natural resources (natural gas, electrical and petroleum resources) during construction of approved MIMP projects and once the projects become operational. The proposed energy conservation measures, as well the Transportation Management Program, would likely reduce energy consumption, but would not eliminate it.

⁶ 17,000 + 2,500 = 19,500 vs. 17,700

The MIMP Draft EIS projected that the amount associated with the then proposed "Bed Wing" (project #10) was approximately 1,879,740 kwh/yr with roughly 230 kw associated with winter peak demand and 307 kw summer peak and the amount associated with the Diagnostic & Treatment Facility (project #11) was approximately 481,086 kwh/yr with roughly 58.9 kw associated with winter peak demand and 78.5 kw summer peak. It was noted that new technologies and medical equipment would continue to create energy consumption demands, that a substantial amount of "state-of-the-art" equipment is already in use at CHMRC, and the pattern of use was expected to continue in the future. Energy consumption projections analyzed in the Draft EIS accounted for such equipment demands.

EIS Addendum

Impacts

As noted in the Draft EIS, energy would be consumed during construction and operation of the proposed *Inpatient Wing*. Applying the methodology (and multipliers) that were utilized for the Draft EIS, it is estimated that the proposed *Inpatient Wing* could result in energy consumption of approximately 3,129,066 kwh/yr with roughly 383 kw associated with winter peak demand and 511 kw summer peak. Although this level of consumption is somewhat higher than project #10 and #11 combined, no change in total campus-wide estimated energy consumption is anticipated because the square footage of the *Inpatient Wing* is deducted from the MIMP development potential remaining. More-detailed energy analysis would be performed as part of the Building Permit process for this project.

Mitigation

The following mitigation measures will be implemented by CHMRC.

Construction

- CHMRC will comply with all applicable requirements of the Seattle Energy Code, specifically the requirements for major projects.
- Seattle City Light's "Smart Design" program will be utilized by CHMRC.
- The comprehensive energy analysis requirements of Director's Rule 5-92 will be provided.

Building Operation

- CHMRC will work with the City regarding physical plant system improvements to select the most appropriate energy conservation mitigation measures.
- CHMRC will continue its recycling programs to reduce energy impacts related to the manufacture and disposal of materials.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse energy-related impacts are anticipated.

D. ENVIRONMENTAL HEALTH/NOISE

EIS

As identified in the Draft EIS, construction of the proposed projects, including the proposed project, would result in temporary increases of noise levels. These temporary impacts would include noise from construction activity, equipment and construction-related vehicles associated with implementation of MIMP-approved projects.

The Final EIS included an additional noise impact analysis, which provides further discussion of anticipated noise levels. Construction activities could produce noise levels above (up to 20 dBA) the daytime ambient noise levels. Heavy trucks alone could be expected to create noises as high as 80 dBA. While EPA rates such impacts as "very serious impacts," the Final EIS notes that construction noise levels would be within the applicable limits prescribed by the Seattle Noise Ordinance.

In addition to noise issues, the Draft EIS also included discussion and analysis relative to environmental health – hazardous materials. In general, the Draft EIS states that toxic/hazardous materials would continue to be produced and handled in most buildings on the CHMRC campus, including the proposed *Inpatient Wing*. Disposal of toxic/hazardous materials would be pursuant to all applicable federal, state, and local requirements.

EIS Addendum

Implementation of the *Proposed Action* would result in construction-related and operational impacts comparable to those described in the Draft and Final EISs. With regard to construction-related noise, one of the major contributors is truck traffic associated with excavation and construction activity. Information relative to truck traffic is presented in *Section II H. Transportation* of this EIS Addendum. Excavation⁹ is estimated to result in approximately 1,500 truck trips (750 loaded outbound truck trips and a corresponding 750 inbound empty truck trips), importation of backfill could generate approximately 200 truck trips (100 loaded inbound truck trips and a corresponding 100 outbound empty truck trips), and normal construction deliveries are estimated to generate an additional 2,300 construction delivery truck trips (1,150 loaded inbound truck trips and a corresponding 1,150 outbound empty truck trips) throughout the construction period associated with this project.

Mitigation

The following mitigation measures will be implemented by CHMRC.

Construction

- CHMRC will comply with provisions of Seattle's Noise Ordinance (SMC 25.08);
- construction activity associated with the proposed *Inpatient Wing* will be limited to weekdays between 8 AM and 5 PM, excluding all holidays observed by the construction trades;
- CHMRC will require contractors to minimize construction noise and vibration impacts by requiring shielding of noise equipment;
- acoustical or enclosures will be provided, as needed;

⁹ to a depth of about 28 ft.

- electric rather than diesel or gas-powered machinery will be used, where practical;
- if pneumatic tools are used, such tools will be those pre-fitted by the manufacturer with mufflers equal to those manufactured by Hushpower or Nicholson;
- mufflers will be used on all other internal combustion engine-driven equipment;
- building components will be assembled off-site, where practical;
- concrete will be mixed off-site;
- noisy equipment will be kept as far as possible from the site boundaries, whenever possible;
- idling equipment will be turned off;
- construction traffic will be routed away from residential areas, where possible;
- CHRMC will comply with applicable requirements related to asbestos and hazardous substances; and
- CHRMC will comply with applicable requirements related to toxic/hazardous wastes.

Building Operation

- CHRMC will comply with provisions of Seattle's Noise Ordinance (SMC 25.08);
- venting, fans and other equipment will be located away from noise sensitive receptors to the extent possible;
- contractors will be required to maintain delivery vehicles in good operating condition (particularly brakes and mufflers) such that they meet Seattle's Noise Ordinance (SMC 25.08.430) limitations concerning noise levels for individual vehicles;
- packaged air handling units or injection-type cooling towers will be used, with properly-designed acoustical enclosures;
- licensed contractors will continue to be used to transport and dispose of toxic/hazardous materials; and
- CHRMC will restrict all deliveries, garbage pick-up and other large truck trips, to between the hours of 7:30 a.m. and 6:00 p.m., except such of these trips that are made to the designated loading and unloading dock in the center of the campus core. This restriction does not apply to medical emergency vehicles.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse environmental health-related impacts are anticipated.

E. LAND USE/POPULATION

EIS

The Draft EIS states that the MIMP would not significantly impact the size or the composition of the population associated with the surrounding community. The CHRMC MIMP did not propose expansion of the campus's zoning boundaries into the residential neighborhood.

EIS Addendum

Affected Environment

The proposed *Inpatient Wing* would include four levels above grade and one level entirely below-grade. The addition would be connected to each floor (and roof) of the hospital's existing A-Wing.

The *Inpatient Wing* would contain approximately 99,437 sq.ft. of gross floor area (including all above-grade and below-grade areas) for inpatient beds, diagnostic and treatment and related uses.

The existing visitor's Train Entrance would be moved to the north-side of the proposed project. The new entrance would improve access and circulation to the hospital complex.

Impacts

As described in *Section I* of this EIS Addendum, combining the approved "Bed Wing" (project #10) and the Diagnostic & Treatment Facility (project #11) into the proposed *Inpatient Wing* is consistent with Children's MIMP and within the provisions of the City's Land Use Code.

The proposed project would not impact the size or composition of the surrounding population. Other land use impacts associated with the MIMP and the proposed project are identified in the Draft EIS.

Mitigation

The following mitigation measures will be implemented by CHRMC.

Construction

- No specific construction-related mitigation is necessary relative to *Land Use*.

Building Operation

- CHRMC will comply with the intent and requirements of the Major Institution Policies, the Land Use Code and development standards that were approved as part of the MIMP;
- work shifts will be staggered to help reduce operational employment population increases; and
- CHRMC will continue to coordinate with the City, the University of Washington and neighborhood groups to help address cumulative impacts and assist in joint mitigation.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse land use-related impacts are anticipated.

F. LIGHT/GLARE/SHADOWS

EIS

The Draft EIS noted that reflected light impacts would occur as a result of vehicle headlights. Residences along 44th and 45th Ave. NE would be most impacted due to the proposed locations of the parking garage and surface parking. Site lighting already exists and would be modified by siting of new buildings and related site improvements. Lighting is intended to improve safety, both for vehicles and pedestrians. It was noted that site lighting may impact public and employee safety by improving visibility. At the same time, spillover lighting may negatively impact nearby residences.

A glare analysis was completed for a range of critical times of day and seasons (Figures 17 through 24 in the Draft EIS). Those figures identified where glare may occur on and proximate to the CHRMC campus. The Draft EIS anticipated some glare impacts for the proposed "Bed Wing" (project #10). Potential off-site glare impacts of the proposed project are summarized in the following Table 2.

The analysis noted that, in general, reflected solar glare from specular surfaces associated with Project #10 would be most noticeable at dusk hours in the winter season. Most of the year, reflected solar glare would be unnoticeable from this site in the morning hours.

Table 2
GLARE – PROJECT #10 (PART OF INPATIENT WING)

Season	Glare – Proposed Inpatient Wing	
	Morning Glare (8:00 – 9:00 a.m.)	Evening Glare (4:00 – 5:00 p.m.)
Winter (December 21)	None	1,976 sq.ft.
Spring (March 21)	None	Some (sq.ft. not listed)
Fall (September 21)	None	Some (sq.ft. not listed)
Summer (June 21)	Minimal	Some (sq.ft. not listed)

Source: 1992 MIMP Draft EIS.

The Draft EIS also included a detailed shadow analysis using a 3-dimensional computer model of the CHRMC site and the surrounding neighborhood. Like the glare analysis, the shadow analysis evaluated shadows generated by the proposed project during key solar days during each season. Results of the analysis indicated that the proposed project site would generate off-site shadow impacts on June 21st (summer solstice) at approximately 8 AM. Shadows cast by the proposed "Bed Wing" would temporarily shade the residential building that is located immediately west of the proposed project site.

EIS Addendum

Typical stationary sources of light that could expect to be generated by the proposed project would include interior lighting, pedestrian level lighting (along proposed sidewalks, entryways) and illuminated signs. Mobile sources of light include light from vehicle headlights. Specific information relative to stationary building fixtures and signage would be provided as part of the

construction-level plans associated with the Building Permit process. At times during the construction period, required area lighting of the job site would be provided.

Light and glare from the completed project is not be expected to cause safety hazards nor significantly affect surrounding land uses. It is anticipated that the type of glazing that would be specified for the proposed *Inpatient Wing* would be Solarban80, which is an energy efficient glass in terms of solar heat gain and light transmittance. The glass has a satin reflective finish with an approximate reflectance of 32 percent.

Because more-detailed information is available concerning the proposed *Inpatient Wing*, as compared with information presented in the Draft EIS, a shadow analysis has been conducted for the project. Factors that influence the extent of shading include: weather (e.g., cloud cover); building height, width and facade orientation; and the proximity of other intervening structures or significant landscaping.

As noted in the *Land Use* section of the Draft EIS, the area adjoining the west property line of Children's Hospital's campus is developed with 2-story multifamily residential buildings (Laurelon Terrace Condominiums) that front onto 41st Ave. N.E.

Figures 7 - 10 depict shading from the proposed *Inpatient Wing* for vernal equinox (March 21st), summer solstice (June 21st), autumnal equinox (September 21st) and winter solstice (December 21st), respectively. These days of the year and times of the day depict worst-case impacts relative to off-campus shadows cast by the proposed project. Shadow-related impacts, however, could be expected to occur throughout the year. Because of the earth's rotation, the duration of shadow-related impacts varies for a stationary observer¹⁰ based on season, depending upon the width of the shadow. Figures 7 - 10 have been adjusted to compensate for the topographic character of the area.

The analysis evaluates shadow impacts for two times of the day on each of these key days of the solar year (8 AM and 10 AM). During this timeframe, shadows cast by the proposed *Inpatient Wing* would extend off-campus in a northwesterly direction and would temporarily cast shadows on several of the apartment buildings west of the site. At times of the day later than 10 AM, shadows cast by the proposed *Inpatient Wing* extend north and northeast of the proposed building and would temporarily cast shadows on hospital facilities located on-campus. The following summarizes the shadow analysis for two times of the day on each of these key days of the solar year.

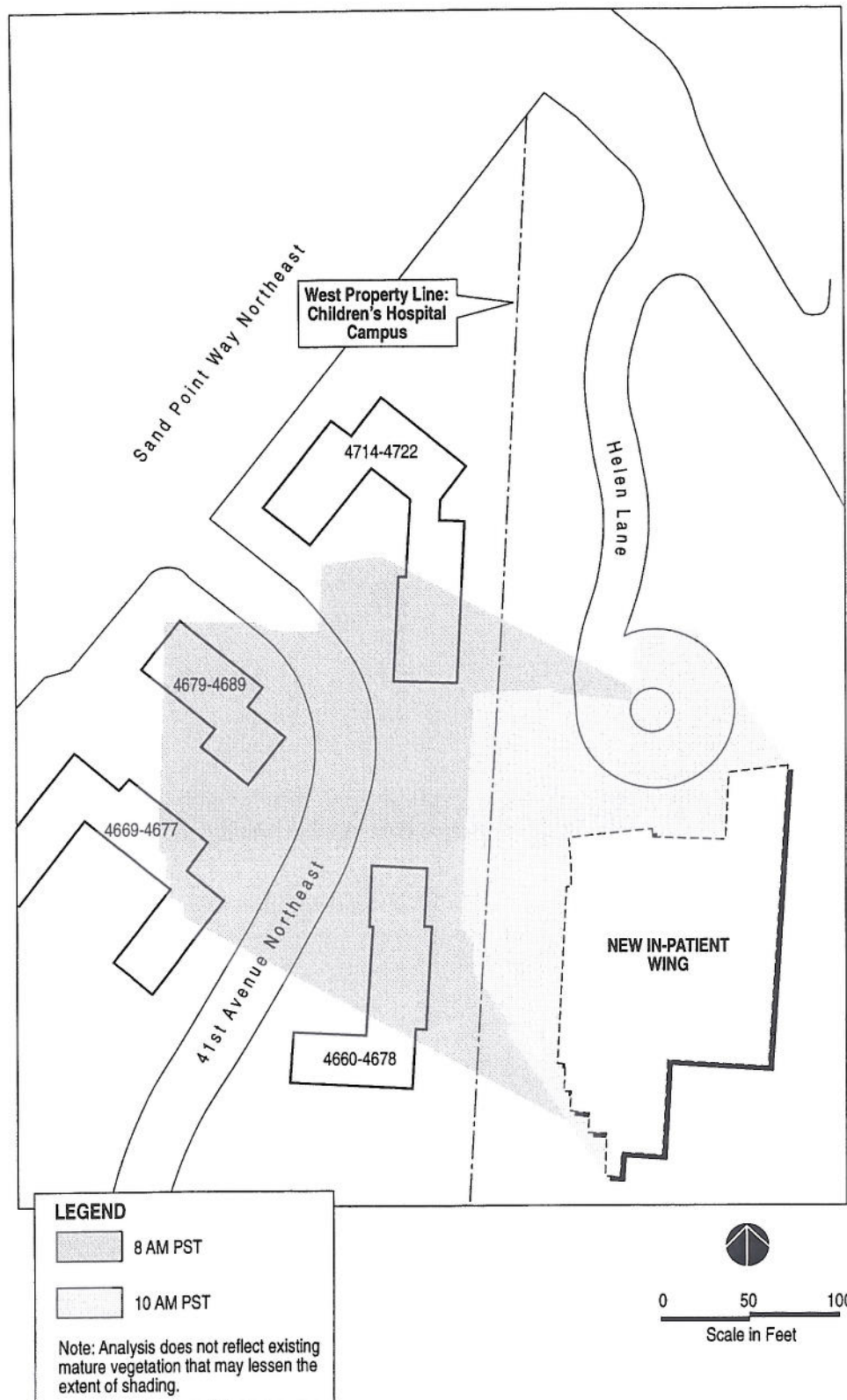
Vernal Equinox (refer to Figure 7)

Climatic data¹¹ indicates that March typically has 3 clear days, 6 partly cloudy days and 22 cloudy days.

- At 8 AM, shadows from the proposed *Inpatient Wing* would extend in a west-northwesterly direction a distance of approximately 250 ft. and could periodically shade portions of four residential buildings located immediately west of the campus.

¹⁰ The rate of change of the sun's angle relative to the earth varies widely by season – from about 5 degrees horizontally and 2 degrees vertically every 15 minutes in June to 3 degrees horizontally and 1 degree vertically every 15 minutes in December.

¹¹ U.S. Dept. of Commerce; National Oceanic & Atmospheric Administration (NOAA). 1992. *Local Climatological Data - Annual Summary with Comparative Data - Seattle, WA*.



Source: Coughlin Porter Lundeen; Huckell/Weinman Associates, Inc.

- At 10 AM, shadows from the *Inpatient Wing* would extend northwest of the proposed building -- extending off-campus a distance of approximately 10 ft. None of the apartment buildings would be affected at this time of the day on this day of the year.

Summer Solstice (refer to Figure 8)

Climatic data indicates that June typically has 5 clear days, 8 partly cloudy days and 17 cloudy days.

- At 8 AM, shadows from the proposed *Inpatient Wing* would extend in a west-southwesterly direction a distance of approximately 130 ft. and could periodically shade portions of the one residential building that is located closest to the site of the proposed *Inpatient Wing*.
- At 10 AM, shadows from the *Inpatient Wing* would extend west and northwest of the proposed building -- extending off-campus a distance of approximately 10 ft. None of the apartment buildings would be affected at this time of the day on this day of the year.

Autumnal Equinox (refer to Figure 9)

Climatic data¹² indicates that September typically has 3 clear days, 6 partly cloudy days and 22 cloudy days.

- At 8 AM, shadows from the proposed *Inpatient Wing* would extend in a west northwesterly direction a distance of approximately 375 ft. and could periodically shade portions of four residential buildings located immediately west of the campus as well as land uses west of Sand Point Way N.E.
- At 10 AM, shadows from the *Inpatient Wing* would extend northwest of the proposed building -- extending off-campus a distance of approximately 50 ft. A portion of the one residential building that is located closest to the site of the proposed *Inpatient Wing* could be periodically shaded.

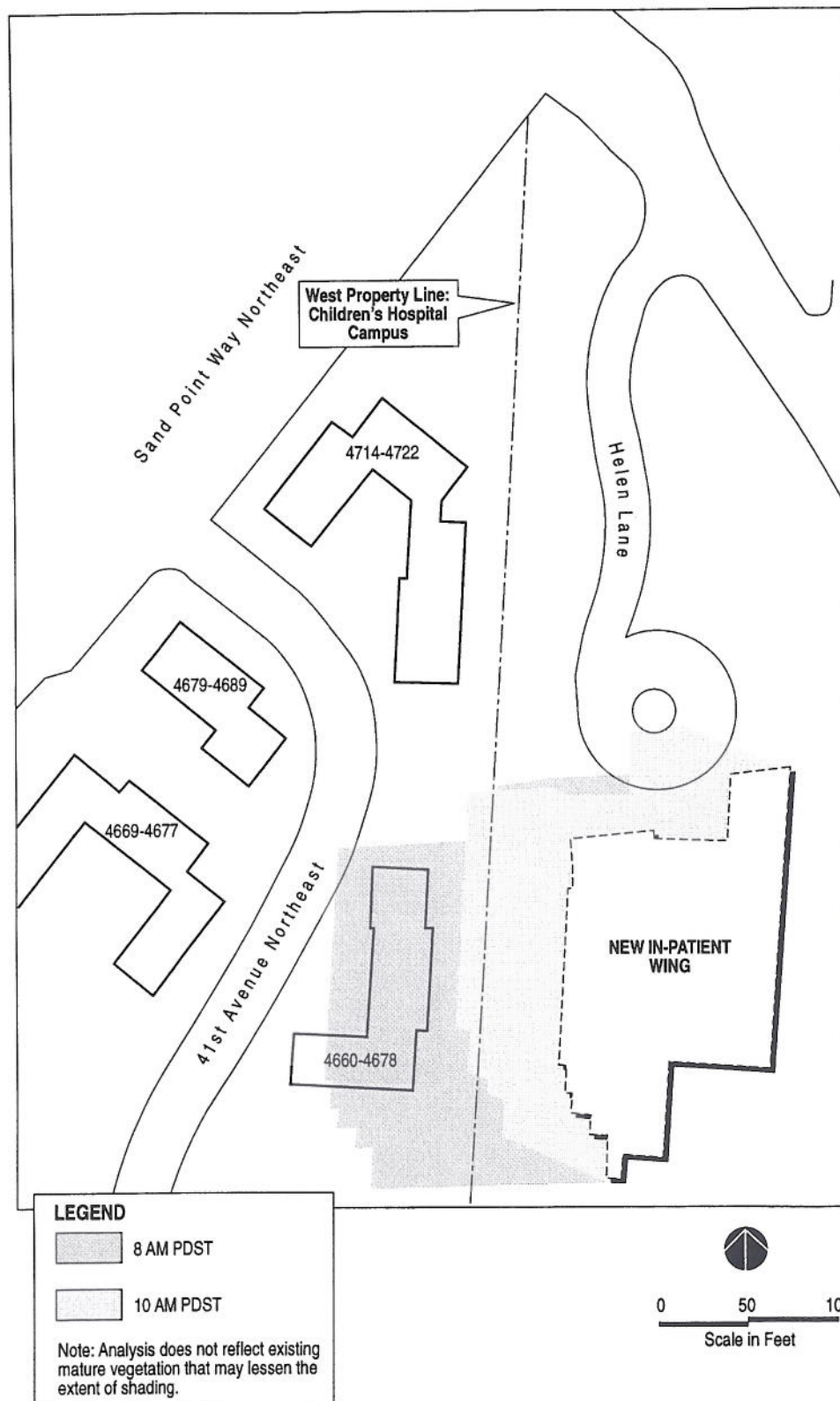
Winter Solstice (refer to Figure 10)

Although Seattle's December weather typically includes 2 clear days, 4 partly cloudy days and 25 cloudy days, because of the relatively low altitude of the sun above the horizon at this time of the year¹³ and, in particular at 8 AM, the extent of shadow impacts can be far reaching.

- At 8 AM, shadows from the proposed *Inpatient Wing* would extend in a northwesterly direction and could periodically shade portions of three residential buildings located immediately west of the campus as well as land uses west of Sand Point Way N.E.

¹² U.S. Dept. of Commerce; National Oceanic & Atmospheric Administration (NOAA). 1992. *Local Climatological Data - Annual Summary with Comparative Data - Seattle, WA*.

¹³ On Winter Solstice (December 21st), the sun's altitude is about 2 degrees above the horizon at 8 AM and 13.6 degrees at noon. This compares with the sun's altitude on summer solstice (June 21st) when the sun is approximately 27 degrees above the horizon at 8 AM and 86 degrees at noon.



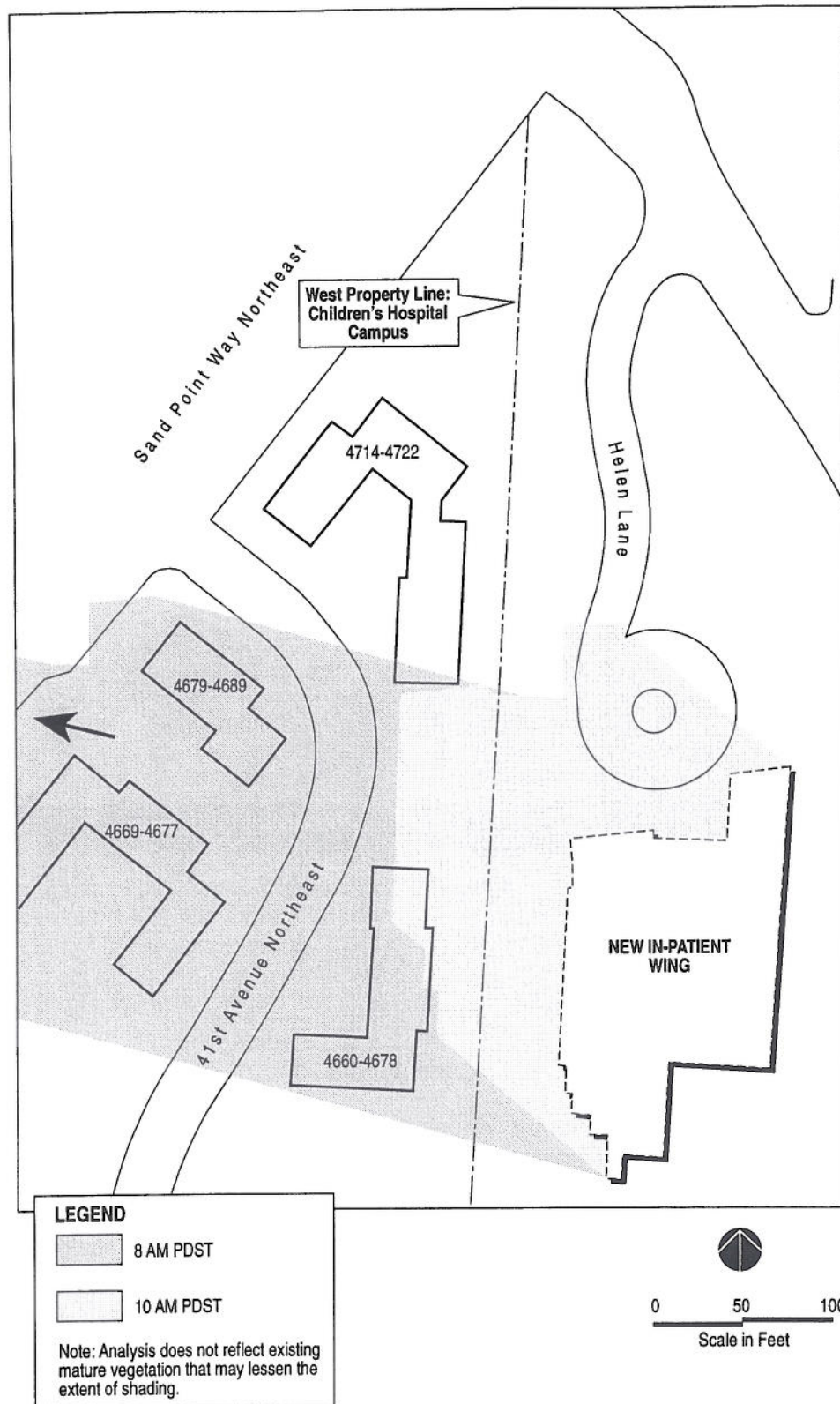
Source: Coughlin Porter Lundeen; Huckell/Weinman Associates, Inc.

Figure 8



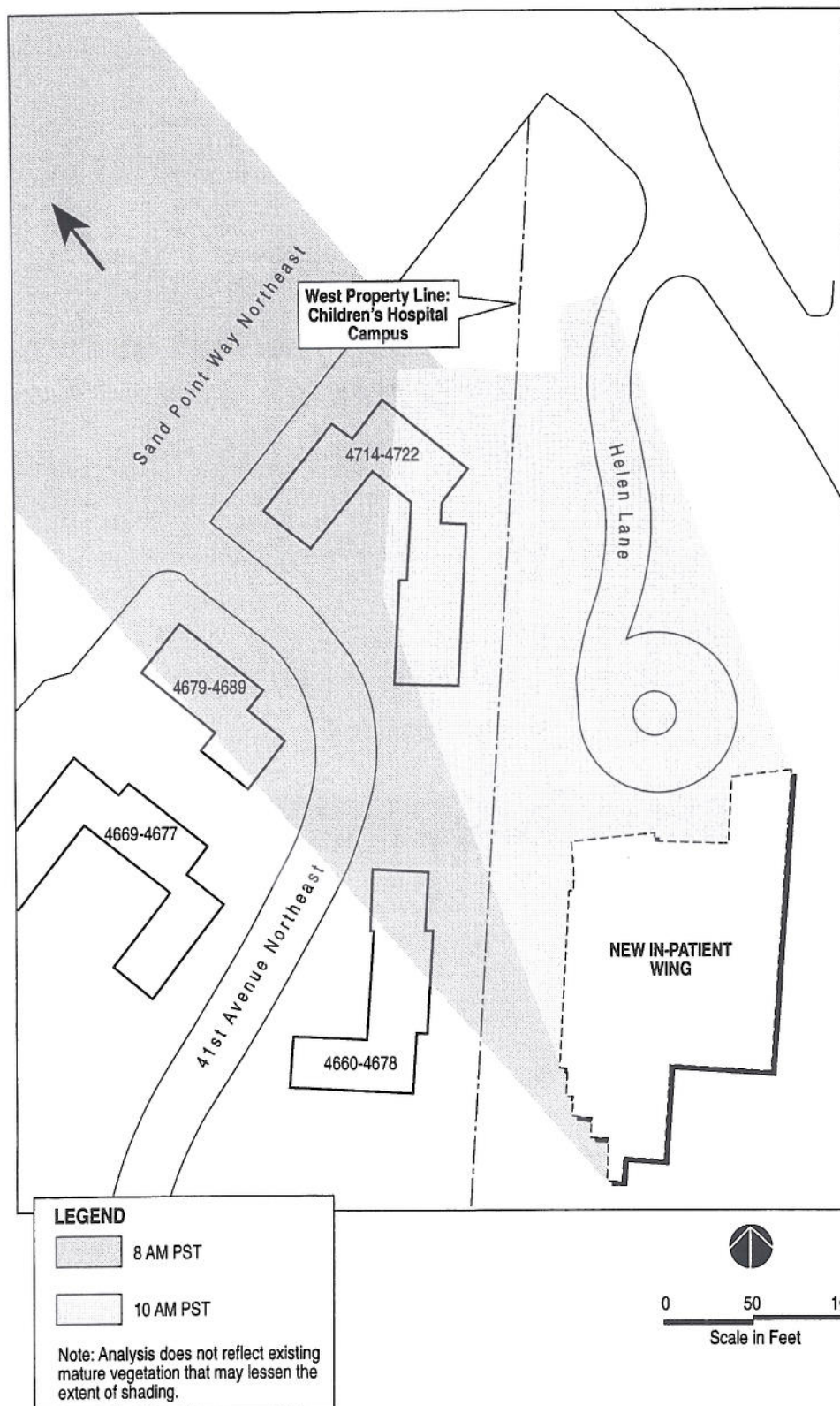
CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING

Shadow Analysis
Summer Solstice - June 21st
(Daylight Savings Time)



Source: Coughlin Porter Lundeen; Huckell/Weinman Associates, Inc.

Figure 9



Source: Coughlin Porter Lundeen; Huckell/Weinman Associates, Inc.

- At 10 AM, shadows from the *Inpatient Wing* would extend in a north-northwesterly of the proposed building -- extending off-campus a distance of approximately 60 ft. A portion of the one residential building that is located closest to Helen Lane could be periodically shaded.

In general, it is anticipated that the proposed *Inpatient Wing* would result in light, glare and shadow impacts that are similar to those that were described in the Draft and Final EISs. When shadow impacts of the proposed *Inpatient Wing* are considered in the context of potential shading that now occurs from existing campus facilities and mature vegetation (as depicted in the Draft EIS), for the most part, off-site shadows associated with the proposed *Inpatient Wing* would not be new shadow impacts but rather part of the periodic shading that already occurs.

Mitigation

The following mitigation measures will be implemented by CHRMC.

Construction

- Construction-related lighting will be provided as necessary for safety. Such lighting will be directed toward functions at the job site and away from nearby residences.

Building Operation

- Building design will incorporate window recesses/overhangs and façade modulation.
- Nighttime illumination of the site and selected buildings will be restricted and provided only when function or safety requires it.
- Lighting fixtures will provide down-lighting or be oriented away from nearby residences.
- Landscaping will be provided to obstruct off-site light spillage.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse light, glare or shadow-related impacts are anticipated.

G. AESTHETICS

EIS

As stated in the Draft EIS, although existing building heights would not be exceeded, proposed projects would increase the overall bulk associated with the hospital complex and proposed infill development would locate buildings closer to the campus boundaries.

No views from public places, including landmarks, public parks, or designated view corridors would be impacted by the proposed CHRMC projects. While views into the CHRMC site would reveal a larger grouping of buildings, street view corridors would remain unobstructed. The CHRMC development would continue to be visible from the Laurelhurst Playfield.

The Draft EIS notes that with the exception of the proposed parking garage, proposed campus development would be clustered near the center of the CHRMC campus. The proposed "Bed Wing" would be visible from the west-side of the campus (see Figure 43 in the Draft EIS). It was

noted that additional vegetation would be provided on the CHRMC site, which would contribute to the visual appearance of a campus.

EIS Addendum

Affected Environment

The height of the proposed *Inpatient Wing* would be approximately 54 feet to the roof of the building, 58 feet to top of the building parapet and 68 feet to the top of the mechanical penthouse. The elevator machinery room would extend higher but would still be below the 89-foot maximum height that is allowed by the MIMP for a building and associated rooftop mechanical spaces in this location on-campus. Refer to the MUP plans on file with DCLU.

During construction of the proposed building, the majority of existing vegetation proximate to Helen Lane would be removed. Existing vegetation would be replaced with 136 trees, 350 shrubs and 15,000 sq.ft. of groundcover. This amount of landscaping exceeds the amount that is required by Director's Rule 13-92.¹⁴ Landscaped buffers around the proposed *Inpatient Wing*, the new vehicle turnaround, and in the vicinity of the pedestrian entrance would provide attractive, green connections to other areas of the campus.

Impacts

Overall, the proposed *Inpatient Wing* would result in impacts similar to those described in the Draft EIS. The proposed *Inpatient Wing* would result in visual changes to the CHRMC campus. No public vistas or view corridors along public right-of-ways, however, would be affected as a result of the proposed project. Building elevations of the proposed project are contained in *Section I* of this EIS Addendum. In addition, an artist's depiction of the proposed *Inpatient Wing*, as seen from Helen Lane, is shown in Figure 11. As shown in the figure, it is proposed that the roof of Level 2 would contain whimsical life-size animal statues.

In the City's review of Children's proposed MIMP, it identified a potential visual impact from project #10, the "Bed Wing," because of its location on the northwest corner of the campus:

The visual impact of Project 10 from the north and west edges of the campus should be mitigated with step-backs on the top floor.¹⁵

Figure 8 of the MIMP shows a step-back on the top two floors. The City Council approved a height limit of 74 ft. for the "Bed Wing," plus 15 ft. for rooftop features, with the following condition:

The upper level bulk of the Bed Wing structure shall be reduced by stepping back the top three levels from the northwest corner for a total gross floor area reduction of no less than 18% from the gross floor area of the lower level as depicted in Tab 3 in the FMIMP.¹⁶

Children's proposed *Inpatient Wing* would achieve a greater reduction in bulk at the upper levels than contemplated in the approved MIMP by:

¹⁴ The number of trees and shrubs to be provided is nearly double the amount that is required.

¹⁵ Conclusion 17a, pg. 23, Ordinance 117319

¹⁶ Ordinance 117319, page 25 and Exhibit C

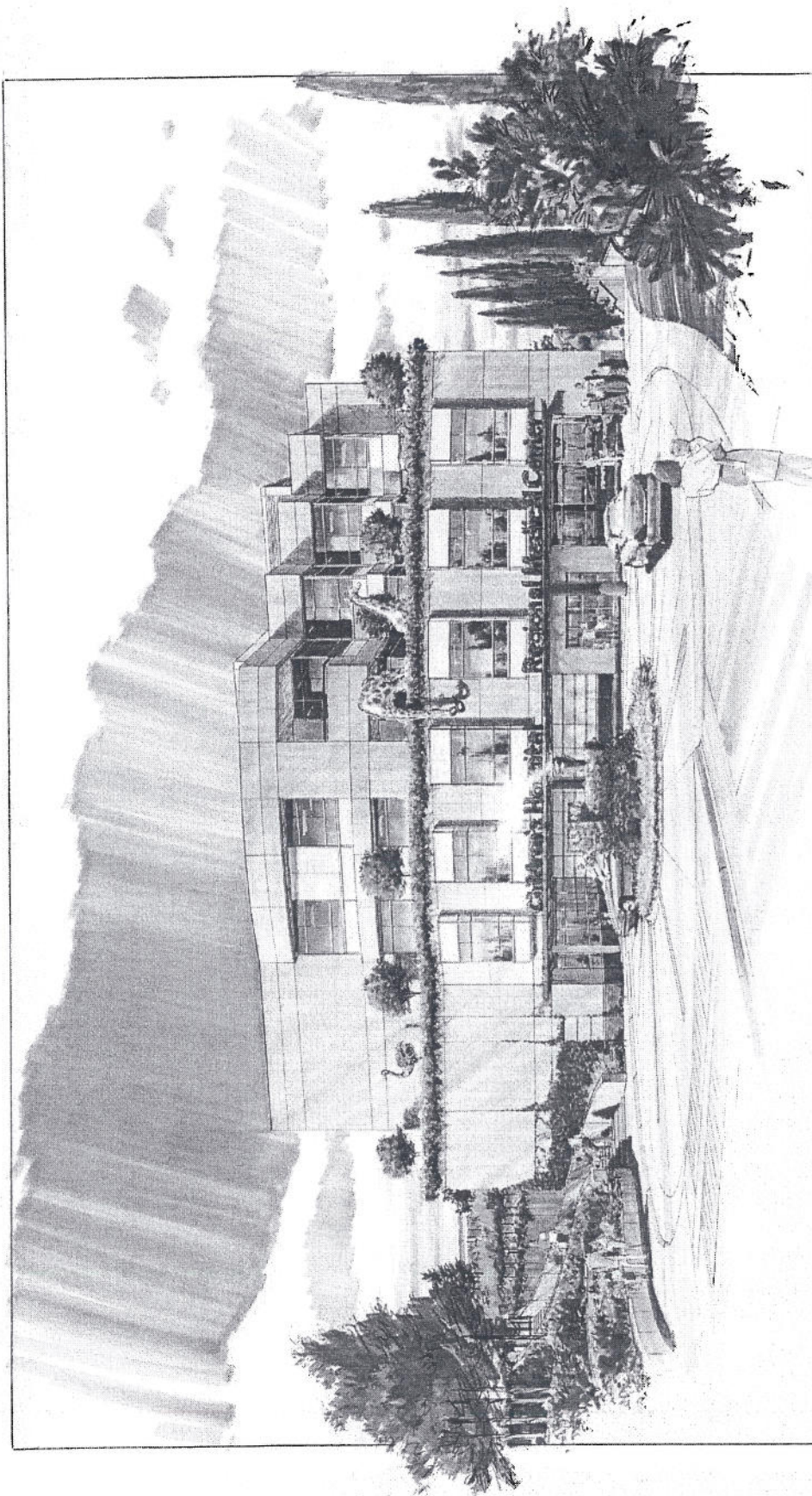


Figure 11

Artist Concept of Proposed Inpatient Wing
as Viewed from Helen Lane

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER
PROPOSED INPATIENT WING



- reducing the overall height of the structure: instead of a 74-foot building plus 15 ft. of rooftop features, the proposed *Inpatient Wing* is approximately 54 ft in height plus the rooftop features; and
- stepping back the top two floors on the northwest corner of the building.

Figure 12 provides a comparison of the upper-level building step-back that was approved as part of the MIMP ordinance with the step-back that is currently proposed; Figure 13 shows the roof plan of the proposed *Inpatient Wing*. These two figures need to be reviewed together to fully understand the cross-hatch patterns that depict proposed rooftop features. As shown by Figure 12, the MIMP-allowed development (at a building height of 74 ft. [plus rooftop mechanical features]) would have resulted in a 9,000 sq.ft. -- or 18 percent -- reduction in visible horizontal bulk, whereas the proposed *Inpatient Wing* at a building height of 54 ft. (plus rooftop mechanical and elevator components) would result in a 26,090 sq.ft. or 31.2 percent reduction in visible horizontal bulk. As shown by Figure 13, the mechanical space and the elevator and associated mechanical room that would be located on the roof would occupy only a portion of the total roof area.

The visual impact (height, bulk and scale) of the proposed *Inpatient Wing* would be less than what is allowed in the approved MIMP.

As indicated by Figure 4 (*Section I* of this EIS Addendum), the proposed structure would extend near the western boundary of the CHRMC campus, creating a more concentrated development pattern on the campus (see Figure 43, Draft EIS). The structure would be compatible with the bulk and scale of existing development on campus.

As noted with regard to campus lot coverage discussed in *Water* (*Section II B.* of this EIS Addendum), a slightly greater amount of the project site would be covered with impervious surfaces, as indicated in the MIMP EIS.

The amount of landscaping that would be provided as a result of the proposed project, however, exceeds the amount of replacement vegetation that is required by City regulations.

Mitigation

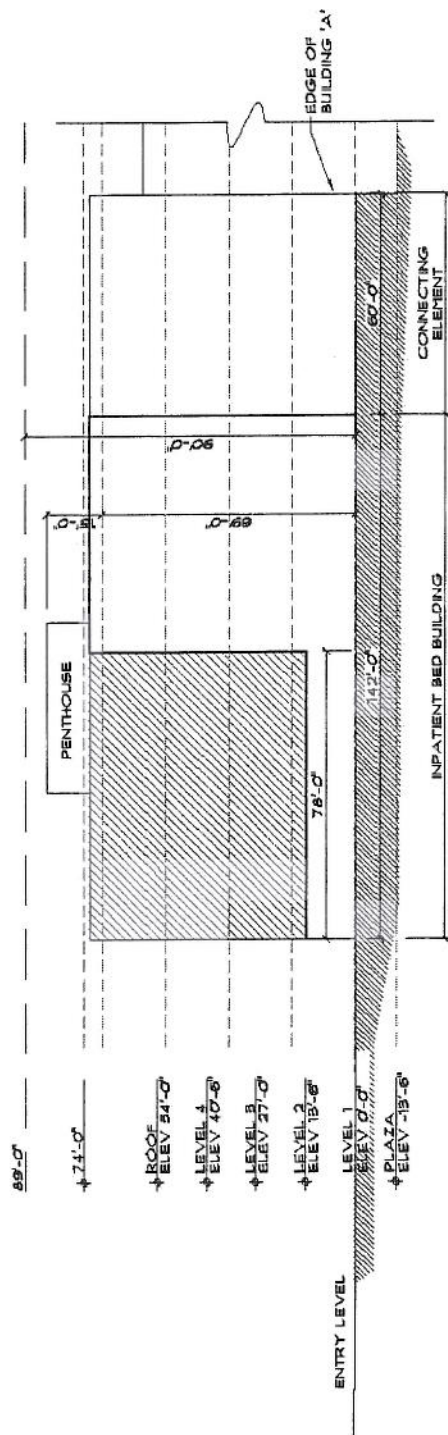
The following mitigation measures will be implemented by CHRMC.

Construction

- No specific construction-related mitigation is necessary relative to *Aesthetics*.

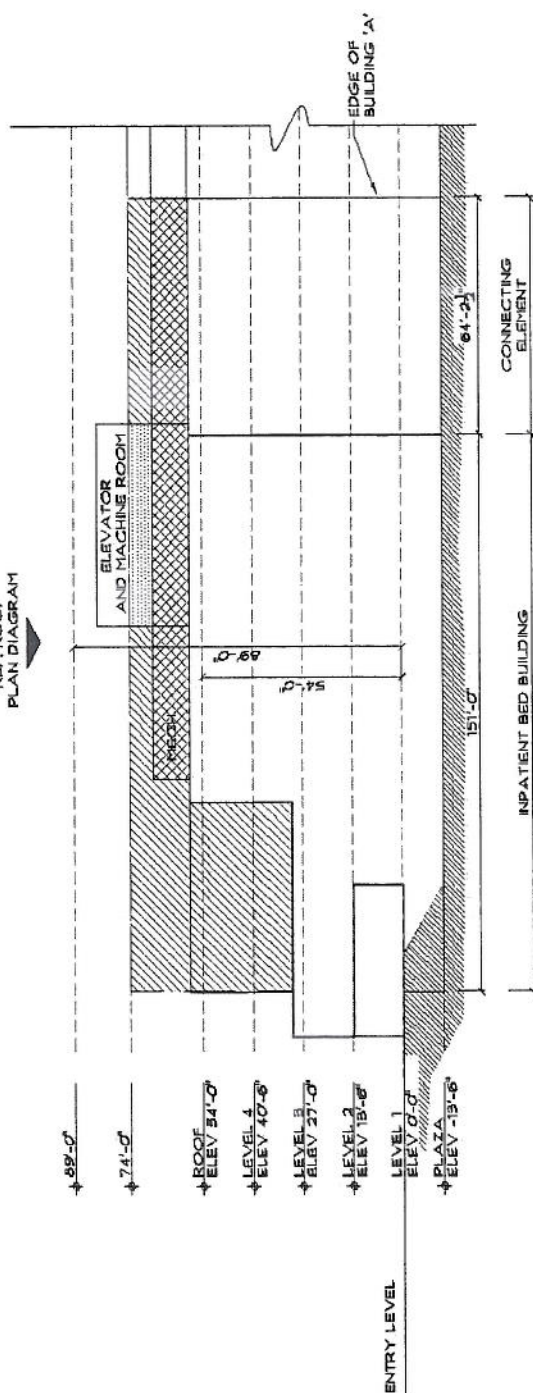
Building Operation

- Architectural design measures that were proposed in the MIMP Development Standards and conditions of approval to reduce the apparent building massing through façade modulation, fenestration, overall configuration step-backs, and detailing of buildings will be implemented.
- Scale-reducing elements, particularly at areas exposed to people activity (e.g., building entrances, adjacent to walkways, places of high visibility) have been identified and encouraged during project design.
- Levels 3 and 4 of the proposed *Inpatient Wing* will be stepped back as depicted in the MUP plans.



MIMP ELEVATION PROFILE
9,000 SF LESS WHICH REPRESENTS AN 18% REDUCTION

REF. ROOF
 PLAN DIAGRAM



DESIGN ELEVATION PROFILE
26,090 SF LESS WHICH REPRESENTS AN 31% REDUCTION

Source: HKS, Inc.

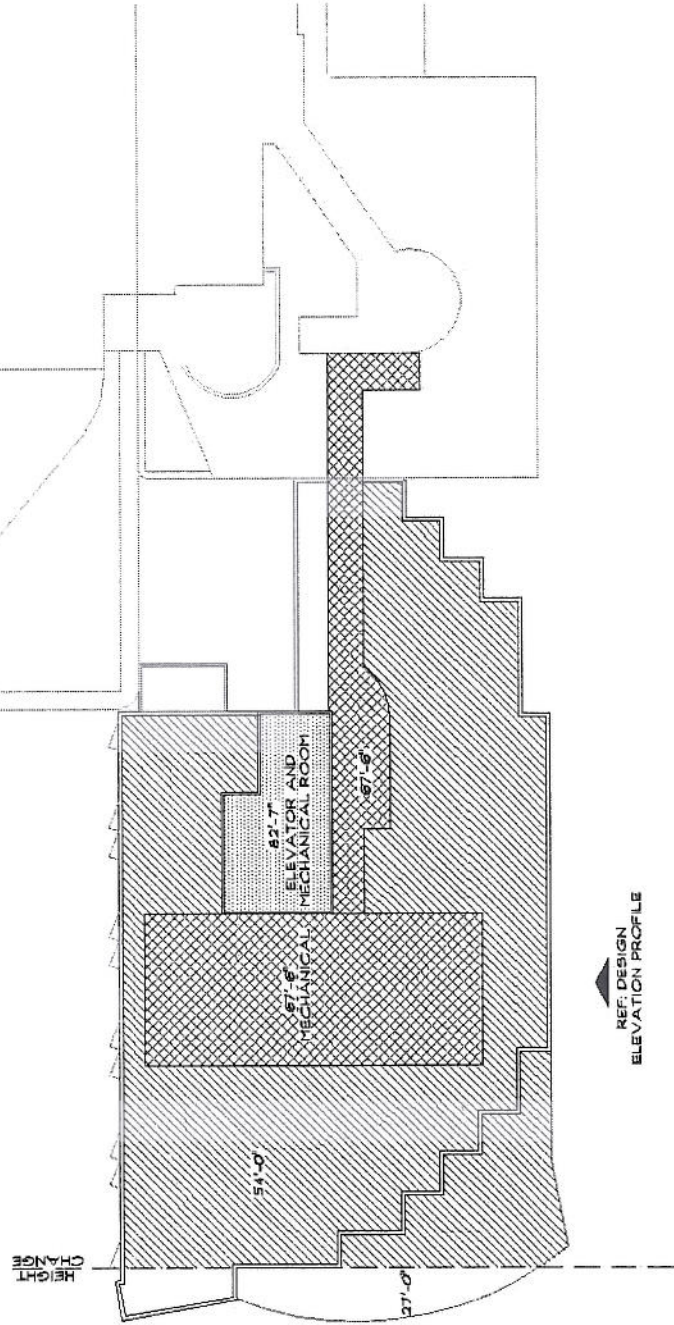
Figure 12

**CHILDREN'S HOSPITAL &
 REGIONAL MEDICAL CENTER**
 PROPOSED INPATIENT WING

Step-Back Analysis



MIMP HEIGHT REVIEW



ROOF PLAN DIAGRAM

Source: HKS, Inc.

Figure 13

Roof Plan Diagram

CHILDREN'S HOSPITAL &
REGIONAL MEDICAL CENTER

PROPOSED INPATIENT WING



- Pedestrian amenities will be provided as site improvements.
- Figure 5 and Figure 11 of this EIS Addendum depict in a general sense landscaping that would be provided as part of the *Inpatient Wing*. Refer to the MUP plans (L1 through L7) for specific information regarding the varied and unusual landscaping that is proposed.
- The height of the proposed *Inpatient Wing* building will not exceed a height of approximately 54 feet plus rooftop features and elevator.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse aesthetic-related impacts are anticipated.

H. TRANSPORTATION/PARKING

Background Traffic Volumes

EIS

In the EIS, forecasts of 2010 horizon year background (non-MIMP) traffic volumes were developed using a 2 percent annual growth rate, based on forecasts prepared for the University District by the Seattle Office for Long Range Planning and accounted for anticipated and potential development in the study area and in the University District.

EIS Addendum

AM and PM peak hour traffic counts were conducted in October 2000 at the seven study intersections that were analyzed in the Draft EIS. Table 3 of this EIS Addendum compares the traffic volumes from those counts to those that would have been anticipated based on a 2 percent annual increase of the 1992 traffic volumes identified in the Draft EIS. Forecast data in Table 3 is for the entire CHRM campus – not just traffic volumes associated with the proposed *Inpatient Wing*.

As shown in Table 3, traffic volumes at the study area intersections have not increased at the rate anticipated in the EIS except at the NE 55th Street / 40th Avenue NE intersection. At this intersection, AM peak hour volumes are 50 cars (or 7 percent) higher than expected based on the Draft EIS's 2 percent annual growth rate.

At all the other study intersections, peak hour volumes are significantly less than what would have been expected based on the Draft EIS's 2 percent annual growth rate. As a result, the 2010 horizon year forecasts of background traffic volumes in the EIS at these intersections would appear to be conservatively high.

As a check to the validity of the above counts, the volumes from the 2000 peak hour counts were compared to City of Seattle SEATRAN counts collected in 1999 as part of the City's annual count program. The 2000 counts were consistent with the SEATRAN counts, varying by 7 percent or less.

Table 5
PEAK HOUR PROJECT TRAFFIC VOLUMES

	EIS	EIS Addendum	Change: EIS Addendum vs. EIS
<i>AM Peak Hour</i>			
Sand Point Way NE / CHRMC Driveway	153	186	+33
Sand Point Way NE / NE 50 th St	32	39	+7
Sand Point Way NE / Princeton Ave NE	38	46	+8
NE 55 th St / 40 th Ave NE	17	21	+4
NE 45 th St / Sand Point Way NE	104	122	+18
NE 45 th St / Union Bay PI NE	104	122	+18
NE 45 th St / Montlake Blvd NE	83	96	+13
<i>PM Peak Hour</i>			
Sand Point Way NE / CHRMC Driveway	167	202	+35
Sand Point Way NE / NE 50 th St	37	44	+7
Sand Point Way NE / Princeton Ave NE	36	43	+7
NE 55 th St / 40 th Ave NE	18	22	+4
NE 45 th St / Sand Point Way NE	116	136	+20
NE 45 th St / Union Bay PI NE	111	130	+19
NE 45 th St / Montlake Blvd NE	91	108	+17

Levels of Service

EIS

The EIS noted that three of the study intersections were forecast to operate at LOS F in 2010 with and without the Master Plan projects: NE 45th Street / Union Bay Place; NE 45th Street / Montlake Boulevard; and Sand Point Way / NE 50th Street. The other study intersections were forecast to operate at LOS E or better in 2010 with and without the project.

EIS Addendum

Although the 2010 horizon year traffic forecasts in the EIS appear to be high based on actual 2000 traffic counts, the three intersections that were forecast to operate at LOS F in 2010 in the EIS would likely operate at LOS F even with the lower increases in traffic volumes. However, delays at these intersections would be less than that noted in the EIS. This was a finding in the EIS Addendum for the *Proposed Parking Garage*.

At the NE 55th Street / 40th Avenue NE intersection, the EIS noted that 2010 levels of service at this intersection was forecast to be LOS A during the AM peak hour and LOS D during the PM peak hour with and without the Master Plan projects. Based on 2000 count data, 2010 traffic volumes at this intersection may be up to 7 percent higher than those identified in the EIS. The higher traffic volumes would result in LOS B conditions during the AM peak hour and LOS E during the PM peak hour.

Transportation Management Program

EIS

CHPMC has had a Transportation Management Program (TMP) at the campus since 1985, which has been updated several times. The purpose of the TMP is to maintain the number of hospital employees commuting in single occupant vehicles (SOVs) to 50% or less and to help mitigate potential impacts that would be generated by the MIMP projects. The current TMP was developed as part of the MIMP and implemented through a Memorandum of Agreement that was executed between CHPMC and the City of Seattle.

EIS Addendum

A transportation survey of hospital employees was conducted in September 2000 as part of the required Washington State Commute Trip Reduction (CTR) program. CHPMC supplemented the CTR survey with additional questions in order to better assess the progress of their TMP, and monitors compliance with TMP requirements of the MIMP on an on-going basis. The results of the 2000 survey indicated that approximately 50% of the employees covered by the TMP were commuting in SOVs. On-going monitoring since that time indicates that Children's continues to meet or exceed the goal. CHPMC assesses and improves the TMP incentive program on an on-going basis to increase the number of employees using non-SOV modes of transportation.

Parking

EIS

Table 6 summarizes the parking demand estimates identified in the MIMP Final EIS.

Table 6
PARKING DEMAND GENERATED BY PROPOSED MIMP PROJECTS

User Group	Demand for Parking Stalls
Staff	177
Physicians	51
Patients / Visitors	<u>185</u>
TOTAL	413

Source: 1993 MIMP Final EIS.

The Whale Parking Garage will result in an increase of 411 parking spaces once operational (February 2002). As noted in the *Proposed Parking Garage EIS Addendum*, construction of the parking garage was a condition of approval of the MIMP and was required prior to any additional major building on-campus. Hospital employees are prohibited from parking on neighborhood streets and complying with this provision is a condition of employment.

EIS Addendum

Currently, 20 parallel handicapped parking stalls are located north of the proposed *Inpatient Wing* project site. Of these, it is proposed that 10 stalls would be re-configured (slanted configuration) near the Helen Drive entrance from Penny Lane. Campus-wide, the proposed project would result in an increase of 62 barrier-free parking stalls.

Construction

EIS

Potential construction impacts identified in the Draft EIS included:

- arrival, departure, and parking of construction worker vehicles;
- delivery of construction materials;
- removal of debris associated with demolition activity;
- delivery of construction vehicles and machinery; and
- delivery or removal of material associated with fill or excavation activity.

EIS Addendum

Construction-related vehicle traffic would be a major impact associated with construction of the proposed *Inpatient Wing*. Excavation¹⁸ is estimated to result in approximately 1,500 truck trips¹⁹ (750 loaded outbound truck trips and a corresponding 750 inbound empty truck trips). Excavation is expected to take about 15 working days. Importation of backfill could generate approximately 200 truck trips (100 loaded inbound truck trips and a corresponding 100 outbound empty truck trips) and is expected to take about four working days to complete. Delivery of construction materials to the site is estimated to generate an additional 2,300 construction delivery truck trips throughout the construction period, assuming an average of three inbound construction deliveries per day for the duration of the construction period.²⁰ While CHRMC would develop a detailed construction vehicle routing plan in conjunction with DCLU and SEATRANS prior to issuance of the Building Permit for this project, it is anticipated that the vast majority of construction vehicles would enter and exit the campus from Penny Drive (see figures 3 and 4 in *Section I* of this EIS Addendum). Unusual circumstances, however, may necessitate occasional use of the fire lane along the south-side of the building complex for temporary construction activities.

Mitigation

The following mitigation measures will be implemented by CHRMC.

Construction

- Contractors will be required to direct that all construction worker vehicles be parked in a remote off-site parking lot or in a temporary on-site parking area.
- Construction activities will be scheduled so that the most intensive activities in terms of construction traffic are spread out over time.

¹⁸ To a depth of about 28 ft.

¹⁹ This assumes use of 20 cy trucks.

²⁰ Assuming a total of 381 working days and three deliveries per day, this equates to 381 x 6 (3 inbound + 3 outbound trips) = 2,286 construction delivery truck trips.

- Safe pedestrian and vehicular circulation will be provided adjacent to the construction site through the use of temporary walkways, signs, and manual traffic control (flaggers).

Building Operation

- CHRMC's TMP will continue to be re-evaluated, enforced and augmented, as necessary.
- Hospital employees are prohibited from parking on neighborhood streets and compliance with this provision will remain a condition of employment.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse transportation-related impacts are anticipated.

I. PUBLIC SERVICES AND UTILITIES

EIS

The Draft EIS indicates that no significant impacts to police services would occur as a result of proposed projects under the MIMP. Demand for fire protection and prevention services would increase during construction phases and during project operation. While Fire Department service impacts as a result of the MIMP are not anticipated to be significant, they could contribute to cumulative impacts. Construction activity could also affect emergency access from 45th Avenue NE.

As stated in the Draft EIS, public utilities systems are available to service the demands of the proposed MIMP projects. Storm water runoff and water consumption are expected to increase.

EIS Addendum

The proposed *Inpatient Wing* would not result in changes to the amount of total CHRMC development or related regulations. Impacts on police, fire, and other public services generated by the proposed project would be the same as those identified in the Draft EIS.

Mitigation

The following mitigation measures will be implemented by CHRMC, as appropriate, during construction and building operation.

- Building design will provide adequate exterior lighting and lines of sight.
- Where appropriate, transparent security screening will be provided rather than opaque walls.
- Building design is such that hiding places for criminal activity has been minimized.
- The proposed *Inpatient Wing* has been designed to comply with appropriate fire and life safety code provisions.
- CHRMC will continue its water conservation programs – both in grounds maintenance and facility operations.

- CHRMC will aggressively continue implementation of its waste reduction programs and evaluate any new opportunities.

Significant Unavoidable Adverse Impacts

With the implementation of the mitigation measures considered in this analysis, no significant unavoidable adverse public service or utility impacts are anticipated.

References

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- Washington State Department of Ecology (Ecology). 1997. *Communicating Air Quality: Washington's 1995-1996 Air Quality Annual Report*. Air Quality Program, Lacey, WA. Publication number 96-217.

Appendix A
Distribution List

Appendix A

Distribution List

Federal Agencies:	Environmental Protection Agency, Region X Department of Housing and Urban Development, Region X Department of Health and Human Services U.S. Department of Transportation, Federal Aviation Administration
State of Washington:	Governor of the State of Washington Department of Ecology Department of Social and Health Services Department of Transportation Washington State Department of Community Development Washington State Office of Archaeology & Historic Preservation Washington State Trade and Economic Development
Regional Agencies:	Metro Environmental Planning Puget Sound Clean Air Agency (formerly Puget Sound Air Pollution Control Agency) Puget Sound Regional Council
City of Seattle:	Office of the Mayor Department of Design, Construction & Land Use Department of Neighborhoods Department of Parks and Recreation Fire Department Office of Urban Conservation Police Department Seattle City Light Seattle Design Commission Seattle Public Utilities (formerly Water Department and Sewer Utility) SEATLAN (formerly Department of Engineering) SEPA Public Information Center (DCLU) Strategic Planning Office (formerly Department of Planning)
Other Agencies:	Puget Sound Energy (formerly Washington Natural Gas) Seattle Steam Corporation US WEST
Libraries:	King County Library System Seattle Public Library, Main Branch

Newspapers:

Seattle Times
Seattle Post Intelligencer
Daily Journal of Commerce

**Special Interest
Groups & Individuals:**

CHMC Master Plan Advisory Committee (MPAC)

Theresa Doherty
Fred Hart
Sue Heffernan, RN
Dick Hillman
Todd Donato
Cheryl Kitchen
Charlotte Utting
Ray Meuse
Teresa Moore
Ruth Benfield
Suzanne Petersen
Sarah Erickson
Karen Ko
Cliff Louie

League of Women Voters
Allied Arts of Seattle
University of Washington Facility Management Office
University of Washington/University of Washington Medical Center
King County Medical Society
King County Emergency Medical Services Coordinating Council
Harborview Medical Center
Washington State Medical Association
Washington State Hospital Association
Airlift Northwest
Laurelhurst Community Club, Attn: Jeannie Hale
Laurelon Terrace Condominiums
View Ridge Community Club
Hawthorne Hills Community Club
Belvedere Terrace Community Council
Windermere Corporation
Montlake Community Club
City-University Citizens Advisory Committee
University District Community Council
Ravenna-Bryant Community Association
Central Seattle Community Council Federation
Greater University Chamber of Commerce
University District Association
University Neighborhood Service Center
Ravenna Springs Community Council

