



City of Seattle, Department of Planning and Development

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Children's Hospital and Regional Medical Center Scoping Report

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Children's Hospital and Regional Medical Center Major Institution Master Plan EIS Scoping Report

INTRODUCTION

PURPOSE

The City of Seattle Department of Planning and Development (DPD) is preparing an Environmental Impact Statement (EIS) on alternatives for the Children's Hospital and Regional Medical Center (Children's) Major Institution Master Plan (MIMP). The purpose of this scoping report is to provide a summary of comments received during the public scoping period. DPD has reviewed these comments and considered them in identifying potential environmental issues and determine whether new or revised alternatives should be evaluated in the EIS. The EIS will be prepared to comply with the State Environmental Policy Act.

PROJECT DESCRIPTION

In order to expand and invest in the necessary capital facilities, Children's submitted an application for a Major Institution Master Plan in a Concept Plan. Children's is proposing both a Proposed Plan and an Alternative Plan. Both plans have a total program area of up to 2.4 million gross square feet (gsf). Both plans would also expand the existing Major Institution Overlay (MIO) to include the 21.7-acre hospital campus and the 1.78-acre Hartmann site located on the west side of Sand Point Way NE, southwest of the main campus entry. The Hartmann site is owned by Children's and contains an existing one-level office and clinic building. Under the Proposed Plan, approximately 170,000 gsf of clinic space would be developed on the Hartmann site. The balance of the development would occur on the hospital campus, increasing the campus by 1.33 million gsf to 2.23 million gsf, with 500 to 600 total beds.

The Alternative Plan would contain all 2.4 million gsf of development to the hospital campus. The Hartmann property would remain in its current office and clinic use.

The Concept Plan is available online at <http://masterplan.seattlechildrens.org>.

THE SCOPING PROCESS

PURPOSE OF SCOPING

Scoping is the first step in the EIS process. Scoping informs the public, interest groups, and government agencies about the EIS and presents the proposed actions, alternatives and environmental impacts for review and comment. The purpose of scoping is to determine the alternatives and significant issues to be analyzed in the EIS. The scoping process is also intended to eliminate detailed study of those issues that are not significant and those issues that have been covered by prior environmental review. DPD initiated the public scoping process on August 6, 2007.

SCOPING ACTIVITIES

DPD has conducted the following activities as part of this scoping process for this EIS:

- Identified proposed alternatives for evaluation and environmental issues to be addressed.
- Held a public agency scoping meeting on August 23, 2007 at Children's.
- Received written comments during a scoping comment period which formally closed on September 17, 2007 at 10:00 am.
- Reviewed comments received at the scoping meetings or received during the scoping period. The proposed alternatives and topics for environmental analysis will become final as part of this review process.
- Prepared this scoping report and made the report available for public review.

PUBLIC SCOPING MEETING

A public scoping meeting was held from 6 p.m. to 8 p.m. on August 23, 2007 in the Wright Auditorium of Children's. The meeting was announced in the City of Seattle Land Use Bulletin, posted on five large signs on the perimeter of Children's property, and advertised in the *Daily Journal of Commerce*, the City's official newspaper.

DEIS SCOPE OF WORK

DPD has reviewed comments collected during the public scoping process and determined the elements of the environment and project alternatives to be analyzed in the Draft EIS. No preferred alternative will be identified in the Draft EIS.

ALTERNATIVES

DPD has reviewed the comments on alternatives, including the comments suggesting that Children's move entirely to First Hill, South Lake Union, Magnuson Park, Interbay or the Batelle property (Taleris Conference Center), or move the hospital to another location and maintain the Laurelhurst campus for outpatient services only.

The requirements for identifying alternatives to be evaluated in the EIS are included in Section 25.05.440 of the Seattle Municipal Code. Children's has proposed only alternatives for the Laurelhurst campus. *"When a proposal is for a private project on a specific site, the lead agency shall be required to evaluate only the no-action alternative plus other reasonable alternatives for achieving the proposal's objective on the same site."* (SMC 25.05.044 D.4)

Children's two action alternatives are both intended to meet their stated objective of achieving 500 to 600 hospital beds over the next twenty years. In identifying reasonable alternatives, the SEPA requirement is: *"Reasonable alternatives shall include actions that could feasibly attain or approximate a proposal's objectives, but at a lower environmental cost or decreased level of environmental degradation."* (SMC 25.05.044 D.2) Evaluating an alternative with substantially less development (i.e., 250,000 to 300,000 square feet (an additional 62 to 75 beds over the existing 250 beds)) would not attain or approximate the objective Children's has defined. However, one or more development plans that are different than the two tower alternatives should be analyzed.

The following alternatives will be considered in the EIS:

- Alternative 1: No-Action Alternative (used for the purpose of comparing impacts). With the No-Action Alternative, the hospital would remain in its current size.
- Alternative 2 (Proposed Action): Expansion of MIO to include Hartmann and a total program area of up to 2.4 million gross square feet (gsf) at heights up to 240 feet on campus, with 170,000 gsf of development on Hartmann. An expansion of the existing Major Institution Overlay (MIO) to include the 21.7-acre hospital campus and the 1.78-acre Hartmann site located on the west side of Sand Point Way NE, southwest of the main campus entry. Approximately 170,000 gsf of clinic space would be developed on the Hartmann site. The balance of the development would occur on the hospital campus, increasing the campus by 1.33 million gsf to 2.23 million gsf, with 500 to 600 total beds.
- Alternative 3: Expansion of MIO to include Hartmann, and a total program area of up to 2.4 million gross square feet (gsf) with all new development on campus at heights up to 240 feet. An expansion of the existing Major Institution Overlay (MIO) to include the 21.7-acre hospital campus and the 1.78-acre Hartmann site located on the west side of Sand Point Way NE, southwest of the main campus entry. All 2.4 million gsf of development would be contained to the hospital campus. The Hartmann property would remain in its current office and clinic use.
- Alternative 4: CHRMC is requested to propose one or more additional alternatives that could feasibly attain or approximate their stated objective in a different development plan(s) and a lower overall height than proposed for Alternatives 2 or 3. The design of additional alternatives should consider, for example, additional excavation to place the base of structures lower on the hillside; locating uses such as parking, utilities, laundry, and food service that don't require natural light below ground; expanding north of Penny Drive; and spreading beyond the existing boundaries if acquiring land for development appears to be feasible.

ELEMENTS OF THE ENVIRONMENT TO BE EVALUATED IN THE EIS

DPD has reviewed the comments on potential impacts to the environment. SEPA requires an analysis of significant impacts on both the natural and the built environment. DPD has determined that there is a potential for significant impacts to occur to the following elements of the environment (see SMC 25.05.044 for complete listing of elements of the environment). The analysis shall also include an assessment of secondary and cumulative impacts.

A. Natural Environment

1. Earth:

- a. Geology;
- e. Erosion/enlargement of land area (accretion)(construction impacts).

2. Air:

- a. Air quality;
- b. Odor;
- c. Climate.

3. Water:
 - b. Runoff/absorption (construction impacts; stormwater control);
 - d. Groundwater movement/quantity/quality.
 - e. Public water supplies.
4. Plants and Animals (eliminated from further study)
5. Energy and natural resources:
 - b. Source/availability;
 - d. Conservation and renewable resources;

B. Built Environment

1. Environmental health:
 - a. Noise (construction impacts and operation including helicopter).
 - b. Risk of explosion;
 - c. Releases or potential releases to the environment affecting public health, such as toxic or hazardous materials.
2. Land and shoreline use:
 - a. Relationship to existing land use plans and to estimated population;
 - b. Housing;
 - c. Light and glare;
 - d. Aesthetics (including the use of landscaping for both screening and temperature reduction).
3. Transportation:
 - a. Transportation systems (including vehicular, pedestrian and bicycle);
 - b. Vehicular traffic;
 - d. Parking (including transportation management program);
 - e. Movement/circulation of people or goods;
 - f. Traffic hazards.
4. Public services and utilities:
 - a. Fire;
 - b. Police;
 - e. Maintenance;
 - g. Water/storm water;
 - h. Sewer/solid waste;
 - i. Other governmental services or utilities.

ELEMENTS OF THE ENVIRONMENT ELIMINATED FROM SCOPE OF THE EIS

DPD has determined that it is unlikely that a significant impact would occur to the following elements of the environment and has decided they will not be considered in scope of the EIS:

A. Natural Environment

1. Earth:
 - b. Soils;
 - c. Topography;
 - d. Unique physical features;
3. Water:
 - a. Surface water movement/quantity/ quality
 - c. Floods;
4. Plants and animals:
 - a. Habitat for and numbers or diversity of species of plants, fish, or other wildlife;
 - b. Unique species;
 - c. Fish or wildlife migration routes.
5. Energy and natural resources:
 - a. Amount required/rate of use/efficiency;
 - c. Nonrenewable resources;
 - e. Scenic resources.

B. Built Environment

2. Land and shoreline use:
 - e. Recreation;
 - f. Historic and cultural preservation;
 - g. Agricultural crops.
3. Transportation:
 - c. Waterborne, rail, and air traffic.
4. Public services and utilities:
 - c. Schools;
 - d. Parks or other recreational facilities;
 - f. Communications;

NEXT STEPS

DRAFT EIS

The Draft EIS will provide an in-depth analysis of the Children's Major Institution Master Plan Alternatives and the potential significant impacts on the elements of the environment. The Draft EIS is expected to be published in March 2008. The document will be circulated to affected local jurisdictions, state agencies, community organizations, interest groups and interested individuals. The document also will be available at public libraries and community centers in the project area and at DPD. A 30-day public comment period will follow publication of the Draft

EIS. A public meeting will be scheduled and public comment will be taken during the 30-day comment period.

FINAL EIS

The Final EIS will address comments received on the Draft EIS and provide additional information and an update to the environmental analysis, if needed. Publication would occur sometime after publication of the Draft EIS.

AVAILABILITY OF COMMENTS

The City of Seattle Department of Planning and Development received comment letters from seven organizations and over 250 individuals or households as of September 17, 2007. A summary of the comments is included in Attachment A to this report. The names of individuals and organizations that submitted comments are listed in Attachment B.

Copies of all scoping comment letters submitted to DPD are available for review at DPD Public Resource Center, 700 5th Avenue, Suite 2000, Seattle Municipal Tower, Seattle 98104, (206) 684-8467. The Public Resource Center is open 7:30 a.m. to 5:30 p.m. on Monday, Wednesday, Friday and 10:30 a.m. to 5:30 p.m. on Tuesday and Thursday. Master Use Permit numbers for the project include: 4800 Sand Point Way NE (#3007521, main campus) and 4561 Sand Point Way NE (#3007696, Hartmann building).

ATTACHMENT A - SUMMARY OF COMMENTS

BACKGROUND

This scoping report provides an overview of the comment letters, e-mails and oral comments received through September 17, 2007. Comments were received from seven organizations and over 250 individuals or households. The majority of the comments were in opposition to the height or size of the planned development. Many also expressed opposition to new entrances to the main campus from either NE 45th Street or NE 50th Street. The letters expressed concerns about potential impacts to traffic, pedestrian safety, noise, land use compatibility, and light and glare, along with potential impacts to drainage, air quality, and local utilities.

This portion of the report provides a summary of comments specific to the analysis to be performed for the EIS, organized in categories including: 1) proposed alternatives; 2) environmental elements of the EIS; and 3) other general comments. The comments listed are from the comment letters and have been summarized or paraphrased.

COMMENTS ON PROPOSED ALTERNATIVES

Proposed Size of Development

- Children's growth should be at a rate commensurate with the increased needs of the population it is intended to serve.
- On-campus growth should be limited to that needed for inpatient care. All research and outpatient care should be decentralized. Existing buildings should be retrofitted for bed use.
- Describe how long the planned expansion will meet the need and what plans exist for future expansion.
- Describe the planning area that CHRMC uses for determining the need for hospital beds (such as in its Certificate of Need applications), and address the role of the state's other children's hospitals, including Mary Bridge and Sacred Heart in Spokane, in determining need.
- Perform an impartial, unbiased study done on population and future needs of the region, including other regional pediatric hospitals
- Additional information should be provided as to why Children's needs to expand, why they are projecting the need for 500 to 600 beds, why each bed needs to be in a single room, and why approximately 4,000 square feet of space is needed to support each bed, and the design range (high and low) that could be used for expansion on a per bed basis.
- The master plan/EIS should provide more detailed information regarding the current and proposed uses in its existing and proposed facilities, including the amount of square feet (and beds, if applicable) in each existing and proposed building/wing that is allocated to inpatient/hospital use and to outpatient facilities/clinics, professional offices, research and any other non-hospital uses.
- Provide a break-down of the additional square footage and whether the numbers include space allocated to parking.
- Provide the lot coverage and the square footage of the individual structure footprints that will be used to calculate lot coverage.
- Show both the heights and the number of floors.

- Provide an inventory of planned buildings with their heights listed in floors, with how many at each height and floor count. Compare this to existing.

Alternatives for Laurelhurst Campus and Hartmann Site

- There should be additional alternatives at lower heights that come closer to achieving the balance between the institution and the community.
- Place the footprint of the tower at the base of Sand point Way so that the natural elevation will absorb several stories of the building structure.
- There should be a range of alternatives, including the addition of 250,000 square feet, 500,000 square feet, 750,000 square feet, and 1,500,000 square feet.
- There should be an alternative that maintains the existing height limits shown in the approved MIO and limits development to 250,000 additional square feet.
- There should be an alternative that increases the height south of Penny Drive to a uniform 90 feet and the height north of Penny Drive to a uniform 50 feet both with and without a limit on adding an additional 250,000 square feet.
- Keep building heights to a level that can be camouflaged by trees.
- There should be an alternative that spreads the height more uniformly across the campus, including north of Penny Drive.
- Build on top of the existing garages to a height of 37 feet.
- Tear down all garages and place parking underground. Use the additional space for hospital uses within existing height limits, hospital uses up to 90 feet, or additional open space.
- Construct hospital support departments above the garages with a sky bridge to the central core of the hospital thereby reducing tower heights.
- Maintain existing landscaped buffers and building setback distances.
- Include an alternative that has more green space and more open space.
- Include an alternative that buys out and redevelops the Laurelon Terrace property instead of going up 16 stories.
- Purchase some of the apartment properties across Sand Point Way opposite the present vehicle entrance, and develop this property into a parking structure with sky bridge over Sand Point Way connecting with the hospital walk system. This approach may obviate the need for additional parking on the COH site by shifting hospital parking to this new location.
- Look at a horizontal development of the hospital to the north to create a low rise, landscaped, stepped hillside development.
- Analyze the impact of the Hartmann/MIO expansion and whether this would create a precedent for additional westward expansions of the MIO boundary to encompass additional residential and commercial properties. Describe and evaluate CHRMC's "less definite" plans for acquiring and/or using other properties, including Laurelon Terrace, as well as its definite plans for acquiring and/or using properties.
- More clearly define proposed uses for the redevelopment of the Hartmann property and why they cannot be located elsewhere.
- There should be an alternative that does not include the new vehicle entrances off of NE 45th and NE 50th Streets.

Alternative Locations

- Study the reasons why so many hospitals located throughout the country (especially regional children's hospitals) have recently chosen to relocate rather than expand when faced with the same issues. (Denver Children's Hospital, Chicago Children's Hospital, Pittsburg Children's Hospital, Georgetown Memorial Hospital, St. Joseph Regional Medical Center, UCSF Children's Hospital, and Children's Hospital in Calgary, Canada).
- Children's should expand via satellite campuses, satellite inpatient centers, or satellite facilities with special areas of care, i.e. burn center, cancer, and cardiology.
- Children's should consider a joint hospital development with another major health facility that is already staff and situated for growth.
- Children's should relocate some or all of their facility to a site that is easily accessed by public and private transportation and current freeway infrastructure.
- Children's should decentralize hospital operations – move some or all of the inpatient facilities similar to the expansion and relocation of Children's Hospital of Colorado which has opted to provide a network of care at various regional facilities vs one single location.
- Children's should move all clinics/research facilities to another building/site and have only in-patient-care facilities on the main campus.
- All non-essential services and functions should be moved off the Laurelhurst campus.
- Minor surgeries and outpatient services should be provided only at decentralized clinics.
- 24 hr pediatric clinics should be provided in other areas to better serve all children and families
- Children's should move the main hospital downtown or to Pill Hill and convert the campus to clinics and research.
- Children's should build a brand new medical tower at South Lake Union for all inpatient operations to South Lake Union and reserve the Laurelhurst site for research.
- Children's should move the hospital to a new location and turn the Laurelhurst campus into an outpatient facility.
- Children's should relocate to a new location within the area that can allow them to grow.
- Children's should relocate to a site that is reasonably accessible to those who need such service, such as on the east side of Lake Washington or north of Seattle.
- Children's should relocate to First Hill (Pill Hill).
- Children's should relocate to South Lake Union.
- Children's should relocate to Magnuson Park.
- Children's should relocate to the Battelle property.
- Children's should relocate to Interbay.

COMMENTS ON ENVIRONMENTAL CRITERIA

This section provides a summary of comments calling for analysis of specific items and topics in the EIS.

Earth

Geology

- Analyze the potential for ground movement during construction to adjoining properties (including both Laurelton Terrace and land surrounding the Hartmann property).

Erosion/enlargement of land area (accretion).

- Analyze the potential for erosion during construction and describe what mitigation measures will be used to prevent erosion.

Air

Air quality

- Compare existing air emissions with predicted air emissions during both construction and operation of the hospital.
- Describe how dirt, dust, and mud will be controlled and managed during construction so neighborhood streets aren't impacted.

Odor

- Will there be any smoke or gas generated by the construction activity that might impact the community?

Climate

- Climate/heat increases should be analyzed.
- The EIS needs to study the wind impacts created by the addition of several patient towers up to 240 feet on the pedestrian environment at both the street level of the Hospital and at the street level in the surrounding neighborhoods.
- What measures will be used to keep greenhouse gases at a minimum.

Water

Runoff/absorption; (construction impacts; stormwater control)

- Analyze the increase in the total amount of impervious surface and the increase in the runoff for all alternatives, and describe how the runoff will be controlled.
- The development of the current campus has resulted in serious drainage issues along the west side of the campus, adjacent to Laurelton Terrace, and more development could easily exacerbate the problem. The EIS should assess the current and future drainage impacts, the presence of subsurface streams, and measures to fix the existing problem as well as avoid future problems.

Groundwater movement/quantity/quality

- The CHRMC hill has several natural springs that must be considered. How will groundwater movement or supply be changed by proposed development?
- What will be the potential impacts on subsurface flows that may affect flow into Union Bay?

Public water supplies

- What impacts will occur to domestic water pressure in Laurelhurst or Hawthorne Hills?

Energy and Natural Resources

Source/availability

- Hospitals need to have redundant sources of supply in addition to emergency generators. The EIS should consider how to provide the increased redundant power feeders, and the dedicated redundant generation capacity.

- Natural gas and/or electricity will be needed to heat and cool the buildings. How much natural gas will be needed and what impacts will this have on local supplies? Will a new natural gas pipeline be required?
- What will be the impact from solar heating and heat releases from buildings?

Conservation and renewable resources

- The EIS needs to list any sustainability strategies that will be employed in the design, demolition of portions of the existing hospital and construction of the new addition including the reuse of existing materials, energy saving measures and potential LEED certification and attainment of Silver, Gold or Platinum status.

Environmental Health

Noise

- The EIS needs to analyze the noise impacts of the Concept Plan and the alternatives, including construction noise, noise from the central utility plant, and noise from the helicopters.
- Is pile driving required for foundations or other drilling? What city regulations control this type of impact noise? If drilling into the sub-soil of any kind is required, auguring is recommended.
- Determine the noise impacts due to daytime construction. (impacts on neighbors who work “graveyard” shifts and sleep during the day), including noise from construction trucks coming and leaving the site.
- What hours of operation control does the city have to limit the impact construction activity? Recommend no more than 8 hour days, 5 days per week maximum to preserve neighborhood privacy and noise controls at times when most neighbors are at home.
- What will be the noise level of a new emergency generator and how often is it tested? It should be buried with a heavy sound absorbing muffler system to minimize noise impacts.
- Present mechanical noise levels are noticeable too high. What will be the noise levels of the mechanical ventilation equipment and how will this impact the community? Mechanical ventilation equipment should be located below grade and absorbed into the earth (below grade) with heavy muffling systems or directed toward Sand Point Way and away from the community.
- Perform an outdoor noise-propagation model to better predict the amount of noise the power plant will produce.
- Provide neighbors with an audio reproduction of the noise the power plant is expected to produce.
- Investigate the complaints the hospital has received regarding the noise generated by the power plant serving the new Children’s facility at 70th and Sandpoint Way. Study the steps the hospital has taken to overcome this issue, as well as the reasons why the noise continues to be a problem, and try to determine how the new power plant on the main campus is supposed to be any better.
- Noise impacts should be assessed for days of low cloud cover in which noise impacts are greatest because of reflection off the clouds.
- Noise analysis should include diagrams showing how decibel levels of the added noise spread throughout the neighborhood.
- What are the maximum permitted decibels of noise permitted during construction and after completion of work? How will this be monitored and controlled by the City?

- Study the noise impacts of moving the helistop.
- Determine how many new helicopter trips will result from the increased number of hospital beds and how will this affect noise.
- The current standard for routine helicopter landings to take place on the ground at the University of Washington fields should be reaffirmed to keep the noise impact on the neighborhood down.
- What will be the noise level from large electrical transformers?
- The City should issue some new guidelines regarding the use of sirens.

Risk of explosion

- Are any flammable liquids used during construction or after completion? What are the safety controls?

Releases or potential releases to the environment affecting public health, such as toxic or hazardous materials.

- The EIS needs to analyze the potential increase in exposure to environmental health hazards as a result of the Concept Plan and the alternatives.
- Will there be any microwave or other electronic emission antennas that might cause injury to hospital employees or neighbors? Who and how is this impact controlled?
- Will there be any antennas mounted on the roof extending above the roof? How high and are they transmitting and if so who controls the level of safe transmission?
- Could Northwest's only children's trauma center get overwhelmed by a virulent disease and have to undergo quarantine?

Land and Shoreline Use

Relationship to existing land use plans and to estimated population

- EIS should specifically set out the SMC sections of the underlying zoning which would continue to apply, the precise text that is being superseded, and the revised text and standards that apply in part.
- Demonstrate how the proposal is in compliance with the comprehensive plan.
- What precedence exists for projects of a similar scope within primarily single-family neighborhoods?
- Evaluate the impacts of the proposed height, bulk and scale on surrounding residential areas.
- What will be the impacts on the quality of life in the surrounding neighborhood?
- Study the effect the expansion will have on surrounding property values.

Housing

- Evaluate the potential impact on temporary lodging in the area – where will the families on the increased number of patients stay while their children are undergoing treatment?
- Where will employees and patient families live? Will the average worker be able to buy anything in North Seattle?
- Children's has purchased one home already as a temporary residence. How much will these transient neighbors care for the neighborhood?

Light and glare

- The EIS should analyze the impacts of exterior lighting from the addition of new patient towers, a new lighted north garage, new patient services and a new building on the Hartmann property on the surrounding residential neighborhood.
- Light impacts should be assessed both for clear days and for days of low cloud cover in which the impact of emitted light would be the greatest.
- The light impact analysis should include a map showing the impact in lumens in the surrounding neighborhood.
- The EIS needs to analyze the glare from the new towers onto Sand Point Way, N.E. 45th, 50th N.E.
- Recommend that reflective glass not be used that mirrors the sun into neighborhoods and can also “blind” and affect drivers in narrow and also major neighborhood streets like NE. 45th and Sand Point Way.
- Recommend no windows on the east and south sides of any towers to preserve neighborhood privacy and eliminate “big brother” spying impressions. Or recommend that exterior window walls be angled outward at each window creating a slot with the glass plane filling the slot and perpendicular to the center of the building so that windows don’t view to the neighborhood.
- The EIS should analyze the shadows cast by the new buildings at different times of the day throughout the year onto existing public and private open space, buildings, and streets, including the Laurelhurst Elementary playground, Laurelon Terrace. The analysis should include diagrams showing the extent of shading at different heights above ground (street level, 1st and 2nd stories) in the surrounding area.
- Will the FAA require roof mounted beacons of strobe and red lights because of tower roof heights?

Aesthetics

- The analysis of the height impacts should also show 3-D computer images of the added bulk, including the proposed patient towers with proposed height limits of 240 feet, from the viewpoint of a pedestrian standing on the sidewalk at the following locations:
 - a. At the corner of N.E. 45 Street and 42nd Avenue N.E. looking northeast;
 - b. On N.E. 43rd Avenue and N.E. 43rd Street looking north;
 - c. On N.E. 45th Avenue and N.E. 45th Street looking northwest;
 - d. On N.E. 47th looking west; and
 - e. At the corner of 50th Street N.E. and 44th Ave N.E. looking southwest
- The EIS needs to include drawings that show the height of the proposed patient towers up to a height of 240 feet in relation to the height of existing buildings that the general public is familiar with so that a sense of the size and scale of the Concept Plan and the alternatives can be better understood. Such existing buildings that may be selected for comparison may include:
 - a. Safeco Insurance Tower in the University District;
 - b. Harbor Steps apartments in downtown Seattle (240 feet);
 - c. Headquarters of Amazon.com at the Pacific Medical Center;
 - d. The new Seattle Art Museum expansion recently completed at First and Union (240 feet);and
 - e. The Swedish Hospital expansion on Broadway.

- The EIS should disclose views of proposed buildings from public spaces, street level along the boundary, from nearby residential properties that rise on the hillsides near the campus and Hartmann property, and from Laurelon Terrace to the west (including the existing soldier pile shoring wall on the western side of CHRMC).
- The EIS should analyze the view impacts of the Concept Plan and the alternatives including any proposed sky bridges. The EIS should analyze the views and view corridors in the immediate vicinity that would be altered or obstructed by the Concept Plan and the alternatives. The EIS should identify proposed measures to reduce or control aesthetic impacts of the Concept Plan and the alternatives.
- View blockage should be assessed not only at street level but also at the level of 1st and 2nd story windows using graphical 3-dimensional models. The digital form of these models should be made available to the public so that the public can manipulate and view them from their chosen perspective.
- Compare existing and proposed open space, both in size and quality.
- All parking should be underground with green space on the top level to reduce the impact that lighting and noise have on the surrounding neighborhoods.
- Mature landscaping should continue to be used to buffer the appearance of the buildings from the residential areas.
- Additional taller cedar trees should be planted along the parking strip on 45th Avenue N.E. to lessen the impact of whatever may be constructed.

Recreation

- The EIS needs to analyze the reduction in open space and the impacts of the Concept Plan and the alternatives on recreational opportunities and on the buffer to the residential neighborhoods

Historic and cultural preservation

- The EIS needs to list any buildings over 25 years old that are part of the existing campus and document any historical merits in these buildings that may be altered as a result, or that may qualify for landmark designation.

Traffic and Transportation

Transportation systems (including vehicular, pedestrian and bicycle)

- The EIS should include a description of the existing transportation systems, planned changes, and potential impacts.

Vehicular Traffic

- The EIS should provide information regarding the allocation of existing and future traffic volumes, routes and parking space demand among hospital staff, inpatients/visitors, research staff, outpatient clinics and other professional offices, emergency vehicles, delivery and service vehicles, and other activities for both the campus and the Hartmann site. The peak period of each type of demand should be identified.
- The EIS needs to analyze the impacts of the Concept Plan and the alternatives on traffic including:
 - a. An analysis of the current number of trips and the level of service at key intersections on N.E. 45th Street, on N.E. 50th Street, and on Sand Point Way;
 - b. A tabulation of the number of new trips generated by the Concept Plan and the alternatives from additional employees and patients, and the projected level of service at key intersections. This analysis should include the assumption that existing and future

traffic volumes on adjacent streets will continue to grow at the rate of one to two percent per year in addition to the increases in the traffic volume from other potential developments in the vicinity of Children's Hospital;

- c. The general impacts of the Concept Plan and the alternatives on the traffic flow on the surrounding streets within a two-square mile radius, and the future impacts on traffic flow if the State of Washington replaces the 520 Bridge during the build out of the Concept Plan and the alternatives;
 - d. The need for improvements to the existing streets to accommodate the added traffic generated by the Concept Plan and the alternatives. Such improvements or mitigation measures should include street widening and acquisition of additional right-of-way through purchase by Children's Hospital or condemnation by the City of Seattle;
 - e. An analysis of the traffic impacts resulting from the addition of two new signals and the new crosswalks on Sand Point Way at 40th Avenue N.E. and at N.E. 50th Street. The analysis should include projections regarding an increase or a decrease in the number of traffic accidents;
 - f. Tabulation of the required delivery and truck loading in terms of ingress/egress points onto the site, the number of new loading berths that will be added, size and frequency of the delivery trucks; and
 - g. An analysis of the need to increase the number of entrances to Children's Hospital from one to three, and the environmental impacts of these added entrances on traffic volumes, neighboring streets, and circulation patterns.
- The traffic analysis should consider the impacts to Sand Point Way, Montlake, Windermere Circle, the new building at the Center for Spiritual Living, planned development of Warren G, Magnuson Park and a relocated Fire Station at 40th and NE 55th Street, and potential increased congestion from any additional traffic lights on Sand Point Way.
 - The traffic analysis should include an assessment of impacts of the proposed NE 45th and NE 50th Street access points both to traffic flow and pedestrian safety. As part of this analysis, evaluate the installation of 4-way stop signs and cross walks at the corners of NE 45th St/45th Ave NE, NE 50th St/45th Avenue NE, and NE 47th St/47th Avenue NE, and closing 43rd Avenue NE where it meets NE 45th, making it a dead end. Alternatively, evaluate making the NE 50th St exit of the North Garage left-turn only onto NE 50th St., sending all cars west (down the hill) directly to Sandpoint Way NE. Consider installing physical barriers, marked "Local Access Only" to reduce NE 50th St to one lane (with turnouts for passing) between the North Garage and 47th Avenue NE. Alternatively, consider closing NE 50th St entirely at the northeast corner of the propose North Garage (or just east at 45th Avenue NE).
 - Compare the traffic impacts of new access to 45th and 50th with creating a 4 lane access road the existing location on Sand Point Way.
 - The traffic analysis should account for travel time changes for emergency vehicles traveling in the area (especially from the proposed fire station at 40th Avenue NE & NE 55th Street).
 - There are no protected left turns on any of the stretch of Sand Point Way and traffic studies should look at the impacts.
 - What traffic routes will be used for construction truck traffic?
 - EIS should study potential for increases in vehicular accidents.

Access and Internal Traffic Circulation

- Identify the location and impacts of potential construction entrance(s)

- The EIS should analyze the impacts of having a single, clearly defined entrance with a well defined internal circulation route versus multiple access points.
- Parking garages should have internal circulation and ramping that permits vehicles to travel between levels without exiting and re-entering via Penny Drive. Although developed in phases, the north parking garage should be designed to allow full horizontal connections between the two phases as well. Such vertical and horizontal connections would greatly reduce traffic volumes on Penny Drive as well as pedestrian/vehicle conflicts.
- Evaluate the impact of widening Penny Drive to handle increased traffic in lieu of additional access points.
- Evaluate the impacts of providing pedestrian tunnels and sky bridges connecting parking and the hospital.
- Evaluate providing underground access to parking garages from the Sand Point Way access.

Parking

- Describe where construction workers and trucks would park and whether impacts would occur to Laurelhurst streets.
- The parking analysis should include the identification of the locations of all existing and proposed off-campus parking facilities, including the long-term viability of off-campus parking locations such as at Warren G. Magnuson Park, and where the parking would be relocated if the park is developed.
- The EIS should evaluate whether parking on the shoulder of Sand Point Way creates a safety hazard by blocking the view of traffic.
- Evaluate the need for a residential parking zone during the weekday daytime hours in the immediate neighborhood to avoid spill-over.

Transportation Management Plan/Transit Use

- The Transportation Management Plan for the MIMP should be provided.
- The master plan generally discusses CHRMC's transportation management plan and states that less than 34% of the affected day shift staff drive alone to work. The EIS should include more detailed information regarding the CHRMC's total existing and proposed populations and commute characteristics should be in the EIS, along with the information regarding their access routes and parking characteristics.
- As part of evaluating the TMP, consider how the timing of hospital work shifts affects the arrival and departure of staff.
- The TMP should consider the following:
 - greater car and van pooling including bus transportation from outlying areas like from the east side, and north and south
 - increased transit service and shuttles
 - traffic times for transit during hours of congestion.
 - putting the funding that would have been used for major parking lots into local transit efforts.
 - providing a van system between future light rail stations and Children's.
 - providing a U-Pass system for outpatients.
 - adding bus bays and more space on the plan for public transit.
 - adding bays for taxi and hospital owned loaner cars for FlexCars as well.
 - adding parking only for carpools.

Pedestrian Safety

- Evaluate pedestrian safety for students/children going to and from Villa Academy and Laurelhurst Elementary School along NE 45 and NE 50 Streets, including early morning hours when it is dark and when students cross NE 45th Street, and for small children who sometimes dart into the street without thinking.
- Include the provision of more stop lights, sidewalks and cross walks.
- Require the replacement of sidewalks and curbs that are broken during construction.

Helistop

- Identify where the helipad be relocated if moved from the present location.
- Identify whether there will there be a need for more than one helipad? Will one be required on the top of each tower?
- Determine how many new helicopter trips will result from the increased number of hospital beds.
- Evaluate how much the increase in helicopter trips will increase the risk of an helicopter accident.

Public Services and Utilities

Fire

- Analyze the increased need for public services such as fire protection and police services for the Concept Plan and the alternatives.

Police

- Analyze the increased need for public services such as fire protection and police services for the Concept Plan and the alternatives.

Maintenance

- Analyze the impact on surrounding streets, and the increased need for maintenance by the City due to the increased number of large, heavy delivery and service trucks that will be traveling to and from Children's. Will the neighborhood streets, originally built around a small community hospital, be able to handle the weight and load of the additional delivery and service trucks?

Water/Storm Water

- Evaluate whether the new hospital demands for water service, during and after completion of construction, will impact Laurelhurst neighborhoods? (Both hospital domestic demand and fire sprinkler requirements). Presently the neighborhood water pressure is on the low side.
- How many miles of what size pipe will have to be installed from where to where, to give Children's enough water to meet fire codes?
- Will the City need to install large water diameter pipes serving both the community and the hospital and what impact does this construction have on the community, torn up streets, etc?
- How many miles of what size pipe will have to be installed from where to where, to give Children's enough water to meet fire codes?

Sewer/Solid Waste

- Will the City need to install large diameter sewer pipes serving both the community and the hospital and what impact does this construction have on the community, torn up streets, etc?
- How many miles of what size pipe will have to be installed from where to where, to give Children's enough sewer capacity?

Other Governmental Services or Utilities

- How will the new demands for electrical power service impact the Laurelhurst community during and after completion of construction, and will power spikes be expected?
- Will natural gas be the major energy source?
- How will new hospital demands for gas service and its installation impact the Laurelhurst community?
- Who will pay for new infrastructure?

Secondary and Cumulative Impacts

- The EIS should fully address the cumulative impacts of CHRMC's proposal and alternatives, including especially those relating to transportation (traffic volumes, traffic circulation, parking) and land use (the increasing conversion of neighborhood property from commercial and residential land uses to institutional land uses).
- The cumulative impact analysis should include impacts of the not-yet-constructed Talaris project, and any other projects in the vicinity that will contribute to future conditions/impacts but are not yet operating (such as projects in the permit pipeline, and projects that have been permitted but are not yet under construction or are not yet completed and occupied/operating).
- Cumulative impacts with the University of Washington need to be studied.
- The EIS should evaluate whether this proposal will lead to a cumulative pressure for additional height on Sand Point Way
- The EIS should evaluate impacts of secondary growth such as commercial services that support the increase in number of doctors and patients, and the potential loss of neighborhood businesses and professional services that don't fit the needs of the hospital population but do meet the needs of the neighborhoods.
- The effects of Children's leasing Springbrook should be studied.
- Children's should say whether other property in the area is planned to be purchased.
- The EIS should evaluate the impact on sales and prices of homes.

GENERAL COMMENTS ON PUBLIC INFORMATION

A few comments asked for clarification of information or requests. They include the following:

- It was requested that the scoping period be extended.
- What are the other opportunities to comment in the EIS process?
- Is there a way to communicate to more community members to get greater attendance at public meetings?
- The opening presentation at the scoping meeting was too long and the CAC should have been facing the public.
- Citizens speaking at the microphone should have been allowed to face the advisory committee.
- Future meetings should be held in a more neutral location.
- Laurelhurst Community Club asked whether the model could be place in a public place, such as the Laurelhurst Community Center.
- How is Children's going to raise money to do this?

- The existing information on Children’s web site concerning the existing hospital building is untrue – the east side is roughly 40’ tall, not 90’ as stated on the published web site and plans.
- The public meetings appeared to be scheduled in a way to minimize public and community input on this process, especially holding them in late August when many residents go on vacation.
- Key meetings appears to have been schedule to coincide with other Laurelhurst community events.
- Flyer announcing the end of the comment period was delivered September 4, 2007 with the end of the comment period being September 5, 2007. Also on the map that accompanied the flyer, it didn’t include part of the neighborhood being affected by Phase 2 and part of one of the options.

COMMENTS FROM AGENCIES

No comments were received from public agencies on the proposed alternatives and scope of the EIS.

ATTACHMENT B - LIST OF RESPONDENTS

ORGANIZATIONS

Laurelhurst Community Club (letters from Jeannie Hale, President, Liz Ogden, Vice President, and Carol Eychaner, Land Use Planner)
Laurelhurst Condominium Owners Association (letter from Jim Madden, President)
Northeast District Council (letter from Robin Sizemore and Peter Aberg, Co-Chairs)
Ravenna-Bryant Community Association (letters from Jorgen Bader and Jody Chatalas, President)
Seattle Community Council Federal (letter from Rick Barrett, Vice President)
University District Community Council (letter from Matt Fox, President)
Neighbors and Property Owners of Windermere Circle (letter from Shannon K. Hughes)

INDIVIDUALS

Robert and Susan Aldrich	Allene C. Caddy
Bill Allen	Kathleen and Bob Caldwell
William E. Allen	Roderick A. Cameron
Megan J. Allen	Chris Carletti
Sudie Allen-Henn	Ann Carlisle
Roy Amundsen	John S. Carver
Helen Andersen	Nancy and John Carver
Karen Andersen and Mark Matthews	Jeff Cash and Janet Lim
Mark S. Anderson	Dana Cashman
Marlee Anderson	Sallie Chaney
Bruce Bailey	Jody Chatalas
Lawrence B. Bailey	David Clawson
Mary Ann Bailey	Sandra Jo Counts
Dick Barnum and Sidney Hallam	Richard B. Counts
Christine Barrett	Larry Crites
Ann and Paul Beame	Stacy Crites
Paul Beame	Ed Curtis
Dan Becraft	Per Danielson
David and Helen Belvin	Beverly DeCook
Barbara and John Bender	Kristen DePew
Joe and Susan Bennett	M. Dightman
Glen and Jennifer Biely	Dennis and Melissa Dodge
Patrick Bishop	Rev. Douglas J. Early
Molly Black	Grover Ellis and Linda Reybine Ellis
Eleanor Boba	Barry Erickson
Gavin Boden	Patricia Espedal
Allan Boyce	Nadine Fabbi
Daniel Brewer	Scott Fallis
Mark Burns	Denise Ferguson
June and Art Butler	John and Denise Ferguson

Lynn Ferguson
Sherm Fluharty
Laura Ford
Mark and Jami Fox
Matthew Frank
Phil Fujii
Mary Jo and Jim Gasparich
David Glazer
David and Christine Goodwin
Jennifer Gouk
Frank Graves
Stacy and Frank Graves
Mark and Kristina Grey
Mark Grey
Greg Griffith
Virginia and George Gunby
James Gwertzman
James Gwertzman and Maggie Tai Tucker
Barbara Hack
Jeannie Hale
Doug and Kay Hanafin
Darrin and Amanda Hansen
Alora Harley
Elise Hart
Jarrod Hartford and Katrina Strand
Shelley D. Hartnett
Robert and Sherry Hayman
Dr. and Mrs. Brian Henling
Brian Henn
Gloria Hennings
W. Joshua Herrala
Joseph Herrin and Belinda Ball
Michael and Judith Hill
Susan Hoffman
Mark Holden
Pete Hollomon
Robert D. Holtz
Lisa Horwich
Shannon K. Hughes
Whitney Hupf
Jake and Joyce Jacobs
Holly Jacobsen
Camille Johnson
E. Johnson
Jones Family
Lois Jones

The Joneses
Catherine Kalke and Janet Baker
Tammy and Loren Kaneshige
Karmann Lange Kaplan
Steve Kerr
Karol Knapp-Danielson
Brad Knowles
Peter Krause
Cary and Jim Lassen
Steve Laukaitis
Mike and Gail Leach
Janet Lim and Jeffrey Cash
Lee Loveland
Vanessa Lund
Alisa Lydon
Etta M
Patricia MacElveen-Hoehn
George and Anne Majercak
John Maloof
Cassie Maloney
Brenan Mangan
Kelley Martin
Philip Martin
Mike Matthews
Colleen McAleer
James McArthur
Lisa McCabe
Matt McGinnis
Kevin McLaughlin
Brian McMullen
Joan Merlino
Kent Mettler
Janet K. Miller
Susan S. Miller
Melissa Minas
Brendan Moore
Susan and Bob Moore
Miriam Muller
Miriam Muller and Family
Elizabeth Mulligan
Angela Finney Mumford
Steve and Heather Murch
Susan J. Murdoch
Susan J. Murdoch and Donald C. Oxorn
Mark Nagle
Elizabeth Nelson

Leonard Nelson
Leonard and Susan Nelson
Helen and Peter Newman
Doug Nichols
Nancy Nichols
Dermot Noonan
Linda Nordstrom
John Odland
Tony and Liz Ogden
Chip Painter
Jim Palm
Rita Paragas
Gaylene Pattinson and Karen Thiers
Scott Pattinson
Renee and Scott Pattison
Jacques Pegchon
Michael Perlman
The Peschons
Dolores and Philip Petra
Faith Pettis
Deidre and Doug Pew
Tom Pierce
Judith Platt
Mrs. R. W. Plear
Joanne Poggetti
Patti Polinsky
Douglas Pratt
Randy Pratt
John Ramsay
Jessica Reading
Ellen Reid
Resident of Laurelton Terrace
Mark Revere
Colleen Richey
Ann Rickett
Allison and Todd Rider
Rebecca Ringhouse
Mike and Bridget Rodden
Cheryl B. Rollin and Vern G. Rollin
Vern and Cheryl Rollin
Keith Roraback and Jennifer Sorenson
Susan Rucker
Richard A. Ruidl
Sephen Rulyak
John W. Russell
Jill Ryan

Gina Sams
Patsy Sawa
Gisela H. Schimmelbusch
Hugo and Gisela Schimmelbusch
Jim Schnitzius
Mrs. A. L. Scott
Barbara M. Scott
Bill Scott
Joy Scott
Julia Sensenbrenner
Steve Shaiman
Molly Shepard
Coco Sherman
Michael L. "Mike" Sherman
Jerry Sherrard
Betsy Sherrow
Ginny Sherrow
Susan Showman
Donald Silverman
Donald R. Silverman
Tricia Skinner
Jeri Smith
Jan Snyder
Laurie Sommerville
Clark W. Sorensen
Maryann E. Spangler
Nicole Stapleton
Jeff Sullivan
Jeffrey Sullivan and Jenny P. Sullivan
Matt Thomlinson and Dana Hurley
Ian Thompson
Ian and Katie Thompson
Suzy Titcomb
Kathleen and Mark Trumbauer
Mark and Kathy Trumbauer
Maggie Tai Tucker
Ann Scott Tyson
Donna vanNorman
Karl and Joan Vesper
Joan Vesper
Elizabeth Wako
Donna Waldhausen
Mike Wayte
Donna Walhausen
K. A. Walsh
David Watson

Mike Wayte
Rob and Kathy Weber
Mark Wellington
Leslie Wright and Sheryl Westergreen
Lisa White
Elaine Willey
Patricia Ann Wood
Denis Worrall
Fred and Pat Wright
Mr. and Mrs. Fred M. Wright
Tom and Margo Wycoff
Lendy Vail
Evelyn P. Yenson
Allison Young
Grace T. Yuan