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Notice of Preparation of an Environmental Impact Report

Date:	May 18, 2011
Case No.:	**2008.0762E**
Project Title:	**Chinese Hospital Replacement Project – 835-845 Jackson Street**
Zoning:	Main and Peripheral Project Sites: Chinatown Residential Neighborhood Commercial (CNRC) District Main and Peripheral Project Sites: 65-N Height and Bulk District
Block/Lot:	Main Project Site (835-845 Jackson Street): Block 192, Lot 41 Peripheral Project Site (1140 Powell Street): Block 192, Lot 14 Peripheral Project Site (827 Pacific Avenue): Block 179, Lot 39
Lot Size:	Main Project Site (835-845 Jackson Street): 22,516 square feet Peripheral Project Site (1140 Powell Street): 7,827 square feet Peripheral Project Site (827 Pacific Avenue): 2,979 square feet
Project Sponsor	Chinese Hospital Association,
Project Contact	Wayne Hu (415) 986-1372
Lead Agency:	San Francisco Planning Department
Staff Contact:	Devyani Jain – (415) 575-9051 devyani.jain@sfgov.org

PROJECT DESCRIPTION

The existing Chinese Hospital campus, located in San Francisco's Chinatown neighborhood at Jackson Street between Stockton and Powell Streets, consists of the approximately 43,368-gross-square-foot (gsf) Chinese Hospital at 845 Jackson Street, built in 1979; the approximately 29,793-gsf Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital), built in 1925; and the approximately 15,000-gsf Chinese Hospital Parking Garage, built in 1992, and located directly behind the MAB. These three buildings are located on the main project site. The project also includes two peripheral project sites, the Powell Street Parking Garage at 1140 Powell Street and the commercial building at 827 Pacific Avenue. The main project site at 835-845 Jackson Street (Block 192, Lot 41) and the two peripheral project sites at 1140 Powell Street and 827 Pacific Street (Block 192, Lot 14 and Block 179, Lot 39) are located on the south side of Jackson Street (between Stockton and Powell Streets); on the south side of Pacific Avenue (between Stockton and Powell Streets); and on the east side of Powell Street (between Jackson and Washington Streets), respectively. The main and the two

peripheral project sites are in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District and a 65-N Height and Bulk District.

The proposed project includes demolition of the 1925 MAB at 835 Jackson Street and the Chinese Hospital Parking Garage on the main project site and construction of a 54-bed acute-care Replacement Hospital building with a new 22-bed skilled nursing facility in place of the demolished buildings. The replacement hospital would be approximately 101,545 gsf in size with seven stories and a basement. The replacement hospital would be approximately 90.5 feet tall (excluding a 30-foot-tall mechanical penthouse on top of the roof). The 1979 Chinese Hospital building would remain in operation until the proposed Replacement Hospital building is fully functional; the 1979 hospital building would then be renovated to serve as a Medical Administration and Outpatient Center (MAOC). Interior circulation between the proposed Replacement Hospital building and the renovated MAOC would be provided.

The project sponsor would also lease and make tenant improvements to the two buildings on the peripheral project sites, located in the immediate vicinity of the main project site. The buildings on the peripheral project sites include the 23,490-gsf, 52-space Powell Street Parking Garage at 1140 Powell Street, located on the main project block to the west of the main project site; and the approximately 8,680-gsf commercial building at 827 Pacific Avenue, located one block north of the main project site. Long-term lease space at these two peripheral project sites is necessary to accommodate the outpatient radiology service and off-street parking, engineering shop space, and hospital storage needs of Chinese Hospital.

The Powell Street Parking Garage is currently occupied by an automotive repair center and off-street parking. Chinese Hospital would lease the Powell Street Parking Garage on a long-term basis to replace the 41 off-street parking spaces displaced by demolition of the existing Chinese Hospital Parking Garage as well as to provide an additional 15 independently accessible off-street parking spaces for the hospital, for a total of 56 off-street parking spaces for Chinese Hospital. In addition, the Powell Street Parking Garage would also provide space for hospital storage and engineering shops. Under the proposed project, tenant improvements to the Powell Street Parking Garage peripheral project site would be restricted to renovations of the interior of the structure, and would include removal of the automotive repair use at the ground level as part of the renovations to accommodate the proposed hospital parking, storage and engineering shops.

At the 827 Pacific Avenue building, the project sponsor would lease approximately 5,054 gsf on a long-term basis for a new outpatient Radiology Center for Chinese Hospital. On a temporary basis, prior to the renovation of the existing Chinese Hospital building to convert it to the MAOC, the project sponsor would also lease approximately 3,626 gsf at the 827 Pacific Avenue building to accommodate some hospital-related administrative uses and outpatient services (infusion clinic and support spaces) that would be displaced by the proposed demolition of the MAB. After the hospital-related

administrative uses and outpatient services temporarily located at the 827 Pacific Avenue building move permanently to the renovated MAOC on the main project site, the 3,626 gsf of vacated space in this building would be available for lease to future tenants. Under the proposed project, tenant improvements to the commercial building at the 827 Pacific Avenue peripheral project site would include seismic upgrades and minor storefront improvements; i.e., relocation of an ADA-accessible entry, window replacements, and a marquee.

REQUIRED APPROVALS

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction for California general acute-care hospitals and intermediate-care hospitals. As an existing non-conforming hospital use in the CRNC Zoning District and in light of OSHPD standards and regulations for new hospitals, the project sponsor has proposed the creation of a Special Use District (SUD) to support the development and expansion of medical services in Chinatown. The proposed Chinese Hospital SUD would amend the *General Plan's* Chinatown Area Plan, as well as amend the Planning Code text and Height and Bulk Maps and Zoning Maps to create an overlay to the CRNC Zoning District on the main project site (835-845 Jackson Street) for the proposed Replacement Hospital and the renovated MAOC (Block/Lot 192/41), and on the site of the proposed Radiology Center at the 827 Pacific Avenue peripheral project site (Block/Lot 179/39).

In order to meet Planning Code Section 135.1 open space requirements for non-residential uses in Chinatown, the project sponsor would have to provide approximately 2,015 sq. ft. of open space for the proposed Replacement Hospital building. To meet these requirements, the project sponsor has proposed an 890-sq.-ft. landscaped seating area along Jackson Street. In addition, the project sponsor has also proposed to improve James Alley, which runs north-south along the east side of the main project site, to create an additional 1,715-sq.-ft. landscaped, publicly accessible seating area immediately adjacent to the eastern edge of the proposed Replacement Hospital building. Currently, Chinese Hospital owns half (an approximately 860-sq.-ft. portion) of the James Alley right-of-way, previously vacated by the Department of Public Works (DPW). The project sponsor and DPW are in the process of discussing the potential for full vacation of James Alley, for its use by Chinese Hospital. DPW has indicated that it would vacate the balance of James Alley if the adjacent property owners approve; Chinese Hospital would then be required to provide a pedestrian easement to the adjacent property owners, and to make improvements and provide continued maintenance of this alley according to DPW standards for implementation of the *Chinatown Alleyway Master Plan*. If the street vacation is granted, the project sponsor would carry out improvements to James Alley, create the 1,715-sq.-ft. landscaped seating area, and meet the open space requirements. The project sponsor would therefore pursue acquisition of the eastern half of James Alley right-of-way after

vacation by DPW. The project would need a finding of General Plan consistency for the requested street vacation and transfer agreement. However, it is possible that the project sponsor's request for vacation and acquisition of the eastern portion of James Alley may not be granted. Therefore, the project sponsor would also continue to seek the establishment of an SUD overlay that would include controls to allow for an exemption from open space requirements for the proposed project.

An Institutional Master Plan (IMP) is being prepared by the project sponsor for all existing and proposed Chinese Hospital facilities, including its satellite clinics in Daly City and in San Francisco' Excelsior and Sunset neighborhoods, pursuant to Planning Code Section 304.5. The Planning Commission will consider the IMP at least 6 months before considering any approval actions for development described in the IMP (Planning Code Section 304.5(f)). In addition, the Historic Preservation Commission will review and comment on the Notice of Preparation of an Environmental Impact Report/Initial Study (NOP/IS) and the Environmental Impact Report (EIR) for the proposed project, because the 1925 MAB at 835 Jackson Street, proposed to be demolished, is considered a historic resource under CEQA. The proposed project would also require approval by the Department of Building Inspection (DBI) for demolition and site permits, and approval by the Bureau of Streets and Mapping of DPW for street and sidewalk permits.

ENVIRONMENTAL REVIEW TOPICS

On the basis of the Initial Study prepared for the proposed project, environmental topics for which there are effects that have been determined to be potentially significant include: Land Use and Land Use Planning (Conflicts with Applicable Plans and Policies); Aesthetics; Cultural and Paleontological Resources (Architectural Historic Resources); Transportation and Circulation; and Air Quality. These topics, along with Compatibility with Existing Zoning and Plans, will be evaluated in an EIR prepared for the proposed project. Impacts in other topical areas would be less than significant; some with the mitigation measures identified in the Initial Study, and these will not be evaluated in the EIR. These topics include:

Land Use and Land Use Planning (Community Division and Neighborhood Character); Population and Housing; Cultural and Paleontological Resources (Archeological and Paleontological Resources); Noise; Greenhouse Gas Emissions; Wind and Shadow; Recreation; Utilities and Service Systems; Public Services; Biological Resources; Geology and Soils; Hydrology and Water Quality; Hazards and Hazardous Materials; Minerals and Energy Resources; and Agricultural and Forest Resources. [The topic of Land Use and Land Use Planning (Community Division and Neighborhood Character) will be discussed in the EIR for informational purposes, even though this Initial Study determined that such effects resulting from the proposed project would be less than significant.]

The EIR will also evaluate alternatives to the proposed project, including the required No Project Alternative and a reasonable range of additional alternatives that would reduce or eliminate significant environmental impacts of the proposed project. The Initial Study prepared for the proposed project is available on line at http://www.sfgov.org/planning/mea. In addition, the Initial Study and all documents related to the proposed project are available for review at the San Francisco Planning Department's Major Environmental Analysis office, 1650 Mission Street, Suite 400.

FINDING

The proposed project may have a significant effect on the environment and an Environmental Impact Report is required. This determination is based upon the criteria of the State CEQA Guidelines, Sections 15063 (Initial Study), 15064 (Determining the Significance of Environmental Effects Caused by the Project), and 15065 (Mandatory Findings of Significance). The purpose of the Environmental Impact Report (EIR) is to provide information about potential significant physical environmental effects of the proposed project, to identify possible ways to minimize the significant effects, and to describe and analyze possible alternatives to the proposed project. Preparation of a Notice of Preparation (NOP) or EIR does not indicate a decision by the City to approve or to disapprove the project. However, prior to making any such decision, the decision makers must review and consider the information contained in the EIR.

PUBLIC SCOPING PROCESS

Written comments regarding the scope of the environmental analysis will be accepted until the close of the business day (5:00 p.m.) on **June 20, 2011**. Written comments should be sent to Bill Wycko, Environmental Review Officer, San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103.

If you work for an agency that is a Responsible or Trustee Agency, we need to know the views of your agency as to the scope and content of the environmental information that is relevant to your agency's statutory responsibilities in connection with the proposed project. Your agency may need to use the EIR when considering a permit or other approval for the project. We will also need the name of the contact person for your agency.

May 16, 2011
Date

Bill Wycko
Environmental Review Officer

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INITIAL STUDY
CHINESE HOSPITAL REPLACEMENT PROJECT
835-845 JACKSON STREET
PLANNING DEPARTMENT CASE NO. 2008.0762E

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ACRONYMS AND ABBREVIATIONS

ABAG	Association of Bay Area Governments
ADA	Americans With Disabilities Act
ADP	Average daily population
ADRP	archaeological data recovery plan
AMP	archaeological monitoring program
APN	Assessor's Parcel Number
ARB	California Air Resources Board
ARDTP	Archaeological Research Design and Treatment Plan
ATP	archaeological testing plan
BAAQMD	Bay Area Air Quality Management District
BART	Bay Area Rapid Transit District
BMPs	Best Management Practices
CAP	Bay Area 2010 Clean Air Plan
CA-SFR-	California-San Francisco-
CCHCA	Chinese Community Health Care Association
CCHP	Chinese Community Health Plan
CDC	Child Development Center
CDHS	California Department of Health Services
CDMG	California Division of Mines and Geology
CEQA	California Environmental Quality Act
CGS	California Geological Survey
CH_4	methane
CNEL	Community Noise Equivalent Level
CO_2	carbon dioxide
CO_2e	carbon dioxide -equivalent
CRHR	California Register of Historical Resources
CRNC	Chinatown Residential Neighborhood Commercial (Zoning District)
CSO	combined sewer overflow
CT	Computed Axial Tomography scan
CU	Conditional Use
CVR	Chinatown Visitor Retail (Zoning District)
dB	decibel (s)
dBA	A-weighted decibels
dB/DD	decibels per doubling of distance (attenuation)
DBI	San Francisco Department of Building Inspection
DNL	Day/Night Average Sound Level
DPW	San Francisco Department of Public Works
ECP	Environmental Contingency Plan
EIR	Environmental Impact Report
ERO	Environmental Review Officer
E.S.	Elementary School
ESA	Environmental Site Assessment
FAR	floor area ratio
FARR	Final Archaeological Resources Report
FEMA	Federal Emergency Management Agency
FIRM	Flood Insurance Rate Maps
GHGs	greenhouse gases
ged	gallons per employee per day

gsf	gross square feet
HEPA	High Efficiency Particulate Air Filter
HMUPA	Hazardous Materials Unified Program Agency
HVAC	heating, ventilation, and air conditioning
I-80	Interstate 80
I-280	Interstate 280
IMP	Institutional Master Plan
ISCOTT	Interdepartmental Staff Committee on Traffic and Transportation
kW	kilowatt
L_{dn}	day-night average noise level
L_{eq}	Equivalent noise level
L_{max}	maximum instantaneous noise level
LOS	Level of Service
MAB	Medical Administration Building
MAOC	Medical Administration and Outpatient Center
MEP	Mechanical Electrical and Plumbing
mgd	million gallons per day
MLD	Most Likely Descendant
MLP	maximum load point
MMT	million metric tons
$MMTCO_2$-e	million metric tons of CO_2E
MPO	Metropolitan Planning Organizations
MRI	magnetic resonance imaging
MRZ-4	Mineral Resource Zone 4
Muni	San Francisco Municipal Railway
MW	megawatts
NAHC	Native American Heritage Commission
NEPA	National Environmental Policy Act
NFIP	National Flood Insurance Program
N_2O	nitrous oxide
NPDES	National Pollutant Discharge Elimination System
NWIC	Northwest Information Center
OPR	(State) Office of Planning and Research
OSHA	Occupational Safety and Health Administration
OSHPD	Office of Statewide Health Planning and Development
PCBs	polychlorinated biphenyls
PG&E	Pacific Gas and Electric Company
PMP	Pedestrian Transportation Master Plan
PRMMP	Paleontological Resources Monitoring and Mitigation Program
PSHA	Probabilistic Seismic Hazards Assessment
RPD	San Francisco Recreation and Park Department
RTP	Regional Transportation Plan
RWQCB	Regional Water Quality Control Board
SB	Senate Bill
SDG	Stormwater Design Guidelines
SFBAAB	San Francisco Bay Area Air Basin
SFCTA	San Francisco County Transportation Authority
SFDPH	San Francisco Department of Public Health
SFFD	San Francisco Fire Department
SFHA	special flood hazard area

SFMTA	San Francisco Municipal Transportation Agency
SFPD	San Francisco Police Department
SFPUC	San Francisco Public Utilities Commission
SFUSD	San Francisco Unified School District
SMO	Stormwater Management Ordinance
SMP	Streetscape Master Plan
SPC-3	Structural Performance Category 3
sq. ft.	square feet
SSMP	Sewer System Master Plan
SUD	Special Use District
SVP	Society for Vertebrate Paleontology
SWPPP	Stormwater Pollution Prevention Plan
TEP	San Francisco's *Transit Effectiveness Project*
U.S. 101	U.S. Highway 101
UST	underground storage tank
UWMP	*2005 Urban Water Management Plan for the City and County of San Francisco*
WSIP	Water System Improvement Program

GLOSSARY

Term	Definition
acute care	Treatment necessary for only a short period of time, when a patient is treated for a brief but severe episode of illness. Many hospitals are acute-care facilities. The term is also associated with care rendered in an emergency department or other short-term stay facility.
Administration	Hospital administration and nursing administration office space within a hospital building or outpatient care center building.
ambulatory care	Health care services provided to patients on an outpatient basis (e.g., practitioner consultations, counseling, care for patients staying less than 24 hours), rather than by admission to a hospital or other health care facility. The services may be in a hospital, augmenting inpatient services, or may be provided at a separate facility.
capitated	A healthcare system in which a medical provider is given a set fee per patient regardless of treatment required.
CT scan	The use of computerized axial tomography to examine body organs by scanning them with X-rays and using a computer to construct a series of cross-sectional scans along a single axis.
clinic	Usually an outpatient department of a hospital where patients are treated.
diagnostic and treatment	Diagnostic and treatment (D&T) space, in either inpatient and ambulatory care settings, and ancillary to medical office care, including within procedure rooms and associated spaces. Emergency Department space is not included in D&T space. D&T services include surgery; imaging, including radiology and MRI; gastrointestinal/endoscopy; cardiac catheterization; cardio-diagnostics; neuro-diagnostics; pulmonary function testing; rehabilitation/physical therapy/occupational therapy/speech therapy; nuclear medicine; dialysis.
infusion clinic	Outpatient service typically providing chemotherapy, hydration/IV fluids, infusion of blood/blood products, medication infusions, and medication injections.
inpatient care	Women's and children's and adult acute-care space, including beds, nursing stations, family rooms, and other associated spaces. Involves care of patients staying longer than 24 hours.
Intensive care unit (ICU)	Facility within a hospital where inpatients are more closely monitored and which has a higher ratio of nurses to patients.
Loading	Space for delivery of materials, trash and recycling pickup, etc.
mechanical and electrical	Dedicated floors or significant space on a floor of a building for distribution of mechanical, electrical, and other building services.
Magnetic Resonance Imaging (MRI)	Magnetic Resonance Imaging uses magnetic to examine internal organs and structure of the body.
main project site	The main project site is at 835-845 Jackson Street and is the location of the majority of construction work.
Medicare	A Federal insurance program covering hospitals, skilled nursing, and physician-related costs incurred by 1) most citizens over 65 years old, 2) the physically disabled for two years or longer and 3) certain citizens needing treatment for end of stage renal disease.

Term	Definition
Medi-Cal	Medi-Cal is California's Medicaid program. It is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.
medical office space	Practitioners' offices and associated spaces within a medical office building (MOB).
offices	Office space within buildings other than hospital buildings, ambulatory care center buildings, or medical office buildings.
outpatient	A person who visits a clinic, emergency room, or similar facility attached to or affiliated with a healthcare institution and receives health care without being admitted to that facility.
parking	Includes parking areas, ramps, access, and other associated spaces.
peripheral project sites	The commercial building at 827 Pacific Avenue and the Powell Street Parking Garage at 1140 Powell Street.
primary care	Care that provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
Same Day Surgery Unit	A unit in a hospital wherein surgery is performed on patients who do not require admission to the hospital.
secondary care	Care provided by medical specialists who generally do not have first contact with patients (e.g., cardiologists, urologists, dermatologists).
Skilled Nursing Facility	Skilled nursing care is available 24 hours a day for non-acute-care patients and includes rehabilitation and various medical and nursing procedures conducted under the supervision of a physician.
support	Space for uses such as the pharmacy, pathology, laboratory, food service, materials management, and chapels.
urgent	Immediate but not emergency
urgent care center	A hospital or free-standing facility that provides healthcare services to patients in need of immediate care, but not requiring services of an emergency room.

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INITIAL STUDY
CHINESE HOSPITAL REPLACEMENT PROJECT
835-845 JACKSON STREET
PLANNING DEPARTMENT CASE NO. 2008.0762E

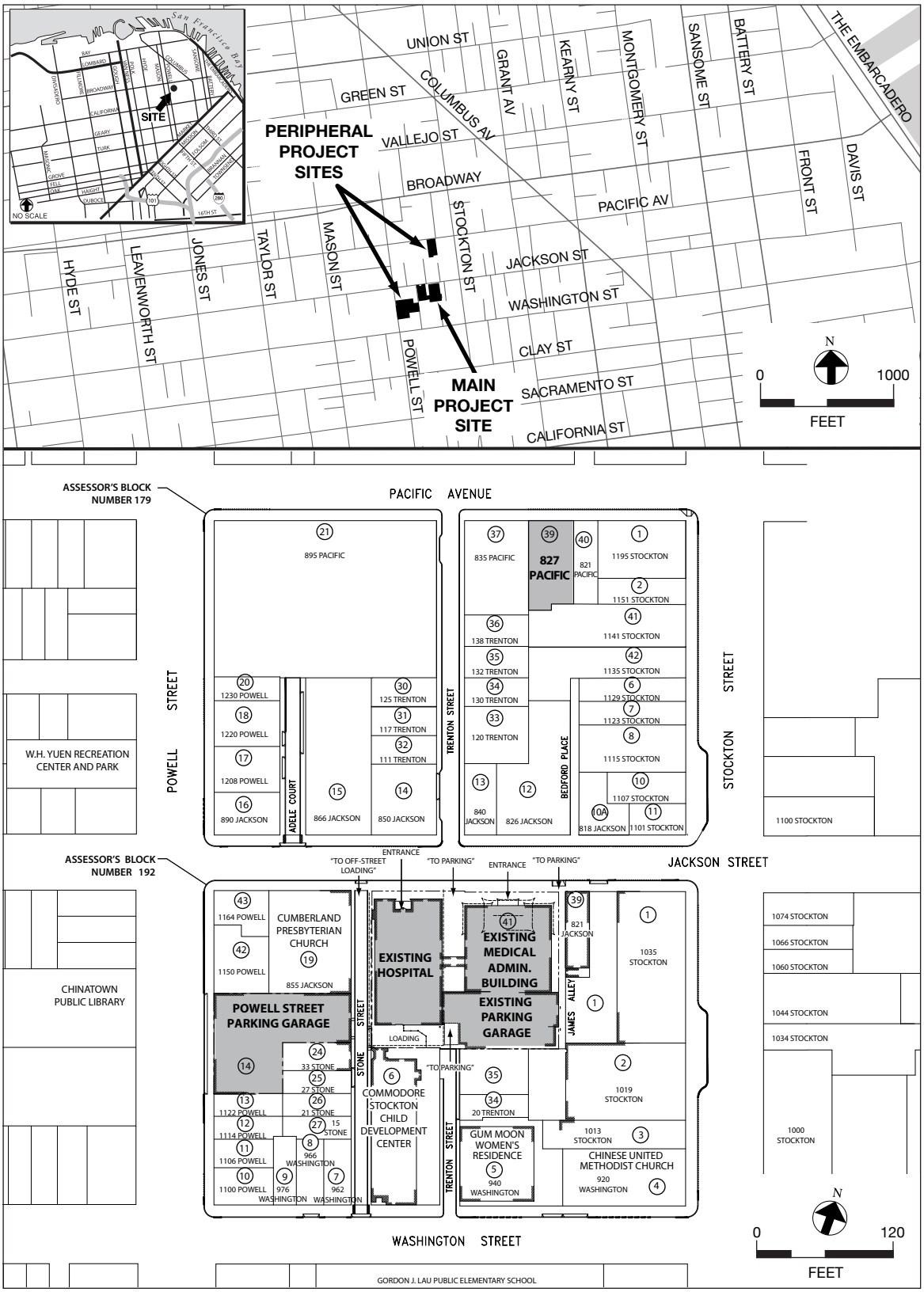
A. PROJECT DESCRIPTION

Project Overview

Chinese Hospital, located in San Francisco's Chinatown neighborhood at Jackson Street between Stockton and Powell Streets, consists of the existing approximately 43,368-gross-square-foot (gsf) Chinese Hospital at 845 Jackson Street, the approximately 29,793-gsf Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital, built in 1925), and the approximately 15,000-gsf Chinese Hospital Parking Garage, located directly behind the MAB. These three buildings constitute the main project site. It is an approximately 22,516-square-foot (sq. ft.) lot identified as Assessor's Parcel Number (APN) 192, Lot 41 (see Figure 1: Project Location).

The Chinese Hospital Association (the project sponsor) proposes to demolish the MAB and the 41-space Chinese Hospital Parking Garage and construct a Replacement Hospital building in their place on the main project site. The Replacement Hospital would be an acute-care hospital with a new skilled nursing facility, integrated into one structure, with 54 acute-care beds and 22 skilled nursing beds. It would be approximately 101,545 gsf, with seven stories and a basement. The Replacement Hospital building would be approximately 90.5 feet tall as measured from the center of the Jackson Street building frontage, excluding a mechanical penthouse that rises about 30 feet from the top of the roof. The existing Chinese Hospital building has 54 acute-care beds and is approximately 81.5 feet tall with a 14-foot-tall mechanical penthouse above the roof. It would remain in operation until the proposed Replacement Hospital is fully functional. It would then be renovated to serve as Chinese Hospital's proposed Medical Administration and Outpatient Center (MAOC). Interior circulation between the new Replacement Hospital building and the renovated MAOC would be provided.

The project sponsor would also lease and renovate the interiors of two buildings on peripheral project sites in the immediate vicinity of the main project site. At 827 Pacific Avenue (APN 179, Lot 39), an approximately 8,680-gsf commercial building on a 2,979-sq.-ft. lot between Stockton and Powell Streets, one block north of the main project site, Chinese Hospital would lease 5,054 gsf on a long-term basis for a new outpatient Radiology Center. On a temporary basis, prior to the renovation of the existing Chinese Hospital building in 2015, Chinese Hospital would also lease about 3,626 gsf at the 827 Pacific Avenue peripheral project site for some administrative uses and an infusion clinic displaced by demolition of the MAB.



SOURCE: Turnstone Consulting, KCA Engineers

Ⓧ Lot Number

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE 1: PROJECT LOCATION

Chinese Hospital would lease the Powell Street Parking Garage, at 1140 Powell Street (APN 192, Lot 14), on a long-term basis to replace the 41 off-street parking spaces for physicians, employees, patients, and visitors displaced by demolition of the existing Chinese Hospital Parking Garage, as well as to provide an additional 15 independently accessible off-street parking spaces for the same users, for a total of 56 off-street parking spaces in the renovated Powell Street Parking Garage. The renovated Powell Street Parking Garage would also provide space for hospital storage and engineering shops. The Powell Street Parking Garage is an approximately 23,490-gsf building on a 7,827-sq.-ft. lot, between Washington and Jackson Streets, on the main project block to the west of the main project site. Long-term lease space at these peripheral project sites is necessary to accommodate the outpatient radiology service and off-street parking, engineering shop space, and hospital storage needs of Chinese Hospital.

Lastly, the project sponsor seeks the creation of a Special Use District (SUD) on APN 192, Lot 41 (835-845 Jackson Street) and APN 179, Lot 39 (827 Pacific Avenue) to support the development of the proposed new medical uses in the Chinatown Residential and Neighborhood Commercial (CRNC) Zoning District. APN 192, Lot 14 (Powell Street Parking Garage) is not part of the proposed SUD.

Background and Existing Chinese Hospital Service Area

Chinese Hospital is owned and operated by the Chinese Hospital Association, a community-owned, not-for-profit organization. Community access to healthcare is a key component of Chinese Hospital's organizational mission. According to Chinese Hospital's mission statement, Chinese Hospital is committed to improving community access to a high-quality, culturally sensitive, and affordable healthcare delivery system and is dedicated to improving community health by promoting preventive practices and wellness and by providing and coordinating appropriate healthcare services.

Chinese Hospital is open to all residents of the greater Bay Area. More than 95 percent of its patients are residents of San Francisco. Historically, Chinese Hospital's primary service area has been the Chinatown, North Beach, and Nob Hill neighborhoods. According to Chinese Hospital, between 2006 and 2008, an average of 40 to 45 percent of its acute-care patients came from zip codes that encompass the Chinatown, North Beach, and Nob Hill neighborhoods.[1] Chinese Hospital also serves a large Asian and Pacific Islander population from throughout San Francisco County[2] (almost 98 percent of its acute-care patients). In addition, about 89 percent of Chinese

[1] Chinese Hospital Association, *Chinese Hospital Institutional Master Plan* (September 30, 2010), Chinese Hospital Acute-Care Patient Discharge Data, 2006-2008, p. 11 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html).

[2] Chinese Hospital Association, *Chinese Hospital Institutional Master Plan* (September 30, 2010), Chinese Hospital Acute-Care Patient Discharge Data, 2009, p. 9 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html).

Hospital's acute-care patients are 60 years of age or older.[3] Chinese Hospital inpatient visits increased by over 30 percent between 2000 and 2008 (from 1,865 inpatient discharges to 2,440 inpatient discharges), and outpatient visits increased by about 42 percent during this period (from 52,110 outpatient visits to 68,650 outpatient visits).[4] Chinese Hospital also experienced an approximately 32 percent increase in urgent care center visits, from about 4,750 in 2000 to 6,250 in 2008.[5]

In the mid-1980s, the Chinese Hospital Association, through a collaborative program with Blue Shield of California and its partner physician organization, Chinese Community Health Care Association (CCHCA), created the Chinese Community Health Plan (CCHP), a managed care health insurance plan, to improve community access to healthcare services. The CCHCA operates as a not-for-profit Independent Practice Association with over 180 physician providers. In 1987, when Chinese Hospital received its own Knox-Keen license[6] from the State of California, ownership of the CCHP was transferred from Blue Shield of California to Chinese Hospital. This health plan offers a capitated[7] commercial (non-senior) health insurance plan for over 6,000 individuals and employer groups. Many of the employer group members are small Asian businesses located in San Francisco. The CCHP also serves over 7,500 seniors in the community with Medicare and Medi-Cal coverage.

In addition, Chinese Hospital and CCHCA serve over 18,000 Medicare, Medi-Cal and commercial enrollees under capitated contracts with several other managed care insurance plans such as the San Francisco Health Plan. More than 10,000 of the 18,000 Medicare, Medi-Cal and commercial capitated enrollees who receive healthcare services at Chinese Hospital or one of its clinics are covered under the San Francisco Health Plan, which makes affordable health coverage available to low- and moderate-income San Francisco families. In total, Chinese Hospital, through the CCHP and its participation in Medicare, Medi-Cal, the San Francisco Health Plan, and other managed-care insurance plans, operates a healthcare delivery system with over 31,000 enrollees in San Francisco.

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[3] Chinese Hospital Association, *Chinese Hospital Institutional Master Plan* (September 30, 2010), Chinese Hospital Patient Discharge Data, 2009, p. 9 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html).

[4] Chinese Hospital Association, *Chinese Hospital Institutional Master Plan* (September 30, 2010), Chinese Hospital Utilization Report, 2000-2008, p. 18 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html).

[5] *Ibid*, p. 18.

[6] A Knox-Keene license is granted by the California Department of Managed Health Care to health care service plans or specialized health care service plans and ensures that licensed organizations meet certain minimum standards in order to have the right to conduct business in California.

[7] A healthcare system in which a medical provider is given a set fee per patient regardless of treatment required.

Existing Chinese Hospital Facilities (Main Project Site)

Chinese Hospital currently provides primary and secondary inpatient care and outpatient services from the existing Chinese Hospital building at 845 Jackson Street and the MAB at 835 Jackson Street.[8] The existing 43,368-gsf Chinese Hospital building, constructed in 1979, is approximately 81.5 feet tall (excluding a screened 14-foot-tall mechanical penthouse on the roof) and has five stories plus a basement level. The basement extends under the Jackson Street sidewalk and, due to the east-west slope, is approximately 10 feet below grade at the northeastern edge of the property and approximately 15 feet below grade at the northwestern edge of the property. The hospital building is rated as a Structural Performance Category-3 (SPC-3) building by the Office of Statewide Health Planning and Development (OSHPD) in accordance with the requirements of the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (Alquist Act). This rating indicates that the existing Chinese Hospital building may not be repairable and/or may not be functional as a hospital after an earthquake with strong ground motion. It is categorized by OSHPD, for purposes of occupancy, as an "I" or "Institutional" building.

Chinese Hospital has 54 active acute-care beds, 2 surgical suites, an intensive care unit, a 24-hour treatment center, and a same-day surgery unit with endoscopy. Diagnostic and therapeutic services include a laboratory (clinical and anatomical pathology), an imaging services department (radiology, nuclear medicine, computed axial tomography [CT] scan, ultrasound, mammography, and dexa/bone scan), a cardiopulmonary unit (cardiology, pulmonary function, respiratory therapy, and neurology), and a pharmacy. The acute-care beds are configured as 10 single-bed private patient rooms, 8 two-bed rooms, 8 three-bed rooms, and 1 four-bed room.

The MAB occupies the original Chinese Hospital building, constructed in 1925. The approximately 29,793-gsf building is approximately 78 feet tall (excluding a 14-foot-tall mechanical penthouse on the roof) and has five stories plus a basement. Due to the east-west slope, the basement is approximately 2 feet below grade at the northeastern edge of the property and approximately 10 feet below grade at the northwestern edge of the property. The MAB provides space for hospital administration and community service program offices; outpatient services such as radiology, infusion, and clinical services[9]; medical records; engineering; materials handling; building support; and storage. The MAB has an approximately 700-sq.-ft. outdoor seating area at the Jackson Street frontage, near the primary entrance.

[8] Primary care is a patient's first point of entry into the healthcare system. Secondary care is provided by medical specialists, usually by referral from a primary care doctor, and can include cardiology, urology, or dermatology services.

[9] Outpatient services are also provided at Chinese Hospital and at its three community clinics: Sunset Health Services, in the Sunset District; Excelsior Health Services, in the Excelsior District; and Daly City Health Services, off Skyline Boulevard in Daly City.

The MAB has not undergone significant structural alterations since its construction in 1925 and has been noted as an architecturally significant building on Map 2: Architectural Ratings of Structures, of the Chinatown Area Plan of the *San Francisco General Plan*. This building is not located within the National Register-eligible Chinatown Historic District.

The Chinese Hospital Parking Garage, built in 1992, is located directly behind the MAB. The approximately 15,000-gsf building has three above-ground levels and is approximately 24 feet tall. The garage is accessed by a 20-foot-wide driveway between the MAB and existing Chinese Hospital building, via James Alley and via Washington and Trenton Streets. It has 41 parking stalls, or space for 78 valet-parked vehicles. Pedestrian access to the MAB is provided at each of the parking garage levels.

Existing Commercial Buildings to Be Leased (Peripheral Project Sites)

Chinese Hospital plans to lease the 8,680-gsf, two-story-plus-basement commercial building at 827 Pacific Avenue between Stockton and Trenton Streets. This building was constructed in 1926 and is approximately 24 feet tall. It is currently used as a furniture store, with a showroom at the basement level, a receiving area at the ground floor, and storage/inventory space at the second level.

Chinese Hospital also plans to lease the 23,490-gsf Powell Street Parking Garage at 1140 Powell Street between Washington and Jackson Streets. This building was constructed in 1926 and is approximately 38 feet tall. The garage has approximately 52 short- and long-term parking spaces on the basement and second levels, and an automotive repair center on the ground level. An approximately 88-foot-wide driveway provides separate access to the basement, ground, and top levels of the parking garage.

The Powell Street Parking Garage has been noted as a compatible structure on Map 2: Architectural Ratings of Structures; the commercial building at 827 Pacific Avenue is not rated. Neither building is located within the National Register-eligible Chinatown Historic District.

Site Location and Existing Characteristics

The main project site is a 22,516-sq.-ft. lot on APN 192, Lot 41 (835-845 Jackson Street) in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District in the Chinatown neighborhood (see Figure 1 on p. 2). Assessor's Block 192 is bounded on the west by Powell Street, on the south by Washington Street, on the east by Stockton Street, and on the north by Jackson Street. The interior of the main project site block includes several alleyways that run north-south: Stone Street, James Alley, and the southern segment of Trenton Street. The main project site at 835-845 Jackson Street is located on the south side of Jackson Street between Stone Street (on the west) and James Alley (on the east) and is in close proximity to the intersections of Jackson Street and Powell Street to the west and Jackson Street and Stockton Street to the east.

The main project site has three structures: the existing Chinese Hospital at 845 Jackson Street; the MAB at 835 Jackson Street (the original Chinese Hospital); and the Chinese Hospital Parking Garage.

The main project site at 835-845 Jackson Street is almost completely covered with impervious surfaces (buildings and paving). The Chinatown area is located in a combined stormwater-sewer area of the City. The main project site slopes up from east to west, with approximately 16 feet of difference in grade across the site. The north-south grade along Stone Street and James Alley is relatively level. The MAB has a street frontage along Jackson Street of approximately 76 feet, while the existing Chinese Hospital building has an approximately 60-foot-wide street frontage. A 20-foot-wide north-south driveway between the MAB and Chinese Hospital extends from Jackson Street to the Chinese Hospital Parking Garage and provides access to the main level of the garage for public, staff, and hospital vehicles, including emergency vehicles such as ambulances. James Alley provides public and staff vehicle access to the lower level of the parking garage, and the top level of the parking garage is accessed via Washington and Trenton Streets. There are no other driveways on the main project site. North of the main project site, Trenton Street bisects the city block bounded on the north by Pacific Avenue, on the east by Stockton Street, on the south by Jackson Street, and on the west by Powell Street.

Primary pedestrian access to the MAB and Chinese Hospital is from Jackson Street. A second-story pedestrian bridge over the Chinese Hospital Parking Garage driveway connects the two buildings. On-street loading is currently provided at the two white zones along the main project site frontage on Jackson Street, a 60-foot-long white zone in front of the MAB and a 58-foot-long white zone in front of Chinese Hospital.[10] Off-street loading for trash, recycling, and medical waste pickup, and for liquefied/compressed gas tank service is currently provided at the southwest corner of Chinese Hospital via Stone Street.[11] Ambulances use the white zones and the off-street space.

The two peripheral project sites are in the immediate vicinity of the main project site. The 827 Pacific Avenue peripheral project site (APN 179/39), to the north, is between Stockton and Trenton Streets. Similar to the main project site, the 827 Pacific Avenue peripheral project site slopes up from east to west, and the building has an approximately 40-foot-wide street frontage. The sidewalk in front of the 827 Pacific Avenue site is 10 feet wide. On the south side of Pacific Avenue, near the building, there are six yellow truck loading spaces (two directly in front of the building), two regular metered parking spaces, and one white passenger loading zone between

[10] White zones are for passenger loading and unloading with a time limit of 5 minutes. Drivers must remain with the vehicle at all times with limited exceptions at preschools and hospitals. White zones are not intended for private parking and must be renewed every 2 years.

[11] Medical gases used in anesthesia and intensive care include oxygen, nitrous oxide, medical air, and carbon dioxide.

Stockton and Trenton Streets. The Powell Street Parking Garage at 1140 Powell Street (APN 192/14), to the west of the main project site, fronts Powell Street between Washington and Jackson Streets. The site slopes up from north to south, and the building has an approximately 88-foot-wide street frontage. The sidewalk in front of the garage is 10 feet wide. On the east side of Powell Street, near the Powell Street Parking Garage, there is one yellow loading space and two regular metered parking spaces. Powell Street includes center-running tracks for San Francisco Municipal Railway's (Muni) Powell-Mason and Powell-Hyde Cable Car lines.

The main and peripheral project sites are served by local and regional public transit systems. Muni bus lines with stops near the main and peripheral project sites are the 1-California (on Sacramento and Clay Streets); the 10-Townsend (on Pacific Avenue and Stockton Street); the 12-Folsom (on Pacific Avenue and Stockton Street); and the 30-Stockton, 45-Stockton/Union, and 8X-, 8AX-, and 8BX-Bayshore Express lines (on Stockton Street between Washington and Jackson Streets). The Powell-Hyde and Powell-Mason cable car lines also have stops nearby on Powell Street (between Washington and Jackson Streets). Bay Area Rapid Transit District (BART) riders at the Montgomery Street and Powell Street stations, located approximately 1 mile south of the main and peripheral project sites, can take the 30-Stockton, 45-Stockton/Union, and 8X-, 8AX- and 8BX-Bayshore Express bus lines, as well as the Powell-Hyde and Powell-Mason cable car lines, to reach the main and peripheral project sites. Caltrain riders at the Caltrain Station, at Fourth and King Streets, located approximately 2 miles south of Chinese Hospital, can take the 10-Townsend, 30-Stockton, and 45-Stockton/Union bus lines to reach the main and peripheral project sites.

Proposed Project

The Chinese Hospital Association proposes to demolish the MAB (built in 1925) and the Chinese Hospital Parking Garage (built in 1992) on the eastern portion of the main project site and, in their place, construct a 101,545-gsf Replacement Hospital and a new 22-bed skilled nursing facility, integrated into one structure. The proposed Replacement Hospital building would be designed and constructed to fully comply with the requirements of SB 1953 for seismic safety of acute-care facilities. The existing Chinese Hospital (built in 1979), on the western portion of the main project site, would continue to operate while the Replacement Hospital building is under construction. Once the Replacement Hospital building is fully operational, the existing hospital building would be renovated to serve as the Medical Administration and Outpatient Center (MAOC). The project sponsor is proposing these changes to respond to the anticipated healthcare needs of the community; the demands of physicians and patients for higher quality medical facilities and services; the advancements in healthcare services, equipment, and technology; the healthcare industry's adoption of improved or remodeled physical facilities to implement "best" healthcare practices for patient care and safety; and the state-mandated seismic safety

requirements under SB 1953.[12] The project sponsor would also lease and renovate space at the peripheral project sites at 827 Pacific Avenue and at the Powell Street Parking Garage; both are located within a block of the main project site, to the north and west respectively.

The Chinese Hospital Association expects that the proposed increase in available hospital and hospital-related facility space on the main project site, which would almost double (from 73,161 gsf to 144,913 gsf), plus the proposed 5,054 gsf Radiology Center at 827 Pacific Avenue, would be sufficient to accommodate the space demands for patient care and new healthcare technology, as well as the expected increase in Chinese Hospital employment. By 2030, Chinese Hospital expects that its number of employees will increase by approximately 50 percent (from approximately 313 employees to 464 employees).

In order to keep Chinese Hospital operational during construction, the proposed project would be completed in two development phases over a four-year period between spring 2012 and winter 2015. Phase 1 would take approximately three years to complete and would include:

- improvements to the 827 Pacific Avenue building and the Powell Street Parking Garage,
- demolition of the MAB and Chinese Hospital Parking Garage, and
- the construction of the Replacement Hospital building.

Phase 2 would take approximately one year to complete and would include:

- the conversion/remodeling of the existing Chinese Hospital building to serve as the renovated MAOC.

Improvements to the 827 Pacific Avenue building and the Powell Street Parking Garage at the peripheral project sites would be completed before the MAB and the Chinese Hospital Parking Garage are demolished. Some of the existing administrative uses and outpatient services in the MAB would be permanently relocated to the peripheral project sites and to the existing Chinese Hospital building, which would be renovated and reused as the Medical Administration and Outpatient Center (MAOC). Permanent relocation of outpatient services, off-street parking, hospital storage, and engineering shops from the MAB and Chinese Hospital Parking Garage to the peripheral project sites at the 827 Pacific Avenue building and the Powell Street Parking Garage, would be as follows:

[12] In 1994, the California State Legislature enacted SB 1953, which amended the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (Alquist Act). Subsequent legislation further amended the Alquist Act and provided a series of extensions to the compliance deadline established by SB 1953 - January 1, 2008. If the Office of Statewide Health Planning and Development (OSHPD) grants the maximum number of extensions, the deadline for compliance would be January 1, 2013. SB 1661 enables OSHPD to grant an extension of up to two years past the January 1, 2013 deadline up to January 1, 2015, if the hospital meets the prescribed requirements.

- Approximately 5,054 gsf of space at the basement and ground floor levels of the 827 Pacific Avenue building would become a new outpatient Radiology Center and would accommodate the displaced radiology services from the MAB, and
- Approximately 56 off-street parking spaces (41 replacement and 15 additional parking spaces) and up to 18 bicycle parking spaces on 15,660 gsf of ground and second level space at the Powell Street Parking Garage would accommodate off-street parking spaces and circulation lost with the demolition of the Chinese Hospital Parking Garage, and approximately 7,830 gsf of space at the basement level would accommodate the approximately 4,500 sq. ft. of hospital storage and engineering shop space displaced as a result of the demolition of the MAB, as well as providing additional space for these uses.

Other uses, listed below, would be temporarily relocated to 827 Pacific Avenue (a peripheral project site) and other commercial buildings during construction, and then relocated on a permanent basis to the renovated MAOC after renovation of the existing Chinese Hospital building is completed:

- Approximately 7,500 sq. ft. of healthcare-related administrative services would be temporarily moved to existing office space in Chinatown or the Financial District; and
- Approximately 3,626 sq. ft. of outpatient services (infusion clinic and support space), and administrative uses would be temporarily relocated to the peripheral project site at 827 Pacific Avenue.

After the temporary administrative and outpatient services uses located at the at the second level and a portion of the ground level of the 827 Pacific Avenue building move to the renovated MAOC on the main project site in 2015, the approximately 3,626 gsf of space would be available for lease to future tenants. The project sponsor currently has no definitive plans to lease this space after project completion.

Specific features of the proposed project are discussed below.

Proposed Amendment to Zoning Controls

Development of the proposed project would not be in conformance with certain zoning controls applicable to the main project site at 835-845 Jackson Street, such as the maximum height and bulk limits (Planning Code Sections 254 and 270), use size limits (Planning Code Section 121.4), open space requirements (Planning Code Section 135.1) for sites in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District, and limits on hours of operation (Planning Code Section 890.48). As part of the proposed project, the project sponsor plans to introduce legislative amendments to change certain zoning controls applicable to the proposed project as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code and establish a Chinese Hospital Special Use District (SUD) for the main project site at 835-845 Jackson Street and the peripheral project site at 827 Pacific Avenue.

The SUD would, among other things, include amendments to the *Chinatown Area Plan* Generalized Height Plan (Map 1) and Land Use and Density Plan (Map 3), and to the Planning Code Height and Bulk Maps (Map HT01) and Special Use District Map (Map SU01) to provide an overlay for the main project site on APN 192/41 and the peripheral project site (827 Pacific Avenue) on APN 179/39. At the main project site, the SUD would change the height and bulk controls from 65-N to 95-D, the allowable gross floor area for hospitals and medical centers from 4.8:1 to 6.6:1, and would exempt the main project site from the on-site open space code requirements.[13] At the peripheral project site (827 Pacific Avenue) the SUD overlay would amend Planning Code Table 812 –Chinatown Residential Neighborhood Commercial District Zoning Control Table (812.8) to allow medical center uses to be principally permitted uses at every building floor in the CRNC Zoning District, as opposed to permitted with a conditional use authorization (CU) under current conditions. The Powell Street Parking Garage site is not included as part of the SUD overlay.

Proposed Project Characteristics

The layout of the proposed development on the main and peripheral project sites is shown on Figure 2: Proposed Site Plan. The characteristics of the proposed development are summarized in Table 1: Summary of Existing and Proposed Project Building Characteristics, Main Project Site; Table 2: Summary of Existing and Proposed Project Building Characteristics, Peripheral Project Sites; Table 3: Summary of Total Existing and Proposed Uses on Main Project Site, by Building; and Table 4: Proposed Replacement Hospital Services by Floor.

Replacement Hospital Building

The proposed 101,545-gsf Replacement Hospital building would have 54 acute-care beds, the same number of beds as the existing Chinese Hospital building, and the new skilled nursing facility would have 22 beds. The Replacement Hospital building would provide patient rooms per OSHPD space requirements such as nurse-to-patient ratios. The two-, three- and four-bed patient rooms in the existing Chinese Hospital building would be replaced with primarily single-bed patient rooms on the third, fourth, and sixth floors of the proposed Replacement Hospital building. The skilled nursing facility would be located on the second floor and would have 8 two-bed and 6 one-bed patient rooms. The fifth floor would include three operating rooms with additional space for a fourth operating room, and the sixth floor would contain 6 intensive-care beds as well as 12 acute-care beds.

[13] The project sponsor would seek the establishment of an SUD overlay even though an approximately 890-sq.ft. on-site landscaped seating area at the Jackson Street frontage and a 1,715-sq.-ft. landscaped seating area on James Alley would be developed to meet open space requirements. Chinese Hospital owns the western portion of James Alley, an approximately 860-sq.-ft. area, and would require the vacation of the eastern portion of James Alley to develop the 1,715-sq.-ft. landscaped seating area.

SOURCE: Turnstone Consulting, KCA Engineers

PROPOSED CHINESE HOSPITAL SPECIAL USE DISTRICT

MAIN PROJECT SITE AND PERIPHERAL SITES

(X) LOT NUMBER

30 0 15 30 60 120
(IN FEET)

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE 2: PROPOSED SITE PLAN

Table 1: Summary of Existing and Proposed Building Characteristics, Main Project Site

Characteristic	Demolished		Reused		New
	MAB (835 Jackson Street)	Chinese Hospital Parking Garage	Existing Chinese Hospital (845 Jackson Street)	Renovated as New MAOC[a]	Replacement Hospital[b]
Building Floor Area (gsf)	29,793	15,000	43,368	Same	101,545
Height (ft.)	78′ (14′ mech.)	24′	81′ 6″ (14′ mech.)	Same	90′ 6″ (30′ mech.)
No. of Stories	5 + 1 below grade	3	5 + 1 below grade	Same	7 + 1 below grade
No. of Beds:					
Acute Care	0	NA	54	0	54
Skilled Nursing	NA	NA	0	0	22
No. of Parking Spaces	NA	41	NA	See Note c	See Note c

Notes:
NA – Not Applicable
[a] In Phase 2 of the proposed project, the existing Chinese Hospital building would be renovated and reused as a Medical Administration and Outpatient Center (MAOC). The overall dimensions of the building would not change, but the building's interior would be reconfigured.
[b] The Replacement Hospital would be constructed on the 11,526-sq.-ft. portion of the main project site vacated by demolition of the MAB and Chinese Hospital Parking Garage.
[c] Parking for Chinese Hospital would be provided at the Powell Street Parking Garage, at 1140 Powell Street, a peripheral project site on the main project site block. The garage would be leased on a long-term basis and renovated to provide up to 18 bicycle spaces and 56 parking spaces.

Source: Chinese Hospital Association, April 2011.

Table 2: Summary of Existing and Proposed Building Characteristics, Peripheral Project Sites

Characteristic	827 Pacific Avenue		Powell Street Parking Garage	
	Existing	Proposed	Existing	Proposed[c]
Building Floor Area (gsf)	8,680[a]	Same[b]	23,490	Same
Chinese Hospital Radiology Center		5,054		
Chinese Hospital Temporary Leased Space		3,626		
Height (ft.)	24′	Same	38′	Same
No. of Stories	2 + 1 below grade	Same	2 + 1 below grade	Same
No. of Parking Spaces	NA	NA	52	56

Notes:
NA – Not Applicable
[a] 827 Pacific Avenue is currently occupied by a retail furniture store.
[b] The overall gsf of the 827 Pacific Avenue building would not increase with the proposed project. Chinese Hospital would lease and renovate this building. The full basement level and a portion of the ground level would be leased on a long-term basis for Chinese Hospital's Radiology Center. Prior to demolition on the main project site, Chinese Hospital would temporarily lease the remainder of the building for administrative and medical uses.
[c] The Powell Street Parking Garage would be leased on a long-term basis and renovated to provide off-street parking (15,660 gsf) for Chinese Hospital physicians, staff, patients, and visitors, as well as engineering shop space and material storage space (7,830 gsf).

Source: Chinese Hospital Association, April 2011.

Table 3: Summary of Total Existing and Proposed Uses on Main Project Site, by Building (GSF)

Use	Demolished		Reused		New
	MAB (835 Jackson Street)	**Chinese Hospital Parking Garage**	**Existing Chinese Hospital (845 Jackson Street)**	**Renovated as New MAOC**	**Replacement Hospital**
Inpatient [a]	0	NA	7,855	0	27,152
Diagnostic/Treatment [b]	2,085	NA	9,022	5,575	9,271
Ambulatory [c]	0	NA	775	1,188	6,679
Public/Admin [d]	7,369	NA	308	5,678	2,511
Hospital Support [e]	5,093	NA	6,664	9,404	6,786[e]
Building Support [f]	1,095	NA	2,008 [g]	4,062	4,409 [h]
Circulation [i]	14,151	NA	16,736	17,461	44,737
Parking	NA	15,000	NA	NA [j]	NA [j]
Total by Building	29,793	15,000	43,368 [k]	43,368 [k]	101,545 [l]
Total Main Project Site, Existing	**88,161** (MAB plus existing Chinese Hospital plus Chinese Hospital Parking Garage)				
Total Main Project Site, Proposed				**144,913** (MAOC plus Replacement Hospital)	

Notes:
NA – Not Applicable
[a] Inpatient includes Acute Care, ICU, and Skilled Nursing beds.
[b] Diagnostic and Treatment includes Radiology, Surgery, and Satellite Lab.
[c] Ambulatory includes Cardiopulmonary Unit, East West Medicine, Specialty Clinic, and Urgent Medical Services.
[d] Public / Admin includes Meeting and Conference Rooms, Meditation / Wellness, and Lobby, Reception, and Office.
[e] Hospital Support includes Central Sterile, Disaster Storage, Housekeeping, Information Technology, Materials Management, Gas (Oxygen, Nitrogen, Nitrous Oxide), and Pharmacy.
[f] Building Support includes Building Mechanical Electrical and Plumbing (MEP) Systems and Bathrooms.
[g] There are no elevator penthouses or enclosed rooms on the rooftop of the existing Chinese Hospital building.
[h] Includes the rooftop elevator control room and the elevator lobby (approximately 819 gsf). The rooftop mechanical room is not enclosed and is not included in the proposed Replacement Hospital building's total gsf.
[i] Circulation includes all corridors, elevators, and stairs. The electrical and air supply chases in the proposed Replacement Hospital building are included in the Circulation total.
[j] There would be no off-street parking at the main project site. Parking (approximately 15,660 gsf) would be leased at the existing Powell Street Parking Garage at 1140 Powell Street, a peripheral project site on the same block. It would have 56 parking spaces and up to 18 bicycle spaces.
[k] Of this amount, 838 gsf of floor area is not attributable to the calculation of the Floor Area Ratio (FAR). Thus, the total Gross Area of the Building for FAR calculation is 42,530 gsf.
[l] Of this amount, 1,855 gsf of floor area is not attributable to the calculation of the FAR. Thus, the total Gross Area of the Building for FAR calculation is 99,660 gsf.

Source: Chinese Hospital Association, April 2011

Table 4: Proposed Replacement Hospital Services by Floor (GSF)

Floor	Inpatient[a]	Diagnostic /Treatment[b]	Ambu-latory[c]	Public/ Admin[d]	Hospital Support[e]	Building Support[f]	Circu-lation[g]	Total
Basement	--	3,931	--	--	1,867	1,526	5,423	12,747
Ground	--	--	4,350	688	--	520	6,039	11,597
First	--	--	2,329	1,388	2,027	153	6,335	12,232
Second	6,398	--	--	--	550	186	5,738	12,872
Third	7,079	--	--	--	--	257	5,536	12,872
Fourth	6,996	--	--	186	--	357	5,333	12,872
Fifth	--	5,340	--	--	2,342	223	4,967	12,872
Sixth	6,679	--	--	249	--	368	5,366	12,662
Penthouse/Roof	--	--	--	--	--	819	--	819
Total	**27,152**	**9,271**	**6,679**	**2,511**	**6,786**	**4,409**	**44,737**	**101,545**[h]

Notes:

[a] Inpatient includes Acute Care, ICU, and Skilled Nursing.

[b] Diagnostic and Treatment includes Radiology, Surgery, and Satellite Lab.

[c] Ambulatory includes Cardiopulmonary Unit, East West Medicine, Specialty Clinic, and Urgent Medical Service.

[d] Public / Admin includes Meeting and Conference Rooms, Meditation / Wellness, and Lobby, Reception, and Office.

[e] Hospital Support includes Central Sterile, Disaster Storage, Housekeeping, Information Technology, Materials Management, Gas (Oxygen, Nitrogen, Nitrous Oxide), and Pharmacy.

[f] Building Support includes Building MEP Systems and Bathrooms.

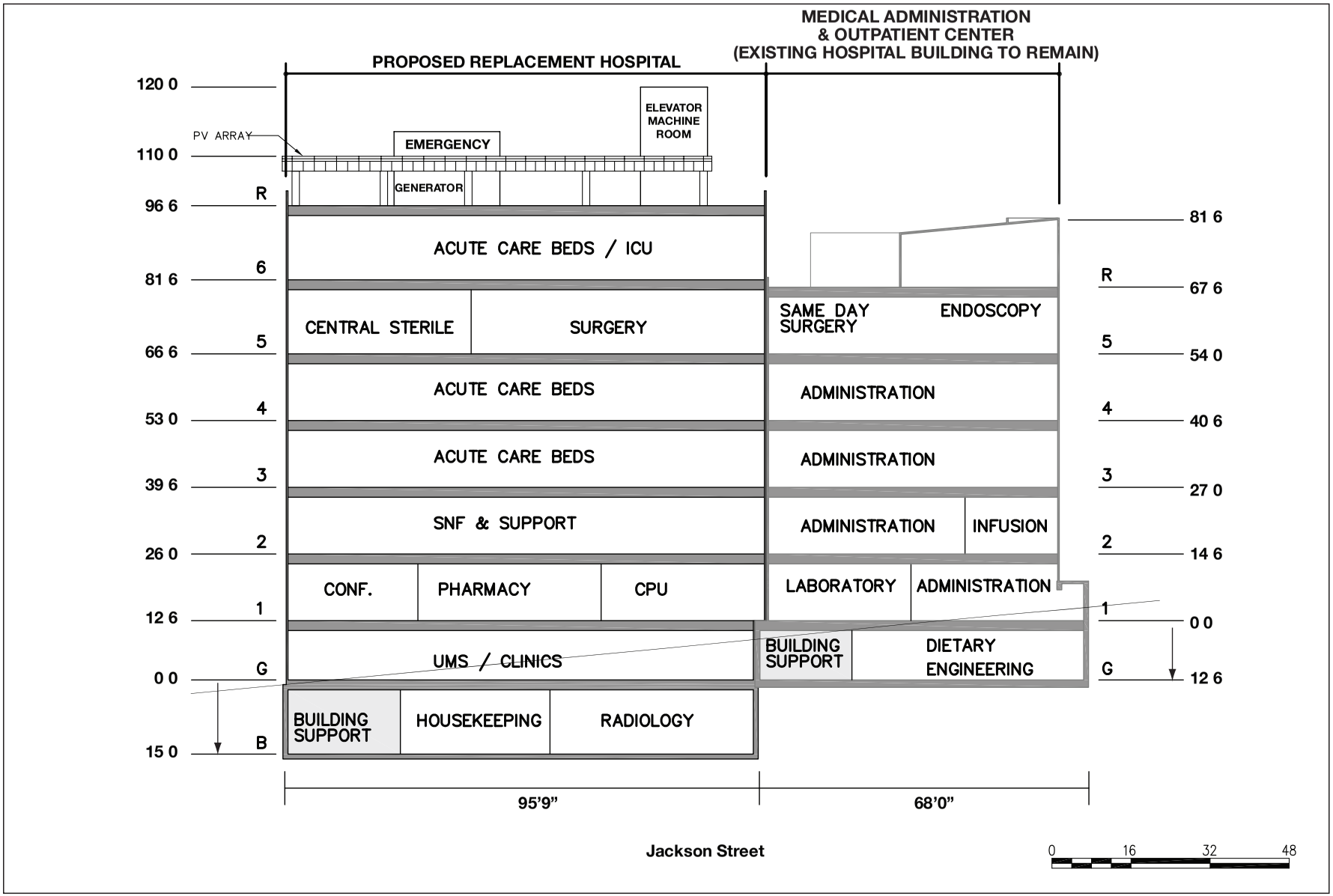
[g] Circulation includes all corridors, elevators, and stairs, as well as the electrical and air supply chases.

[h] Of this amount, 1,855 gsf of floor area is not attributable to the calculation of Floor Area Ratio (FAR). Thus, the total Gross Area of the Building for FAR calculation is 99,660 gsf.

Source: Chinese Hospital Association, March 2011.

The proposed Replacement Hospital building would include space for inpatient services, diagnostic and treatment services, ambulatory services, public and administrative services, hospital support, and building support (see Table 4 and Figure 3: Jackson Street Cross Section (Proposed Replacement Hospital and Medical Administration and Outpatient Center)). The approximately 12,747-gsf basement level of the proposed Replacement Hospital building would include approximately 3,931 gsf of diagnostic and treatment space for nuclear medicine, radiology/fluoroscopy, CT scan, ultrasound, and magnetic resonance imaging (MRI) services; approximately 1,526 gsf for building support functions; and approximately 1,867 gsf for hospital support functions such as materials management, janitorial functions, and staff break rooms (see Figure 4: Basement Floor Plan - Proposed Replacement Hospital).

The approximately 11,597-gsf ground floor of the proposed Replacement Hospital building would include the entry lobby and waiting area; outpatient services including a specialty clinic, urgent medical services, and an East-West medicine department; hospital support areas such as staff locker rooms with showers; and building support functions such as the gas meter, fire control center, and oxygen supply room. Two maintenance doors along James Alley would provide access to the spaces that accommodate the gas meter and the oxygen supply room (see Figure 5: Ground Floor Plan (Proposed Replacement Hospital and Medical Administration and Outpatient Center)). Approximately 2,329 gsf of space for the cardiopulmonary unit,

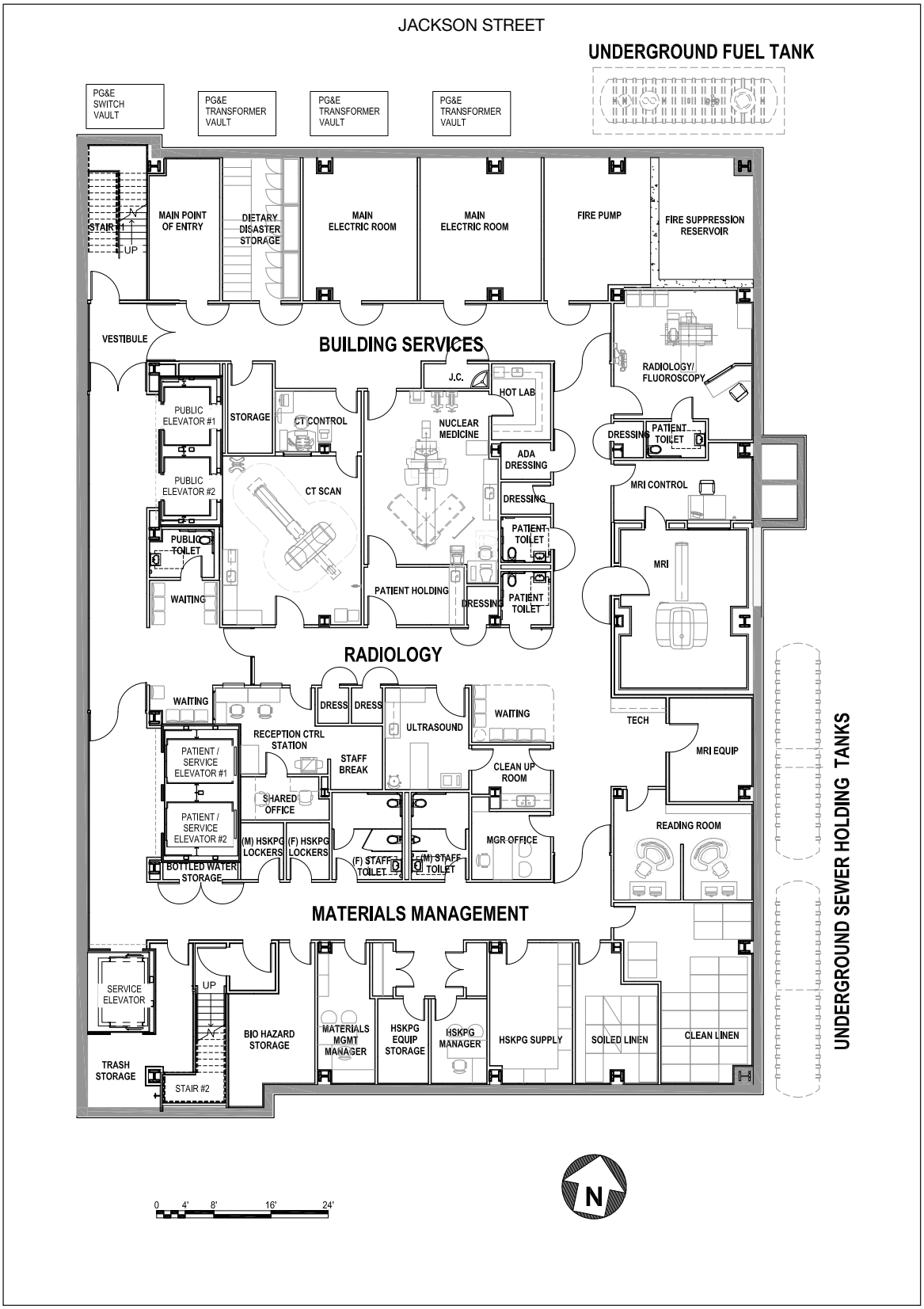


SOURCE: Jacobs Global Buildings

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE 3: JACKSON STREET CROSS SECTION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)



SOURCE: Jacobs Global Buildings

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FIGURE 4: BASEMENT FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL

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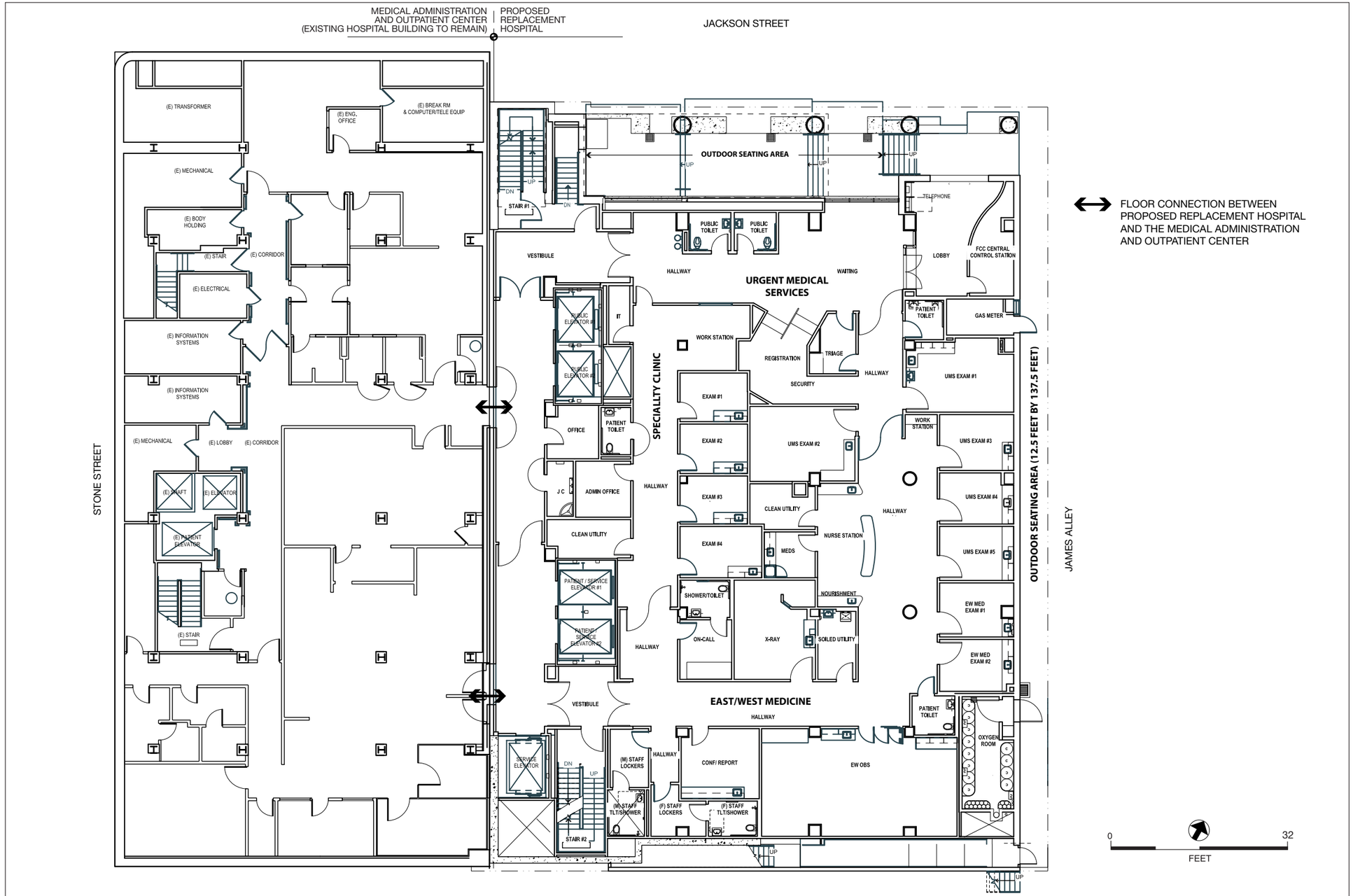

SOURCE: Perkins Eastman Architects

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FIGURE 5: GROUND FLOOR PLAN (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

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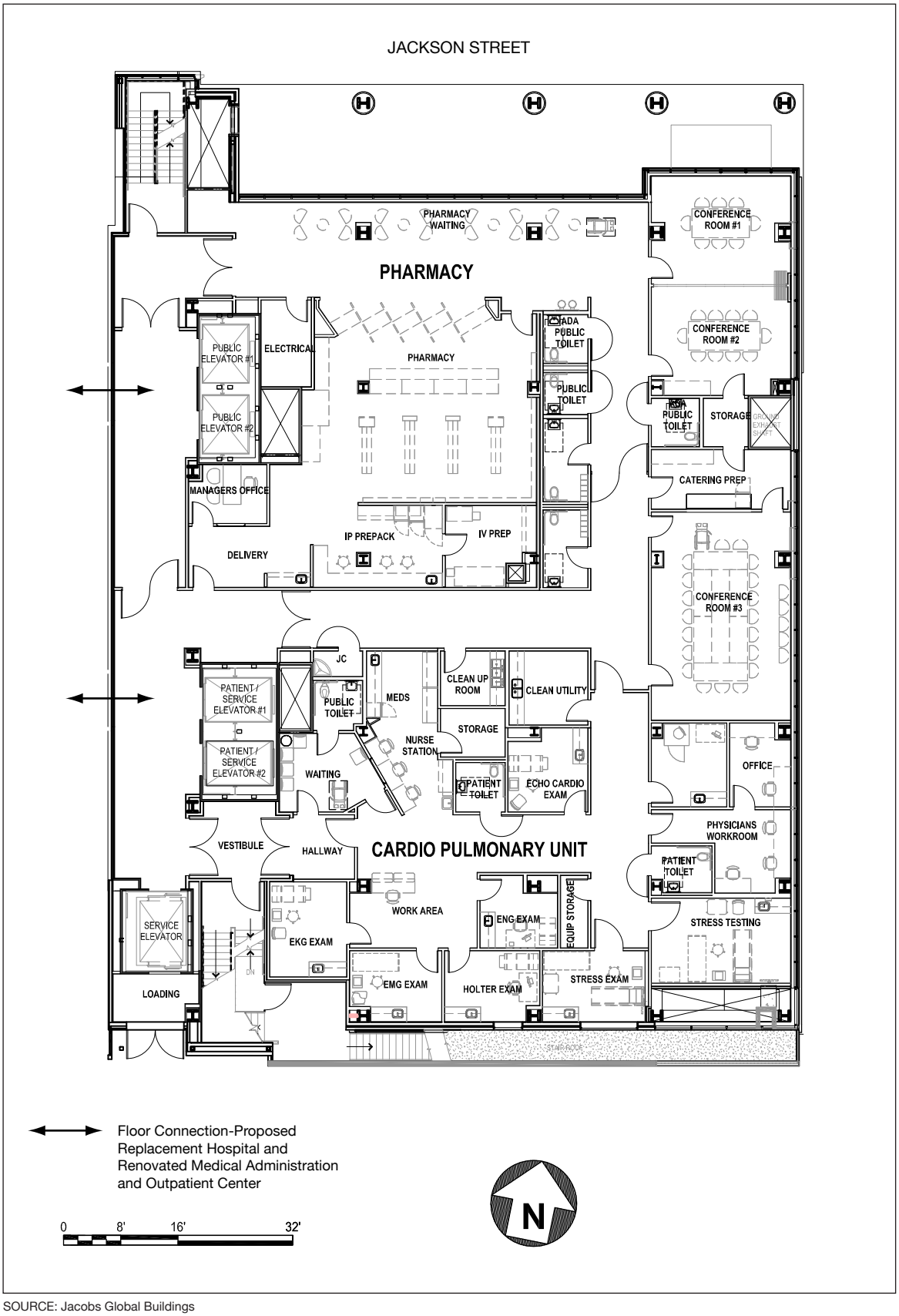
meeting rooms, and the pharmacy, as well as 3,568 gsf of space for administration and hospital and building support, would be located on the 12,232-gsf first floor (see Figure 6: First Floor Plan - Proposed Replacement Hospital.) The 22-bed skilled nursing facility, information technology support, and building support functions would occupy approximately 12,872 gsf of space on the second floor (see Figure 7: Second Floor Plan - Proposed Replacement Hospital). The approximately 12,872-gsf third floor would have 18 acute-care beds and building support functions (see Figure 8: Third Floor Plan - Proposed Replacement Hospital). The approximately 12,872-gsf fourth floor would have 18 acute-care beds and administrative space (Figure 9: Fourth Floor Plan - Proposed Replacement Hospital). The approximately 12,872-gsf fifth floor would include three operating rooms as part of the surgical suite, with space reserved for a fourth operating room; the post-anesthesia care unit; a satellite lab; and space for central sterile supply and processing (see Figure 10: Fifth Floor Plan - Proposed Replacement Hospital). The approximately 12,662-gsf sixth floor would include 12 acute-care beds and 6 intensive care beds as well as space for building support and administrative uses (see Figure 11: Sixth Floor Plan - Proposed Replacement Hospital).

The penthouse roof level would include approximately 819 gsf of building and hospital support functions, such as an elevator control room and elevator service lobby. There would also be an approximately 18-foot-by-96-foot support structure to accommodate a proposed solar photovoltaic system on the north side of the rooftop; heating, ventilation, and air conditioning (HVAC) equipment in screened-off areas; and a mechanical service perimeter walkway. The emergency generator would be located at this level near the northeast corner and would be housed within a rated sound enclosure, and two water tanks would be located at the southeast corner (see Figure 12: Penthouse Roof Plan - Proposed Replacement Hospital).

In addition, three Pacific Gas & Electric (PG&E) transformer vaults, a PG&E switch vault, and an underground fuel storage tank would be located under the Jackson Street sidewalk, and two underground sewer holding tanks, an underground stormwater pump station, and an underground sewer pump station would be located under James Alley at the southeast corner of the main project site (see Figure 4).



SOURCE: Jacobs Global Buildings

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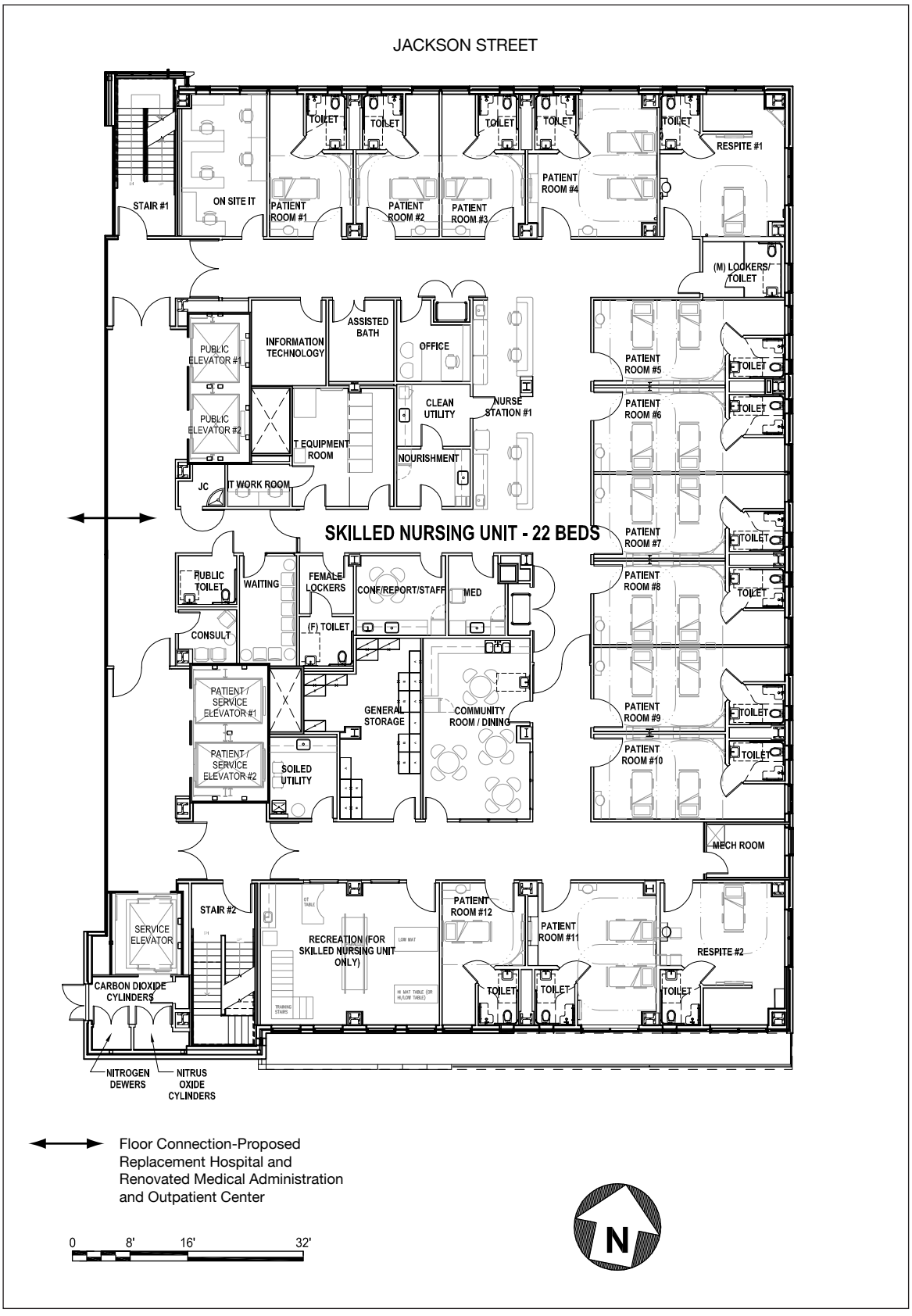
FIGURE 6: FIRST FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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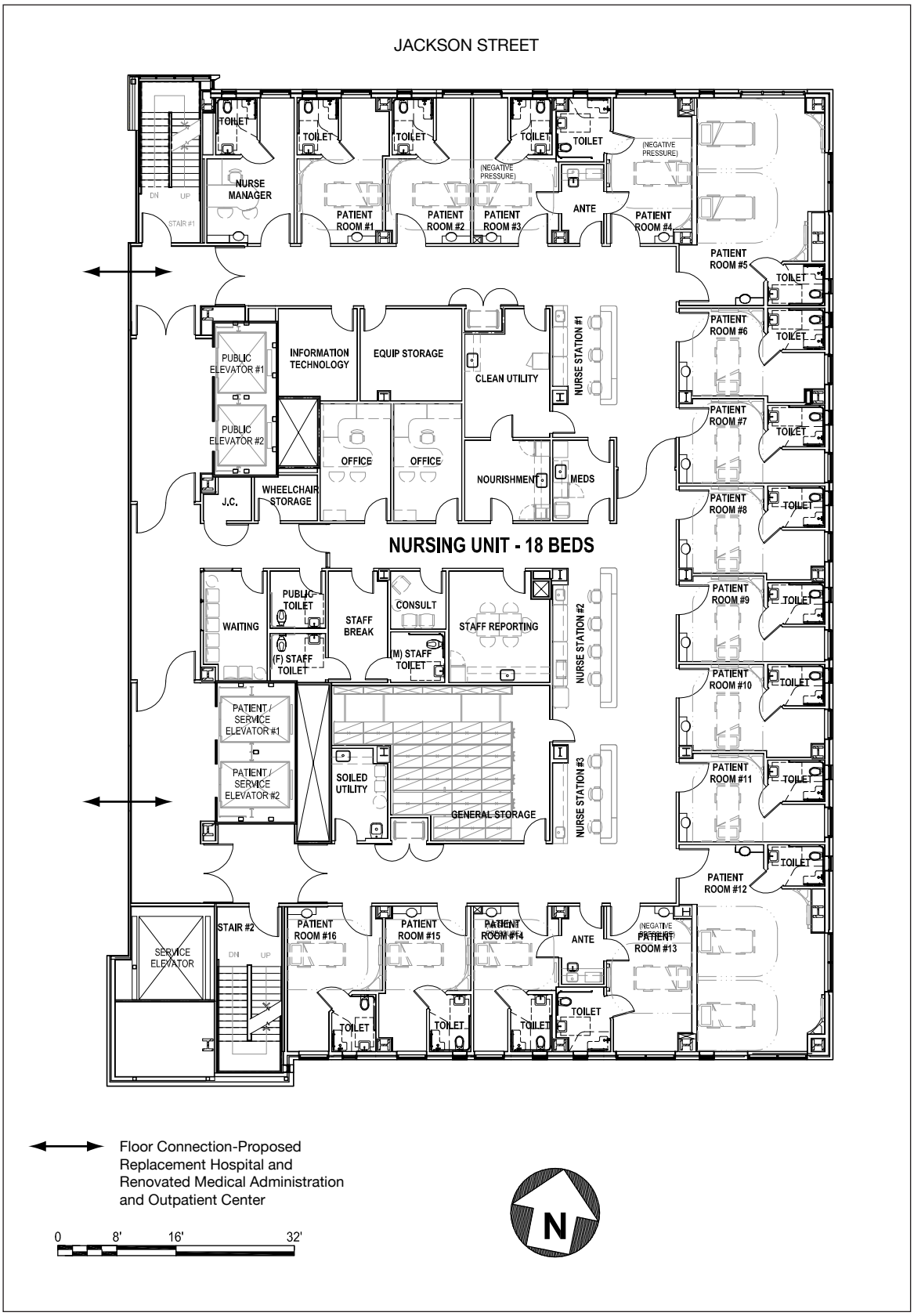
FIGURE 7: SECOND FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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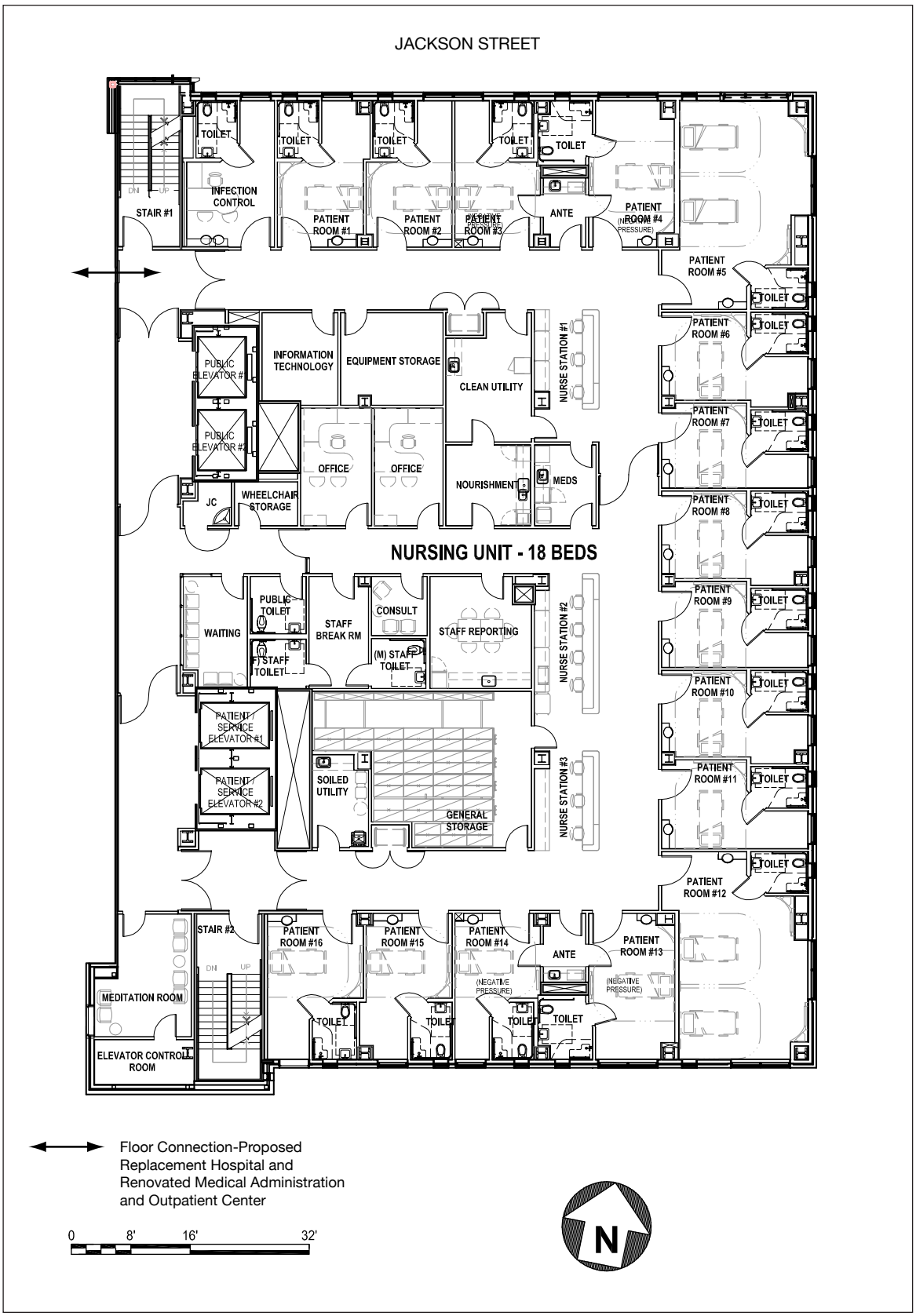
FIGURE 8: THIRD FLOOR PLAN – PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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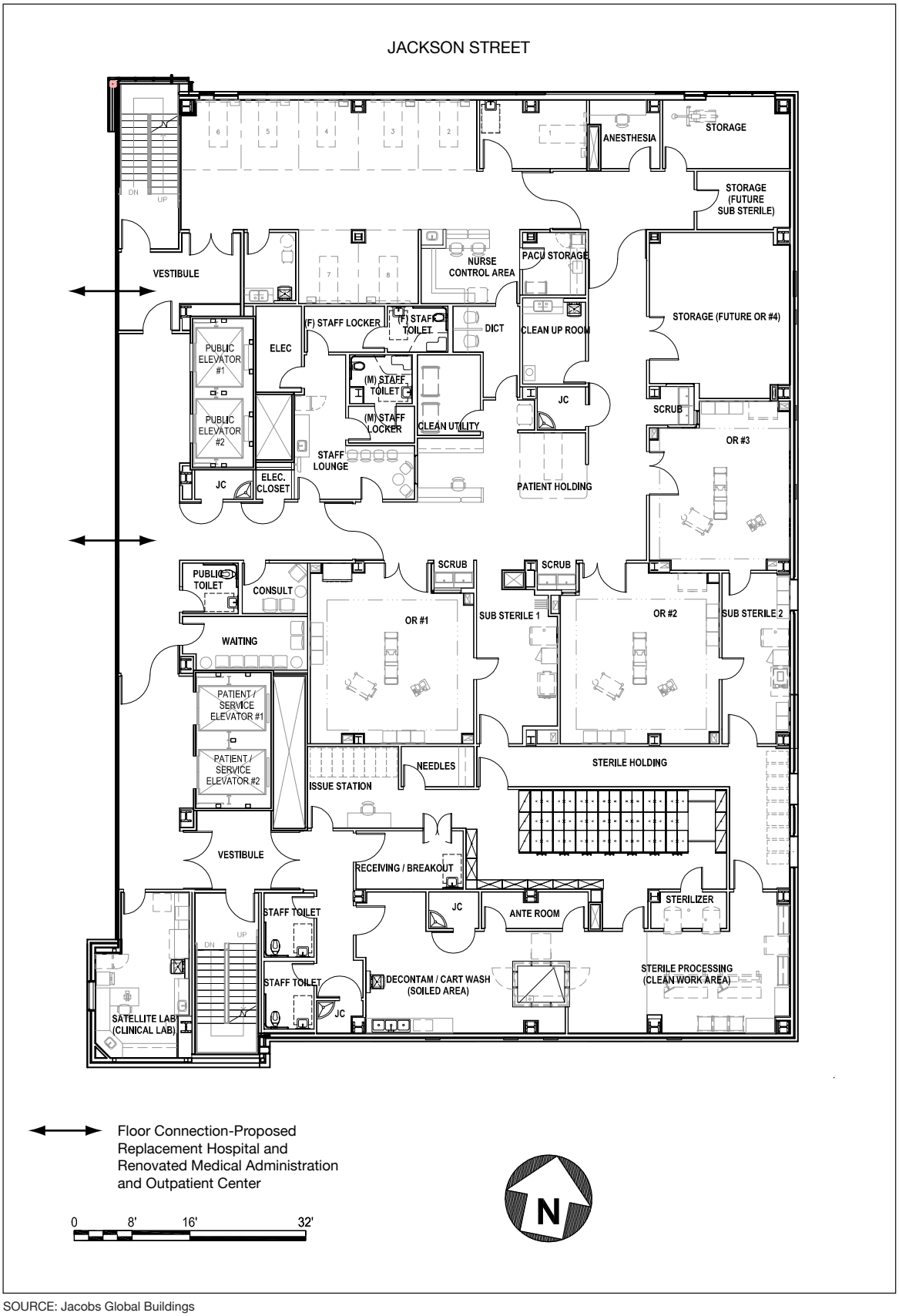
FIGURE 9: FOURTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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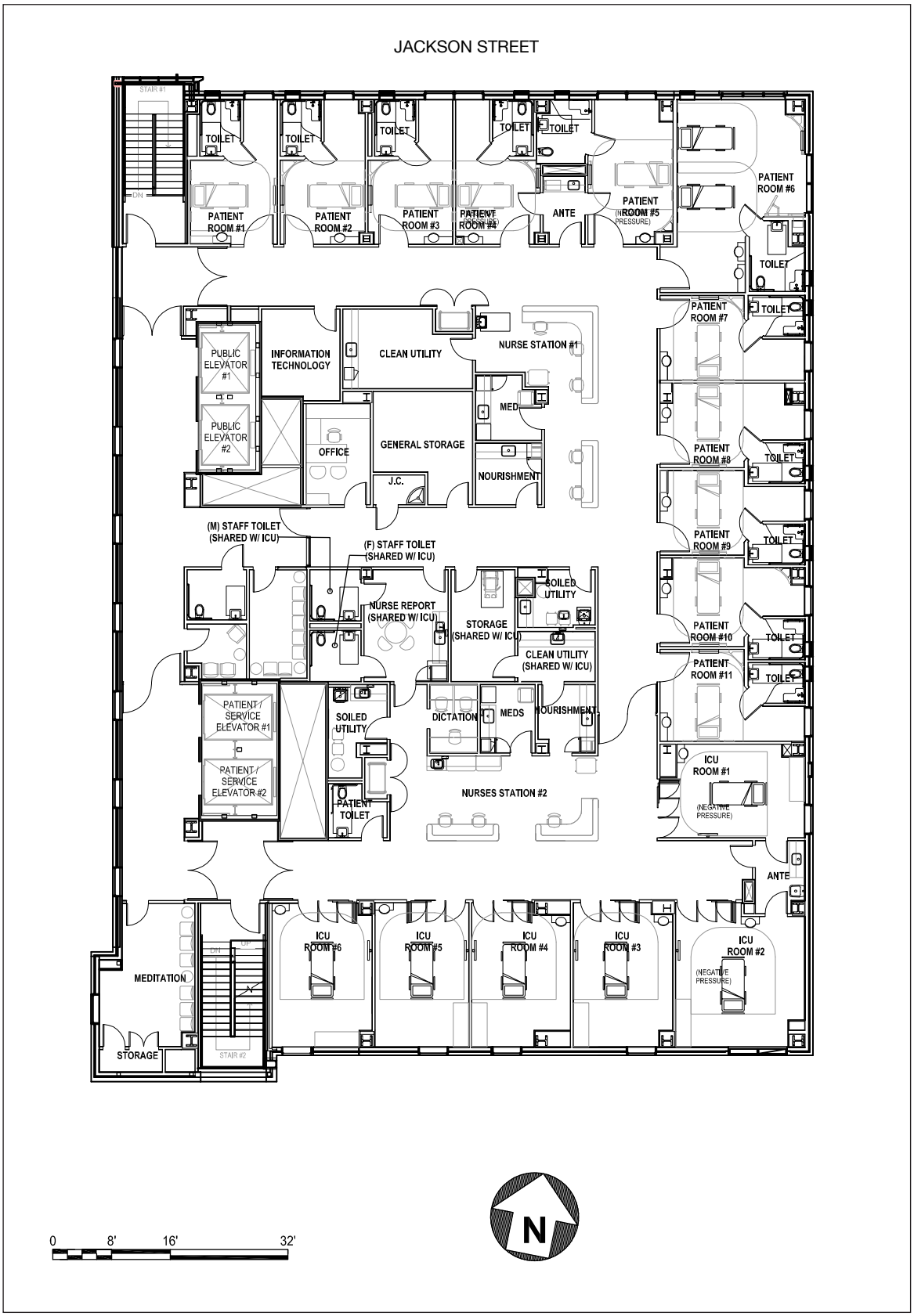
2008.0762E

FIGURE 10: FIFTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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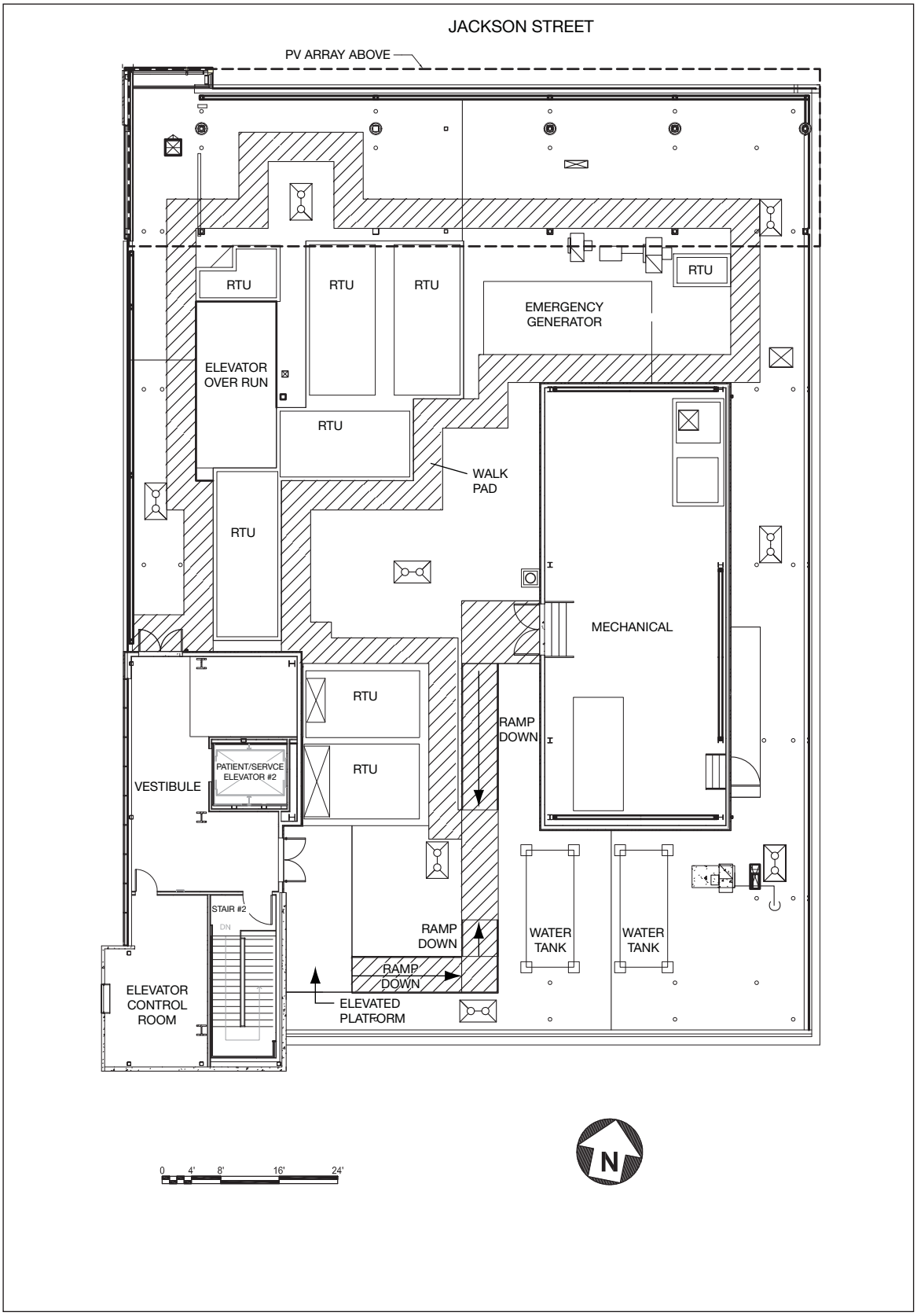
FIGURE 11: SIXTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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FIGURE 12: PENTHOUSE ROOF PLAN - PROPOSED REPLACEMENT HOSPITAL

Medical Administration and Outpatient Center

The existing 43,368-gsf Chinese Hospital would continue to operate while the Replacement Hospital is under construction. Once the Replacement Hospital is fully operational, the existing hospital building would be remodeled to serve as the MAOC, providing diagnostic and treatment services, ambulatory services, public and administrative services, hospital support, and building support (see Table 5: Proposed Services by Floor – Proposed Medical Administration and Outpatient Center).

Table 5: Proposed Services by Floor – Proposed Medical Administration and Outpatient Center (GSF)

Floor	Diagnostic / Treatment[a]	Ambulatory[b]	Public / Admin[c]	Hospital Support[d]	Building Support[e]	Circula-tion[f]	Total
Ground	--	--	--	3,350	2,971	3,477	9,798
First	1,730	--	951	796	292	3,750	7,519
Second	--	1,188	2,328	--	205	2,716	6,437
Third	--	--	2,163	1,634	172	2,569	6,538
Fourth	--	--	236	3,624	300	2,378	6,538
Fifth	3,845	--	--	--	122	2,571	6,538
Total	**5,575**	**1,188**	**5,678**	**9,404**	**4,062**	**17,461**	**43,368[g]**

Notes:
[a] Diagnostic and Treatment includes Radiology, Surgery, and Satellite Lab.
[b] Ambulatory includes Cardiopulmonary Unit, East West Medicine, Specialty Clinic, and Urgent Medical Service.
[c] Public / Admin includes Meeting and Conference Rooms, Meditation / Wellness, and Lobby, Reception, and Office.
[d] Hospital Support includes Central Sterile, Disaster Storage, Housekeeping, Information Technology, Materials Management, Gas (Oxygen, Nitrogen, Nitrous Oxide), and Pharmacy.
[e] Building Support includes Building MEP Systems, and Bathrooms.
[f] Circulation includes corridors, elevators, and stairs, and the electrical and air supply chases.
[g] Of this amount, 838 gsf of floor area is not attributable to the calculation of the Floor Area Ratio. Thus, the total Gross Area of the Building for FAR calculation is 42,530 gsf.

Source: Chinese Hospital Association, March 2011.

After renovation, the ground floor (approximately 9,798 gsf) of the renovated MAOC would retain building engineering, expanded dietary services, and hospital support activities that were previously part of the existing Chinese Hospital building. As under the existing Chinese Hospital building program, the main lobby, security, admitting, the library, and the laboratory would continue to be the primary uses on the first floor (approximately 7,519 gsf). Hospital administrative offices and an infusion clinic would be the primary uses on the second floor (approximately 6,437 gsf); these functions would occupy space that is currently used for imaging (radiology, CT scan, treatment center). On the third floor (approximately 6,538 gsf) and fourth floor (approximately 6,538 gsf), space currently used for patient rooms would be occupied by hospital administrative office uses. The space for existing surgery facilities on the fifth floor (approximately 6,538 gsf) would remain and would be used for a same-day surgery and an endoscopy clinic. The remodel would increase the amount of work space per employee and would include facility upgrades to meet the Americans with Disabilities Act (ADA) and current health care practices. A portion of the existing administrative and hospital support services in the MAB (approximately 3,300 gsf) would be transferred to the existing Chinese Hospital, prior to demolition of the MAB and would remain there as part of the new MAOC.

827 Pacific Avenue

The Chinese Hospital Association would lease permanent and temporary or transitional space at 827 Pacific Avenue. The furniture store that currently occupies the 8,680-gsf, two-story-plus-basement level commercial building would be displaced, and the building would then be renovated for medical use by Chinese Hospital. The basement and a portion of the ground level (approximately 5,054 gsf) would be permanently used for Chinese Hospital's new Radiology Center. Other medical (infusion clinic) and administrative uses related to the MAB (approximately 3,626 gsf) would be temporarily located on a portion of the ground level and the second level of the 827 Pacific Avenue building until the proposed Replacement Hospital building is completed and the existing Chinese Hospital building is renovated for reuse as the MAOC. Upon completion of the renovation to the existing Chinese Hospital building, all temporary uses at this peripheral project site would return to the main project site and be incorporated into the MAOC, and the vacated space at 827 Pacific Avenue would be available for lease to future tenants.

Powell Street Parking Garage

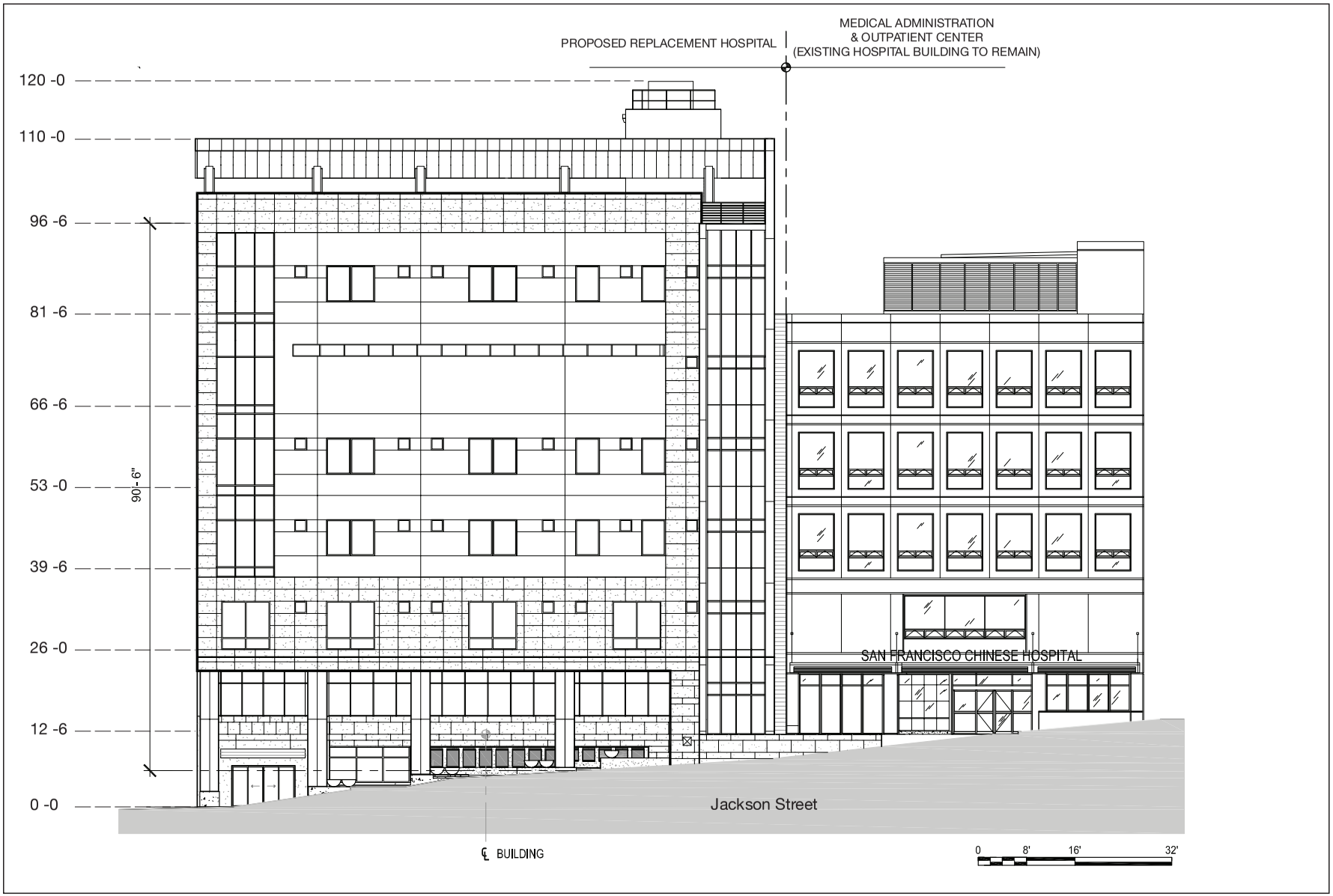
As discussed above, the three-level, 41-space, 15,000-gsf Chinese Hospital Parking Garage, along with the MAB, would be demolished to provide space on the main project site for construction of the proposed Replacement Hospital building. The project sponsor would lease the existing three-level, 52-space, 23,490-gsf Powell Street Parking Garage to provide parking and circulation space (approximately 15,660 gsf) for physicians, staff, patients, and visitors. The garage would be leased for 10 years, with an option to extend the lease for two additional 10-year periods. The second level of the garage (approximately 7,830 gsf, with approximately 24 spaces) would continue to be used for parking. Changes would be made to the ground and basement levels. An existing automotive repair center, with three employees, at the garage's ground level would be removed to make space (approximately 7,830 gsf) for 32 additional parking spaces. The basement level (approximately 7,830 gsf, with approximately 28 spaces) would not be used for parking, but would be renovated to provide replacement space for the approximately 4,500 gsf of materials storage and engineering shop space displaced as a result of the demolition of the MAB and the existing Chinese Hospital Parking Garage. The relocation of storage and engineering shops to a larger space would be a permanent move and is intended to provide more usable space for these activities and to accommodate the potential expansion of these uses. After the renovations are done, the Powell Street Parking Garage would have up to 18 bicycle parking spaces and about 56 independently accessible parking stalls, or space for approximately 86 valet-parked vehicles, in addition to having approximately 7,830 gsf of storage and engineering shop space for Chinese Hospital.

Proposed Project Design

Replacement Hospital Building

The proposed 101,545-gsf Replacement Hospital building would be seven stories tall, plus a full basement, measuring approximately 90.5 feet in height from the center of the Jackson Street frontage. The Replacement Hospital building would be about 120 feet tall, including rooftop mechanical equipment rising about approximately 30 feet above the roof deck. The basement level would be approximately 15 feet in height. The Replacement Hospital building would be set back 17 feet from the property line along Jackson Street at the ground and first floor, but not at upper levels. It would be set back 5 feet from the east property line along James Alley and 5 feet from the south property line. On its west side, the proposed Replacement Hospital building would abut the MAOC. The Replacement Hospital building would have an approximately 96-foot-wide street frontage (not typical of buildings in Chinatown), broken up by a new approximately 890-sq.-ft. landscaped seating area at the ground-floor setback along the Jackson Street frontage (see Figure 13: Jackson Street – North Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center)). This landscaped seating area would be divided into three terraced setback spaces due to the east-west slope along the proposed building's Jackson Street frontage, and it would be differentiated at every 30-foot interval along Jackson Street by a structural column and associated landscaping such as ornamental flowers and bushes in planters. This landscaped seating area, when combined with the proposed 1,715-sq.-ft. outdoor seating area along James Alley, would help meet the proposed project's open space requirements, i.e., the provision of approximately 2,015 sq. ft. of open space (see Figure 5 for a depiction of the landscaped seating areas).

The façade of the proposed Replacement Hospital building would be composed of various materials, including stone tile, precast concrete panels, aluminum panels and frames, and glass curtain walls to differentiate its exterior, and to incorporate the horizontal design features of the existing Chinese Hospital building (proposed to be the renovated MAOC) into the new hospital building's design. Interior circulation between the new Replacement Hospital building and the renovated MAOC would be provided at every floor level, except the basement and sixth floor of the proposed Replacement Hospital building (see Table 6: Floor Connections Between the Proposed Replacement Hospital and the Medical Administration and Outpatient Center, on p. 31, and Figures 4 through 11, on pp. 17, 18, and 20-25, which show that the west portion of each floor plate would be dedicated to elevators, interior circulation, and stairwells).



SOURCE: Jacobs Global Buildings

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FIGURE 13: JACKSON STREET – NORTH ELEVATION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

Table 6: Floor Connections Between the Proposed Replacement Hospital and the Medical Administration and Outpatient Center

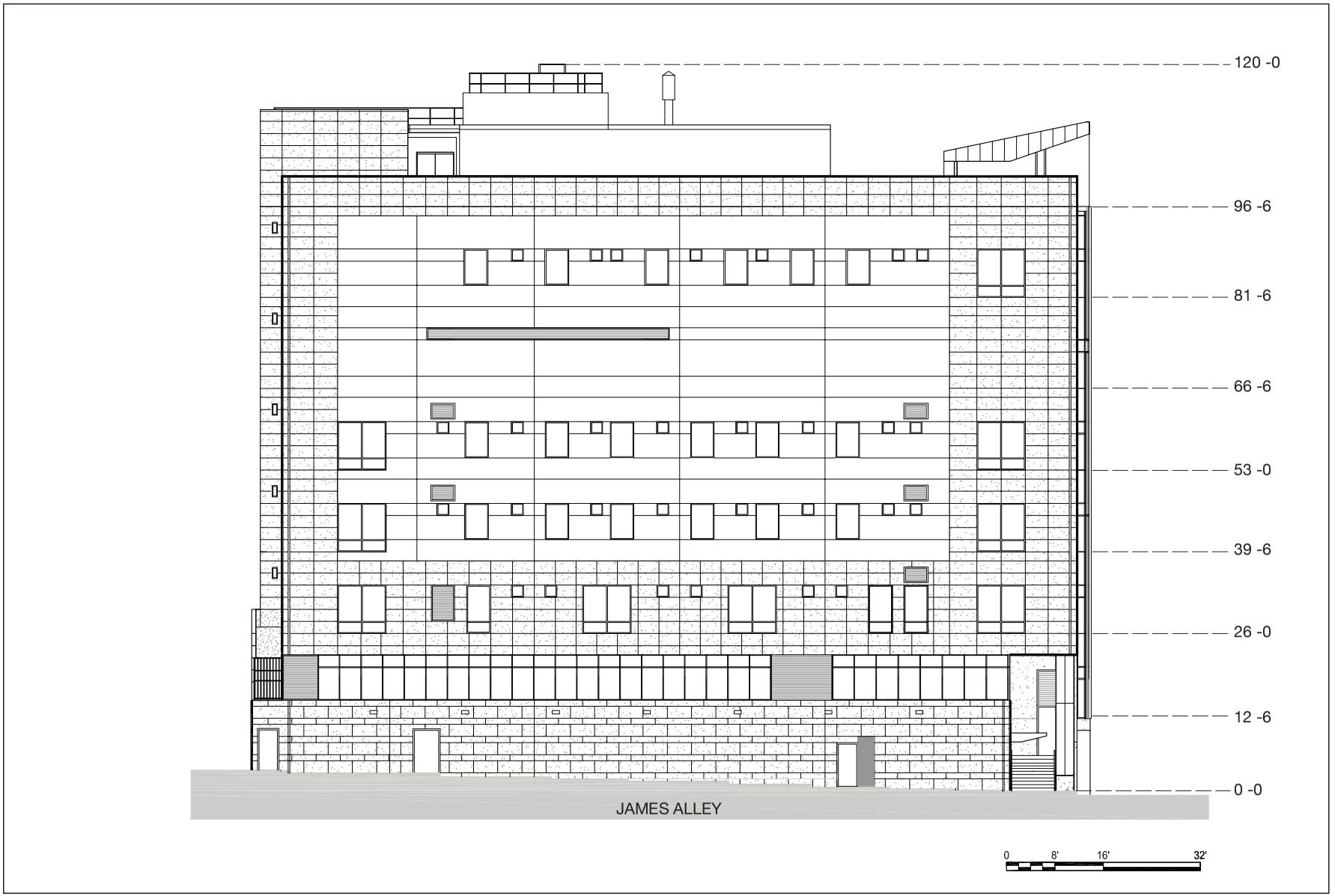
Building Level	Use, by Building Level		No. of Floor Connections at Building Level
	Replacement Hospital	Medical Administration and Outpatient Center	
Basement	Building Services, Radiology, Material Management	N/A (no corresponding building level)	0
Ground	Urgent Medical Services, East-West Medicine, Specialty Clinic	Engineering, Food Service	2
1st	Pharmacy, Cardio Pulmonary, Meeting/Conference Rooms	Building Lobby, Admissions, Laboratory	2
2nd	Skilled Nursing Facility – 22 Beds	Administration, Infusion	1
3rd	Nursing Unit – 18 Acute-Care Beds	Administration	2
4th	Nursing Unit – 18 Acute-Care Beds	Medical Records, Medical Staff	1
5th	Surgery, Sterile Processing	Same Day Surgery, Endoscopy	2
6th	Nursing Unit – 12 Acute-Care Beds Intensive Care Unit – 6 ICU Beds	N/A (no corresponding building level)	0
Total			10

Source: Chinese Hospital Association, 2011.

The proposed Replacement Hospital building's east façade would help create a continuous street wall along James Alley, punctuated by three separate maintenance access doors (see Figure 14: James Alley – East Elevation (Proposed Replacement Hospital)). As described above, a new 1,715-sq.-ft landscaped seating area would be created along James Alley to help the project meet open space requirements for institutional uses over 100,000 gsf. Chinese Hospital owns the western half of James Alley (6.25 feet wide by 137.5 feet long, an approximately 860-sq.-ft. area) and has discussed the potential of a full street vacation with the Department of Public Works (DPW). DPW has indicated that if the adjacent property owners approve of the proposed vacation, DPW would vacate the balance of James Alley. Chinese Hospital would then be required to provide a pedestrian easement to the adjacent property owners and to improve and maintain the alley.

Medical Administration and Outpatient Center

The majority of renovation work at the MAOC would be limited to the interior and would consist of floor remodels to accommodate changes in space and use allocations. The MAOC's building's exterior would not change, except where the proposed Replacement Hospital building and the renovated MAOC would abut each other. The existing pedestrian bridge at the second floor that connects the existing 1979 Chinese Hospital building to the MAB would be removed and the proposed Replacement Hospital building and the renovated MAOC would be separated by a seismic joint (see Figure 15: Stone Street – West Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center) and Figure 16: South Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center). The renovated MAOC building's concrete east wall would be retained; however, its adjacency to the proposed



SOURCE: Jacobs Global Buildings

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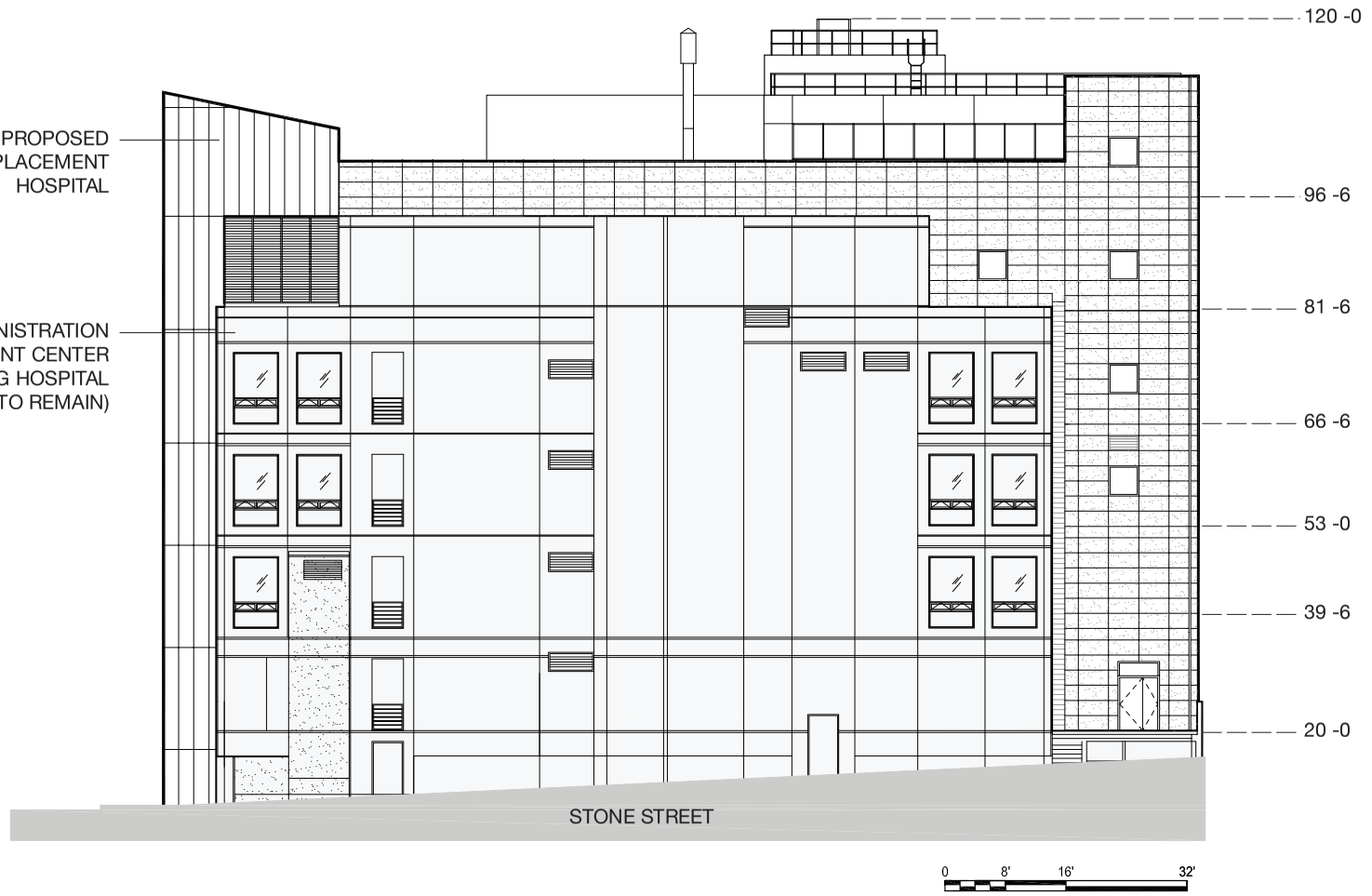
FIGURE 14: JAMES ALLEY – EAST ELEVATION (PROPOSED REPLACEMENT HOSPITAL)



SOURCE: Jacobs Global Buildings

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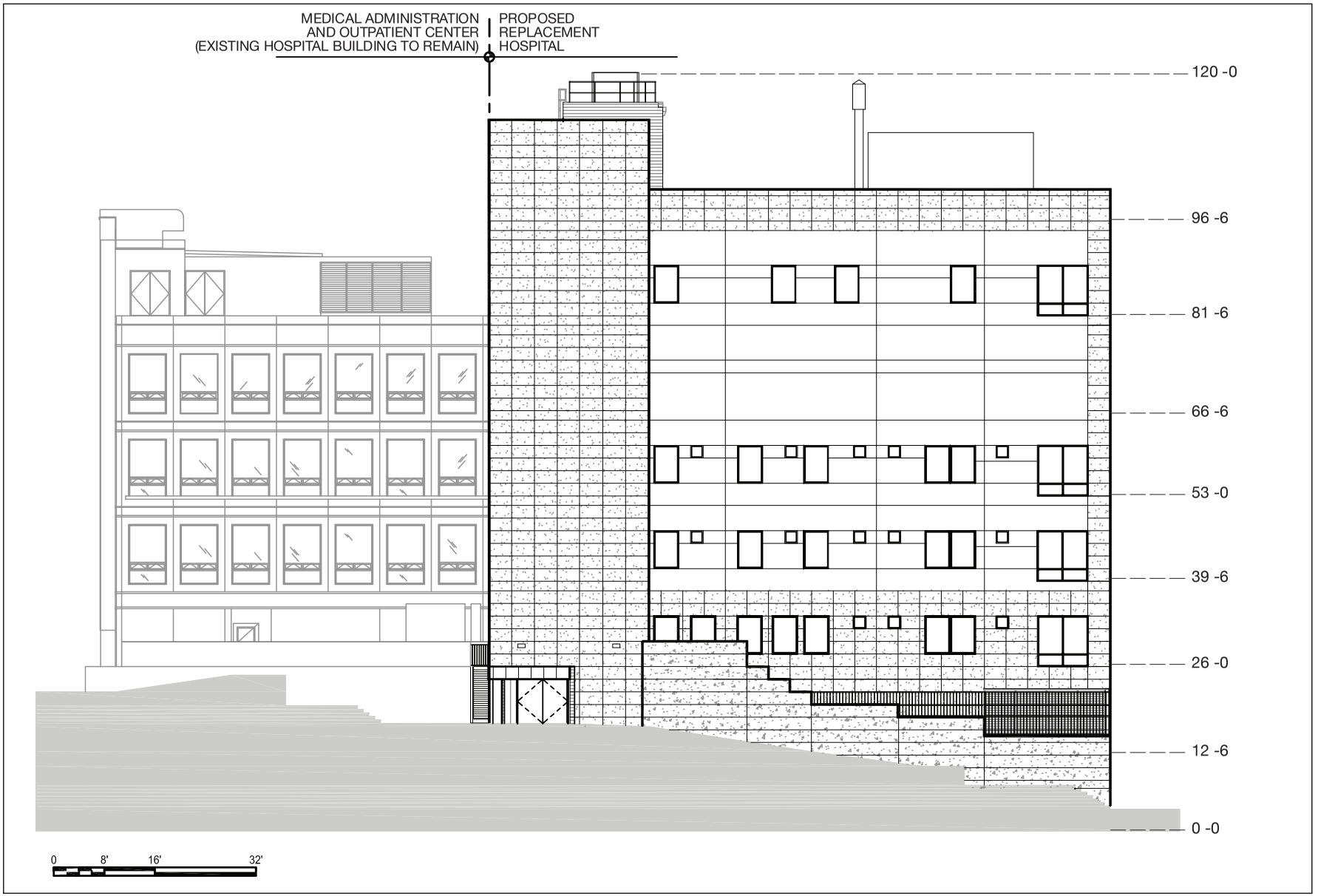
FIGURE 15: STONE STREET – WEST ELEVATION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)



SOURCE: Jacobs Global Buildings

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FIGURE 16: SOUTH ELEVATION (PROPOSED REPLACEMENT HOSPITAL MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

Replacement Hospital building requires the project sponsor's construction team to replace the east wall windows with fire-rated wall infill, pursuant to OSHPD's life safety code. In addition, the floor connections between the proposed Replacement Hospital building and the renovated MAOC would require cutting through the exterior wall panels at the floor connections on each level of the renovated MAOC and the construction of a fire-rated corridor at each of these locations.

Peripheral Project Sites

Tenant improvements to the approximately 8,680-gsf 827 Pacific Avenue building for the proposed Radiology Center would include seismic upgrades, and minor storefront improvements, i.e., relocation of an ADA-accessible entry, window replacements, and a marquee. Tenant improvements to the approximately 23,490-gsf, 52-space Powell Street Parking Garage, currently used as an automotive repair center and for off-street parking, would be restricted to the interior of the structure and would include the removal of the automotive repair use at the ground level.

Access, Site Circulation, and Loading

As shown on Figure 2, on p. 12, vehicular access to the main project site on Jackson Street would change with relocation of off-street parking for physicians, patients, visitors, and staff to the leased Powell Street Parking Garage. This is because the existing Chinese Hospital Parking Garage would be demolished, along with the MAB, to provide space for the construction of the proposed Replacement Hospital building. If the Powell Street Parking Garage were full, Chinese Hospital patients, visitors, and staff could park at the public garages in Chinatown and North Beach, such as the Portsmouth Square Garage at 733 Kearny Street, the Chinatown Parking Garage at 728 Pacific Avenue, and the Royal Pacific Inn at 661 Broadway, all less than a 10-minute walk from Chinese Hospital. Vehicular access to the 827 Pacific Avenue building would be the same as access to the main project site in that vehicles would park at the Powell Street Parking Garage. Ambulance access to the main project site would remain the same as under existing conditions, i.e., on-street loading provided along a proposed 153-foot-long white zone (previously a 58-foot-long white zone in front of the existing hospital and a 60-foot-long white zone in front of the existing MAB) on the south side of Jackson Street would be shared with truck and passenger loading. Ambulance access would also be provided at the off-street loading space at the southwest corner of the renovated MAOC (the existing Chinese Hospital at 845 Jackson Street), accessed via Stone Street, and would remain the same as under existing conditions. Transit access to the main project site and the 827 Pacific Avenue building would remain the same as under existing conditions, with Stockton Street and Pacific Avenue continuing to function as the primary transit corridors.

Pedestrians would access the proposed Replacement Hospital building from Jackson Street. The Replacement Hospital building's primary entrance would be located at its northeast corner. The

entrance to the existing Chinese Hospital building would remain at the center of the building, and would serve as the entrance to the renovated MAOC and as a secondary entrance to the proposed Replacement Hospital building via a ground-floor-level connection between the two buildings. Pedestrian access to the proposed Radiology Center at 827 Pacific Avenue would be from Pacific Avenue or Trenton Street, a one-way, northbound alley with approximately 5-foot-wide sidewalks. Trenton Street would serve future pedestrian traffic between the main project site (the Replacement Hospital and the MAOC) and the Radiology Center at the 827 Pacific Avenue peripheral project site.

Loading operations at the main project site would remain the same as under existing conditions, with on-street passenger and truck loading provided at a white zone along the south side of Jackson Street and off-street truck loading provided at the off-street loading space at the southwest corner of the renovated MAOC (the existing hospital building), accessed via Stone Street. On-street truck and passenger loading space would continue to be shared under the proposed project. The existing 58-foot-long and 60-foot-long white zones in front of the existing hospital and the existing MAB, respectively, would be consolidated to create an expanded white zone (approximately 153 feet long) in front of the proposed Replacement Hospital building and the renovated MAOC. Ambulance operations would continue to share the white zone for on-street operations and would continue to have access to the shared off-street loading space. Passenger loading and service and delivery vehicle operations to the 827 Pacific Avenue building would use an existing two-space-long yellow truck loading zone in front of the building.

Proposed Landscaping

With the proposed Replacement Hospital building, the property line along Jackson Street would be defined by a three-column colonnade and a row of ornamental flowering plants and bushes in a series of five concrete planter boxes. An approximately 890-sq.-ft. landscaped seating area open to the public would be located west of the proposed Replacement Hospital's primary entrance (see Figures 5 and 13 on pp. 18 and 30) in the form of three terraced setbacks defined by the colonnade along Jackson Street. Columns and associated landscaping would be spaced at approximately 30-foot intervals. The landscaped seating area would have separate access points from the Jackson Street sidewalk. No street trees would be removed as part of the proposed project, because there are none on or adjacent to the main project site.

In order to meet the open space requirements for non-residential uses in Chinatown, as defined in Planning Code Section 135.1, the proposed project would have to provide approximately 2,015 sq. ft. of open space (1 square foot for every 50 sq. ft. of gross floor area of the proposed 101,545-gsf Replacement Hospital). This is approximately 1,125 sq. ft. of open space in addition to the 890-sq.-ft. landscaped seating area proposed along Jackson Street. To meet these requirements, Chinese Hospital has proposed to improve James Alley, which is 12.5 feet wide by 137.5 feet long, and create an additional 1,715-sq.-ft. landscaped, publicly accessible seating area

immediately adjacent to the eastern edge of the proposed Replacement Hospital building. Currently, Chinese Hospital owns half of the James Alley right-of-way, previously vacated by DPW, or an approximately 860-sq.-ft. portion of James Alley. The project sponsor and DPW have discussed the potential for a full vacation of James Alley for use by Chinese Hospital. DPW indicated that it would vacate the balance of James Alley if the adjacent property owners approve, and Chinese Hospital would then be required to provide a pedestrian easement to the adjacent property owners and to improve and maintain the alley according to DPW standards for implementation of the *Chinatown Alleyway Master Plan*. If the street vacation is granted, Chinese Hospital would carry out improvements to James Alley and create the 1,715-sq.-ft. landscaped seating area. With the development of this landscaped seating area and the other one along Jackson Street, Chinese Hospital would provide more than the required amount of open space.

The proposed project would cover the main project site with impervious surfaces (buildings and paving), similar to the existing conditions. Project landscaping, as previously described, would be minimal, with trees and other plantings limited to concrete planters in the ground and first floor setback along Jackson Street and also on James Alley, with approval of the street vacation for the easterly half of the alley and development of that proposed landscaped seating area. Due to the presence of vaults under the adjacent Jackson Street sidewalk and the James Alley right-of-way, new street trees are not proposed, and the stormwater management control benefits of potted trees and other landscaping plants would be limited. Since the proposed project is located in a combined stormwater-sewer area of the City and would disturb an area over 5,000 sq. ft., the project sponsor must comply with the Stormwater Management Ordinance.[14] As per the requirements of the Stormwater Design Guidelines (SDG), the proposed project must achieve LEED® Sustainable Sites (SS) c6.1, "Stormwater Design: Quantity Control" through implementation of a stormwater management plan that reduces existing stormwater runoff flow rate and volume by 25 percent for a two-year 24-hour design storm. The project sponsor would comply with City regulations for stormwater management with the installation of a pervious (permeable) surface treatment on James Alley and the placement of a 1,000-gallon rainwater holding tank under James Alley (to be used for irrigation); however, the precise type, size, and routing of stormwater management controls have not yet been finalized.[15]

Foundation and Earthwork

The proposed building foundation for the proposed Replacement Hospital building would consist of a layered system with a 6-inch-thick topping slab over an 18-inch-thick gravel area that would,

[14] San Francisco Public Utilities Commission, *Stormwater Management Ordinance*, May 22, 2010.

[15] KCA Engineers, Inc., *Chinese Hospital Preliminary Hydrology Calculations*, April 28, 2011. This report is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, and is available for review as part of Case File 2008.0762E.

in turn, be over a 36-inch-thick mat slab without piles. The bottom of the mat slab would be at approximately Elevation 84.5 feet.[16] The bottom of the mat foundation, a defined area under the western edge of the existing MAB and the adjacent concrete driveway to the parking garage, would be at Elevation 78.5 feet; while two defined elevator pits at the southwestern corner of the proposed Replacement Hospital building's foundation would be excavated to a depth of Elevation 81.5 feet. Thus, the maximum depth of the proposed excavation (not including the existing 12.5-foot deep basement level) would be between 18 and 36 feet below grade, with the greatest depth of excavation beneath the western portion of the proposed Replacement Hospital building footprint (see Figure 3, p. 16). Based on an excavation depth of 36 feet, the proposed project would generate approximately 14,400 cubic yards of soil that would be removed from the project site, when factoring in the grade differential and the existing 12.5-foot-tall basement level of the MAB with a finish floor at elevation 103.0 feet. In addition, site excavation for the construction of the proposed Replacement Hospital building would require underpinning of the adjacent Chinese Hospital building with slant piles or underpinning piers.

Project Schedule

The project sponsor estimates that construction of the first phase of the proposed project would take approximately 36 months, including 6 months for demolition, excavation, and shoring activities. The second phase is anticipated to take approximately 12 months after completion of the proposed Replacement Hospital building. The project architect is Jacobs Global Buildings, and the general contractor is DPR Construction Inc. The total construction cost is estimated at less than $100 million. If approved, project construction is anticipated to start in spring 2012.

Required Approvals

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction for California general acute-care hospitals and intermediate-care hospitals. As an existing non-conforming hospital use in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District and in light of OSHPD standards and regulations for the development of new hospitals, the Chinese Hospital Association has proposed the creation of a Special Use District (SUD) to support the development and expansion of medical services in Chinatown. The proposed Chinese Hospital SUD would amend the *Chinatown Area Plan* and the Planning Code Height and Bulk Maps and Zoning Maps to create an overlay to the CRNC Zoning District on the site of the proposed Replacement Hospital and MAOC (Assessor's Parcel Number [APN] 192/41) and the site of the proposed Radiology Center at 827 Pacific Avenue (APN 179/39).

[16] Elevations are referenced to San Francisco Datum.

The required approval actions for the proposed project at the local level would include the following:

- Certification of a Final Environmental Impact Report pursuant to the California Environmental Quality Act (Planning Commission, appealable to Board of Supervisors);
- Adoption of CEQA findings and mitigation monitoring program (Planning Commission, Board of Supervisors);
- Approval of amendments to text and maps in the *San Francisco General Plan* and *Chinatown Area Plan*, and findings of consistency of the amendments with Priority Policies (Planning Commission, Board of Supervisors);
- Approval of changes to the text of the Planning Code and to the applicable Zoning Map (SU 01) and Height and Bulk Map (Sheet HT 01) to define the applicable development standards and to establish the boundaries of the proposed SUD (Planning Commission, Board of Supervisors);
- Determination of consistency with the proposed SUD controls (Planning Commission, Board of Supervisors);
- Approval of compliance with requirements of the most recent version of the Stormwater Management Ordinance for projects with over 5,000 square feet of disturbed ground area (the San Francisco Public Utilities Commission (SFPUC) Wastewater Enterprise, Urban Watershed Management Program, Planning Commission, Board of Supervisors);
- Acquisition of eastern half of James Alley right-of-way (6.25 feet wide by 137.5 feet long) after vacation by Department of Public Works with the requirement to provide a pedestrian easement for adjacent property owners, to make improvements, and to provide continued maintenance (DPW, Planning Commission, Board of Supervisors);
- Finding of *General Plan* consistency for the street vacation and transfer agreement (DPW, Planning Commission, Board of Supervisors); and
- Determination of shadow impact under Planning Code Section 295 (Recreation and Park Commission, Planning Commission).

All provisions of the Planning Code that are currently applicable on the main project site on Jackson Street (APN 192/41) would continue to apply, except as otherwise provided for in the proposed SUD. The following controls are proposed for the portion of the proposed SUD that would be located on APN 192/41, i.e., the site of the proposed Replacement Hospital building.

- Hospitals and medical centers would be permitted as a principal use at every building floor (Planning Code Table 812.80 – Hospital or Medical Centers);
- A marquee would be permitted on the site of the proposed SUD (Planning Code Table 812.17);
- Hospital and medical centers may operate continuously on the site of the proposed SUD (Planning Code Table 812.27 – Hours of Operation);
- Hospitals and medical centers would be allowed to develop or expand on a lot greater than 5,000 sq. ft. in the proposed SUD (Planning Code Section 121.3 – Development on Large Lots, Mixed Use Districts);

- Hospitals and medical centers would be exempted from the maximum use size limit of 4,000 sq. ft. (Planning Code Section 121.4 – Use Size Limits (Non-Residential), Mixed Use Districts);
- The allowable gross floor area on the site of the proposed SUD would be 6.6 FAR (Planning Code Section 124.1a(c));
- Hospitals and medical centers would be exempted from incorporating 15-foot sun access setbacks at prescribed heights of buildings proposed for development in 65-foot Height Districts in Chinatown (Planning Code Section 132.3 – Sun Access For Sidewalks Setbacks – Chinatown);
- An exemption from open space requirements which requires that commercial and institutional uses exceeding 10,000 sq. ft. provide open space at the ratio of 1 square foot of open space per 50 sq. ft. of commercial or institutional space over 10,000 sq. ft. (Planning Code Section 135.1);
- The requirement to plant one 24-inch box tree for every 20 feet of property frontage along each street would not be applicable on the site of the proposed SUD (Planning Code Section 138.1(c)(1));
- Buildings on the site of the proposed SUD would be limited to a maximum street frontage of 96 feet (Planning Code Section 145.3 – Maximum Street Frontages, Chinatown);
- The requirement to provide one off-street loading space for institutional land uses in excess of 100,000 sq. ft. would not be applicable on the site of the proposed SUD (Planning Code Section 152, Table 152);
- A 95-D Height and Bulk District would limit the height of development on the site of the proposed SUD (Planning Code Section 254 – Review of Proposed Buildings and Structures Exceeding a Height of 35 Feet in Chinatown Mixed Use Districts);
- A 95-D Height and Bulk District would establish the maximum plan dimensions (110 feet in length and 140 feet on the diagonal) of development on the site of the proposed SUD (Planning Code Section 271); and
- The 16-foot height limit for rooftop mechanical equipment on a site with a height limit greater than 65 feet would not be applicable on the site of the proposed SUD (Planning Code Section 260(b)(1)(B)).

All provisions of the Planning Code that are currently applicable on the portion of the proposed SUD that is on the peripheral project site (APN 179/39) – the proposed Radiology Center at 827 Pacific Avenue – would continue to apply, except as otherwise provided for in the proposed SUD. The proposed changes to height and bulk controls, described above, would not be applicable on this portion of the proposed SUD. The following control is proposed for the portion of the proposed SUD located on APN 179/39:

- Hospitals and medical centers would be permitted as a principal use at every building floor (Planning Code Section Table 812.80 – Hospital or Medical Centers).

Additionally, an Institutional Master Plan (IMP) is being prepared by the project sponsor for all existing and proposed Chinese Hospital facilities, including its satellite clinics in Daly City and in

San Francisco's Excelsior and Sunset neighborhoods, pursuant to Planning Code Section 304.5. The Planning Commission will consider the IMP at least 6 months before considering any approval actions for development described in the IMP (Planning Code Section 304.5(f)).

In addition to these approvals, the Historic Preservation Commission will review and comment on the NOP/IS and the Environmental Impact Report because the MAB at 835 Jackson Street, built in 1925, is proposed to be demolished, and for purposes of CEQA, this building is considered a historic resource. (The main and peripheral project sites are not located in the National Register-eligible Chinatown Historic District.) The proposed project would also require approval by the Department of Building Inspection for demolition and site permits, and approval by the Bureau of Streets and Mapping of the Department of Public Works for street and sidewalk permits. Any curb or road modifications would require approval by the Department of Parking and Traffic.

B. PROJECT SETTING

Surrounding Land Uses

Chinese Hospital is located in the northeast quadrant of San Francisco in the Chinatown neighborhood. The Russian Hill, North Beach, and Telegraph Hill neighborhoods are located to the northwest, north, and northeast, respectively. The Financial District, Downtown (Union Square), and Nob Hill areas are located to the east, south, and west, respectively. All the lots on the main project site block (APN 192) are located in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District, with the exception of the Commodore Stockton Child Development Center (Commodore Stockton CDC),[17] just south of the existing Chinese Hospital, and the surface parking lot, just south of the Chinese Hospital Parking Garage, which are both in a Public (P) District. The Gordon J. Lau Elementary School to the south of the main project site block (the south side of Washington Street) is in a Public (P) District. With the exception of the Gordon J. Lau Elementary School and lots on the western portion of the block on the south side of Washington Street, the Chinatown Public Library and Woh Hei Yuen Recreation Center and Park (on the west side of Powell Street), and the San Francisco Housing Authority's Ping Yuen Housing Complex (north along Pacific Avenue, Powell Street and Stockton Street), the areas to the north of the main project site block across Jackson Street, east along Powell Street, and west along Stockton Street are all in the CRNC Zoning District. The area to the southwest of the main project site block, excluding the Gordon J. Lau Elementary School, is in a Residential-Commercial (RC-4) Zoning District.

[17] The Commodore Stockton CDC provides before-school, school, and after-school programs for low-income families with children between the ages of 3 and 10.

These surrounding areas include the densely populated predominantly low- to mid-rise residential and commercial Stockton Street corridor, between Broadway and Sacramento Street.[18] Stockton Street is a major commercial corridor for the Chinatown neighborhood and, along with Powell Street, contains a substantial amount of housing, as well as major community institutions such as the Chinese Consolidated Benevolent Association, St. Mary's Chinese Catholic Center, the Sun Yat-Sen Memorial Hall, the Chinese American Citizens Alliance, and the Cameron House that support Chinatown and the larger Chinese community. The majority of the mixed-use buildings throughout the Chinatown neighborhood and in the immediate vicinity of Chinese Hospital have ground-level retail with residential uses above.

On the main project site block along the south side of Jackson Street between Powell and Stockton Streets and west of Chinese Hospital across Stone Street, there is a 3-story mixed-use building with residences above retail and a 2-story church building (Cumberland Presbyterian Church) that includes a day care center. To the east of main project site, east of the MAB and across James Alley, there are two 3-story mixed-use buildings with retail at the street-level and residences above. Along Stockton Street, there is a 3-story mixed-use building with residences above retail, a 4-story mixed-use building with residences above retail, and a 3-story church building (Chinese United Methodist Church) at the corner of Stockton and Washington Streets. Along Washington Street and immediately south of the main project site are the three-story Gum Moon Women's Residence, the 4-story Commodore Stockton CDC (which includes two playgrounds), two 2- to 3-story residential buildings, and a 2-story office building. Along Powell Street, there is a 3-story mixed-use building, a single-story office building, a 3-story residential building, a 2-story parking garage/automotive repair center (the Powell Street Parking Garage), and a 3-story residential building. The 2-story Powell Street Parking Garage, at 1140 Powell Street, is on a peripheral project site west of the main project site across Stone Street. Immediately to the southwest of the existing Chinese Hospital building there is one 2-story residential building, two 3-story residential buildings, and one 3-story mixed-use building with residences above that front on Stone Street midblock between Jackson and Washington Streets.

On the block north of the main project site, the peripheral project site at 827 Pacific Avenue is located on the south side of Pacific Avenue, midblock between Stockton and Powell Streets, just east of the north-south running Trenton Street, an alley that divides the block. On the north side of Jackson Street across from the main project site, there is a 4-story medical office building, five 3- to 4-story mixed-use buildings with ground-floor retail and residences above, and a 3-story commercial building. The street-level retail spaces include a fish market and a specialty market on each side of Trenton Street directly across from the main project site. In the immediate vicinity of the peripheral project site at 827 Pacific Avenue, on the south side of Pacific Avenue

[18] This daytime-oriented district provides local and regional specialty food shopping for fresh vegetables, poultry, fish, and meat. Weekends are this area's busiest shopping days.

between Stockton and Powell Streets, there is the six-story Ping Yuen Housing Complex (Middle),[19] a one-story restaurant, a two-story single-family residence with retail at the ground floor, and a two-story building with retail at the ground floor and residential uses above. To the east of 827 Pacific Avenue, along the west side of Stockton Street between Jackson Street and Pacific Avenue, there are three 3-story mixed-use buildings with residences above, one 2-story mixed-use building with residences above, two 3-story commercial buildings, and one 4-story commercial building. Along the east side of Trenton Street between Jackson Street and Pacific Avenue, there are four 2- to 3-story residential buildings and, on the west side of Trenton Street, there are three 2-story residential buildings. To the west of the peripheral project site at 827 Pacific Avenue and along the east side of Powell Street between Jackson Street and Pacific Avenue, there are two 3-story mixed-use buildings with residences above and one 2-story mixed-use building with residences above.

On the north side of Pacific Avenue between Stockton and Powell Streets, on the block facing the peripheral project site at 827 Pacific Avenue, there is a 3-story building with retail at the ground floor and residential uses above, a 2-story building with retail at the ground floor and residential uses above, the 13-story Ping Yuen Housing Complex (North), and a 2-story building with retail at the ground floor and residential uses above.

On the block east of the main project site across Stockton Street between Washington and Jackson Streets, there are five 2- to 4-story mixed-use buildings with residential use above ground-floor retail and a 4-story commercial building that front the eastern side of Stockton Street. On the block south of the main project site across Washington Street, there is a five-story residential building, a three-story church (Chinese Independent Baptist Church of San Francisco), the Gordon J. Lau Public Elementary School, and a two-story mixed-use building with residences above that front the southern side of Washington Street. On the block west of the main project site across Powell Street, between Washington and Jackson Streets, there are three 3- to 4-story mixed-use buildings with residential use above ground-floor retail, a 3-story residential building, a 2-story Taoist temple (Quong Ming Jade Emperor Palace), and the 2-story Chinatown Public Library that front the western side of Powell Street. Buildings in the blocks surrounding the main project site block are tightly spaced and, in many cases, are architecturally distinct, prominently displaying stylized architectural features recognizable throughout San Francisco's Chinatown. Most buildings have street-level retail, with attached awnings or overhangs and items for sale displayed along the sidewalks. These distinct market frontages, combined with high levels of foot and vehicle traffic, make the project area streets and sidewalks appear narrow. The sidewalk on Jackson Street along the main project site is 10 feet wide, as are the Pacific Avenue and Powell Street sidewalks directly in front of the existing buildings on the peripheral project sites.

[19] The San Francisco Housing Authority owns the Ping Yuen Housing Complex, which is a complex of three separate properties along Pacific Avenue: Ping Yuen (North) at 838 Pacific Avenue, Ping Yuen (Middle) at 895 Pacific Avenue, and Ping Yuen (Central) at 711 Pacific Avenue.

The Stone Street sidewalks are 3.5 feet wide and the Trenton Street sidewalks are 5 feet wide. West of Powell Street, the neighborhood becomes more residential, and the buildings do not display the stylized architectural features typical in Chinatown.

The Woh Hei Yuen Recreation Center and Park on Powell Street at John Street (near Jackson Street) is less than a block to the northwest of the main project site. Portsmouth Square is about three blocks southeast of the main project site. There are two playgrounds at the Commodore Stockton CDC, one at the ground level off Trenton Street and the other on the roof level and located in the middle of the building roof area. One of the four playgrounds on the Gordon J. Lau Public Elementary School campus participates in the Mayor's Office Shared Playground Initiative.[20] This playground is accessed by the public via Clay Street between Stockton and Powell Streets from 9 A.M. to 4 P.M. on weekends.

In addition, the Stone Street and Trenton Street roadway segments located on the main project site block are identified in the *Chinatown Alleyway Master Plan* as two of the 31 alleyways in the Chinatown core area.[21] James Alley was not included. On the block north of the main project site, the Trenton Street roadway segment and Bedford Place are also identified; however, Adele Court, on the same block, is not included in the list of 31 alleyways covered under the *Chinatown Alleyway Master Plan*.

C. COMPATIBILITY WITH EXISTING ZONING AND PLANS

	Applicable	***Not Applicable***
Discuss any variances, special authorizations, or changes proposed to the Planning Code or Zoning Map, if applicable.	☒	☐
Discuss any conflicts with any adopted plans and goals of the City or Region, if applicable.	☒	☐
Discuss any approvals and/or permits from City departments other than the Planning Department or the Department of Building Inspection, or from Regional, State, or Federal Agencies.	☒	☐

San Francisco Planning Code and Zoning Map

The San Francisco Planning Code (Planning Code), which incorporates the City's Zoning Maps by reference, implements the *San Francisco General Plan (General Plan)* and governs permitted uses, densities, and configuration of buildings within the City. Permits to construct new buildings (or to alter or demolish existing ones) may not be issued unless (1) the proposed project conforms

[20] The Community Hubs Pilot Project opens up the yards of selected schools in each San Francisco Supervisorial District to serve the community's need for more open space. Accessed online at http://www.sfmayor.org/index.aspx?page=198 on April 11, 2011.

[21] *Chinatown Alleyway Master Plan*, p. 12.

to the Planning Code, (2) allowable exceptions are granted pursuant to provisions of the Planning Code, or (3) amendments to the Planning Code are included as part of the project.

The main and peripheral project sites are located on APN 192/41, APN 192/14, and APN 179/39 at 835-845 Jackson Street, 1140 Powell Street, and 827 Pacific Avenue, respectively, in the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District. The CRNC Zoning District generally encompasses the east- and west-facing lots along Stockton Street between Broadway and Sacramento Street and along Powell Street between Broadway and Washington Street, as well as the north- and south-facing lots along Pacific Avenue, Jackson Street, Washington Street, and Clay Street, all between Grant Avenue and Powell Street. The area surrounding the CRNC Zoning District is a mixture of zoning districts, including an RM-4 (Residential, Mixed, High Density) Zoning District to the north and northeast; the Chinatown Visitor Retail (CVR) Zoning District to the east; an RC-4 (Residential Commercial Combined, High Density) Zoning District to the southwest; and RM-3 (Residential, Mixed, Medium Density), RH-3 (Residential House, Three-Family), and RC-3 (Residential Commercial Combined, Medium Density) Zoning Districts to the west. Within the immediate area of the main and peripheral project sites, there are lots zoned "P" for Public Use, which are occupied by schools, libraries, and fire stations. The main project site is located to the north, east, and southeast of properties or lots occupied by public/institutional uses: the Commodore Stockton CDC, the Gordon J. Lau Public Elementary School, the Chinatown Public Library, and the Woh Hei Yuen Recreation Center and Park. The peripheral project site at 827 Pacific Avenue is southeast of San Francisco Fire Station No.2, and the peripheral project site at1140 Powell Street, the Powell Street Parking Garage, is directly east of the Chinatown Public Library across Powell Street.

The CRNC Zoning District is intended to "preserve neighborhood-serving uses and protect the residential livability of the area. The controls promote new residential development compatible with the existing small-scale mixed-use character of the area. Consistent with the residential character of the area, commercial development is directed to the ground story. Daytime-oriented use is protected and tourist-related uses, fast-food restaurants and financial services are limited. …Institutional uses are also encouraged." (Planning Code Section 812.1).

Principally permitted land uses in the CRNC Zoning District include mixed-use, multiple-unit residential uses with commercial uses at ground level; commercial uses less than 2,500 sq. ft. such as full-service restaurants, massage establishments, trade shops, medical and professional services, general and specialty groceries, pharmacies, and florists; medical cannabis dispensaries; and other institutional uses such as assembly and social services, child care, educational services, and religious facilities (Planning Code Table 812 – Chinatown Residential Neighborhood Commercial District Zoning Control Table). Planning Code Section 121.3 allows development on lots up to 5,000 sq. ft. by right and, as shown on Planning Code Table 812.11, on lots in the CRNC Zoning District exceeding 5,000 sq. ft. with a Conditional Use authorization (CU).

Planning Code Table 812.20 permits nonresidential uses of up to 2,500 sq. ft. by right, and with a CU when the use is between 2,501 sq. ft. and 4,000 sq. ft. Planning Code Section 121.4 limits nonresidential uses in the CNRC Zoning District to 2,500 sq. ft. by right and, as shown on Planning Code Table 812.11, allows development up to a maximum of 4,000 sq. ft. with a CU. Thus, the existing Chinese Hospital on the main project site is a non-complying/non-conforming land use. As shown on Planning Code Table 812.80, hospital and medical center use are permitted in the CRNC Zoning District with a CU. Planning Code Section 254 states that any building exceeding 35 feet in height in the Chinatown Mixed Use Districts requires a CU.

The proposed Replacement Hospital building on the main project site would be constructed on an 11,500-sq.-ft. portion of the 22,516-sq.-ft. lot, would be approximately 90.5 feet tall (excluding the approximately 30-foot mechanical penthouse above the roof), and would be an approximately 101,545-gsf institutional use. The proposed Replacement Hospital building would not be consistent with the land use controls described above. The proposed Radiology Center and the temporary uses at the peripheral project site located at 827 Pacific Avenue would not be consistent with Planning Code Table 812.80, because it would involve locating medical uses at all floor levels of this building. Current land use controls require a CU to allow medical uses at all floor levels of buildings within the CRNC Zoning District. For these reasons, the project sponsor would pursue the establishment of an SUD to include the main project site, which is the site of the proposed Replacement Hospital building and the renovated MAOC at 835-845 Jackson Street (APN 192/41), and the peripheral project site, the site of the proposed Radiology Center at 827 Pacific Avenue (APN 179/39). In addition, different zoning controls would be established for these two portions of the proposed SUD overlay. The peripheral project site at 1140 Powell Street (the Powell Street Parking Garage) would not be included in the SUD.

The main project site is located at the southern end of a 65-N Height and Bulk District that generally encompasses the east- and west-facing lots along Powell Street between Broadway and Washington Street, as well as the north- and south-facing lots on Broadway, Pacific Avenue, Jackson Street, and Washington Street (south-facing lots only) from the midblock between Powell Street and Mason Street to the midblock between Powell and Stockton Streets. The east- and west-facing lots along Stockton Street between Broadway and Sacramento Street are in a 65-85 N Height and Bulk District. The majority of the lots to the south and to the west of the main project site block are in a 65-A Height and Bulk District, with exceptions along the west side of Powell Street south of Clay Street where east-facing lots are in various Height and Bulk Districts ranging from 85-D to 320-E. North of the main and peripheral project sites (and the boundaries of the 65-N Height and Bulk District), the majority of the lots north of Broadway are in a 40-X Height and Bulk District. As measured from the center of the proposed Replacement Hospital building's Jackson Street frontage, according to the provisions of the Planning Code, the proposed Replacement Hospital building would be approximately 90.5 feet tall (about 120 feet with rooftop mechanical elements). Exclusion of such mechanical penthouse features from

height calculations is permitted by the Planning Code; however, approval of an exemption to exceed the 16-foot height limit for rooftop mechanical equipment is required for the proposed project in the 65-N Height and Bulk District (Planning Code Section 260(b)(1)(B)). The proposed height of the Replacement Hospital building would not be consistent with existing Planning Code height controls.

Additionally, in the 65-N Height and Bulk District, a maximum plan dimension of 50 feet in length and 100 feet on the diagonal is in effect for heights above 40 feet. The upper floor(s) of the proposed Replacement Hospital building would have plan dimensions of approximately 96 feet in length and approximately 167 feet on the diagonal. Therefore, the proposed project would require an exception to the bulk controls pursuant to Planning Code Section 271. In order to develop the proposed Replacement Hospital building, the project sponsor proposes to amend the text of the Planning Code and Height and Bulk District Map HT-01 of the Planning Code to establish an SUD on the site of proposed Replacement Hospital and Medical Administrative and Outpatient Center. This change would create a 95-D Height and Bulk District on this portion of the proposed SUD overlay. The proposed changes to the zoning and height and bulk controls would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building peripheral project site, where the underlying zoning and height and bulk controls of the CRNC Zoning District would continue to apply.

Planning Code Section 124.1(c) also governs building envelopes and sets the Floor Area Ratio (FAR) for hospitals and medical centers in the CRNC Zoning District at 4.8 to 1. Planning Code Section 102.9(b) allows for the exclusion of certain building elements from FAR calculation.[22] Approximately 1,885 gsf of the proposed 101,545-gsf Replacement Hospital and 838 gsf of the renovated 43,368-gsf MAOC would be excluded from FAR calculation. The base allowable floor area for the proposed project is the total land area (22,516 sq. ft.) times the applicable 4.8 FAR, which is equal to 108,077 gsf. With a proposed total built area of approximately 144,913 gsf for the new Replacement Hospital building and the renovated MAOC, the proposed development on the main project site would not be consistent with the applicable FAR for hospital and medical center uses in the CRNC Zoning District. The project sponsor proposes to establish a 6.6 FAR for hospital and medical center uses in the CRNC Zoning District only on the portion of the SUD overlay covering the main project site (APN 192/41). The proposed changes to the gross floor area controls would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39) on the peripheral project site.

Planning Code Section 132.3 establishes sun access for Chinatown sidewalks by imposing15-foot setbacks on the upper floors of new buildings in 50-foot and 65-foot Height Districts, as a

[22] The space excluded from the 101,545 gsf total includes the following: approximately 1,885 gsf of building area, including the main point entry/building utility room, main electrical rooms, fire pump room, fire suppression reservoir, and the elevator control room.

condition of approval of Conditional Use authorization (CU) under Planning Code Section 254. The proposed Replacement Hospital building would include a setback at the ground and first floor, but none at the upper floors. The project sponsor would seek the establishment of an SUD overlay that would allow the proposed seven-story Replacement Hospital building to be developed without incorporating 15-foot sun access setbacks. This proposed amendment would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39) on the peripheral project site.

Open space is required for institutional uses in the CRNC Zoning District (Planning Code Section 135.1). Open space is to be provided at the ratio of one square foot for every 50 square feet of space for institutional buildings over 10,000 square feet in size. The proposed project includes the construction of a 101,545-gsf Replacement Hospital building on the main project site. As a result, the project sponsor would be required to provide approximately 2,015 square feet of usable open space on the site. This open space would be made available for public use during hours determined by the Zoning Administrator (Planning Code Section 135.1(a)). If the square footage of open space is not of sufficient size to provide usable open space, the Zoning Administrator may authorize the project sponsor to meet the open space requirement via commensurate improvements to an alleyway within one square block of the main project site (Planning Code Section 135.1(b)(1). If an open space cannot be provided, because of the constraints of the development site or because the square footage of open space to be provided is not of a sufficient size, and if improvements to a nearby alleyway are not feasible, the Zoning Administrator, upon application by the project sponsor and pursuant to Planning Code Section 307(g), may waive the requirement for open space with the provision that the project sponsor contribute $1.50 per gross square foot of floor area devoted to institutional development (Planning Code Section 135.1(b)(2)).

The proposed project would include removal of an approximately 700-sq.-ft. seating area at the front of the existing MAB at Jackson Street as part of the proposed on-site demolition and site preparation and, with project development, would provide approximately 890 sq. ft. of publicly accessible open space in a landscaped seating area broken up into three terraced spaces along the Jackson Street frontage of the proposed Replacement Hospital building. The project sponsor would seek the establishment of an SUD overlay that would exempt the proposed development on the main project site from Planning Code open space requirements. Chinese Hospital owns the western portion of James Alley, an approximately 860-sq.-ft. area on the 6.25-foot-wide and 137.5-foot-long former right-of-way, and has discussed with the Department of Public Works (DPW) the potential for a vacation of the eastern portion of the alley, which would provide a total area of approximately 1,715 sq. ft. (12.5 feet wide and 137.5 feet long). DPW has indicated that if the adjacent property owners approve of the proposed street vacation, DPW would vacate the balance of James Alley, and Chinese Hospital would be required to provide a pedestrian easement to adjacent property owners, improve the alleyway, and provide continued maintenance of this

alleyway. If the street vacation were granted, the project sponsor would propose improvements to James Alley in the form of an approximately 1,715-sq.-ft. landscaped seating area, in order to meet open space requirements. However, the vacation of the eastern portion of James Alley may not be granted; thus, the project sponsor would continue to seek the establishment of an SUD overlay to allow for an exemption from the Planning Code open space requirements for the proposed development on the main project site. The proposed changes to the controls establishing open space requirements would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39). There are no Planning Code-related open space requirements associated with the proposed Radiology Center at the existing 827 Pacific Avenue building.

Planning Code Section 138.1(c)(1) requires that for every 20 feet of property frontage along each street, one 24-inch box tree be planted, with any remaining fraction of 10 feet or more of frontage requiring an additional tree. The proposed project would include four new container-planted street trees along Jackson Street, which would not meet the requirement to plant 8 new street trees along the proposed 163.75-foot Jackson Street frontage. The proposed project would not include street trees in the ground along Jackson Street and James Alley due to the presence of an existing vault under the Jackson Street sidewalk in front of the existing hospital building, the proposed location of underground vault(s) under the Jackson Street sidewalk in front of the proposed Replacement Hospital building, and the proposed location of a vault under James Alley for utilities and telecommunications. DPW would make final determination as to whether tree plantings would not be possible because of the location of sidewalk fixtures and the width of the sidewalks along Stone Street and Trenton Street. The project sponsor would seek the establishment of an SUD to develop controls for allowing an exception to the street tree planting regulations on sidewalks or street rights-of-way with underground vaults for utilities and telecommunications infrastructure. The proposed changes to the controls requiring the planting of street trees would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39) on the peripheral project site.

Planning Code Section 145.3 establishes maximum street frontages in Chinatown of 50 feet in width. The proposed Replacement Hospital building would have an approximately 96-foot-wide street frontage along Jackson Street. The existing Chinese Hospital building frontage is approximately 68 feet wide, and would not change with project development. Thus, the proposed Replacement Hospital building would conflict with the existing controls, and the existing Chinese Hospital building is a non-conforming use. The project sponsor would seek the establishment of an SUD that would allow a maximum street frontage of 96 feet for new buildings on the portion of the SUD defined by APN 192/41. The proposed changes to the controls establishing maximum street frontages would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39).

Planning Code Section 152, Table 152, requires one off-street loading space for institutional land uses in excess of 100,000 sq. ft. The proposed project would not provide any new off-street loading spaces. There is one off-street loading space at the southwest corner of the existing Chinese Hospital building and two on-street loading zones (white zones) on Jackson Street directly in front of the existing Chinese Hospital, a 58-foot-wide white zone, and the MAB, a 60-foot-wide white zone. The proposed project would continue to operate the off-street loading space and would have a continuous 153-foot-wide white zone along Jackson Street for passenger and hospital loading, including emergency vehicles such as ambulances. The project sponsor would seek the establishment of an SUD that would waive the requirement for provision of off-street loading spaces for the proposed Replacement Hospital building. The proposed changes to the off-street loading requirements would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39) on the peripheral project site.

Pursuant to Planning Code Section 161(c), off-street parking spaces are not required for any use in the CRNC Zoning District due to the "compact and congested nature of the downtown area and portions of Chinatown, the accessibility of this area by public transit, and programs for provision of public parking facilities on an organized basis at specific locations. The project sponsor proposes to lease the Powell Street Parking Garage at 1140 Powell Street (a peripheral project site) to replace the 41 off-street parking spaces that would be removed from the main project site as a result of the demolition of the Chinese Hospital Parking Garage. The Powell Street Parking Garage would also provide 15 additional off-street parking spaces and up to 18 bicycle parking spaces. Therefore, a total of 56 parking spaces (or 86 valet parking spaces) and up to 18 bicycle parking spaces would be provided for use by Chinese Hospital, with project development.

As shown on Planning Code Table 812 – Chinatown Residential Neighborhood Commercial District Zoning Control Table (812.17), Planning Code Section 136.2(c) prohibits the use of marquees in Residential Neighborhood Commercial Districts, including the CRNC Zoning District. The proposed project would be prohibited from adding a marquee or entry structure to the proposed Replacement Hospital building or the MAOC (the existing Chinese Hospital building) with the lettering "SAN FRANCISCO CHINESE HOSPITAL." The project sponsor would seek the establishment of an SUD on the main project site to allow for an exception to prohibition of the use of marquees and to define the controls for the placement of a marquee on the main project site. The proposed exception to the prohibition on marquees in residential neighborhood commercial districts would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39) on the peripheral project site.

As shown on Planning Code Table 812 – Chinatown Residential Neighborhood Commercial District Zoning Control Table (812.27), Planning Code Section 890.48 prohibits 24-hour operations in the CRNC Zoning District. The existing Chinese Hospital building operates 24 hours a day, 7 days a week and is a non-conforming use. The project sponsor would seek the establishment of an SUD on the main project site to allow hospitals and medical centers to

operate 24 hours a day, 7 days a week. The proposed changes to the hours of operation would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39).

Planning Code Section 295 was adopted in 1984 pursuant to voter approval of Proposition K, to prohibit new shadow on designated parks in the City. Planning Code Section 295 generally prohibits the construction of structures over 40 feet in height that would cause new shadow on any open space under the jurisdiction of or designated to be acquired by the Recreation and Park Commission. If a project would cast net new shadow on a park or recreational facility under the jurisdiction of the Recreation and Park Commission, the Recreation and Park Commission would review the impact of such new shadows and advise the Planning Commission of its findings. The Planning Commission would hold a public hearing under Section 295 of the Planning Code and determine if the new shadows would significantly affect the use of the park. As discussed under Topic E.9, Wind and Shadow, on pp. 145-147, the proposed Replacement Hospital building would not cast net new shadow on any properties under the jurisdiction of or designated for acquisition by the Recreation and Park Commission.

Other reviews and approvals that would be required for the proposed project include a determination of consistency with the City's Priority Policies; a determination of consistency with the policies of the *General Plan*; work within the public right-of-way; and demolition, grading and building permits.

Plans and Policies

Conflicts between the proposed project and policies that relate to physical environmental issues are discussed in this Initial Study's Section E, Evaluation of Environmental Effects. Consistency of the proposed project with certain plans, policies, and regulations, such as applicable air quality plans (*Bay Air 2010 Clean Air Plan*) and transportation plans (*Transportation 2035 Plan for the San Francisco Bay Area*), will be analyzed in the Air Quality and Transportation and Circulation sections of the EIR. The effects of the changes to the Height and Bulk Controls, proposed under the SUD overlay, on the visual quality of the immediate area around the main project site will be analyzed in the Aesthetics section of the EIR.

The compatibility of the proposed project with the *General Plan,* the *Chinatown Area Plan,* and the *Chinatown Alleyway Master Plan* objectives, policies, or implementation actions that do not relate to physical environmental issues will be considered by decision-makers who decide whether to approve or disapprove the proposed project. Any potential conflicts identified as part of the project approval decision-making process would not alter the physical environmental effects of the proposed project.

San Francisco General Plan

In addition to the Planning Code and zoning policies, development in the City and County of San Francisco is subject to the *San Francisco General Plan (General Plan).* The *General Plan* provides general policies and objectives to guide land use decisions. Additionally, the main project site and the two peripheral project sites are within the area encompassed by the *Chinatown Area Plan,* which is an element of the *General Plan*. (The *Chinatown Area Plan* is discussed below.)

The proposed project would be consistent with the energy-efficiency objectives and policies in the Environmental Protection Element of the *General Plan*. The proposed Replacement Hospital building would produce up to 2.5 percent of peak power demand from on-site photovoltaic power generation and would be consistent with Objective 16 of the Environmental Protection Element, which encourages the use of renewable energy. In addition, the proposed Replacement Hospital building would be designed compactly to encourage energy efficiency, i.e., would be rated at an equivalent of LEED® Silver, and would implement a Transportation Demand Management program to encourage use of alternative transportation. This would be consistent with Objective 15 of the Environmental Protection Element.

Chinatown Area Plan

The *Chinatown Area Plan* is a component of the *General Plan* and extends the *General Plan* policy directions to an area of approximately one to three blocks in width and about ten blocks in length on the eastern slopes of Nob Hill, as well as portions of Russian Hill. The core of Chinatown is comprised of the area bounded by California Street, Stockton Street, Broadway, and Kearny Street. Map 3: Chinatown Land Use and Density Plan of the *Chinatown Area Plan* defines Chinatown as the area bounded roughly by Powell Street on the west, Broadway to the north, Columbus Avenue to the northeast, and California Street to the south (with a thin leg of the plan area extending along Grant Avenue to Bush Street).

Chinatown Area Plan objectives and policies that are applicable to the proposed project are listed below; where there are inconsistencies, a detailed discussion is presented in the relevant Initial Study Checklist Topic in Section E, Evaluation of Environmental Effects or, if potential conflicts are found that relate to secondary/indirect physical environmental effects, they will be analyzed in the relevant topic sections of the EIR for the proposed project.

Preservation and Conservation

Policy 1.1: Maintain the low-rise scale of Chinatown's buildings

The proposed Replacement Hospital building would be 90.5 feet tall (120 feet including rooftop mechanical) and would not conform to Map 1: Generalized Height Plan of the *Chinatown Area Plan*. Therefore, the proposed project would not be consistent with Policy 1.1. The project

sponsor would seek an amendment to *Chinatown Area Plan* Map 1: Generalized Height Plan as part of an SUD that would allow for the development of the proposed Replacement Hospital building. The proposed change to *Chinatown Area Plan* Map 1 would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39). The secondary/indirect physical environmental effects of project-related changes to the existing height and bulk controls are briefly discussed under Initial Study Checklist Topic E.1: Land Use and Land Use Planning, pp. 64-66, and will be analyzed in greater detail in the EIR under Aesthetics.

Policy 1.2: Promote a building form that harmonizes with the scale of existing buildings and width of Chinatown's streets.

The 11,500-sq.-ft. portion of the 22,516-sq.-ft. lot (the main project site) vacated to create space for the construction of the proposed Replacement Hospital building is approximately three times larger than the typical Chinatown lot size of 3,500 sq. ft., and land uses in the CRNC Zoning District are primarily neighborhood-serving and are typically no larger than 2,500 sq. ft. The proposed Replacement Hospital building would be constructed to within 5 feet of the eastern and southern lot lines with an approximately 17-foot setback at the ground and first floors for a terraced landscaped seating area along the Jackson Street frontage. The street frontage of the proposed Replacement Hospital building would be approximately 96 feet wide and would be differentiated by architectural treatments that break up the façade to better relate to the typical scale of older buildings. However, the proposed project would not be consistent with Policy 1.2. The project sponsor would seek an amendment to the *Chinatown Area Plan's* Design Criteria for Bulk and Massing as part of an SUD that would allow for the development of the proposed Replacement Hospital building. The proposed change to the bulk controls would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39). The secondary/indirect physical environmental effects of changes to the existing bulk and massing controls are briefly discussed under Initial Study Checklist Topic E.1: Land Use and Land Use Planning, pp. 64-66, and will be analyzed in greater detail in the EIR under Aesthetics.

Policy 1.3: Retain Chinatown's sunny, wind-free environment.

As described below under Checklist Topic E.9: Wind and Shadow, pp. 142-144, the construction of the Replacement Hospital building would likely not generate adverse pedestrian wind conditions. In terms of shadow, the proposed design and height of the proposed Replacement Hospital building would not cast net new shadow on protected San Francisco Recreation and Parks Commission properties; however, it would, as a result of its greater height and bulk, shade more of the Jackson Street sidewalks, the east side of James Alley, and a portion of the Trenton Street sidewalk north of the main project site. Therefore, the proposed project may not be consistent with Policy 1.3 (see Initial Study Checklist Topic E.9: Wind and Shadow, pp. 147-149, for a detailed analysis). The project sponsor would seek the establishment of an SUD overlay that would allow an exception to the controls requiring the development of upper-floor setbacks to preserve sun access on Chinatown sidewalks. The proposed change to the sun access controls

would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39).

Policy 1.4: Protect the historic and aesthetic resources of Chinatown.

The proposed project calls for demolition of the existing Medical Administration Building at 835 Jackson (the historic Chinese Hospital built in 1925), which will be analyzed in the EIR as a historic resource. This would be inconsistent with Policy 1.4. *Chinatown Area Plan* Map 2: Architectural Rating of Structures would be amended as a result of the proposed project to remove the existing building as an architecturally significant building.

Mixed Use

Policy 2.2: Base zoning on the generalized land use and density map below.

The proposed project would not be consistent with Policy 2.2, because it proposes the construction of a new building on the main project site that would exceed the Floor Area Ratio limits. As described below under Checklist Topic E.1: Land Use and Land Use Planning, pp. 65-66, the construction of the Replacement Hospital building as proposed would require an amendment to *Chinatown Area Plan* Map 3: Chinatown Land Use and Density Plan. The proposed SUD would request controls that would change the FAR on the development site from an existing FAR of 4.8:1 to 6.6:1, allowing for the development of the proposed Replacement Hospital building. The proposed change to the land use and density plan would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39).

Housing and Open Space

Policy 4.4: Expand open space opportunities.

If the street vacation of James Alley is not granted, the proposed project would not be consistent with Policy 4.4, because it would provide less open space than required by the Planning Code. As described below under Checklist Topic E.10: Recreation, pp. 151-155, the construction of the Replacement Hospital building would likely not generate a measurable increase in the demand for open space in the project area. The proposed 101,545-gsf Replacement Hospital building would be required to provide approximately 2,015 sq. ft. of open space under Planning Code Section 135.1. An approximately 890-sq.-ft. publicly accessible open space would be provided along the Jackson Street frontage to replace an existing 700-sq-ft. seating area that would be removed with the demolition of the MAB. The project sponsor also proposes improvements to James Alley, such as the development of an approximately 1,715 sq. ft. landscaped seating area, to meet the open space code requirements. Chinese Hospital owns the approximately 860-sq.-ft. western portion of James Alley (6.25 feet wide by 137.5 feet long) and has discussed the potential of a vacation of the eastern portion of the alley with the DPW to create a total area of approximately 1,715 sq. ft .(12.5 feet wide by 137.5 feet long). DPW has indicated that if the adjacent property owners approve of the proposed street vacation, DPW would vacate the balance of James Alley and Chinese Hospital would be required to provide a pedestrian easement to the adjacent property

owners, improve the alleyway, and provide continued maintenance of the alleyway. If the vacation of James Alley is not granted, the project sponsor would seek the establishment of an SUD overlay that would allow the proposed Replacement Hospital building to be developed without the current open space code requirements. The proposed change to the open space code requirements would not be applicable to the portion of the SUD overlay that covers the 827 Pacific Avenue building (APN 179/39).

Chinatown Alleyway Master Plan

The *Chinatown Alleyway Master Plan* guides the improvement of Chinatown's numerous alleyways and open space. This plan contains policies and implementation actions to improve and renovate 31 of Chinatown's alleyways. The *Chinatown Alleyway Master Plan* contains the *Renovation Plan*, which outlines physical improvements; the *Implementation Plan*, which identifies construction phasing, budgets, and schedules; the *Maintenance Plan*, which recommends desired policies for the maintenance of the alleys; the *Enforcement Plan*, which ensures the long-term viability of the renovated alleyways; and the *Community Education Plan*, which emphasizes the importance of community involvement. The goals of the *Chinatown Alleyway Master Plan* are consistent with the *General Plan* and include the following:

Goal 1: Recognize Chinatown's alleyways as a flexible system of open space - adaptable as needed for passive or active recreation. (*General Plan*, Urban Design Element, Objective 4, Policy 11; *Chinatown Area Plan*, Objective 4, Policy 4)

Goal 2: Development of a secondary pedestrian network linking together major community activity centers. (*General Plan*, Transportation Element, Objective 7, Policy 4; *General Plan*, Urban Design Element, Objective 4, Policy 13)

Goal 3: Recognize Chinatown's alleyways as community assets and develop a supportive infrastructure to raise and maintain the quality of the alleyway environments. (*General Plan* Urban Design Element, Objective 1, Policy 8; Urban Design Element, Objective 2, Policy 7; Urban Design Element, Objective 4, Policy 3; Urban Design Element, Objective 4, Policy 5; Urban Design Element, Objective 4, Policy 14; *Chinatown Area Plan*, Objective 1, Policy 4)

The alleyways that are closest to the main and peripheral project sites, and that were included among the 31 alleyways recommended for improvements, are Stone Street, Trenton Street 1 (north of main project site), Trenton Street 2 (south of main project site), and Bedford Place (north of main project site). These alleyways were identified as intermediate priority alleyways and were included in the second phase of improvements due to the fact that they did not require comprehensive changes to the alleyway environment. In addition, Stone Street, Trenton 1, and Cordelia were identified as core area alleyways that would provide a continuous north-south passageway linking Washington Street, Jackson Street, Pacific Avenue, and Broadway. As described above, the project sponsor has discussed the potential of a full vacation of James Alley with DPW and has indicated that, if the proposed street vacation is granted, a pedestrian easement to the adjacent property owners would be provided and an approximately 1,715-sq.-ft. landscaped

seating area would be developed. Improvements to and maintenance of James Alley, Stone Street, and Trenton Street would be provided by Chinese Hospital and would adhere to standards defined by the DPW as part of the implementation of the *Chinatown Alleyway Master Plan*. Therefore, the proposed project would be consistent with the *Chinatown Alleyway Master Plan*, because streetscape improvements would be implemented as part of the proposed project with direction from DPW.

Better Streets Plan

In December 2010, the *San Francisco Better Streets Plan* (*Better Streets Plan*) was adopted in support of the City's efforts to enhance the streetscape and the pedestrian environment. The *Better Streets Plan* carries out the intent of San Francisco's *Better Streets Policy*, adopted by the Board of Supervisors on February 6, 2006. The *Better Streets Plan* classifies the City's public streets and rights-of-way and creates a unified set of standards, guidelines, and implementation strategies, which govern how the City designs, builds, and maintains its public streets and rights-of-way. The *Better Streets Plan* consists of two primary elements, the Streetscape Master Plan (SMP) and the Pedestrian Transportation Master Plan (PMP). Major project concepts related to streetscape and pedestrian improvements include (1) pedestrian safety and accessibility features, such as enhanced pedestrian crossings, corner or midblock curb extensions, pedestrian countdown and priority signals, and other traffic calming features; (2) universal pedestrian-oriented streetscape design with incorporation of street trees, sidewalk plantings, streetscape furnishing, street lighting, efficient utility location for unobstructed sidewalks, shared single surface for small streets/alleys, and sidewalk/median pocket parks; (3) integrated pedestrian/transit functions using bus bulb-outs and boarding islands (bus stops located in medians within the street); (4) opportunities for new outdoor seating areas; and (5) improved ecological performance of streets and streetscape greening with incorporation of stormwater management techniques and urban forest maintenance.

The *Better Streets Plan* presents and acknowledges the following considerations for "Neighborhood Commercial" streets: high levels of pedestrian activity, moderate to high traffic volumes, high level of transit use, competition for short-term parking for customers and loading facilities for local business, and increased public open space needs. The *Better Streets Plan* characterizes "Alley" street types as those that experience low vehicle speeds and volumes, narrow rights-of-way and limited sidewalk space, needs for service access to business and residences, and need for design enhancements to improve the pedestrian realm.

In the vicinity of Chinese Hospital, Jackson, Stockton, and Powell Streets would be characterized as "Neighborhood Commercial" streets, while Stone Street, James Alley, and Trenton Street would be characterized as "Alleys." The proposed project would be consistent with the *Better Streets Plan,* because all required *Better Street Plan* streetscape improvements would be implemented as part of the proposed project. The proposed project includes the development of

an approximately 890-sq.-ft. landscaped seating area at the Jackson Street frontage and an approximately 1,715-sq.-ft. landscaped seating area along James Alley that would be accessible to the public. The project sponsor would maintain and improve James Alley and Stone Street to standards set by DPW as it implements the *Chinatown Alleyway Master Plan*. The proposed project does not include any streetscape improvements to Stockton or Powell Streets. Street trees would not be planted on the Jackson Street sidewalk due to the existing below-grade vault under the sidewalk in front of the existing Chinese Hospital, and the proposed development of a below-grade vault under the portion of the Jackson Street sidewalk in front of the proposed Replacement Hospital building and under James Alley.

Proposition M, the Accountable Planning Initiative

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the Planning Code to establish eight Priority Policies. These policies, and the sections of this Initial Study's Environmental Evaluation or the proposed project's EIR that will address the environmental issues associated with the policies, are: (1) preservation and enhancement of neighborhood-serving retail uses(Initial Study Topics E.1a and E.1c, Land Use); (2) protection of neighborhood character (Initial Study Topics E.1a and E.1c, Land Use); (3) preservation and enhancement of affordable housing; (4) discouragement of commuter automobiles (to be analyzed in Transportation Section of the proposed project's EIR); (5) protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; (6) maximization of earthquake preparedness (Initial Study Topics E.14a, E.14c, and E.14d, Geology and Soils); (7) landmark and historic building preservation (to be analyzed in Historic Architectural Resources Section of the proposed project's EIR); and (8) protection of open space (Initial Study Topics E.9a and E.9b, Wind and Shadow, and Topics E.10a and E.10c, Recreation).

Prior to issuing a permit for any project that requires an Initial Study under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. As noted above, the consistency of the proposed project with the environmental topics associated with Priority Policies 1, 2, 6, and 8 are discussed in this Initial Study's Section E, Evaluation of Environmental Effects. The proposed project would not be in conflict with Priority Policies 3 and 5, because the proposed project is not a residential or commercial office project and does not displace any residences. Priority Policy 4, discouragement of commuter automobiles, will be addressed in the EIR under the Transportation and Circulation section; while Priority Policy 7, historic preservation, will be addressed in the Historic Architectural Resources section of the EIR. The analysis of these Priority Policies in the Initial Study and the EIR will provide information for use in the case report for the proposed project. The case report and approval motions for the

proposed project will contain the Department's comprehensive project analysis and findings regarding consistency of the proposed project with the Priority Policies.

Other Plans

Other local environmental plans and policies such as the City's *Climate Action Plan,* the *San Francisco Sustainability Plan,* and the *Greenhouse Gas Reduction Strategy* directly address physical environmental issues and/or contain targets or standards that must be met in order to preserve or improve characteristics of the City's physical environment. In this Initial Study, the proposed project was reviewed against these above-noted plans and policies, and the proposed project would not obviously or substantially conflict with any such adopted environmental plan or policy. In the EIR, the proposed project will be reviewed against plans and policies, such as the Transit First Policy and the *San Francisco Bicycle Plan,* to determine whether or not the proposed project would obviously or substantially conflict with any such adopted environmental plan or policy.

Regional Plans and Policies

The five principal regional planning agencies and their policy plans to guide planning in the nine-county Bay Area include the Association for Bay Area Governments' (ABAG) *A Land Use Policy Framework* and *Projections 2009,* the Bay Area Air Quality Management District's (BAAQMD) *Bay Area 2010 Clean Air Plan* and *Bay Area 2005 Ozone Strategy,* the Metropolitan Transportation Commission's (MTC) *Transportation 2035 Plan for the San Francisco Bay Area,* the San Francisco Regional Water Quality Control Board's (RWQCB) *San Francisco Basin Plan,* and the San Francisco Bay Conservation and Development Commission's (BCDC) *San Francisco Bay Plan*. Due to the size of the proposed project, the Initial Study does not anticipate conflicts with ABAG's *A Land Use Policy Framework* and *Projections 2009,* RWQCB's *San Francisco Basin Plan,* or BCDC's *San Francisco Bay Plan*. As part of the analysis of Air Quality and Transportation, potential conflicts, if any, with BAAQMD's *Bay Area 2010 Clean Air Plan* and *Bay Area 2005 Ozone Strategy* and MTC's *Transportation 2035 Plan for the San Francisco Bay Area* will be addressed in the EIR.

Other Approvals and Permits

Approvals and permits from California's Office of Statewide Health Planning and Development (OSHPD) are required. Except for the BAAQMD[23] and OSHPD, no other approvals and/or permits would be required from regional, state, or federal agencies. Required approvals and/or permits from City departments other than the Planning Department or the Department of Building

[23] DBI will not issue a demolition permit to demolish the existing building until it receives a letter from the BAAQMD stating that all the asbestos-containing building materials have been removed and properly disposed of in accordance with applicable local, state, and federal laws.

Inspection (DBI) include a grading permit and a permit to work within the public right-of-way from the San Francisco Department of Public Works (DPW), and San Francisco Public Utilities Commission (SFPUC) review of erosion control programs during construction such as the Stormwater Pollution Prevention Program and, review of a Stormwater Control Plan for compliance with the Stormwater Management Ordinance requirement to reduce stormwater runoff by 25 percent in combined sewer areas on project sites with over 50 percent impervious surface coverage.

D. SUMMARY OF ENVIRONMENTAL EFFECTS

The proposed project could potentially affect the environmental factor(s) checked below. The following pages present a more detailed checklist and discussion of each environmental factor.

☒ Land Use	☒ Air Quality	☐ Biological Resources
☒ Aesthetics	☐ Greenhouse Gas Emissions	☐ Geology and Soils
☐ Population and Housing	☐ Wind and Shadow	☐ Hydrology and Water Quality
☒ Cultural and Paleo. Resources	☐ Recreation	☐ Hazards/Hazardous Materials
☒ Transportation and Circulation	☐ Utilities and Service Systems	☐ Mineral/Energy Resources
☐ Noise	☐ Public Services	☐ Agricultural and Forest Resources
		☐ Mandatory Findings of Significance

1. Effects Found to be Potentially Significant

This Initial Study evaluates the proposed Chinese Hospital Replacement Project to determine whether it would result in significant environmental impacts. The designation of topics as "Potentially Significant" in the Initial Study means that the EIR will consider the topic in greater depth and determine whether the impact would be significant. The proposed project could have a significant effect on the visual quality of the area and on historical architectural resources, because the proposed project would demolish the MAB at 835 Jackson Street (the original 1925 Chinese Hospital), a potentially significant historic resource for the purposes of CEQA, and construct a 90.5-foot-tall Replacement Hospital on the main project site. Construction and operation of the proposed Replacement Hospital building and renovations to the existing Chinese Hospital building on the main project site and renovations to the buildings on the peripheral project sites –the Powell Street Parking Garage and the 827 Pacific Avenue Radiology Center – could have a significant effect on transportation in the project area, and on on-site and off-site sensitive receptors due to temporary and/or permanent changes to the ambient air quality. These potential impacts will be analyzed in the EIR. The EIR will also provide a discussion of land use for informational and analytical purposes, because the changes to height and bulk in the proposed Special Use District (SUD) overlay could conflict with plans and policies adopted for the purpose of avoiding or mitigating a physical environmental effect.

2. Effects Found Not to be Significant

The following potential individual and cumulative environmental effects of the proposed project were determined either to be less than significant or to be reduced to a less-than-significant level through recommended mitigation measures included in this Initial Study:

- Land Use and Land Use Planning (community division and neighborhood character, discussed in the EIR for informational purposes);
- Population and Housing (all topics);
- Cultural and Paleontological Resources (archeological and paleontological resources);
- Noise (all topics);
- Greenhouse Gas Emissions;
- Wind and Shadow (all topics);
- Recreation (all topics);
- Utilities and Service Systems (all topics);
- Public Services (all topics);
- Biological Resources (all topics);
- Geology and Soils (all topics);
- Hydrology and Water Quality (all topics);
- Hazards/Hazardous Materials (all topics);
- Mineral/Energy Resources (all topics); and
- Agricultural and Forest Resources (all topics).

These items are discussed with recommended mitigation measures, where appropriate, in Sections E and F, and require no further environmental analysis in the EIR. All mitigation measures identified, including those for cultural and paleontological resources (archaeological and paleontological resources), construction noise sources, and stationary/operational noise sources have been agreed to by the project sponsor and will be incorporated into the proposed project. For items designated "Not Applicable," the conclusions regarding potential significant environmental effects are based upon field observations, staff and consultant experience and expertise on similar projects, and/or standard reference materials available within the San Francisco Planning Department, such as the San Francisco Planning Department's October 2002 *Transportation Impact Analysis Guidelines for Environmental Review* (*SF Guidelines*) and the California Natural Diversity Database and maps published by the California Department of Fish and Game. For each checklist item, the evaluation has considered both individual and cumulative impacts of the proposed project. As indicated above, the EIR will discuss land use and land use planning checklist questions related to community division and neighborhood character for informational purposes, although this Initial Study determined that such effects resulting from the

proposed project would be less than significant. However, the EIR will address the land use and land use planning checklist questions related to the proposed project's conflicts with applicable plans and policies in detail, because the Initial Study determined that such impacts resulting from the proposed project could be potentially significant.

E. EVALUATION OF ENVIRONMENTAL EFFECTS

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
1.	**LAND USE AND LAND USE PLANNING—Would the project:**					
a)	Physically divide an established community?	☐	☐	☒	☐	☐
b)	Conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (including, but not limited to the general plan, specific plan, local coastal program, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect?	☒	☐	☐	☐	☐
c)	Have a substantial impact upon the existing character of the vicinity?	☐	☐	☒	☐	☐

Impact LU-1: The proposed project would not physically divide an established community. *(Less than Significant)* (Criterion 1a)

The main project site on Jackson Street and peripheral project sites (the leased Powell Street Parking Garage at 1140 Powell Street and the leased space in the 827 Pacific Avenue building) are located in northeast San Francisco within the Chinatown neighborhood, on the northeastern flank of Nob Hill. The Chinatown neighborhood encompasses an area of approximately 30 city blocks – approximately one to three blocks in width and about ten blocks in length on the eastern slopes of Nob Hill, as well as portions of Russian Hill. The core of Chinatown is comprised of the area bounded by California Street, Stockton Street, Broadway, and Kearny Street. *Chinatown Area Plan* Map 3: Chinatown Land Use and Density Plan defines Chinatown as the area bounded roughly by Powell Street on the west, Broadway to the north, Columbus Avenue to the northeast, and California Street to the south (with a thin leg of the plan area extending along Grant Avenue to Bush Street). The Russian Hill, North Beach, and Telegraph Hill neighborhoods are located to the northwest, north, and northeast, respectively. The Financial District, Downtown (Union Square), and Nob Hill are located to the east, south, and west, respectively.

The main project site block is bounded by Jackson Street, Stockton Street, Washington Street, and Powell Street and includes north-south-running interior roads – Stone Street, James Alley, and Trenton Street. Trenton Street and James Alley are discontinuous north-south directional alleys and Stone Street is one-way southbound. The main project site fronts onto Jackson Street and is developed with the five-story Chinese Hospital at 845 Jackson Street, the existing five-

story MAB at 835 Jackson Street, and the above-ground three-level Chinese Hospital Parking Garage immediately south of the MAB. The Powell Street Parking Garage, a peripheral project site, is also on this main project site block. Stockton and Powell Streets are one-half block to the east and west of the main project site, respectively. Broadway is two blocks north and Columbus Avenue is approximately three blocks to the east.

The main project site, the peripheral project sites (both within a block of the main project site), and their immediate surroundings are primarily in the CRNC Zoning District, with the exception of a few lots to the west and to the south that are in Public (P) Districts.[24] The peripheral project site at 827 Pacific Avenue is located on the south side of Pacific Avenue between Stockton and Powell Streets, on the city block immediately north of the main project site block. The other peripheral project site, the Powell Street Parking Garage at 1140 Powell Street, is west of the main project site on the same block as the main project site and faces east onto Powell Street. It is located midblock between Washington and Jackson Streets. The area surrounding the main project site and the peripheral project sites is a mixture of zoning districts including Residential, Mixed, High Density (RM-4) to the north and northeast; Chinatown Visitor Retail (CVR) along Grant Avenue to the east; Residential-Commercial Combined, High Density (RC-4) to the south; Residential, Mixed, Medium Density (RM-3) to the west; and Residential House, Three-Family (RH-3) and Residential-Commercial Combined, Medium Density (RC-3) to the northwest.

Prior to the 1906 earthquake, healthcare services for the Chinatown community had been provided at the Tung Wah Dispensary, built at 828 Sacramento Street in 1899 (about 3 blocks to the southeast of the main project site). Shortly after the 1906 earthquake, the Tung Wah Dispensary was reconstructed less than a block south from the main project site, near Washington and Trenton Streets. As demand for healthcare services increased, the first Chinese Hospital was constructed in 1925 at 835 Jackson Street. In 1979, all healthcare services were transferred to the newly constructed Chinese Hospital at 845 Jackson Street, immediately to the west. The historic Chinese Hospital is now the current MAB and houses administrative and hospital support functions. The Chinese Hospital Parking Garage was constructed in 1992 at the rear of the existing MAB.

Other prominent land uses in the immediate vicinity of the main project site and the two peripheral project sites include the Woh Hei Yuen Recreation Center and Park and the Chinatown Public Library on Powell Street west of Chinese Hospital, the Cumberland Presbyterian Church immediately west of Chinese Hospital (across Stone Street), the Commodore Stockton CDC immediately south of Chinese Hospital at 949 Washington Street, the Gum Moon Women's Residence at 940 Washington Street south of the MAB on the main project site, the Chinese United Methodist Church at 920 Washington Street south of the MAB on the main project site,

[24] Parcels that are zoned "P" for Public Use generally include schools, libraries, and fire stations and are generally small zoning districts, rather than large zoning districts.

and the Gordon J. Lau Public Elementary School located to the south of the main project site across Washington Street at the midblock. Near the peripheral project site at 827 Pacific Avenue are the Ping Yuen Housing Complex (Middle) at 895 Pacific Avenue to the west, the Ping Yuen Housing Complex (North) at 828 Pacific Avenue to the north, San Francisco Fire Department Station No. 2 at 1367 Powell Street to the northwest, and the Ping Yuen Housing Complex (Central) at 711 Pacific Avenue to the east. The peripheral project site, the Powell Street Parking Garage (1140 Powell Street), is located midblock between Washington and Jackson Streets, immediately opposite the Chinatown Public Library and a Buddhist Temple. The east-side facing lots to the north and south of the Powell Street Parking Garage are low- to mid-rise mixed-use buildings with ground floor commercial uses.

The proposed project would involve the demolition of the MAB and the Chinese Hospital Parking Garage and construction of the proposed Replacement Hospital building on the vacated, approximately 0.25-acre area (11,500 sq. ft.) of the main project site. The proposed Replacement Hospital building would be incorporated into the established street and block pattern and would create no impediment to the passage of people or vehicles. The proposed Replacement Hospital building would be constructed entirely within the boundaries of the vacated area on the main project site.

The Powell Street Parking Garage would be leased by Chinese Hospital to accommodate 56 off-street parking spaces (86 valet parked spaces) and up to 18 bicycle parking spaces in approximately 15,660 gsf of hospital-related off-street parking space. This would include the 41 off-street parking spaces lost as a result of the demolition of the 15,000-gsf Chinese Hospital Parking Garage. The basement level of the Powell Street Parking Garage would be renovated to accommodate hospital storage and engineering shops (approximately 7,830 gsf), while the ground and second levels (approximately 15,660 gsf combined) would accommodate off-street parking demand from Chinese Hospital physicians, employees, patients, and visitors. The existing automotive repair center at the ground level of the Powell Street Parking Garage would be displaced with project development.

Space in the 827 Pacific Avenue building would be leased on a long- and short-term basis by Chinese Hospital to accommodate approximately 8,680 gsf of administrative and medical uses lost as a result of the demolition of the MAB. The full basement level and a portion of the ground level of the 827 Pacific Avenue building (approximately 5,054 gsf combined) would be leased on a long-term basis and renovated to become the outpatient Radiology Center for Chinese Hospital. The remaining portion of the ground level and the full second level (approximately 3,626 gsf combined) would be leased during construction on a short-term basis (approximately three years) and renovated for transitional space to accommodate administrative uses and an infusion clinic. Thus, the existing furniture retail use at the 827 Pacific Avenue building would be displaced with project development. Upon completion of the work to renovate the existing Chinese Hospital building (to become the renovated MAOC), the temporary administrative uses and infusion clinic

at the second level and a portion of the ground level of the 827 Pacific Avenue building would be relocated to the renovated MAOC. After relocation of administrative uses and infusion clinic uses to the renovated MAOC on the main project site, approximately 3,626 gsf of space at 827 Pacific Avenue building would be available for lease to future tenants.

Thus, on the peripheral project sites, an existing auto-service use and parking garage (approximately 7,830 gsf for the auto-repair use and 15,660 gsf for monthly public parking) at the 23,490-gsf Powell Street Parking Garage and an approximately 8,680-gsf furniture retail use that occupies the 827 Pacific Avenue commercial building would be displaced. There would be a change of use, and exterior and interior renovations at the 827 Pacific Avenue peripheral project site. The proposed exterior changes to this building would be minimal, i.e., removal of awnings, new storefront glazing, and relocation of the ADA-accessible entry. There are no exterior changes planned at the Powell Street Parking Garage; however, there would be interior renovations to this building. Under the proposed project, the proposed work at these two locations would not result in a physical disruption to an established street and block pattern and would create no impediment to the passage of people or vehicles.

In conclusion, the proposed Replacement Hospital building would not introduce a new land use into the project area, but would replace the existing Chinese Hospital in order to comply with seismic requirements of SB 1953 and to enhance the delivery of healthcare services to the community. There would be a permanent change in use at the 827 Pacific Avenue building (from retail to medical office uses), and an expansion of parking uses at the Powell Street Parking Garage. All other surrounding uses and activities would remain as they are. For these reasons, the proposed project would not physically divide an established community, and its impact related to this issue would be less than significant.

Impact LU-2: Approval of the proposed Special Use District could result in conflicts with applicable land use plans, policies, or regulations of an agency with jurisdiction over the project (including, but not limited to, a General Plan, Specific Plan, local coastal program, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect. ***(Potentially Significant)*** **(Criterion 1b)**

The City's *General Plan*, which provides general policies and objectives to guide land use decisions, contains policies that relate to physical environmental issues. As described under Compatibility with Existing Zoning and Plans, pp. 44-51, the project sponsor would propose the establishment of a Special Use District (SUD) overlay to the CRNC Zoning District in order to address conflicts with current zoning controls, height and bulk controls, floor to area ratio limits, and use size restrictions among other controls. The proposed SUD overlay would include the main project site (APN 192/41), the site of the proposed Replacement Hospital and the Medical Administration and Outpatient Center, and one of the two peripheral project sites (APN 179/39), the site of the proposed Radiology Center at the basement and ground-floor levels of the 827 Pacific Avenue building. It would not include the other peripheral project site, the Powell Street

Parking Garage at 1140 Powell Street. The only proposed SUD overlay changes applicable to the peripheral project site at 827 Pacific Avenue are the change to Planning Code Special Use District Map (SU-01) and a text change to the Planning Code controls for the CRNC Zoning District, which would allow medical uses as a principally permitted use rather than as a conditional use to permit medical uses at all levels of a building on APN 179/39.

The proposed SUD would also include new zoning and height and bulk controls, among other text and map changes, that would allow for the development of the proposed seven-story Replacement Hospital building and the development of associated uses at the 827 Pacific Avenue building. Physical changes to the land use character of the main project site, such as the site being zoned for taller and bulkier buildings, would increase the intensities of the land uses on the main project site. The proposed height and bulk controls that would be established for new development on the main project site in the proposed SUD overlay would not be applicable to the portion of the SUD overlay covering 827 Pacific Avenue (APN 179/39).

As discussed under Compatibility with Existing Zoning and Plans, the proposed SUD would not be consistent with existing CNRC zoning and height and bulk controls and other zoning controls, and a number of legislative amendments would be required to implement it. A conflict with an existing control is not, in and of itself, a physical environmental effect of the proposed SUD, unless it results in secondary or indirect physical effects. Physical environmental effects of the proposed SUD are analyzed in the appropriate sections of this Initial Study (employment and housing impacts in Topic E.3, Population and Housing, pp. 72-78; and wind and shadow impacts in Topic E.9, Wind and Shadow, pp. 141-150). The discussion under Topic E.2, Aesthetics, on pp. 70-72, indicates that the proposed Replacement Hospital building may have potentially significant impacts due to its proposed height and bulk, and, as a result, will be analyzed at a greater level of detail as part of the proposed project's Environmental Impact Report (EIR). Thus, the effects of the height and bulk controls proposed under the SUD overlay as it relates to the design of the Replacement Hospital building could have potentially significant effects on aesthetics and, therefore, could potentially result in conflicts with adopted plans, policies, and/or regulations. As part of its decision to approve, modify, or disapprove the proposed project, the Planning Commission will consider other potential conflicts with the *General Plan* and will weigh *General Plan* policies and decide whether, on balance, the project is consistent with the *General Plan*. Project conformance with the Planning Code, which implements the *General Plan*, is also discussed under Compatibility with Existing Zoning and Plans, pp. 44-51.

The City's *Chinatown Area Plan* would be the guiding policy document for the proposed project. Many of the plan objectives and policies relate to the overarching goals of maintaining and/or enhancing the area's livability and preserving the area's historic and aesthetic resources. The *Chinatown Area Plan* contains policies that relate to physical environmental issues, such as historic preservation, urban form, sunlight and wind, transportation, and seismic safety. The proposed project would require amendments to *Chinatown Area Plan* Map 1: Generalized Height

Plan, Map 3: Land Use and Density Plan, and the Design Criteria for Bulk and Massing Diagram to conform to the proposed Planning Code Height & Bulk Map amendments. The proposed SUD would request amendment of the above-noted *Chinatown Area Plan* maps and design criteria. As with the proposed Planning Code map changes for Height and Bulk, the proposed changes for Maps 1 and 2 of the *Chinatown Area Plan*, as well as the Design Criteria for Bulk and Massing Diagram, would not be applicable to the portion of the SUD overlay covering 827 Pacific Avenue (APN 179/39).

In addition, the *Chinatown Alleyway Master Plan* guides the improvement of Chinatown's numerous alleyways including Stone Street, Trenton Street (north and south of the main project site), and Bedford Place. The proposed project would not conflict with the improvements identified for these alleyways under the *Chinatown Alleyway Master Plan* or with the proposal to create a continuous north-south passageway from Washington Street to Broadway, which would include Stone Street and Trenton Street (north of the main project site). Furthermore, the project sponsor proposes improvements to James Alley, based on the stipulations in a future transfer agreement with the DPW for the vacation of the easterly half of James Alley and its subsequent acquisition by Chinese Hospital.

Development of the proposed project would require the adoption of the proposed Chinese Hospital SUD and related amendments to the *General Plan*, the *Chinatown Area Plan* and Planning Code zoning controls, including changes to the Height and Bulk Map (HT-01), and the Special Use District Map (SU-01). As mentioned above, the proposed project's potentially significant impacts on aesthetics due to the proposed height and bulk of the Replacement Hospital building will be analyzed in the EIR. Thus, the secondary or indirect effects of the height and bulk controls proposed under the SUD overlay as it relates to the design of the Replacement Hospital building could potentially result in conflicts with adopted plans, policies, and/or regulations. Therefore, the proposed SUD's consistency with plans, policies, ordinances and regulations adopted to avoid or mitigate physical environmental effects will be addressed in the EIR.

Impact LU-3: The proposed project would not have a substantial impact on the existing character of the site vicinity. *(Less than Significant)* (Criterion 1c)

The main project site is located midblock along Jackson Street between Powell and Stockton Streets. The peripheral project site at 1140 Powell Street (the Powell Street Parking Garage) is located on the main project site block, west of the main project site fronting Powell Street. The peripheral project site at 827 Pacific Avenue is located within a block of the main project site and fronts onto Pacific Avenue. Powell Street includes the infrastructure for Muni's Powell-Hyde and Powell-Mason cable car line, while Stockton Street accommodates multiple Muni bus lines; both are important transportation corridors for Chinatown residents, visitors, and workers. Pacific Avenue accommodates two Muni bus lines. Land uses on the main and peripheral project site blocks are a mix of educational, religious, residential, and commercial buildings of different

size, age, and architectural style, some of which are part of the proposed Chinatown Historic District. Building heights vary from two to six stories on the main and peripheral project site blocks, and range from 11 to 16 stories in the greater project vicinity; for instance, the Mandarin Tower at 934 Stockton Street to the southeast, the Ping Yuen Housing Complex (North) at 828 Pacific Avenue to the north, and the Ping Yuen Housing Complex (Central) at 711 Pacific Avenue to the east.

Healthcare services have been provided on the main project site since 1925, when the first Chinese Hospital was constructed; however, healthcare services for the Chinatown community were first provided in 1899 from the Tung Wah Dispensary at 828 Sacramento Street (about 3 blocks to the southeast of the main project site) and later at a location near the intersection of Washington and Trenton Streets – less than a block from the main project site. The five-story original (1925) Chinese Hospital (currently the MAB) operated for over five decades before being replaced by the existing Chinese Hospital (1979) at 845 Jackson Street. Medical uses on the main project site have co-existed with adjacent residential, commercial, educational, and religious land uses for over 100 years. Over this period of time, various physical changes to the main project site have occurred, including the construction of the existing Chinese Hospital at 845 Jackson Street in 1979 and the three-level Chinese Hospital Parking Garage in 1992. The 23,490-gsf Powell Street Parking Garage at 1140 Powell Street and the 8,680-gsf commercial building at 827 Pacific Avenue (both built in 1926) have not undergone significant renovation since they were built.

The proposed seven-story, 90.5-foot-tall (excluding the 30-foot-tall mechanical penthouse) Replacement Hospital would be constructed on the vacated footprints of the existing five-story, 78-foot-tall (excluding the 14-foot-tall mechanical penthouse) MAB and three-story, 24-foot-tall Chinese Hospital Parking Garage, and would be comparable in scale, but taller and bulkier, than the existing, five-story, 81.5-foot-tall (excluding the 14-foot-tall mechanical penthouse) Chinese Hospital building and other buildings in the immediate vicinity. In addition to the construction of the Replacement Hospital building on the main project site, the proposed project includes renovations to the existing five-story Chinese Hospital building (to become the MAOC) and interior renovations to the buildings on the peripheral project sites located at 827 Pacific Avenue and 1140 Powell Street (the Powell Street Parking Garage), both within a block of the main project site. All renovation work would be limited to interior, and exterior changes proposed for the 827 Pacific Avenue building would be minor storefront changes. Low- and mid-rise residential, commercial, religious, and educational buildings contribute to the character of the immediate area around the main and peripheral project sites. The surrounding area also includes office, ground-floor retail, restaurant and bar, bank, hotel, and parking uses.

Among the buildings that contribute to the character of the surrounding area are the Commodore Stockton CDC located immediately south of Chinese Hospital at 949 Washington Street, and the Gum Moon Women's Residence located south of the MAB at 940 Washington Street.

Additionally, on Map 2 of the *Chinatown Area Plan*, the MAB at 835 Jackson Street, the 855 Jackson Street building (the Cumberland Presbyterian Church across Stone Street to the west of the main project site), and the Chinese United Methodist Church at 920 Washington Street are shown as architecturally significant buildings. On this same map, the Powell Street Parking Garage is identified as an architecturally compatible structure. Most of the remaining buildings on the main project site block are identified as architecturally compatible structures. The 827 Pacific Avenue building, a peripheral project site on the block north of the main project site block, and the adjacent buildings along the south side of Pacific Avenue are not considered to be architecturally compatible structures; about half of the buildings on this block are considered to be architecturally compatible structures.

The proposed design of the Replacement Hospital building would be modern and would more closely resemble the existing Chinese Hospital building at 845 Jackson (to be renovated and reused as an MAOC under the proposed project), the three-story medical office building at 890 Jackson Street, and the three-story commercial building at 818 Jackson Street, than the MAB (to be demolished under the proposed project) or other architecturally significant or compatible buildings on the main project site block or in the immediate project vicinity. There are limited storefront-type exterior changes proposed for the 827 Pacific Avenue building and none for the Powell Street Parking Garage on the peripheral project sites; thus, there would be no impacts on the character of the area immediately around these peripheral project sites.

Development of the proposed Replacement Hospital building and renovations to the existing Chinese Hospital building and the Powell Street Parking Garage would not introduce new or incompatible land uses into the neighborhood. The development of a new Radiology Center at the 827 Pacific Avenue site would represent a change in use (from retail to medical uses). The proposed project would result in a densification of uses on-site (particularly an increase in the number of employees, patients, and visitors on the main and peripheral project sites, and in their vicinity) and an associated intensification of site use. The intensification of site use would be consistent with the densely developed character of the project area, which is highly urban with a variety of uses. Development of the proposed project would continue to complement the residential, educational, religious, and commercial uses nearby and the overall mixed-use character of the project vicinity and would not adversely affect the existing transportation corridors. For these reasons, the proposed project would not substantially alter the existing character of the area near the main and peripheral project sites, and its impact on neighborhood character would be less than significant. This topic will be discussed in the EIR for informational purposes.

Cumulative Impacts

Impact C-LU-4: The proposed project, in combination with past, present, or reasonably foreseeable future projects in the site vicinity, would result in less-than-significant cumulative land use impacts. ***(Less than Significant)*** **(Criteria 1a – 1c)**

Muni expects to complete the Central Subway (a 1.7-mile extension of the Third Street Light Rail Project linking Visitacion Valley with Union Square and Chinatown) over the next ten years. The approved Central Subway project includes the development of the Chinatown Station at the southwest corner of Washington and Jackson Streets (933-949 Stockton Street), about one block south of the main project site on Jackson Street. The approximately 19,000-sq.-ft., two-story building at 933-949 Stockton Street would be demolished to create space for a new building. The proposed Chinatown Station would occupy the ground floor of a new 65-foot-tall mixed-use building, providing pedestrian access to the station's underground platforms. The 933-949 Stockton Street building currently has commercial uses on the ground floor and 18 dwelling units/residences on the second floor. Uses above the ground floor would conform to the existing CRNC Zoning District controls; the exact development square footages and residential unit counts are not available at present.

In addition to the Muni Chinatown Station, the following six residential and cultural/institutional/educational projects are expected to be developed within an approximately 0.25-mile radius of the main and peripheral project sites:

1. 1199 Mason Street: 21,990 gsf of cultural/institutional/educational uses
2. 740 Washington Street: 18 dwelling units; 4,450 gsf of cultural/institutional/educational uses
3. 34 Pleasant Street: 3 dwelling units
4. 414 Vallejo Street: 3 dwelling units
5. 1020 Broadway: 6 dwelling units
6. 1001 California Street: 15 dwelling units

When taken together, these seven projects would add approximately 45 dwelling units (however, development of the Central Subway's Chinatown Station at 933-949 Stockton Street would result in the loss of 18 dwelling units), and approximately 26,440 gsf of cultural/institutional/educational space to this area. The development of additional residential dwelling units and commercial space (specific development information not available at present) would also occur due to the Muni Chinatown Station project at 933-949 Stockton Street.

As discussed under Impact LU-2 above, the proposed SUD overlay would establish height and bulk controls on the main project site that could result in a hospital design that conflicts with adopted plans, policies, or regulations of an established agency with jurisdiction over the proposed project; however, as these controls are specific to the development on the main project site (APN 192/41) any impacts would be project-specific and localized, and the potential for

cumulatively considerable impacts is low. Similar to the proposed project, the entitled and proposed cumulative projects that are considered in this cumulative analysis would be constructed within their respective lot configurations and be incorporated within the established street network. Furthermore, development of the proposed Replacement Hospital building, as well as entitled cumulative projects, would continue to complement the existing nearby uses in Chinatown and the overall mixed-use character of this part of San Francisco. Thus, the proposed project would not be expected to cumulatively change the existing neighborhood character or divide an established community. For the reasons discussed above, the proposed project would have less-than-significant cumulative impacts on land use and would not contribute considerably to cumulative land use impacts. However, the cumulative land use effects of the proposed project will be discussed in the EIR for informational purposes.

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
2.	**AESTHETICS—Would the project:**					
a)	Have a substantial adverse effect on a scenic vista?	☒	☐	☐	☐	☐
b)	Substantially damage scenic resources, including, but not limited to, trees, rock outcroppings, and other features of the built or natural environment which contribute to a scenic public setting?	☒	☐	☐	☐	☐
c)	Substantially degrade the existing visual character or quality of the site and its surroundings?	☒	☐	☐	☐	☐
d)	Create a new source of substantial light or glare which would adversely affect day or nighttime views in the area or which would substantially impact other people or properties?	☒	☐	☐	☐	☐

Impact AE-1: The proposed project could result in an adverse effect on scenic views and vistas. *(Potentially Significant)* (Criterion 2a)

San Francisco has many scenic views from its hilltops and from locations near the Pacific Coast or San Francisco Bay. Streets and their street walls form most of the view corridors in San Francisco. Some of San Francisco's view corridors, particularly those down its numerous hills, yield open views of San Francisco Bay. View corridors along streets are framed by physical elements such as buildings and other structural elements that direct lines of sight for pedestrians and motorists. The City's *General Plan* identifies the importance of recognizing and protecting major views in the City, with particular attention to views of open space and water. In May 2007, based on the Urban Design Element of the *General Plan*, the Planning Department published a Street Views Map which highlights a scenic view corridor along Jackson Street west of Powell Street with views to San Francisco Bay. The potential for project-related impacts from the

proposed development on the main project site on scenic views and vistas as well as views from private residences will be evaluated in the EIR.

Impact AE-2: The proposed project could substantially damage a scenic resource or other features of the natural or built environment. ***(Potentially Significant)*** **(Criterion 2b)**

The proposed project calls for demolition of the existing five-story MAB and three-level Chinese Hospital Parking Garage on the eastern portion of the main project site on Jackson Street. The five-story MAB is an architecturally distinctive building built in 1925 as the original Chinese Hospital. This building will be evaluated as a scenic resource in the EIR, as will the project-related impacts on the main project site and its surroundings.

Impact AE-3: The proposed project could degrade the existing visual character or quality of the site and its surroundings. ***(Potentially Significant)*** **(Criterion 2c)**

Chinese Hospital is located on the northeastern flank of Nob Hill in a densely built urban area. The blocks surrounding Chinese Hospital are composed mostly of mixed-use buildings, many of which retain the distinct architectural style of Chinatown. East of the Chinese Hospital, the surrounding blocks are architecturally distinct and recognizable as San Francisco's Chinatown as evidenced by the prominent and stylized Chinatown architectural decoration on most buildings. The street-level retail establishments often have open-air market frontage, with items displayed along the sidewalks, and due to the high levels of foot and vehicle traffic, the streets appear narrow. The mixed-use buildings typical of Chinatown are tightly spaced and most have businesses at the street level and below grade, with residences in the upper stories. Many of the shops and restaurants have attached awnings or overhangs on the front of the buildings.

The proposed project calls for demolition of the existing five-story MAB and three-level Chinese Hospital Parking Garage on the eastern portion of the main project site at Jackson Street. The demolition of the two structures would create an 11,500-sq.-ft. area for the construction of the proposed 101,545-gsf Replacement Hospital building. This vacated area would be approximately three times larger than the typical Chinatown lot size of 3,500 sq. ft. and almost five times larger than the lot sizes in the CRNC Zoning District, which are typically no larger than 2,500 sq. ft. and are primarily neighborhood-serving. The existing Chinese Hospital building is a nonconforming use for the CRNC Zoning District. The proposed Chinese Hospital SUD would include zoning controls that would allow for the development of the proposed Replacement Hospital building, which would be 101,545 gsf and seven stories tall plus a basement level and modern in design. The proposed Replacement Hospital building's effect on the existing visual character or quality of the site and its surroundings will be discussed in the EIR.

Impact AE-4: The proposed project could introduce additional sources of light and glare that could affect day or nighttime views in the area or which could substantially affect other people or properties. ***(Potentially Significant)*** **(Criterion 2d)**

Current sources of light and glare on the main project site on Jackson Street include exterior lights and building materials on the existing buildings including lighting at the Chinese Hospital

Parking Garage. Other sources of light and glare include vehicles parking at the Chinese Hospital Parking Garage and along roads in the project vicinity. Existing lighting in the main project site vicinity includes street lighting along Jackson Street, Trenton Street, and Stone Street, and lighting within and on the outsides of buildings. The proposed project would result in the removal of the existing five-story MAB and three-level, above-ground Chinese Hospital Parking Garage and construction of the seven-story Replacement Hospital building, with outdoor lighting typical of a hospital building. Although it would not create a new source of light and glare, the proposed Replacement Hospital building could introduce additional light or glare which would adversely affect day or nighttime views of the area. Therefore, this topic will be discussed further in the EIR.

Cumulative Impacts

Impact C-AE-5: The proposed project, in combination with past, present, or reasonably foreseeable future development in the site vicinity, could result in cumulative impacts to aesthetic resources. ***(Potentially Significant)*** **(Criteria 2a – 2d)**

Muni expects to complete the Central Subway (a 1.7-mile extension of the Third Street Light Rail Project linking Visitacion Valley with Union Square and Chinatown), including development of a Muni station at the corner of Washington and Stockton Streets over the next ten years. Development of the Chinatown Station would require the demolition of a two-story, 19,000-sq.-ft. mixed-use building at 933-949 Stockton Street with residences on the second floor. With the other six residential and cultural/institutional/educational projects expected to be developed within an approximately 0.25-mile radius of the main project site (listed on p. 69), cumulative development would add approximately 187 net new dwelling units, approximately 310,000 gsf of commercial space, and approximately 26,440 gsf of cultural / institutional / educational space to this area. The proposed project could result in significant impacts on aesthetic resources and, as a result, could also contribute to cumulatively considerable aesthetic resource impacts. Aesthetic resources will therefore be discussed in the EIR.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
3. POPULATION AND HOUSING— Would the project:					
a) Induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure)?	☐	☐	☒	☐	☐
b) Displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing?	☐	☐	☒	☐	☐

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
c) Displace substantial numbers of people, necessitating the construction of replacement housing elsewhere?	☐	☐	☒	☐	☐

Impact PH-1: The proposed project would not induce substantial population growth in an area, either directly or indirectly. ***(Less than Significant)*** **(Criterion 3a)**

The proposed project would not include residential development and, therefore, would not directly induce population growth in the project area or citywide through the construction of housing. The proposed project also would not indirectly increase population through changes or extensions to area roads, utilities, or other infrastructure.

The main project site on Jackson Street is currently developed with three buildings: the MAB at 835 Jackson Street, the existing Chinese Hospital at 845 Jackson Street, and the Chinese Hospital Parking Garage located behind the MAB. The five-story MAB contains approximately 29,793 gsf of healthcare-related administrative office uses and outpatient services such as radiology and ultrasound. The existing Chinese Hospital building contains approximately 43,368 gsf of hospital space. The proposed project would involve demolition of the five-story MAB and the three-level Chinese Hospital Parking Garage; the construction of an approximately 101,545-gsf Replacement Hospital building; and the conversion of the existing Chinese Hospital to an MAOC with healthcare-related administrative office uses and outpatient services.

In addition to the construction of the Replacement Hospital building and renovations to the existing Chinese Hospital building on the main project site, the proposed project also includes renovation of the two buildings on the peripheral project sites. The 827 Pacific Avenue peripheral project site (one block north of the main project site) has an approximately 8,680-gsf two-story-plus-basement commercial building occupied by a furniture store. The 23,490-gsf, two-story-plus-basement Powell Street Parking Garage at 1140 Powell Street (less than a block west of the main project site) is currently used for off-street parking and a ground-level automotive repair center.

The project sponsor proposes to lease the entire Powell Street Parking Garage on a long-term basis and renovate the building to accommodate off-street parking and hospital storage and engineering shop space displaced as a result of the demolition of the Chinese Hospital Parking Garage and the MAB on the main project site. The basement floor of the leased Powell Street Parking Garage (approximately 7,830 gsf) would be converted from parking to hospital storage and engineering shop space for Chinese Hospital. The existing automotive repair center at the ground level would be removed to create additional parking at that level, and the second level would be used for off-street parking. Thus, approximately 15,660 gsf of space on the ground and

second levels would be devoted to off-street parking for Chinese Hospital staff, patients, and visitors. Off-street parking, materials storage, and engineering shop space would become permanent uses at this location.

The project sponsor also proposes to lease and renovate the 827 Pacific Avenue building (approximately 8,680 gsf). The basement and a portion of the ground level (approximately 5,054 gsf) would be leased on a long-term basis and converted from a furniture showroom and receiving areas to a new Radiology Center for use by Chinese Hospital. The remaining portion of the ground level and the full second level (approximately 3,626 gsf) would be leased on a short-term basis for transitional space and renovated to temporarily accommodate administrative uses and an infusion clinic displaced as a result of the demolition of the MAB on the main project site. Upon completion of the work on the main project site to renovate the existing Chinese Hospital building (to become the renovated MAOC in 2015), the temporary administrative uses and infusion clinic at the 827 Pacific Avenue building would be relocated to the renovated MAOC space. Thus, the Radiology Center (approximately 5,054 gsf) at the basement level and a portion of the ground level would become a permanent use at this site, and future use of the portion of the ground level and the full second level, which would be leased by Chinese Hospital only on a short-term basis (up to 2015), would be 3,626 gsf of administrative use and an infusion clinic. After 2015, upon completion of the existing Chinese Hospital building renovation (MAOC in the future), all temporary uses at this peripheral project site would return to the main project site and be incorporated into the renovated MAOC, and the vacated space at 827 Pacific Avenue would be available for lease to future tenants. The permanent medical use (Radiology Center) at the 827 Pacific Avenue peripheral project site and the permanent off-street parking, storage, and engineering shop uses at the Powell Street Parking Garage would result in an increase in hospital-related activities in the project area.

The average daily population (ADP) at Chinese Hospital (the main and peripheral project sites) is expected to increase over time, from approximately 1,310 physicians, staff, patients and visitors in 2010 to approximately 1,800 physicians, staff, patients and visitors in 2030, an increase of approximately 495 people over existing conditions.[25] Table 7: Projected Employment Growth at Chinese Hospital (Physicians, Nurses, and Staff) – Existing to 2030, shows the projected net growth in employment that would result from implementation of the proposed project.

[25] The ADP represents the number of physicians, staff (including nurses), patients, and visitors associated with hospital-related activities at the main project site and the peripheral project sites throughout the course of the day.

Table 7: Projected Employment Growth at Chinese Hospital (Physicians, Nurses, and Staff) – Existing to 2030

	Existing	Proposed (2030)	New Employment (2010-2030)
Main Project Site			
Chinese Hospital (Proposed Replacement Hospital and Medical Administration and Outpatient Center)	313	448	135
Peripheral Project Sites			
Powell Street Parking Garage (1140 Powell Street)[a]	0	2	2
827 Pacific Avenue (Proposed Radiology Center)[a]	0	14	14
Total Chinese Hospital Employment	***313***	***464***	***151***

Note:
[a] There are three non-Chinese Hospital employees at the existing Powell Street Parking Garage, and five non-Chinese Hospital employees at the existing furniture store at 827 Pacific Avenue. Net on-site Chinese Hospital employment at the main and peripheral project sites would increase by 143 persons.

Source: CHS Consulting and Chinese Hospital, 2010

As shown in the table, currently there are approximately 313 physicians/nurses/staff at the existing Chinese Hospital building and MAB on any given day. Overall, employment with project development at the main and peripheral project sites is expected to increase. The proposed project would employ up to 151 additional employees by 2030. The removal of the auto repair use at the Powell Street Parking Garage for provision of project-related off-street parking, hospital storage, and engineering space would result in the displacement of approximately three existing jobs. The 827 Pacific Avenue building is used as a furniture showroom (basement), receiving (ground floor), and furniture storage (second floor). Removal of this commercial use for development of a Radiology Center at the basement and ground floor levels and for transitional administrative uses and an infusion clinic in the remaining space of the building (until 2015) would result in the displacement of approximately five existing jobs at 827 Pacific Avenue.

San Francisco's overall employment is projected to increase from about 568,730 employees in 2010 to approximately 748,100 in 2030, an increase of about 24 percent over a 20-year period.[26] Even if all of the employees associated with the proposed project were conservatively assumed to be new to San Francisco, the project-related increase of up to 151 employees would represent considerably less than 1 percent (0.001) of the City's estimated employment growth between the years 2010 and 2030. This potential increase in employment would be considered a less-than-significant impact in the context of total employment in the City and County of San Francisco.

Therefore, the proposed project would not directly or indirectly induce substantial population growth or concentration of employment in the project area and citywide that would cause an

[26] Association of Bay Area Governments (ABAG), *Projections 2009*.

adverse physical change to the environment. The impact would be less than significant, and this topic will not be discussed further in the EIR.

Impact PH-2: The proposed project would not displace housing units, create a demand for additional housing, or displace a substantial number of people necessitating the construction of replacement housing elsewhere. ***(Less than Significant)*** **(Criterion 3b)**

The proposed project would not displace any housing units, because there are no residences on any portion of the main or peripheral project sites. The increase in the number of employees (approximately 151 new hospital employees by 2030) on the main and peripheral project sites would not be great enough to result in a substantial increase in the demand for housing resulting from the net new employment associated with the proposed project, even if assuming conservatively that all of the new employees on the main and peripheral project sites would be new to San Francisco.

The number of households in San Francisco in 2010 is estimated to be 346,680. This number is expected to increase to about 400,700 by 2030 (approximately 54,020 net new households), an increase of about 13.5 percent between the years 2010 and 2030.[27] According to the City's *2009 Housing Element Draft EIR*, San Francisco is projected to experience continued housing growth through 2030, for an overall housing unit increase of approximately 52,051 housing units between 2010 and 2030.[28] Thus, the estimated range of future increases in households, or housing units, is between approximately 52,051 and 54,020. According to ABAG *Projections 2009*, the City and County of San Francisco has an estimated 1.19 workers per household. Based on this assumption about workers per household and the conservative assumption that all new employees would be new residents in San Francisco, the proposed project (with an estimated 151 new employees) would generate a potential demand for about 127 new dwelling units by 2030. Based upon information in ABAG's *Projections 2009* and the City's *2009 Housing Element Draft EIR*, the proposed project's employment-related residential demand of 127 net new housing units could be accommodated in the projected housing unit growth between 2010 and 2030. The project employment-related net new housing units would represent less than 1.0 percent (0.003 percent) of the City's estimated household growth between the years 2010 and 2030. This potential increase in housing demand as a result of the proposed project would not be considered substantial in the context of total housing demand in San Francisco over the same time period (2010 to 2030). In addition, the actual increase in housing demand due to the project may likely be lower, because some of the project employees may not be new to San Francisco. Given all of the above, the proposed project would have a less-than-significant impact on housing displacement and demand, and would not create substantial demand for additional housing that

[27] ABAG, *Projections 2009*.

[28] San Francisco 2004 and 2009 Housing Element Draft EIR, Table V-D-2, p.V.D.2, accessed online at http://sfmea.sfplanning.org/2007.1275E_DEIR.pdf.

would necessitate the construction of replacement housing. This topic will not be discussed further in the EIR.

Although housing demand, in and of itself, is not a physical environmental effect, an imbalance between local employment and housing can lead to long commutes with associated traffic, noise, and air quality and greenhouse gas emissions impacts. Traffic issues and air quality issues will be discussed in the EIR. Noise and Greenhouse Gas Emissions are discussed below under Topic E.6: Noise, on pp. 96-125, and Topic E.8: Greenhouse Gas Emissions, on pp. 127-141.

Impact PH-3: The proposed project would not displace substantial numbers of people necessitating the construction of replacement housing elsewhere. ***(Less than Significant)*** **(Criterion 3c)**

As indicated above under Impact PH-1, the existing buildings on the main project site and peripheral project sites do not contain residential uses. No residences would be affected, and no residents would be displaced. Therefore, the proposed project would not displace substantial numbers of people (residential population), necessitating the construction of replacement housing elsewhere.

The Powell Street Parking Garage currently contains an existing automotive repair center, and the 827 Pacific Avenue building currently contains an existing furniture store. These uses at the peripheral project sites would be replaced with Chinese Hospital-related uses. During project construction, most of the administrative and hospital support functions in the MAB would be temporarily relocated to space at the peripheral project site at 827 Pacific Avenue, and other appropriately sized commercial office space in Chinatown or the Financial District. As a result of the demolition of the existing Chinese Hospital Parking Garage and the MAB on the main project site, the project sponsor would lease the entire Powell Street Parking Garage on a long-term basis to accommodate off-street parking for physicians, staff, patients, and visitors and to provide space for hospital storage and engineering shop space. The project sponsor would also lease space at the basement level and a portion of the ground level of the 827 Pacific Avenue building on a permanent basis to house an outpatient Radiology Center. The remainder of the space in the 827 Pacific Avenue building would be leased on a short-term basis for transitional uses (administrative uses and an infusion clinic). The transitional uses at this location would return to the main project site upon completion of the renovated MAOC in 2015; after this relocation, the approximately 3,626 gsf at the ground and second levels of the 827 Pacific Avenue building would be would be available for lease to future tenants.

Approximately three employees at the existing automotive repair center in the Powell Street Parking Garage and approximately five employees of the furniture store at the 827 Pacific Avenue building would be permanently displaced with implementation of the proposed project. Thus, renovation of the existing buildings on the two peripheral project sites for use by Chinese Hospital would displace the existing eight employees who currently work on these sites. The

displaced businesses would relocate in the general area or in other parts of the City, if they so desire. Since the proposed project would not permanently displace any residents and the displacement of eight employees in the project area would not be substantial, the proposed project would not require the construction of replacement housing elsewhere. Thus, this impact would be less than significant, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-PH-4: The proposed project, in combination with past, present, and reasonably foreseeable future development in the site vicinity, would not result in cumulative impacts related to population and housing. ***(Less than Significant)*** **(Criteria 3a – 3c)**

Cumulative development in the project vicinity would be some mixed-used residential development and a limited amount of educational/cultural/institutional development. As discussed under Impact C-LU-4 on p. 69 six residential and educational/cultural/institutional projects and one public project (Muni's new Central Subway Chinatown Station at the southwest corner of Washington and Stockton Streets) are expected to be developed within an approximately 0.25-mile radius of the main and peripheral project sites. Taken together, these projects would add approximately 45 dwelling units (excluding the potential loss of 18 residential units with the demolition of the 933-949 Stockton Street building to make way for the Chinatown Muni Station), and approximately 26,440 gsf of cultural/institutional/educational space to this area. Thus, the development of these cumulative projects would both add new residential units to the City's housing stock and generate new demand for housing, primarily through development of the approximately 26,440 gsf of cultural/institutional/educational space.

As discussed under Impact PH-1, the proposed project would increase the average daily population or ADP (employees, patients, and visitors) on the main and peripheral project sites, compared to that under existing conditions. The employment increase would not be considered substantial in relation to the overall demand for housing in the City, because project-related growth in employment (approximately 151 new Chinese Hospital employees) would not induce substantial population growth or concentration of employment. Thus, when considered in combination with other projects in the immediate vicinity, the proposed project's contribution to cumulative impacts related to the inducement of population growth or employment concentration in the project area (either directly or indirectly) would not be considerable.

The proposed project would not involve the removal or displacement of a substantial number of workers, existing residents or housing units, nor would it create substantial new employment-related demand for additional housing that would require construction of replacement housing elsewhere in the City or Bay Area beyond that which is expected to occur (discussed above under Impact PH-2).

Furthermore, as discussed under Impact PH-3, the proposed project would not displace any residents or a substantial number of employed persons (no more than eight employees on the peripheral project sites). Except for the Central Subway project with the proposed development of Muni's Chinatown Station at the southwest corner of Washington and Stockton Streets, cumulative development within a 0.25-mile radius of the proposed project would not displace housing units or likely result in a substantial increase in housing demand in the greater San Francisco area that could not be accommodated by existing and anticipated housing growth. Although Muni's Central Subway project would result in the loss of 18 residential units, a *Relocation Impact Study and Last Resort Housing Plan* has been prepared for that project to assist with the relocation of displaced residents. Thus, when the proposed Chinese Hospital Replacement project is considered, in combination with other cumulative projects in the immediate vicinity, its contribution to cumulative impacts on the displacement of housing units, or its contribution to residential housing demand would not be considered cumulatively considerable. Therefore, the proposed project's cumulative impacts on population and housing would not be significant, nor would the project contribute considerably to any potential cumulative effects related to population and housing. This issue will not be discussed in the EIR.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
4. CULTURAL AND PALEONTOLOGICAL RESOURCES—Would the project:					
a) Cause a substantial adverse change in the significance of a historical resource as defined in §15064.5, including those resources listed in Article 10 or Article 11 of the San Francisco *Planning Code*?	☒	☐	☐	☐	☐
b) Cause a substantial adverse change in the significance of an archaeological resource pursuant to §15064.5?	☐	☒	☐	☐	☐
c) Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature?	☐	☒	☐	☐	☐
d) Disturb any human remains, including those interred outside of formal cemeteries?	☐	☒	☐	☐	☐

Impact CP-1: The proposed project would demolish the Medical Administration Building at 835 Jackson Street, which could be considered historically significant for the purposes of CEQA, and could have a significant impact on historic architectural resources. *(Potentially Significant)* (Criterion 4a)

The proposed project calls for demolition of the existing five-story MAB, built in 1925, and the three-level Chinese Hospital Parking Garage (built in 1992), both located on the eastern portion of the main project site on Jackson Street. The five-story MAB is a potentially significant historical resource. The EIR will evaluate the existing MAB at 835 Jackson Street for eligibility

for inclusion in the California Register for Historical Resources (CRHR), and evaluate the impacts on the resource and nearby historical resources and historic districts.

The proposed project includes renovations to the interiors of two buildings on the peripheral project sites within Chinatown. The two-story commercial building at 827 Pacific Avenue and the two-story Powell Street Parking Garage were both built in 1926. Exterior changes to 827 Pacific Avenue would include typical changes such as the removal of awnings, new storefront glazing, and relocation of the ADA-accessible entry. Since the 827 Pacific Avenue building is not proposed to be demolished and changes to the exterior of this building would be typical for a storefront remodel, there would likely be no impact on a historical architectural resource; however, this building will be discussed briefly in the EIR. Since the building on the Powell Street Parking Garage peripheral project site is not proposed to be demolished and changes to the exterior of this building are not proposed, there would be no impact on historical architectural resources; therefore, this building will not be analyzed further in the EIR.

Impact CP-2: The proposed project could result in an adverse effect to an archeological resource and/or human remains, should such remains exist beneath the main project site. ***(Less than Significant with Mitigation)*** **(Criteria 4b and 4d)**

Construction excavation and other modifications associated with the proposed project may adversely impact any potentially significant subsurface archeological resources present within the main project site boundaries. An Archaeological Research Design and Treatment Plan (ARDTP) has been prepared for the project by a qualified archeological consultant.[29] The ARDTP includes an historical context; an assessment of the types of archeological resources that may be present and the significance of expected archeological resources; a testing plan; and a treatment plan for recovered archeological data.

The ARDTP examines the potential for the existence of archeological resources from the Prehistoric Era (c. 4000 B.C. - 1776 A.D.), the Spanish, Mexican and Early American periods (1776 -1848), the California Gold Rush period (1848 - 1858), the City Building period (1858-1906), and the post-1906/early 20th century period. The ARDTP also establishes a detailed approach to determining the significance of the archaeological property types expected to be potentially present and the procedures to be followed in pre-construction testing, data recovery, monitoring construction activities, treatment of artifacts and features, and recording and reporting data. The results of this study are summarized below.

[29] Archeo-Tec, *Archaeological Research Design and Treatment Plan for the Chinese Hospital Replacement Project*, April 2011. This report is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, and is available for review as part of Case File 2008.0762E.

Prehistoric Era Resources (c. 4000 B.C. - 1776 A.D.)

Prehistoric archaeological resources may be CRHR-eligible because of their cultural importance to California's existing Native American people. CRHR-eligible prehistoric sites generally qualify under Criterion 4 (Information Potential),[30] and, thus, are significant under CEQA, due to their rarity, non-renewability, and data potential. Human populations have been present within the northern San Francisco peninsula for at least 6,000 years. There are currently nearly 50 documented prehistoric/Native American archeological sites in San Francisco. Archival research did not identify any previously recorded prehistoric era archeological resources within the main project site. However, certain factors indicate that prehistoric deposits could be present there.

A review of the available archival record indicates the potential of encountering materials from the prehistoric era. The proposed depth of excavation on the main project site would be between 18 to 36 feet below grade and would extend beyond the 13.5 feet of fill consisting of sandy clay and silty sand with gravel. The proposed Replacement Hospital building would be constructed on a 3-foot-thick mat, 18 inches of gravel, and a 6-inch topping slab on top of the native Colma Formation. The Colma Formation, a formation of sediments first deposited at the end of the Pleistocene, is present throughout the City, typically below layers of dune sand.

Also, the main project site is located approximately 0.75 mile from Yerba Buena Cove, the shoreline of San Francisco Bay as it existed before 1848. Yerba Buena Cove, the Bay, and the more distant ocean provided a wealth of marine resources that would likely have been exploited in the prehistoric era. In addition to the wealth of marine resources, fresh water was available from a number of nearby springs and seeps, and the nearby hills and grasslands provided ample wildlife and plant resources to support the presence of prehistoric peoples. Although archival research did not identify any previously recorded prehistoric or contact period cultural resources within or adjacent to the main project site, the presence of fresh water and its potential to attract game may have led to encampments in the vicinity of these fresh water sources. Within a 0.25-mile radius of the main project site boundaries, a few archaeological studies have been recorded but there are no previously known prehistoric sites. Prehistoric archaeological deposits, particularly Early and Late period prehistoric sites, have been recorded at sites within a 0.5-mile radius of the main project site boundaries. Within this larger search radius isolated finds of prehistoric artifacts such as stone tools at the Broadway Family Apartments at the east end of Broadway and a fist-sized obsidian nodule at Columbus and Washington Streets (CA-SFR-121H), as well as prehistoric multi-activity shellmound and midden sites (CA-SFR-112 – CA-SFR-115, CA-SFR-113, CA-SFR-147, and CA-SFR-155) south of Market Street, indicate the possible prehistoric occupation or use of the area.

[30] Criterion 4 (Information Potential) applies to an archeological resource that "has yielded, or may be likely to yield, information important to prehistory or history."

Previous archeological testing at the main project site was confined to the southern portion of the parcel where, in April 1991, four exploratory trenches were excavated to a depth of 6 to 8 feet as part of the testing program for the construction of the three-story parking garage located immediately south of the Chinese Hospital MAB.[31] At a maximum depth of 8 feet, the testing program did not identify any evidence of prehistoric or proto-historic occupation. Both Jackson and Washington Streets were subject to cut and fill activities as part of the overall street grading on the steep hills of Chinatown in the mid-to-late 1850's when lots adjacent to streets were graded or filled to approximate the new street grades. A comparison of street grades on Jackson and Washington Streets from July 1853, when the grades of streets bounding the main project site were finally set, to 1909, when the City's Official Street Grade book was published, indicates, with the caveat that the earlier reported grades were estimates, that the northern portion of the main project site was cut and that the southern portion remained untouched; thus, buried archeological resources are more likely to have survived towards the southern end of the parcel. No previously known prehistoric sites are known within or immediately adjacent to the main project site. No formal prehistoric sites have been documented along the northern shore of Yerba Buena Cove, which has long puzzled archaeologists. However, several isolated finds have been made that may reflect possible prehistoric occupation or use of the area.

Historic Period Resources

Spanish, Mexican and Yerba Buena Period (1776 – 1848)

No archeological resources from the Spanish or pre-Yerba Buena periods (1776-1835) are expected on the main project site. The beginning of the settlement of Yerba Buena can be traced back to 1835. Throughout the 1830's and until the Mexican-American War ended in 1848, Yerba Buena remained a small settlement of up to 850 individuals occupying approximately 200 structures around the Plaza (present-day Portsmouth Square).

The center of Yerba Buena was located at the Plaza about two blocks south and east of the main project site. An 1848 Bancroft Map indicates the presence of a structure on or immediately adjacent to the main project site on the block bounded by Washington, Jackson, Stockton, and Powell Streets. Based on available archival sources, the location of the structure (a wooden dwelling owned and inhabited by Augustus A. Andrews and later by William Heath Davis and Nathan Spear) was determined to most likely be east of the main project site, although features associated with this structure may be present within the main project site. Additional lots on the main project site block were owned and partly occupied by private individuals. For example, other archival sources indicate the presence of a tavern, a dwelling, and a windmill with an associated structure on or adjacent to the main project site boundaries. Archeological resources at sites near the Plaza such as the foundations of the Old Mexican Customs House and an early

[31] Archeo-Tec, p. 149.

American period unlined well filled with bottles, broken china, and other artifacts on the Chinatown City College site indicates that this area, including the main project site may preserve archeological resources from this era in history especially in the form of artifact-filled hollows such as wells and privies.

California Gold Rush Period (1848 – 1858)

At the inception of the Gold Rush period, San Francisco (formerly named Yerba Buena) grew in dramatic fashion, from 850 people in 1848 to over 20,000 people at the close of the decade. This sudden influx of people stimulated commercial and residential building; however, the demand for housing (and the high rents) could not be met and early tent camps arose in open areas such as Happy Valley, south of Market Street. Tent camps existed as far north as Telegraph Hill, and an archeological find at 235 Pine Street revealed evidence that early campers may have been present in the vicinity of the main project site. During this period fires ravaged the wood and canvas structures that made up the built environment of early San Francisco. In May and June of 1851 large swaths of early San Francisco were engulfed and destroyed by fire, with the area between the Plaza (Portsmouth Square) and the waterfront destroyed in May and a large area between Broadway and Washington Street destroyed in June. A map of the extent of the June 1851 fire indicates the presence of structures on the main project site, and that the main project site was not in the area engulfed by the fire. The fires that defined this short period provided a context for comparison of the pre- and post-fire communities in the vicinity of the main project site.

The beginning of widespread Chinese immigration to California began at the height of the Gold Rush period (1851-1852). By this time, as evidenced by an 1852 U.S. Coast Survey Map, other lots on the main project site block were developed with structures and likely occupied by private individuals. At this point in San Francisco's urban development, Chinatown began to take on the unique character by which it is has been known to this day. Although maps depicting Chinatown, even present-day maps, often identify Stockton Street as the western boundary, Chinese immigrants, as early as 1850, settled on the east side of Nob Hill up Clay Street, Washington Street, and Jackson Street. Chinese immigrants initially settled on Sacramento Street between Kearny and DuPont (present-day Grant Avenue) Streets and by 1853 occupied buildings on Dupont Street between Sacramento and Jackson Streets. Archival sources indicate that Chinese merchants primarily maintained businesses, i.e., general merchandise, laundries, apothecaries, restaurants, and butcher shops, within the confines of Chinatown east of Stockton Street but often resided outside of these boundaries. Thus, it is likely that Chinese immigrants were occupying buildings outside of this area including structures within or immediately adjacent to the main project site and that these occupied buildings were residential in character.

As discussed above, the 1848 Bancroft map shows the first recorded structure on the main project site. According to 1852 and 1857 U.S. Coast Survey Maps, the main project site, the main project site block, and surrounding blocks were extensively developed with permanent structures.

Most of the structures depicted in the 1857 Coast Survey Map were one- and two-story frame residences, some of which contained small shops or other retail establishments on the ground level. Archeological resources that characterize this era, both as a commercial hub and as the area of settlement for Chinese immigrants, have been identified at archeological sites in the vicinity of the main project site, such as the Hoff's Store site at the corner of Battery and Sacramento (CA-SFR-118H), the International Hotel/Pan Magna Project site at the corner of Jackson and Kearny Streets (CA-SFDR-121H), the 343 Sansome Street site, the 505 Montgomery Street site, the One Union site at the corner of Union and Fremont Streets, and the Chinese Store at 600 California Street (CA-SFR-123H). These resources include artifacts such as tools, military weapons, foodstuffs, personal items, refuse pits, privies, opium pipes, and Chinese ceramics among other items. The sites and their contents indicate that this area, including the main project site – only two blocks north and west of the Plaza – may preserve archeological resources from this era in history especially deeper deposits such as wells and privies.

Based on archival sources, information about the earliest occupants and use of the buildings on or immediately adjacent to the main project site could be determined. Refuse pits and wells may still exist beneath the main project site. As described above, cut and fill activities on both Jackson and Washington Streets during the 1850's may have affected historic archaeological resources close to the ground surface on the northern portion of the main project site, thus buried archeological resources are more likely to have survived on the southern portion of the parcel. Overall, there is a possibility that mid-19th century archaeological deposits of significance exist within the confines of the main project site. The archeological property types that may potentially be encountered could include hollow features such as pits, privies, and wells all of which provide a receptacle for refuse. Sheet refuse, i.e. discarded items that usually collect in yards or work areas, may also be encountered. Artifacts such as tools, military weapons, foodstuffs, personal items, opium pipes, and Chinese ceramics among other items are also potential property types.

City Building Period (1858-1906)

By the end of the Gold Rush period, the main project site was densely developed. At this time San Francisco was the banking and investment center of the western United States, and the discovery of silver in Nevada and the completion of the transcontinental railroad stimulated a new surge of economic growth. This economic stimulus led to more filling of the shoreline and improvements to streets and other public infrastructure throughout the City. The Chinatown area experienced continued expansion and population growth, and although this area was marginalized by the Euro-American society that surrounded it, Chinatown was a vital area for Chinese immigrants with hundreds of Chinese businesses lining the streets.

The continued development of Chinatown including the main project site block is reflected in late 19th century Sanborn maps. An 1887 Sanborn map of the area indicates that the main project site

block was characterized by a mix of two- and three-story frame constructions housing multi-story residences, lodging houses, and hotels; retail stores; a Chinese clothing factory; and a French laundry. The alleys that served the main project site (Virginia Street [now Trenton Street], Jackson Alley [now James Alley], and Stone Street) provided the establishments on the main project site with access to Jackson and Washington Streets, and, based on contemporary photographs, the areas that show as side yards or back yards may have been a paved or covered area. Residential uses were present within the main project site and above stores along Jackson Street during the 1880s and 1890s. Residential refuse deposits associated with these uses as well as the commercial activities on the main project site may be found beneath the main project site.

Between 1887 and 1899 the built character of the main project site and the surrounding area changed slightly with the sheds behind 811 Jackson (the French laundry) added to or expanded from what had been a small cluster of sheds in a larger backyard and the name of Virginia Street changed to Trenton Street. Although the built environment did not change dramatically over the last decade of the 19th century, several significant changes occurred in terms of land uses and occupants of the structures on the main project site and in the surrounding area.

Based on the 1900 Census, the Chinese clothing factory and the French Laundry that had operated on the main project site in 1887 were no longer in business and the structures fronting Jackson Street were now residences as opposed to stores. By the turn of the century, Chinatown had expanded to the west beyond its traditional boundary at Stockton Street, as evidenced by numerous Chinese individuals listed at addresses beyond Stockton Street as well as in the North Beach area. Similar expansions of Chinatown residences and businesses also occurred near the waterfront in the downtown area and in the South of Market area. However, this expansion was short-lived as most of Chinatown, including the structures on the main project site, was destroyed in the 1906 earthquake and fire. Earthquake rubble and debris was used to fill in remaining areas of Yerba Buena Cove, Mission Bay, and other locations along the waterfront lots; however, some lots were simply leveled and built upon as San Francisco quickly and decisively rebounded from the 1906 earthquake that defined the beginning of the 20th century. Overall, there is a possibility that late-19th century archaeological deposits of significance were encapsulated within the earthquake debris beneath the main project site. Archeological property types such as tools, military weapons, foodstuffs, personal items, refuse pits, privies, opium pipes, and Chinese ceramics may exist on the main project site. Cultural materials buried within earthquake rubble have the potential to yield significant remains which can provide information regarding the residential and commercial activities of Chinese, Jewish, and French individuals or merchants in the event that the deposit has sufficient integrity. The removal of earthquake debris after the fire, and basement disturbance and cutting that occurred during the 1900s with the development of Chinese Hospital, may have removed some of this debris.

Early Twentieth Century (1906 – 1924)

The main project site had been partially redeveloped post-earthquake, and by 1913 a two-story-plus-basement hospital and a two-story tenement had been constructed on the southern portion of the parcel. The northern portion of the parcel remained unimproved until 1924 when the current 5-story-plus basement Chinese Hospital building was constructed. The depth of the excavation for the basement is not identified in the 1950 Sanborn map which depicts the Chinese Hospital building; however, existing building plans for the MAB indicate that the basement level was excavated to a depth of about 10 feet below grade at the western edge of the building adjacent to the parking garage driveway. Thus, it can be assumed that shallow deposits would have been destroyed as a result of the excavation.

Expected Archeological Resources

Yerba Buena Period (1835-1848):

- Augustus A. Andrews (c. 1845-1847)
- John Serrine and family (fl. 1847)
- W.H. Davis/Nathan Spear (vl. 1847)
- Grist mill (fl. 1847)
- The Rising Sun Tavern/George Kittleman

Gold Rush Period (1848-1858):

- Unidentified but cartographically documented residential/commercial structures

City Building Period (1858-1906):

- Various Overseas Chinese lodgings and industrial establishments (fl. 1880)
- Domestic deposits associated with French and Jewish households (variable dates)

The ARDTP has determined that the expected archeological resources within the main project site may contain data sets that would sufficiently contribute to significant archeological research issues and questions to qualify the resource for eligibility to the CRHR.

Potential Effects to Archeological Resources

The proposed project would require excavation up to a depth of 36 feet below existing grade in the area between Trenton Street (the Chinese Hospital Parking Garage driveway between the existing MAB and the existing Chinese Hospital building) and James Alley on the main project site with the greatest depth of excavation occurring along the western edge of the existing MAB and adjacent parking garage driveway. Archeological deposits or features associated with prehistoric and historical resources listed above could be adversely affected by excavation activities resulting from the proposed project.

Given the likelihood of encountering significant archeological resources within the main project site, the ARDTP includes specific, feasible treatment measures that, when implemented, would mitigate potential project impacts on archeological resources to a less-than-significant level. Accordingly, in order to reduce potential impacts on significant archaeological resources, the project sponsor has agreed to comply with Mitigation Measure M-CP-2, detailed below, and it is incorporated as part of the project. With implementation of this mitigation measure, the proposed project would not have any significant impacts on archaeological resources.

Effects to Human Remains

Under State law, human remains and associated burial items may be significant resources in two ways: they may be significant to descendent communities for patrimonial, cultural, lineage, and religious reasons. Human remains may also be important to the scientific community, such as prehistorians, epidemiologists, and physical anthropologists. The specific stake of some descendent groups in ancestral burials is a matter of law for some groups, such as Native Americans (*CEQA Guidelines* 15064.5 (d), Public Resources Code Sect. 5097.98). In other cases, the concerns of the associated descendent group, for example, the Chinese American community, regarding appropriate treatment and disposition of discovered human burials may become known only through outreach. Beliefs concerning appropriate treatment, study, and disposition of human remains and associated burial items may be inconsistent and even conflictual between descendent and scientific communities. CEQA and other State regulations concerning Native American human remains provide the following procedural requirements to assist in avoiding potential adverse effects to human remains within the contexts of their value to both descendents communities and the scientific community:

- When an Initial Study identifies the existence or probable likelihood that a project would impact Native American human remains, the lead agency is to contact and work with the appropriate Native American representatives identified through the Native American Heritage Commission (NAHC) to develop an agreement for the treatment and disposal of the human remains and any associated burial items (*CEQA Guidelines* 15064.5(d), Public Resources Code Sec. 5097.98).
- If human remains are accidentally discovered, the county coroner must be contacted. If the county coroner determines that the human remains are Native American, the coroner must contact the NAHC within 24 hours. The NAHC must identify the most likely descendant (MLD) to provide for the opportunity to make recommendations for the treatment and disposal of the human remains and associated burial items. If the MLD fails to make recommendations within 24 hours of notification or the project applicant rejects the recommendations of the MLD, the Native American human remains and associated burial items must be reburied in a location not subject to future disturbance within the project site (Public Resources Code Sec. 5097.98).
- If potentially affected human remains/burial may have scientific significance, whether or not having significance to Native Americans or other descendent communities, then under CEQA, the appropriate mitigation of effect may require the recovery of the

scientific information of the remains/burial through identification, evaluation, data recovery, analysis, and interpretation (*CEQA Guidelines* 15064.5(c)(2)).

These requirements are incorporated into Mitigation Measure M-CP-2, and would reduce potential impacts related to the discovery of human remains and/or associated burial items to a less-than-significant level.

Mitigation Measure M-CP-2: Subsurface Archaeological Resources

Based on a reasonable presumption that archaeological resources may be present within the project site, the following measures shall be undertaken to avoid any potentially significant adverse effect from the proposed project on buried or submerged archaeological resources. The project sponsor shall retain the services of an archaeological consultant from the pool of qualified archaeological consultants maintained by the Planning Department archaeologist. The archaeological consultant shall undertake an archaeological testing program as specified below. In addition, the consultant shall be available to conduct an archaeological monitoring and/or data recovery program if required pursuant to this measure. The archaeological consultant's work shall be conducted in accordance with this measure and with the requirements of the project archaeological research design and treatment plan (Archeo-Tec, *Archaeological Research Design and Treatment Plan for the Chinese Hospital Replacement Project*, April 2011) at the direction of the Environmental Review Officer (ERO). In instances of inconsistency between the requirement of the project archaeological research design and treatment plan and of this archaeological mitigation measure, the requirement of this archaeological mitigation measure shall prevail. All plans and reports prepared by the consultant as specified herein shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Archaeological monitoring and/or data recovery programs required by this measure could suspend construction of the project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource as defined in *CEQA Guidelines* Sect. 15064.5(a)(c).

Consultation with Descendant Communities: On discovery of an archeological site[32] associated with descendant Native Americans or the Overseas Chinese an appropriate representative[33] of the descendant group and the ERO shall be contacted. The representative of the descendant group

[32] The term "archeological site" is intended here to minimally include any archeological deposit, feature, burial, or evidence of burial.

[33] An "appropriate representative" of the descendant group is here defined to mean, in the case of Native Americans, any individual listed in the current Native American Contact List for the City and County of San Francisco maintained by the California Native American Heritage Commission and in the case of the Overseas Chinese, the Chinese Historical Society of America.

shall be given the opportunity to monitor archeological field investigations of the site and to consult with the ERO regarding appropriate archeological treatment of the site, of recovered data from the site, and, if applicable, any interpretative treatment of the associated archeological site. A copy of the Final Archaeological Resources Report shall be provided to the representative of the descendant group.

Archaeological Testing Program. The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that potentially could be adversely affected by the proposed project, the testing method to be used, and the locations recommended for testing. The purpose of the archaeological testing program will be to determine to the extent possible the presence or absence of archaeological resources and to identify and to evaluate whether any archaeological resource encountered on the site constitutes an historical resource under CEQA.

At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the archaeological consultant finds that significant archaeological resources may be present, the ERO in consultation with the archaeological consultant shall determine if additional measures are warranted. Additional measures that may be undertaken include additional archaeological testing, archaeological monitoring, and/or an archaeological data recovery program. If the ERO determines that a significant archaeological resource is present and that the resource could be adversely affected by the proposed project, at the discretion of the project sponsor either:

A) The proposed project shall be re-designed so as to avoid any adverse effect on the significant archaeological resource; or

B) A data recovery program shall be implemented, unless the ERO determines that the archaeological resource is of greater interpretive than research significance and that interpretive use of the resource is feasible.

Archaeological Monitoring Program (AMP). If the ERO in consultation with the archaeological consultant determines that an archaeological monitoring program shall be implemented, the archaeological monitoring program shall minimally include the following provisions:

- The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the AMP reasonably prior to any project-related soils-disturbing activities commencing. The ERO in consultation with the archaeological consultant shall determine what project activities shall be archaeologically monitored. In most cases, any soils-disturbing activities, such as demolition, foundation removal, excavation, grading, utilities installation, foundation work, driving of piles (foundation, shoring, etc.), site remediation, etc., shall require archaeological monitoring because of the risk these activities pose to potential archaeological resources and to their depositional context;

- The archaeological consultant shall advise all project contractors to be on the alert for evidence of the presence of the expected resource(s), of how to identify the evidence of the expected resource(s), and of the appropriate protocol in the event of apparent discovery of an archaeological resource;
- The archaeological monitor(s) shall be present on the project site according to a schedule agreed upon by the archaeological consultant and the ERO until the ERO has, in consultation with the project archaeological consultant, determined that project construction activities could have no effects on significant archaeological deposits;
- The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis;
- If an intact archaeological deposit is encountered, all soils-disturbing activities in the vicinity of the deposit shall cease. The archaeological monitor shall be empowered to temporarily redirect demolition/excavation/pile-driving/ construction activities and equipment until the deposit is evaluated. If, in the case of pile-driving activity (foundation, shoring, etc.), the archaeological monitor has cause to believe that the pile-driving activity may affect an archaeological resource, the pile-driving activity shall be terminated until an appropriate evaluation of the resource has been made in consultation with the ERO. The archaeological consultant shall immediately notify the ERO of the encountered archaeological deposit. The archaeological consultant shall make a reasonable effort to assess the identity, integrity, and significance of the encountered archaeological deposit, and present the findings of this assessment to the ERO.

Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of the monitoring program to the ERO.

Archaeological Data Recovery Program. The archaeological data recovery program shall be conducted in accord with an archaeological data recovery plan (ADRP). The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the ADRP prior to preparation of a draft ADRP. The archaeological consultant shall submit a draft ADRP to the ERO. The ADRP shall identify how the proposed data recovery program will preserve the significant information the archaeological resource is expected to contain. That is, the ADRP will identify what scientific/historical research questions are applicable to the expected resource, what data classes the resource is expected to possess, and how the expected data classes would address the applicable research questions. Data recovery, in general, should be limited to the portions of the historical property that could be adversely affected by the proposed project. Destructive data recovery methods shall not be applied to portions of the archaeological resources if nondestructive methods are practical.

The scope of the ADRP shall include the following elements:

- *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations.
- *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis procedures.

- *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies.
- *Interpretive Program*. Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program.
- *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and non-intentionally damaging activities.
- *Final Report*. Description of proposed report format and distribution of results.
- *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value, identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.

Human Remains and Associated or Unassociated Funerary Objects. The treatment of human remains and of associated or unassociated funerary objects discovered during any soils-disturbing activity shall comply with applicable state and federal laws. This shall include immediate notification of the Coroner of the City and County of San Francisco and in the event of the Coroner's determination that the human remains are Native American remains, notification of the California State Native American Heritage Commission (NAHC) who shall appoint a Most Likely Descendant (MLD) (Pub. Res. Code Sec. 5097.98). The archaeological consultant, project sponsor, and MLD shall make all reasonable efforts to develop an agreement for the treatment of, with appropriate dignity, human remains and associated or unassociated funerary objects (CEQA Guidelines. Sec. 15064.5(d)). The agreement should take into consideration the appropriate excavation, removal, recordation, analysis, custodianship, curation, and final disposition of the human remains and associated or unassociated funerary objects.

Final Archaeological Resources Report. The archaeological consultant shall submit a Draft Final Archaeological Resources Report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put at risk any archaeological resource shall be provided in a separate removable insert within the final report.

Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information Center (NWIC) shall receive one (1) copy and the ERO shall receive a copy of the transmittal of the FARR to the NWIC. The Environmental Planning division of the Planning Department shall receive three copies of the FARR along with copies of any formal site recordation forms (CA DPR 523 series) and/or documentation for nomination to the National Register of Historic Places/California Register of Historical Resources. In instances of high public interest in or the high interpretive value of the resource, the ERO may require a different final report content, format, and distribution than that presented above.

Impact CP-3: The proposed project could result in damage to, or destruction of, as-yet unknown paleontological resources, should such remains exist beneath the main project site. ***(Less than Significant with Mitigation)*** **(Criterion 4c)**

The main project site is thoroughly urbanized, with concrete, asphalt, or buildings covering nearly the entire surface area. No rock outcrops or exposures of undisturbed sediments occur on or near the project site. No unique geologic features are located on or near the main project site. Geologic materials underlying the main project site alignment that would be disturbed by project grading and excavation consist of 13.5 feet of fill on top of native Colma Formation. Construction would occur on relatively flat terrain on the main project site, which is underlain primarily by fill, and would involve grading and excavations ranging from 18 to 36 feet deep, with the greatest depth of excavation occurring along the western edge of the existing MAB and adjacent parking garage driveway.

Given that the sedimentary Colma Formation has yielded significant vertebrate fossils within the San Francisco peninsula, paleontological resources could exist in the Colma Formation that underlies the main project site. Project construction activities under the main project site could disturb significant paleontological resources, if such resources are present within the main project site. Site disturbance could impair the ability of the main project site to yield important scientific information. Unless mitigated, implementation of the proposed project could impair the significance of paleontological resources on the main project site and would therefore be considered a potentially significant impact under CEQA.

Mitigation Measure M-CP-3, shown below, calls for a qualified paleontologist to implement an approved Paleontological Resources Monitoring and Mitigation Program during construction and earth-moving activities in areas where the ground has not been previously disturbed, or in areas of artificial fill, or in areas underlain by nonsedimentary rocks, or in areas where exposed sediment would be buried, but are otherwise undisturbed. Implementation of the approved plan for monitoring, recovery, identification, and curation under Mitigation Measures M-CP-2 would ensure that the scientific significance of the resource under CRHR Criterion 4 (Information Potential) would be preserved and/or realized. With implementation of Mitigation Measure M-CP-3, the proposed project would not cause a substantial adverse change to the scientific significance of a paleontological resource, and this topic requires no further discussion in the EIR.

Mitigation Measure M-CP-3: Paleontological Resources Monitoring and Mitigation Program

The project sponsor shall retain the services of a qualified paleontological consultant having expertise in California paleontology to design and implement a Paleontological Resources Monitoring and Mitigation Program (PRMMP). The PRMMP shall include a description of when and where construction monitoring would be required; emergency discovery procedures; sampling and data recovery procedures; procedure for the preparation, identification, analysis,

and curation of fossil specimens and data recovered; preconstruction coordination procedures; and procedures for reporting the results of the monitoring program.

The PRMMP shall be consistent with the Society for Vertebrate Paleontology (SVP) Standard Guidelines for the mitigation of construction–related adverse impacts to paleontological resources and the requirements of the designated repository for any fossils collected. During construction, earth-moving activities shall be monitored by a qualified paleontological consultant having expertise in California paleontology in the areas where these activities have the potential to disturb previously undisturbed native sediment or sedimentary rocks. Monitoring need not be conducted in areas where the ground has been previously disturbed, in areas of artificial fill, in areas underlain by nonsedimentary rocks, or in areas where exposed sediment would be buried, but otherwise undisturbed.

The consultant's work shall be conducted in accordance with this measure and at the direction of the City's ERO. Plans and reports prepared by the consultant shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Paleontological monitoring and/or data recovery programs required by this measure could suspend construction of the Proposed Project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce potential effects on a significant paleontological resource as previously defined to a less-than-significant level.

Cumulative Impacts

Impact C-CP-4: The proposed project, in combination with past, present, and reasonably foreseeable future projects in the site vicinity, could result in cumulative impacts to cultural resources. ***(Potentially Significant under Criterion 4a; Less than Significant with Mitigation under Criteria 4b – 4d)***

The main project site is in Chinatown, and this area, including the peripheral project sites and other sites near and around existing cultural resources, has undergone various improvements and modernization at different times during the area's development, without apparent widespread impairment to its overall historic character. The proposed demolition of the existing MAB (built in 1925) and the development of the Replacement Hospital building under the zoning controls for the proposed Chinese Hospital SUD could result in project-specific as well as cumulatively considerable impacts on the Chinatown Historic District. Thus, an analysis of cumulative historic architectural resource impacts will be included in the EIR. Archeological resources are non-renewable and finite, and all adverse effects to archeological resources erode a dwindling cultural/scientific resource base. When considered with other past and proposed development projects in Chinatown, the disturbance of archaeological and paleontological resources within the main project site could contribute to a cumulative loss in the ability of the main project site to yield significant historic and scientific information.

As discussed above, implementation of an approved plan for testing, monitoring, and data recovery would preserve and realize the information potential of archaeological resources under CRHR Criterion 4 (Information Potential).

The recovery, documentation, and interpretation of information about archaeological resources that may be encountered under the main project site and under other proposed development sites in the area would enhance knowledge of the lifeways of the indigenous people of California in general and of San Francisco specifically. This information would be available to future archaeological studies, contributing to the body of historic and scientific knowledge. With implementation of Mitigation Measures M-CP-2 and M-CP-3, the proposed project would not contribute to a significant adverse cumulative impact on archaeological and paleontological resources.

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
5.	**TRANSPORTATION AND CIRCULATION— Would the project:**					
a)	Conflict with an applicable plan, ordinance or policy establishing measures of effectiveness for the performance of the circulation system, taking into account all modes of transportation including mass transit and non-motorized travel and relevant components of the circulation system, including but not limited to intersections, streets, highways and freeways, pedestrian and bicycle paths, and mass transit?	☒	☐	☐	☐	☐
b)	Conflict with an applicable congestion management program, including but not limited to level of service standards and travel demand measures, or other standards established by the county congestion management agency for designated roads or highways?	☒	☐	☐	☐	☐
c)	Result in a change in air traffic patterns, including either an increase in traffic levels, obstructions to flight, or a change in location, that results in substantial safety risks?	☐	☐	☐	☐	☒
d)	Substantially increase hazards due to a design feature (e.g., sharp curves or dangerous intersections) or incompatible uses?	☒	☐	☐	☐	☐
e)	Result in inadequate emergency access?	☒	☐	☐	☐	☐
f)	Conflict with adopted policies, plans, or programs regarding public transit, bicycle, or pedestrian facilities, or otherwise decrease the performance or safety of such facilities?	☒	☐	☐	☐	☐

A transportation background study will be prepared for the proposed project and summarized in the EIR. The study will examine existing conditions and assess the proposed project's net new daily and P.M. peak trips and their impacts on intersection operations, transit and truck/passenger loading operations, bicycle and pedestrian safety, and parking. The projected-generated

contribution to cumulative impacts will be added to the 2030 baseline cumulative conditions, and the net new daily and P.M. peak trips and their impacts on intersection operations, transit and truck/passenger loading operations, bicycle and pedestrian safety, and parking will be evaluated as contributions to future cumulative growth and assessed against future cumulative conditions.

Impact TR-1: The proposed project could conflict with an applicable plan, ordinance or policy establishing measures of effectiveness for the performance of the circulation system; would not conflict with the applicable congestion management program; and would not conflict with adopted policies, plans or programs regarding public transit, bicycle or pedestrian facilities, or otherwise decrease the performance or safety of such features. ***(Potentially Significant)*** **(Criteria 5a, 5b, and 5f)**

The replacement of an existing hospital use with an intensified hospital use, the change in use (from retail to medical use) at the 827 Pacific Avenue peripheral project site, and the trips generated by those new or intensified uses would result in increased demand on the local transportation system, including increased transit demand, parking demand, and traffic, which could result in significant transportation impacts. This topic will be analyzed in the EIR.

Impact TR-2: The proposed project would not result in a change in air traffic patterns, including either an increase in traffic levels, obstruction to a flight, or a change in location. (*Not Applicable)* (Criterion 5c)

The main and peripheral project sites are not located within an airport land use plan area or in the vicinity of a private airstrip. Therefore, Topic E5.c is not applicable to the proposed project and will not be analyzed in the EIR.

Impact TR-3: The proposed project could substantially increase hazards due to a design feature or incompatible uses. ***(Potentially Significant)*** **(Criterion 5d)**

The proposed project could include features that alter the existing street circulation patterns or substantially increase transportation hazards. The proposed project development could create unique hazards or result in difficult sight-lines and unusual conditions such as sharp or blind curves or dangerous intersections. Therefore, significant traffic hazards could be introduced as a result of the proposed project, and the potential for impacts related to increased traffic hazards due to a design feature or the introduction of an incompatible land use could be significant. This topic will be analyzed in the EIR.

Impact TR-4: The proposed project could result in inadequate emergency access. ***(Potentially Significant)*** **(Criterion 5e)**

The main project site and the peripheral project sites are located north of downtown in San Francisco's Chinatown. Existing emergency access to the main project site is from Jackson Street; to the peripheral project site at the Powell Street Parking Garage it is from Powell Street; and to the peripheral project site at 827 Pacific Avenue it is from Pacific Avenue. With the proposed project, emergency vehicles such as ambulances would have priority use of the Jackson Street curb space in front of the proposed Replacement Hospital building and the MAOC, as well

as the off-street loading area on the main project site, accessed via Stone Street. It is likely that there would be less-than-significant impacts on emergency access as a result of the proposed project. However, this topic will be addressed in the EIR.

Cumulative Impacts

Impact C-TR-5: The proposed project, in combination with past, present, and reasonably foreseeable future projects, could have cumulative transportation impacts. ***(Potentially Significant)*** **(Criterion 5a – 5f)**

The replacement of an existing hospital use with an intensified hospital use, the change in use (from retail to medical use) at the 827 Pacific Avenue peripheral project site, and the trips generated by those new or intensified uses would result in increased demand on the local transportation system, including increased transit demand, parking demand and traffic, which could result in cumulatively considerable project-related significant transportation impacts. This topic will be analyzed in the EIR.

Project effects on transportation and circulation, including intersection operations, transit demand, and impacts on pedestrian and bicycle circulation, parking and freight loading, as well as construction impacts, will be analyzed in the EIR.

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
6.	**NOISE—Would the project:**					
a)	Result in exposure of persons to or generation of noise levels in excess of standards established in the local general plan or noise ordinance, or applicable standards of other agencies?	☐	☒	☐	☐	☐
b)	Result in exposure of persons to or generation of excessive groundborne vibration or groundborne noise levels?	☐	☐	☒	☐	☐
c)	Result in a substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the project?	☐	☒	☐	☐	☐
d)	Result in a substantial temporary or periodic increase in ambient noise levels in the project vicinity above levels existing without the project?	☐	☒	☐	☐	☐
e)	For a project located within an airport land use plan area, or, where such a plan has not been adopted, in an area within two miles of a public airport or public use airport, would the project expose people residing or working in the area to excessive noise levels?	☐	☐	☐	☐	☒
f)	For a project located in the vicinity of a private airstrip, would the project expose people residing or working in the project area to excessive noise levels?	☐	☐	☐	☐	☒

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
g) Be substantially affected by existing noise levels?	☐	☒	☐	☐	☐

Noise can be defined as unwanted sound. It is commonly measured with an instrument called a sound level meter, which captures the sound with a microphone and converts it into a number called a sound level. Sound levels are expressed in units of decibels. To correlate the microphone signal to a level that corresponds to the way humans perceive noise, an A-weighting filter is used. A-weighting de-emphasizes low-frequency and very high-frequency sound in a manner similar to human hearing. The use of A-weighting is required by most local General Plans as well as by Federal and State noise regulations (e.g., regulations established by Caltrans, EPA, OSHA and the Department of Housing and Urban Development). The abbreviation dBA is used when the A-weighted sound level is reported.

Because of the time-varying nature of environmental sound, there are many descriptors that are used to quantify the sound level. Although one individual descriptor alone does not fully describe a particular noise environment, taken together, they can more accurately represent the noise environment. The maximum instantaneous noise level (Lmax) is often used to identify the loudness of a single event such as a truck passby or airplane flyover. To express the average noise level the Leq (equivalent noise level) is used. The Leq can be measured over any length of time but is typically reported for periods of 15 minutes to 1 hour. The background noise level (or residual noise level) is the sound level during the quietest moments. It is usually generated by steady sources such as distant freeway traffic. It can be quantified with a descriptor called the L_{90}, which is the sound level exceeded 90 percent of the time.

To quantify the noise level over a 24-hour period, the Day/Night Average Sound Level (DNL or Ldn) or Community Noise Equivalent Level (CNEL) is used. These descriptors are averages like the Leq except they include a 10 dB penalty during nighttime hours (and a 5 dB penalty during evening hours in the CNEL) to account for the increased sensitivity that people have during these hours.

With respect to how humans perceive and react to changes in noise levels outside of a laboratory environment, a 1.0 dBA increase is imperceptible, a 3.0 dBA increase is barely perceptible, a 6.0 dBA increase is readily noticeable, and a 10.0 dBA increase is experienced as twice as loud. In

Chinatown the average noise level is approximately 67 dBA.[34] In January 2011, Chinese Hospital measured the ambient noise levels at each corner of the existing Chinese Hospital building in 10-minute increments with and without the existing 200-kilowatt (kW) emergency generator on the roof of the existing Chinese Hospital building in operation (see Figure 17: Noise Measurement Locations).[35] Ambient noise measurements at the roof of the existing Chinese Hospital building indicate that the average noise levels at the perimeter of the existing Chinese Hospital range from between 65 dBA to 75 dBA when the existing emergency generator is not in operation, and from between 68.4 dBA to 77.5 dBA when it is in operation. In this type of noise environment, an increase of 3.0 dBA would represent an adverse change in the existing urban noise environment.[36]

Measurements were not necessary at the two peripheral project sites (827 Pacific Avenue and the Powell Street Parking Garage), because both the buildings are already occupied by active uses, and project-related construction activities would consist of interior renovations at both locations and minor exterior changes at the ground level of the 827 Pacific Avenue building. The Powell Street Parking Garage is currently used for monthly parking and as an automotive repair center, and would accommodate parking, engineering shop space, and hospital storage space in the future for Chinese Hospital. The proposed removal of the automotive repair center at the ground level of the Powell Street Parking Garage may result in a slight decrease in the noise generated by this activity, i.e., no car lifts or use of powered tools. However, this would not represent a discernible change in the immediate noise environment. As a result, noise impacts associated with the peripheral project sites are discussed briefly.

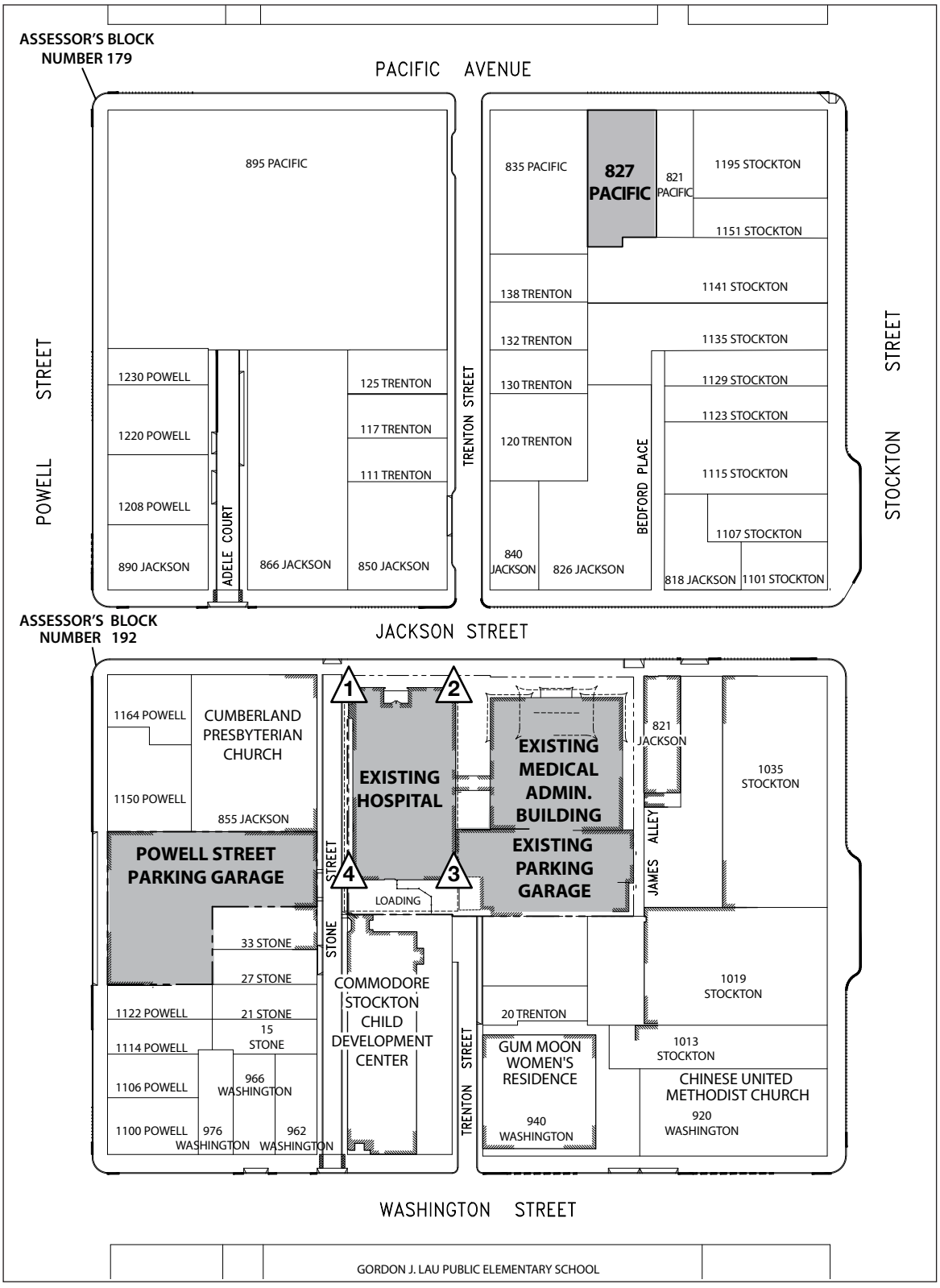
Existing On-Site and Off-Site Noise-Sensitive Receptors

Given the potential effects of noise on people, some land uses (and associated users) are considered more sensitive to ambient noise levels than others. In general, occupants of residences, schools, daycare centers, hospitals, places of worship, and nursing homes are considered to be more sensitive to noise.

[34] San Francisco Department of Public Health and University of California, Berkeley, *Spatial distribution of traffic induced noise exposures in a US city: an analytic tool for assessing the health impacts of urban planning decisions, Table 2: Extrapolated traffic and noise outcomes in dB for the entire city by neighborhood*, International Journal of Health Geographics, June 21, 2007, available on-line at http://www.ij-healthgeographics.com/content/pdf/1476-072X-6-24.pdf, accessed September 17, 2010.

[35] Chinese Hospital Association, Sound Measurement Report 2011, January 2011. This report is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, and is available for review as part of Case File 2008.0762E.

[36] San Francisco Department of Public Health, e-mail communication with Tom Rivard regarding important hospital-related traffic and operational noise issues that require analysis. November 12, 2010.



SOURCE: Turnstone Consulting, KCA Engineers; Chinese Hospital Association

X Noise Measurement Location

N

0 120

FEET

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE 17: NOISE MEASUREMENT LOCATIONS

On-Site Noise Sensitive Receptors (Main Project Site and Peripheral Project Sites)

The nearest existing on-site noise sensitive receptors at the main project site would be the patients in the 54 active acute-care beds on the third and fourth floors of the existing Chinese Hospital building at 845 Jackson Street, which would remain in operation throughout construction of the proposed Replacement Hospital building (up to 2015). After 2015, the 54 acute-care beds in the existing Chinese Hospital building would be transferred to the new Replacement Hospital building, and the existing Chinese Hospital building would be renovated to become the MAOC. The acute-care patients at the Replacement Hospital and the future occupants of the 22-bed skilled nursing facility at the Replacement Hospital would be new on-site noise-sensitive receptors. Thus, the analysis of project impacts on the existing on-site noise-sensitive receptors in the existing Chinese Hospital building would be limited to construction-related noise effects, since the proposed Replacement Hospital operations and associated noise effects would only occur post-construction after these on-site (at existing Chinese Hospital building) noise-sensitive receptors are transferred to the Replacement Hospital building. With project implementation, the renovated MAOC would not include noise-sensitive receptors, because it would be used for outpatient services and administrative uses after 2015 (i.e., it would be used by short-stay patients and employees).

There are currently no on-site noise sensitive receptors at the 827 Pacific Avenue or the Powell Street Parking Garage peripheral project sites, and, with project development, there would be no new on-site noise-sensitive receptors at these locations. This is because the land uses at the Powell Street Parking Garage would be off-street parking, and hospital storage and engineering shop space, and, at the 827 Pacific Avenue building, the land uses would be a permanent Radiology Center, temporary administrative office uses, and a temporary infusion clinic (i.e., it would be used by patients for short durations and employees). The temporary uses would be in place until 2015, when they would move to the renovated MAOC (i.e., the existing Chinese Hospital building to be converted to the renovated MAOC).

Off-Site Noise Sensitive Receptors (Main Project Site and Peripheral Project Sites)

There are several off-site noise sensitive receptors on the main project site block (Assessor's Bock Number 192), which include the Powell Street Parking Garage peripheral project site, and on the block to the north (Assessor's Block Number 179) that includes the peripheral project site at 827 Pacific Avenue (see Figure 17: Noise Measurement Locations, on p. 99, and Table 8: Noise Sensitive Receptor Locations on the Main and Peripheral Project Site Blocks and Their Vicinity). Also included in this table are off-site noise-sensitive receptors located along the north side of Pacific Avenue across from the 827 Pacific Avenue peripheral project site; noise sensitive receptors along the east side of Stockton Street between Pacific Avenue and Washington Street; noise sensitive receptors along the south side of Washington Street between Stockton and Powell

Table 8: Noise Sensitive Receptor Locations on the Main and Peripheral Project Site Blocks and Their Vicinity

Street Address	Use	Building Stories	Approximate Distance from:[a]		
			Proposed Replacement Hospital	827 Pacific Avenue	Powell Street Parking Garage (1140 Powell Street)
Sensitive Receptors on Main Project Site Block (includes the Powell Street Parking Garage Peripheral Project Site at 1140 Powell Street)					
855 Jackson Street	Cumberland Presbyterian Church and Day Care Center	2	78 feet west	300 feet southwest	80 feet northeast
845 Jackson Street	Chinese Hospital	5	on main project site	270 feet southwest	130 feet east
821 Jackson Street	Residential	3	12 feet east	250 feet south	305 feet northeast
1035 Stockton Street	Residential	3	55 feet east	260 feet southeast	350 feet east
1019 Stockton Street	Residential	4	15 feet southeast	385 feet southeast	305 feet east
1013 Stockton Street	Residential	3	70 feet southeast	450 feet southeast	315 feet southeast
920 Washington Street	Chinese United Methodist Church	3	93 feet southeast	480 feet southeast	340 feet southeast
940 Washington Street	Gum Moon Women's Residence	3	67 feet southeast	450 feet south	230 feet southeast
950 Washington Street	Commodore Stockton Child Development Center	4	30 feet southwest	410 feet southwest	130 feet east
962 Washington Street	Residential	2	115 feet southwest	495 feet southwest	130 feet southeast
966 Washington Street	Residential	3	142 feet southwest	510 feet southwest	110 feet southeast
1100 Powell Street	Residential	3	195 feet southwest	550 feet southwest	65 feet south
1114 Powell Street	Residential	3	175 feet southwest	510 feet southwest	20 feet south
1122 Powell Street	Residential	4	168 feet southwest	490 feet southwest	adjacent
1150 Powell Street	Residential	3	160 feet west	375 feet southwest	adjacent
1164 Powell Street	Residential	3	160 feet west	340 feet southwest	65 feet north
33 Stone Street	Residential	2	80 feet southwest	415 feet southwest	70 feet east
27 Stone Street	Residential	3	86 feet southwest	440 feet southwest	70 feet east
21 Stone Street	Residential	3	96 feet southwest	460 feet southwest	80 feet southeast
15 Stone Street	Residential	3	110 feet southwest	480 feet southwest	90 feet southeast
Sensitive Receptors on 827 Pacific Avenue Peripheral Project Site Block					
895 Pacific Avenue	Ping Yuen Housing Complex [Middle]	6	225 feet northwest	85 feet west	335 feet north
821 Pacific Avenue	Residential	2	250 feet northeast	adjacent	520 feet northeast
1195 Stockton Street	Residential	2	270 feet northeast	25 feet east	535 feet northeast

Table 8 ***(continued)***

Street Address	Use	Building Stories	Approximate Distance from:[a]		
			Proposed Replacement Hospital	827 Pacific Avenue	Powell Street Parking Garage (1140 Powell Street)
1151 Stockton Street	Residential	2	245 feet northeast	25 feet east	515 feet northeast
1141 Stockton Street	Residential	3	215 feet northeast	10 feet southeast	465 feet northeast
1135 Stockton Street	Residential	3	180 feet north	35 feet south	415 feet northeast
1129 Stockton Street	Residential	3	160 feet northeast	65 feet south	435 feet northeast
1123 Stockton Street	Residential	3	140 feet northeast	85 feet south	425 feet northeast
1115 Stockton Street	Residential	4	100 feet northeast	105 feet east	400 feet northeast
1107 Stockton Street	Residential	3	90 feet northeast	150 feet southeast	410 feet northeast
1101 Stockton Street	Residential	3	78 feet northeast	180 feet southeast	405 feet northeast
826 Jackson Street	Residential	3	50 feet north	100 feet south	310 feet northeast
840 Jackson Street	Residential	3	50 feet north	145 feet southwest	285 feet northeast
850 Jackson Street	Residential	4	50 feet northwest	165 feet southwest	230 feet northeast
866 Jackson Street	Residential	4	95 feet northwest	160 feet southwest	200 feet northeast
1208 Powell Street	Residential	3	175 feet northwest	245 feet southwest	220 feet north
1220 Powell Street	Residential	3	200 feet northwest	230 feet southwest	265 feet north
1230 Powell Street	Residential	2	230 feet northwest	220 feet southwest	300 feet north
111 Trenton Street	Residential	2	115 feet north	140 feet southwest	285 feet northeast
117 Trenton Street	Residential	2	140 feet north	120 feet southwest	310 feet northeast
125 Trenton Street	Residential	2	165 feet north	100 feet southwest	335 feet northeast
138 Trenton Street	Residential	3	220 feet north	10 feet southwest	415 feet northeast
132 Trenton Street	Residential	2	190 feet north	35 feet southwest	390 feet northeast
130 Trenton Street	Residential	3	165 feet north	70 feet southwest	370 feet northeast
120 Trenton Street	Residential	3	115 feet north	90 feet southwest	330 feet northeast
Sensitive Receptors in Vicinity of Main and Peripheral Project Sites					
1300-1308 Powell	Residential	3	400 feet northwest	220 feet northwest	510 feet north
874-876 Pacific	Residential	2	390 feet northwest	195 feet northwest	515 feet northeast
820 Pacific	Ping Yuen Housing Complex [North]	13	380 feet north	60 feet north	550 feet northeast

Table 8 ***(continued)***

Street Address	Use	Building Stories	Approximate Distance from:[a]		
			Proposed Replacement Hospital	827 Pacific Avenue	Powell Street Parking Garage (1140 Powell Street)
711 Pacific Avenue	Ping Yuen Housing Complex [Central]	7	275 feet northeast	175 feet southeast	595 feet northeast
1116 Stockton Street	Residential	3	220 feet northeast	215 feet southeast	540 feet northeast
1074 Stockton Street	Residential	3	180 feet east	310 feet southeast	490 feet northeast
1066 Stockton Street	Residential	2	180 feet east	330 feet southeast	485 feet northeast
1060 Stockton Street	Residential	3	180 feet east	355 feet southeast	480 feet northeast
1044 Stockton Street	Residential	4	180 feet east	370 feet southeast	475 feet east
1034 Stockton Street	Residential	2	180 feet east	410 feet southeast	475 feet east
950 Stockton Street	Mandarin Towers	16	260 feet southeast	605 feet southeast	520 feet southeast
935 Stockton Street	Residential	2	205 feet southeast	575 feet southeast	410 feet southeast
950 Clay Street	Gordon J. Lau Public Elementary School	4	200 feet south	580 feet south	215 feet southeast
981 Washington Street	Chinese Independent Baptist Church of San Francisco	3	220 feet southwest	605 feet southwest	205 feet southeast
1060 Powell Street	Residential	5	240 feet southwest	620 feet southwest	190 feet south
1099 Powell Street	Residential	3	325 feet southwest	730 feet southwest	200 feet southwest
1101 Powell Street	Residential		280 feet southwest	630 feet southwest	95 feet southwest
1123 Powell Street	Taoist Temple	2	275 feet southwest	580 feet southwest	70 feet west
1135 Powell Street	Chinatown Public Library	2	290 feet west	530 feet southwest	85 feet west
1149 Powell Street	Residential	3	265 feet west	505 feet southwest	90 feet northwest
1155 Powell Street	Residential	2	265 feet west	490 feet southwest	115 feet northwest
901 Jackson Street	Residential	3	265 feet west	470 feet southwest	130 feet northwest
1201 Powell Street	Residential	4	275 feet northwest	410 feet southwest	190 feet northwest
1 John Street	Woh Hei Yuen Park	--	290 feet northwest	365 feet southwest	235 feet northwest
1231 Powell Street	Residential	3	330 feet northwest	350 feet west	345 feet northwest
1241 Powell Street	Residential	3	360 feet northwest	345 feet west	385 feet northwest
1301 Powell Street	Residential	2	460 feet northwest	345 feet west	510 feet northwest

Notes:
[a] Distances from the nearest point at the perimeter of the main project site at 835-845 Jackson Street and the 827 Pacific Avenue peripheral project site to the nearest point at the perimeter of the noise sensitive receptor location measured using distance measurement tool in Google Maps.

Streets; and noise sensitive receptors along the west side of Powell Street across from the Powell Street Parking Garage peripheral project site.

Impact NO-1: The proposed project would not result in the exposure of persons to or generation of noise levels in excess of established standards; would not result in a substantial permanent increase in ambient noise levels or otherwise be substantially affected by existing noise; would not result in the exposure of persons to or generation of groundborne vibration or groundborne noise levels; and would not be substantially affected by existing noise levels. ***(Less than Significant with Mitigation)*** **(Criteria 6a, 6c, and 6g)** ***(Less than Significant)*** **(Criteria 6b)**

Ambient noise levels in the vicinity of the main project site and the peripheral project sites are typical of noise levels in urban San Francisco, which are dominated by vehicular traffic, including trucks, cars, Muni buses, and emergency vehicles. Traffic-related noise is particularly apparent along the Stockton Street transportation corridor, which is a major arterial for cars, trucks, and buses. Traffic-related noise on Powell Street and Pacific Avenue includes noise from cars and trucks, as well as noise and vibration produced by the Muni cable car lines (Powell Street only) and Muni bus lines. On the main project site, existing sources of noise are the existing 200-kW and 55-kW emergency generators[37] and heating, ventilation, and air conditioning (HVAC) equipment on the rooftops of the existing Chinese Hospital building at 845 Jackson Street and the existing MAB at 835 Jackson Street, respectively; vehicles accessing the Chinese Hospital Parking Garage from James Alley, Washington Street via Trenton Street, and the driveway between the existing hospital and MAB; truck loading activities including garbage service (approximately 18 trucks per day); and emergency vehicles such as ambulances (approximately one per day). The rooftop mechanical equipment mounted on the rooftops of the existing hospital and MAB are screened and insulated to minimize noise. According to the project sponsor (Chinese Hospital Association), the 200-kW emergency generator on the rooftop of the existing Chinese Hospital building is approximately 30 years old and has been used for 1,100 hours; it would remain with project development. The 55-kW emergency generator on the rooftop of the existing MAB would be permanently removed in the first phase of construction with the demolition of the MAB and Chinese Hospital Parking Garage. At the 827 Pacific Avenue peripheral project site, noise typically associated with the existing retail furniture store is primarily related to loading and unloading delivery trucks in the existing yellow loading zone directly in front of the building. At the Powell Street Parking Garage peripheral project site, existing ambient noise is associated with the existing automotive repair center and monthly parking. Field observations indicate that other existing sources of noise in the project area are associated with the nearby commercial, office, residential, public, and institutional uses and include mechanical/operational noise from stationary sources such as emergency generators, HVAC equipment, air handling units, air compressors, chillers, cooling towers, and ventilation

[37] Emergency generators only run during emergency periods and for scheduled testing that typically lasts 30 minutes.

fans; activities related to garbage collection and street cleaning operations; and fire engines. Except for the intermittent vibration of the Muni cable car lines on Powell Street and large trucks and Muni buses on adjacent streets in the project area, there are no substantial sources of operational groundborne vibration.

According to the modeling of traffic noise conducted by researchers at the San Francisco Department of Public Health (SFDPH) and the University of California, Berkeley, the outdoor noise levels in Chinatown (approximately 67 dBA) are somewhat higher than the City average, which is closer to 65 dBA. Based on the City's *Transportation Noise Map*, the day-night average sound levels along Jackson Street at the main project site and along Pacific Avenue at the 827 Pacific Avenue peripheral project site, both of which are located at the midblock, are generally between 55 dBA and 64 dBA, while the noise levels along Stockton and Powell Streets are typically between 70 dBA and 74 dBA.[38] The existing Powell Street Parking Garage, a peripheral project site at 1140 Powell Street, would therefore have ambient noise levels between 70 dBA and 74 dBA. Based on the City's *Areas Potentially Requiring Noise Insulations Map*, the day-night average sound levels along Jackson Street at the main project site and along Pacific Avenue at the 827 Pacific Avenue peripheral project site are generally between 50 dBA and 65 dBA, while the noise levels along Stockton and Powell Streets are typically between 60 dBA and 70 dBA, with a few isolated locations on Stockton Street between Jackson and Washington Streets where the noise level is above 70 dBA; the closest of these to the main project site is at the intersection of Jackson and Stockton Streets.[39] Since the Powell Street Parking Garage peripheral project site is located at 1140 Powell Street, the ambient noise levels at this location are typically between 60 dBA and 70 dBA, based on the City's *Areas Potentially Requiring Noise Insulations Map*.

Effects of Proposed Project on Existing Off-Site Noise-Sensitive Receptors

Project-related traffic, loading, and emergency vehicle operation noise, and noise from fixed mechanical and electrical sources, such as HVAC equipment and emergency generators on the rooftops of the Replacement Hospital building and the renovated MAOC, would change the ambient noise levels at nearby off-site noise-sensitive locations. Construction-related noise increases and their effects on on-site noise-sensitive receptors at the existing Chinese Hospital building (the acute-care patients on the third and fourth floors) are discussed under Impact NO-2, on pp. 119-123. For purposes of analysis of operational noise increases and impacts, there would

[38] San Francisco Department of Public Health, *Transportation Noise Map*, 2008, available on-line at http://www.sfdph.org/dph/files/EHSdocs/ehsPublsdocs/Noise/TransitNoiseMap.pdf, accessed September 15, 2010.

[39] San Francisco Planning Department and Department of Public Health, *Areas Potentially Requiring Noise Insulations Map*, March 2009, available on-line at http://www.sf-planning.org/ftp/files/publications_reports/library_of_cartography/Noise.pdf, accessed September 27, 2010.

be no existing on-site noise sensitive receptors, because the acute-care patients from the existing Chinese Hospital patient rooms would be transferred to the patient rooms on the third, fourth, and sixth floors of the proposed Replacement Hospital building. These patients, as well as the new patients in the new 22-bed skilled nursing facility on the second floor of the proposed Replacement Hospital building, would be considered new noise-sensitive receptors, and are discussed below under "Effects of Ambient Noise Levels on New Noise-Sensitive Receptors" starting on p. 114.

Traffic, Loading, and Emergency Vehicle Operations Noise

As indicated above, in urban San Francisco, vehicular traffic makes the greatest contribution to ambient noise levels. Published scientific acoustic studies indicate that an approximate doubling of traffic volumes would be necessary to produce an increase in ambient noise levels noticeable to most people (an increase of approximately 3 dBA in ambient noise levels). Based on trip generation calculations and mode splits prepared for the proposed project, most P.M. peak hour trips to the main and the peripheral project sites would be made on transit or by foot.[40] The proposed project could generate up to 237 net new daily vehicle trips (53 net new vehicle trips in the P.M. peak hour), with approximately 219 vehicle trips to the main project site block and 18 vehicle trips to the peripheral project site at 827 Pacific Avenue (the Radiology Center).[41] Drop-off trips, included in the count of net new daily vehicle trips, are indicative of passenger loading demand, and would increase with project development at the main project site and the 827 Pacific Avenue peripheral project site due to the projected increase in the number of Chinese Hospital-related employees, patients and visitors (approximately 3 net new drop-off/carpool Chinese Hospital employee trips and about 14 net new patient and visitor drop-off/carpool vehicle trips).[42] With project development, these additional vehicle trips, even when factoring in the temporarily relocated uses at the 827 Pacific Avenue peripheral project site (administrative uses and an infusion clinic until 2015), would not result in a doubling of traffic volumes on any roads in the project vicinity and would not result in a substantial change (up to a 3 dBA increase) in the ambient noise levels. Thus, the noise associated with project-generated traffic would not be substantial enough to result in a noticeable change over existing conditions and traffic-related noise impacts at the main project site and the 827 Pacific Avenue peripheral project site would be less than significant.

Under existing conditions, vehicles access the Chinese Hospital Parking Garage on the main project site via James Alley, Washington Street via Trenton Street, and the driveway to the Chinese Hospital Parking Garage off Jackson Street. Intermittent parking lot noise generally includes vehicles entering and leaving the parking garages, tires squealing, doors closing, music

[40] CHS Consulting, Draft *Chinese Hospital Transportation Study*, Table 20, p. 43, May 4, 2011.
[41] CHS Consulting, Draft *Chinese Hospital Transportation Study*, Table 21, p. 42. May 4, 2011.
[42] CHS Consulting, Draft *Chinese Hospital Transportation Study*, pp. 44-45, May 4, 2011.

playing, and occasionally car alarms going off; however, this noise source is often masked by noise from traffic already traveling along the adjacent roadways. With development of the proposed project, Chinese Hospital-related employee, patient, and visitor parking would be accommodated at a peripheral project site, the nearby Powell Street Parking Garage at 1140 Powell Street, adding most of the project-related vehicle trips to Powell Street, away from the nearest off-site noise sensitive receptors at Chinese Hospital (i.e., the Commodore Stockton CDC, the Gum Moon Women's Residence, the Cumberland Presbyterian Church, and residences along Jackson Street, James Alley, Trenton Street, and Stockton Street). Residents along Powell Street near the Powell Street Parking Garage would experience an increased level of vehicular traffic over existing conditions due to increased use of the Powell Street Parking Garage by Chinese Hospital physicians, employees, patients, and visitors.[43] This would not cause a noticeable change (up to a 3 dBA increase) in the ambient noise levels along Powell Street, because the proposed project would not result in a doubling of traffic volumes on Powell Street or other nearby roadways. Thus, the noise associated with future Chinese Hospital parking activities would be less than significant.

Chinese Hospital currently uses the on-street loading zones (white) on Jackson Street in front of both the existing Chinese Hospital and the MAB, and the off-street loading space located at the rear of the existing Chinese Hospital building off Stone Street. The white zone is used by service/delivery trucks, passenger vehicles, and emergency vehicles such as ambulances. Typical loading-related noises are associated with truck doors closing, hand trucks or dollies rolling up curbs or loading ramps, and truck engines starting. Loading and unloading at the main project site would be expected to occur generally during daytime business hours with project development, comparable to existing conditions. Truck loading demand at the main project site would not increase noticeably relative to existing conditions, with three additional truck deliveries per day with project development (from an existing 18 daily truck trips). Of the additional project-related truck deliveries, 1-2 truck deliveries would be deliveries from the main project site to the 827 Pacific Avenue building via truck.[44]

Emergency vehicles, such as ambulances, would also use the white zone along Jackson Street or the off-street loading space at the rear of the existing Chinese Hospital building, similar to existing conditions. The number of daily ambulance trips is not expected to increase with project development – approximately one trip per day under existing conditions. This is because no expansion of the Chinese Hospital's urgent care department and no increase in the number of acute-care beds is proposed as part of the Chinese Hospital Replacement Project. Nearby off-site noise-sensitive receptors (i.e., the Commodore Stockton CDC, the residences along Stone Street, the Cumberland Presbyterian Church and associated day care center, and the residences along

[43] CHS Consulting, Draft *Chinese Hospital Transportation Study*, p. 45, May 4, 2011.
[44] CHS Consulting, Draft *Chinese Hospital Transportation Study*, p. 44, May 4, 2011.

Jackson Street, and Trenton Street, north of the main project site) would perceive noise from the loading and unloading activities and emergency vehicles, at a level comparable to existing conditions. In the context of the existing traffic noise levels in the project vicinity, noise from project-related increases to loading and unloading activities and ambulance trips would not result in a noticeable adverse change (up to a 3 dBA increase) in the ambient noise level experienced by existing off-site noise-sensitive receptors of the proposed project.

At the peripheral project site on 827 Pacific Avenue, the existing furniture store uses a yellow loading zone directly in front of the building and has regular daytime business hours. There are no existing on-site noise-sensitive receptors at this peripheral project site, and the proposed future use as a Radiology Center would not result in the introduction of new on-site noise sensitive receptors at this peripheral project site. Loading and unloading at the 827 Pacific Avenue peripheral project site would be expected to occur generally during daytime business hours with project development, similar to existing conditions. The loading demand at the 827 Pacific Avenue peripheral project site would be generated mainly by the permanent radiology use, not by the temporary (up to 2015) administrative uses and the infusion clinic; thus, the temporary uses at the 827 Pacific Avenue peripheral project site would not contribute substantially to any noise generated by loading activities with project development. After 2015, the temporary administrative uses and the infusion clinic would become part of the services provided at the renovated MAOC on the main project site and the vacated space would be leased in the future. As mentioned above, the proposed project would generate one additional truck delivery (from 18 under existing conditions to 19 with project development). This additional truck trip would be associated with the Radiology Center at the 827 Pacific Avenue peripheral project site. Nearby off-site noise-sensitive receptors (i.e., the residences along Trenton Street, west of the peripheral project site and along the north and south sides of Pacific Avenue) would perceive noise from the loading and unloading activities, at a level comparable to existing conditions. In the context of the existing traffic noise levels in the vicinity, noise from increases to loading and unloading activities would not result in a noticeable change (up to a 3 dBA increase) in the ambient noise level experienced by existing off-site noise-sensitive receptors.

The proposed project would not introduce any substantial groundborne vibration-generating sources to the main or peripheral project sites, and would not result in a substantially increased demand for transit that would result in greater frequency of Muni cable car or bus line operations that could potentially increase groundborne vibration effects in the project area. Additionally, loading demand with project development would not increase noticeably in the project area in the future, as discussed above, and large trucks for trash, recyclables, and compost would continue daily pickup operations, similar to existing conditions; thus, vibrations related to service/delivery truck trips would not increase noticeably. Therefore, in the context of existing vibration-generating sources in the vicinity of the main and peripheral project sites, the proposed project would not result in a noticeable change in project-generated traffic/loading noise and vibration

and there would be a less-than-significant traffic/loading noise and vibration impact on sensitive receptors.

Stationary Noise

As under existing conditions, the proposed project would be subject to the San Francisco Noise Ordinance, Article 29 of the San Francisco Police Code, which establishes noise limits for fixed noise sources such as building equipment. As amended in November 2008, this section establishes a noise limit from mechanical sources, such as building equipment, specified as a certain noise level in excess of the ambient noise level at the property line: for noise generated by commercial and industrial uses, the limit is 8 dBA in excess of ambient noise level at the property line.

The proposed project does not include any substantial changes to rooftop mechanical equipment or other stationary noise-generating equipment at the peripheral project sites (the Powell Street Parking Garage and the 827 Pacific Avenue building). With project development, noise from stationary noise sources on these peripheral project sites would be similar to existing conditions. Thus, with project development, noise from stationary sources on the peripheral project sites would result in a less-than-significant impact on nearby off-site noise-sensitive receptors.

The proposed Replacement Hospital building on the main project site would include new exterior electrical and mechanical equipment, e.g., HVAC equipment, air handling units, air compressors, pumps, intake and exhaust fans, chillers, cooling towers, and an 800-kW emergency generator. The project sponsor would remove the exterior electrical and mechanical equipment on the existing MAB rooftop, including the 55-kW emergency generator, as part of the demolition of the MAB. The new exterior electrical and mechanical equipment would be mounted on the rooftop of the Replacement Hospital building and would be screened, enclosed, or muffled to prevent excessive noise exposure to nearby off-site noise sensitive receptors. The existing Chinese Hospital building would be renovated to become the MAOC after 2015 when the proposed Replacement Hospital building is completed and operational; there would be no on-site noise-sensitive receptors in the renovated MAOC after 2015, as explained previously. No changes to the HVAC equipment, the 200-kW emergency generator, or other exterior electrical and mechanical equipment on the roof of the existing Chinese Hospital building (proposed to become the renovated MAOC) are proposed as part of the project.[45]

Noise measurements conducted by the Chinese Hospital Association, one set with the 200-kW emergency generator in operation and another without, identified the ambient noise level at each

[45] The 200-kW generator is tested on the 4th Saturday of each month for 30 minutes. The 55-kW generator is tested on the 1st Saturday of each month for 30 minutes. Over the last 12 months, each generator was operated between 6 and 9 hours (includes testing).

of the four corners of the roof of the existing Chinese Hospital building (see Figure 17: Noise Measurement Locations, on p. 99).[46] Noise measurements were not taken at the rooftop of the existing MAB. As stated above, this building and its associated electrical and mechanical equipment, including the 55-kW emergency generator, would be demolished as part of the project. Along Jackson Street at the northeast and northwest corners of the existing Chinese Hospital building roof, ambient noise measurements (without the 200-kW emergency generator in operation) were 67 dBA and 74 dBA, respectively. At the rear of the existing Chinese Hospital building at the southeast and southwest corners of the building roof, the ambient noise measurements (without the 200-kW emergency generator in operation) were 65 dBA and 75 dBA, respectively. The dominant stationary noise sources at these locations on the rooftop of the existing Chinese Hospital building include air-handlers, chiller pumps, exhaust fans, and wireless repeater equipment. These measurements are similar to the ambient noise level ranges for the project area identified under the City's *Transportation Noise Map* (between 55 dBA and 64 dBA on Jackson Street and 70 dBA to 74 dBA along Stockton and Powell Streets) and the City's *Areas Potentially Requiring Noise Insulations Map* (between 50 and 65 dBA on Jackson Street and from 60 dBA to above 70 dBA along Stockton and Powell Streets), as well as the DPH co-authored study of traffic noise in Chinatown (67 dBA).

Noise measurements at the same locations on the rooftop of the existing Chinese Hospital building were also collected with the existing 200-kW emergency generator in operation. Along Jackson Street at the northeast and northwest corners of the Chinese Hospital building roof, ambient noise measurements were 73 dBA and 78 dBA, respectively. At the rear of the Chinese Hospital building at the southeast and southwest corners of the building roof, the ambient noise measurements were 69 dBA and 77 dBA, respectively. The dominant stationary noise source at each of these locations on the rooftop of the existing Chinese Hospital building was the existing 200-kW emergency generator. These measurements indicate that the fixed noise sources at the rooftop of the existing Chinese Hospital building, including the 200-kW emergency generator, are adequately insulated, so that the Noise Ordinance threshold of no more than an 8 dBA increase at the property line is not exceeded.

With the development of the proposed Replacement Hospital building, new sources of stationary noise, the proposed exterior mechanical and electrical equipment and the new 800-kW emergency generator on the Replacement Hospital roof deck, would be introduced into the project area, potentially affecting nearby off-site noise-sensitive receptors. The new 800-kW emergency generator would replace the existing smaller 55-kW emergency generator on the roof of the existing MAB and would be located closer to the Stockton Street corridor. The 800-kW emergency generator would be placed within a sound enclosure and, based on the sound enclosure specifications, would not be substantially noisier than the existing 55-kW emergency

[46] Chinese Hospital Association, Sound Measurement Report 2011, January 2011.

generator. According to the project sponsor, the sound-attenuated enclosure for the 800-kW generator would produce noise levels of approximately 76.3 dBA at a distance of 23 feet and 70.3 dBA at a distance of 50 feet.[47] Thus, with project development, there would be two emergency generators on the main project site, the existing 200-kW emergency generator mounted on the rooftop of the existing Chinese Hospital (on the western portion of the roof near Stone Street) and the new 800-kW emergency generator on the roof of the Replacement Hospital building, as well as the existing mechanical and electrical equipment on the rooftop of the existing Chinese Hospital building and the new mechanical and electrical equipment on the rooftop of the Replacement Hospital building. As a result, operational noise from stationary sources at the main project site would be greater than under existing conditions.

Based on the existing ambient noise level measurements at the rooftop of the existing Chinese Hospital building provided by the Chinese Hospital Association, existing Chinese Hospital operations with the 200-kW emergency generator in operation increase ambient noise levels by approximately 5.2 dBA at the northeast corner, by 3.3 dBA at the northwest corner, by 3.4 dBA at the southeast corner, and by 2.3 dBA at the southwest corner of the rooftop. Thus, the ambient noise levels at the perimeter of the existing Chinese Hospital building are not 8 dBA in excess of ambient noise levels at the property line and do not exceed the established noise limit. As described above, with project development, future operations on the main project site would include the new stationary noise sources on the rooftop of the Replacement Hospital building, including the 800-kW emergency generator, plus the stationary noise sources on the rooftop of the existing Chinese Hospital building (or MAOC), including the existing 200-kW emergency generator.

The new stationary noise sources on the rooftop of the Replacement Hospital building, including the 800-kW emergency generator, would be subject to the same noise limit thresholds (i.e., muffling, insulation, and sound enclosures would be used to ensure that noise would not exceed the City's stated threshold of an 8 dBA or less increase over ambient noise levels at the property line). Furthermore, comparable to existing conditions where the existing 200-kW and 55-kW emergency generators on the rooftops of the existing Chinese Hospital building and the MAB, respectively, are tested on different days; Chinese Hospital would retain the same protocol for the required testing of the future emergency generators (i.e., testing on different days). Chinese Hospital and the manufacturer of the new 800-kW emergency diesel generator would be expected to design and install the emergency generator and associated mechanical and electrical equipment for the Replacement Hospital building to achieve noise dampening at the exterior of individual equipment cabinets that meets the threshold of causing less than an 8 dBA increase in ambient noise levels at the property line. This would be done by using noise-reducing measures such as attenuators and acoustical lining.

[47] Caterpillar, 650 Kw-800 Kw Sound Attenuated Enclosures for C27 Powered Generator Sets, p. 2.

In addition, the Noise Ordinance provides for a separate fixed-source noise limit for residential interiors of 45 dB between 10 P.M. and 7 A.M. or 55 dB between 7:00 A.M. and 10:00 P.M. when windows are open, except where building ventilation is achieved through mechanical systems that allow windows to remain closed. The future sources of operational noise impacts on existing nearby off-site noise-sensitive receptors would be the existing HVAC equipment, air handling units, air compressors, pumps, intake and exhaust fans, chillers, cooling towers, and 200-kW emergency generator on the rooftop of the existing Chinese Hospital building and the new HVAC equipment, air handling units, air compressors, pumps, intake and exhaust fans, chillers, cooling towers, and 800-kW emergency generator on the roof of the proposed Replacement Hospital. Existing off-site noise-sensitive receptors that would be exposed to stationary noise, as a result of the introduction of the new 800-kW emergency diesel generator and other mechanical and electrical equipment on the top of the proposed Replacement Hospital building, include the residents at 821 Jackson Street, those along the north side of Jackson Street, those along Stockton Street between Jackson and Washington Streets, and those directly to the south of the proposed Replacement Hospital building, e.g., residents along Stone Street and at the Gum Moon Women's Residence and children at the Commodore Stockton CDC. The new mechanical and electrical equipment on the rooftop of the proposed Replacement Hospital building would be located at a higher elevation than under existing conditions, i.e., there would be an approximately 13-foot elevation difference between the location of the existing 55-kW emergency generator on the rooftop of the existing, 78-foot-tall, five-story MAB (to be demolished) and the location of the new 800-kW emergency generator and other mechanical and electrical equipment on the rooftop of the proposed 90.5-foot-tall Replacement Hospital building.

As stated earlier, the ambient noise levels in the proximity of the existing Chinese Hospital building range from between 65 dBA to 75 dBA without the emergency generator in operation. Noise generation estimates for the sound enclosure proposed for use with the 800-kW emergency generator indicate that the emergency generator, which would be located approximately 23 feet from the north property line and approximately 22 feet from the east property line, would produce noise levels of approximately 76.3 dBA at a distance of 23 feet and 70.3 dBA at a distance of 50 feet. Thus, noise levels when the project is fully operational would not cause an 8 dBA increase in noise levels beyond the existing ambient noise level at the property plane and would comply with Section 2909, "Noise Limits," of Article 29 of the San Francisco Noise Control Ordinance). Therefore, the future operations of the Replacement Hospital building on the main project site would not result in a substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the proposed project.

As indicated above, the 800-kW emergency generator would be the dominant stationary noise source on the rooftop of the Replacement Hospital building when in operation. The existing and proposed emergency generators would not be continuously operated, and would be tested on separate days for a specific time periods (usually 30 minutes), similar to the existing testing

protocol for the Chinese Hospital emergency generators. Furthermore, the new stationary noise sources would be mounted on the Replacement Hospital building rooftop, which would be at a higher elevation than the existing stationary noise sources on the rooftop of the MAB. This would result in the placement of future fixed location noise sources further away from existing off-site noise-sensitive receptors that are primarily located at the upper floors of the predominantly two- to three-story mixed-use residential buildings near the main project site. Thus, even under an emergency or test scenario, the noise attenuation that would be provided by the sound enclosure for the 800-kW emergency generator, as well as noise-reducing techniques for the new mechanical and electrical equipment, would be expected to minimize any substantial change in the ambient noise levels at the building's property line. However, project-related noise impacts on the closest off-site noise sensitive receptors could be potentially significant and mitigation would be required to ensure that noise generated by new and existing stationary noise sources on the rooftops of the proposed Replacement Hospital building do not exceed the 8 dBA increase threshold identified in the Noise Ordinance.

Mitigation Measure M-NO-1a

To ensure that operational noise generated by the proposed stationary noise sources, specifically the emergency generator does not exceed the City' noise standards resulting in a substantial increase in ambient noise levels, the project sponsor shall undertake the following:

- The project sponsor, Chinese Hospital, shall retain the services of a qualified acoustical consultant to measure the noise levels of operating exterior mechanical equipment, such as emergency generators among other mechanical equipment, after installation of such equipment on the project site. If such exterior mechanical equipment is below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), no further action is required. If such mechanical exterior equipment is not below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), the project sponsor, Chinese Hospital, shall replace and/or redesign the exterior mechanical equipment to meet the City's established noise standards. Results of the mechanical noise measurements shall be provided to Hospital Facilities Management/Engineering and the appropriate City agencies (Planning Department, Department of Building Inspection and Department of Public Health) to show compliance with Noise Ordinance mechanical noise standards.

A sound measurement study of the new HVAC equipment, air handling units, air compressors, pumps, intake and exhaust fans, chillers, cooling towers, and the 800-kW emergency generator on the rooftop of the proposed Replacement Hospital building by a qualified acoustical consultant would ensure compliance with the Noise Ordinance and, as a result, would ensure that noise from the proposed project's building operations would not be substantial enough to cause a noticeable adverse change in the ambient noise levels. Compliance with the Noise Ordinance would also ensure that noticeable increases in ambient noise levels due to operational activities would not occur. The proposed project would not introduce any substantial vibration-generating sources

(i.e. mechanical equipment) to the main or peripheral project sites. Therefore, with implementation of Mitigation Measure M-NO-1a, the proposed project would result in less-than-significant stationary or operational noise impacts and vibration impacts on existing off-site noise sensitive receptors. As discussed above, there would be no existing on-site noise sensitive receptors, for the purposes of stationary or operational noise and vibration impact analysis.

Effects of Ambient Noise Levels on New Noise-Sensitive Receptors

New on-site noise sensitive receptors would include the acute-care patients on the third, fourth, and sixth floors of the proposed Replacement Hospital building (transferred from the 54 acute-care beds on the third and fourth floors of the existing Chinese Hospital building before it is renovated) and new patients in the proposed 22-bed skilled nursing facility on the second floor of the Replacement Hospital building. The proposed Radiology Center at the 827 Pacific Avenue peripheral project site would not include new on-site noise-sensitive receptors and is not discussed.

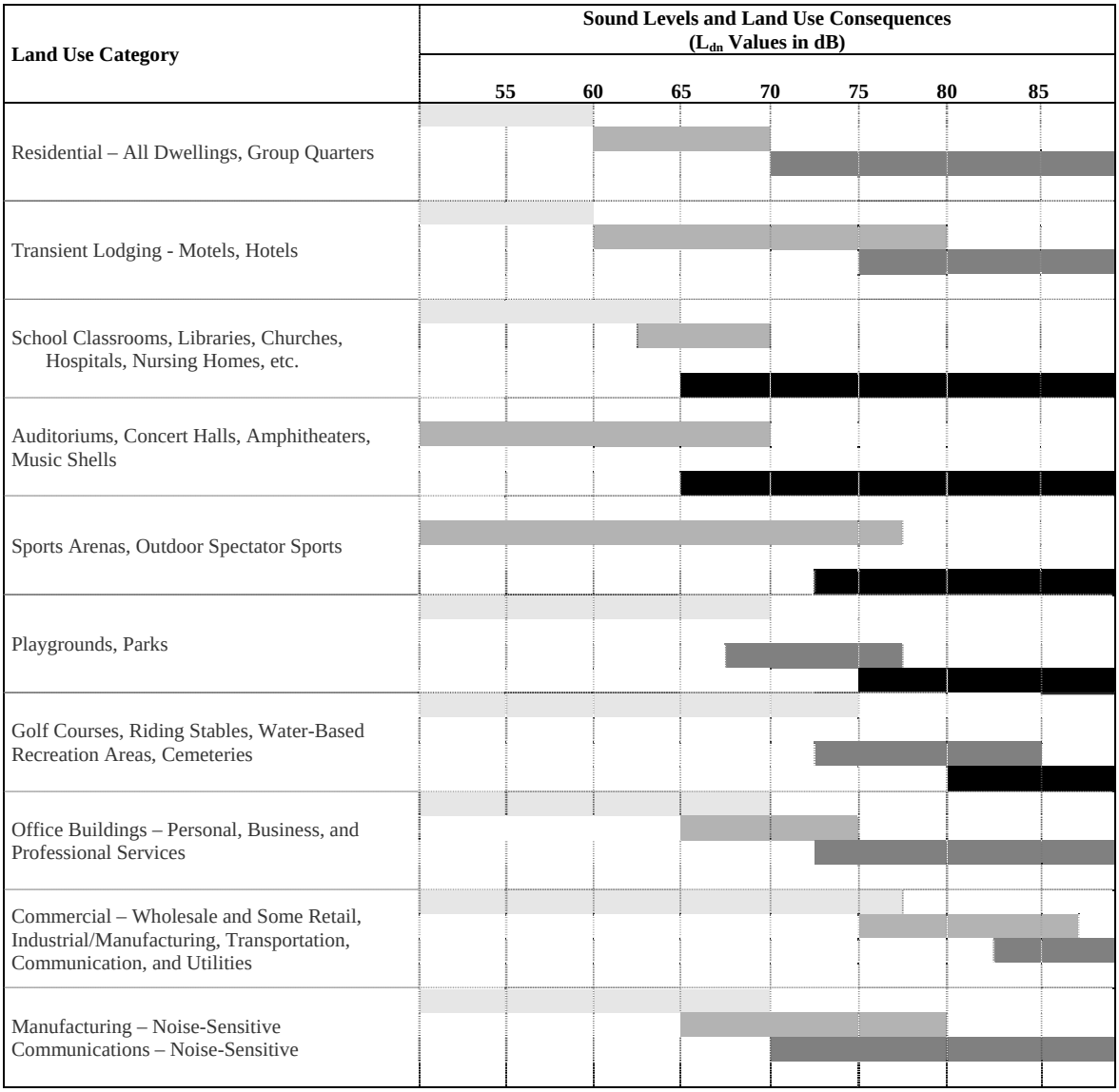
In San Francisco, the Environmental Protection Element of the *General Plan* focuses on the effect that noise from ground-transportation noise sources has on the community and contains land use compatibility guidelines for community noise that indicate the maximum acceptable exterior noise levels for various newly developed land uses (see Figure 18: San Francisco Land Use Compatibility Chart for Community Noise). The guidelines indicate that hospitals are compatible in areas where the ambient noise level is 65 dBA (Ldn) or less, and that hospitals should generally not be developed in areas where exterior noise levels exceed 65 dBA (Ldn). For purposes of this analysis, an interior-noise-level standard of 45 dBA (Ldn) is considered a reasonable performance standard for interior land use compatibility for Chinese Hospital uses.

Based on modeling of traffic noise volumes conducted by the SFDPH, the traffic noise levels on Jackson Street and on Pacific Avenue are between 55 dBA and 64 dBA; however, ambient noise levels on both Stockton and Powell Streets range from 70 dBA to 74 dBA.[48] As stated earlier, research conducted by the SFDPH and the University of California, Berkeley indicates that the ambient noise level in Chinatown is approximately 67 dBA.

The land use compatibility standards in the *General Plan* indicate that new hospital developments located in a 65 dBA (Ldn) noise contour or higher would be considered to be exposed to excessive traffic noise. Thus, implementing the proposed project could expose new on-site noise-sensitive receptors at the proposed Replacement Hospital building on the main project site to excessive interior noise levels attributable to traffic, thereby annoying and/or disrupting the sleep of the on-site noise-sensitive receptors. According to the City and County of San Francisco Land

[48] San Francisco Department of Public Health, *Transportation Noise Map*, 2008 and *Areas Potentially Requiring Noise Insulations Map*, March 2009.

Figure 18: San Francisco Land Use Compatibility Chart for Community Noise



Satisfactory, with no special noise insulation requirements.

New construction or development should be undertaken only after a detailed analysis of the noise reduction requirements is made and needed noise insulation features included in the design.

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

New construction or development should generally not be undertaken.

Source: San Francisco Planning Department, 1996. *San Francisco General Plan*, adopted on June 27, 1996. Available online at: http://www.sf-planning.org/ftp/General_Plan/index.htm. Accessed February 9, 2011.

Use Compatibility Chart for Community Noise, when hospitals are located in areas where the exterior noise levels exceeds 65 dBA (Ldn), "noise insulating features" should be incorporated into the design of the structure and a detailed analysis of noise reduction requirements should be conducted.

Noise reduction in relation to distance (or noise attenuation) depends on surface characteristics (i.e., dirt cover, vegetation, parking lots, water, and other roadway surfaces) between the source and the receptor, atmospheric conditions (i.e., wind speed, temperature, and humidity), and the presence of physical barriers (i.e., intervening buildings). Sound travels uniformly outward from a point source in a spherical pattern with an attenuation rate of 6 dB per doubling of distance (dB/DD). However, from a line source (e.g., a road), sound travels uniformly outward in a cylindrical pattern with an attenuation rate of 3 dB/DD. The proposed Replacement Hospital building on the main project site would be less than 115 feet from the Stockton Street corridor; thus, distance-based reductions would not be great enough to reduce the ambient noise levels to less than 65 dBA, e.g., at 100 feet the noise level would drop to approximately 71 dBA and at200 feet it would drop to approximately 68 dBA. Therefore, the proposed Replacement Hospital building would be located in an environment with exterior noise levels that are generally above those considered normally acceptable for a hospital use and this would be a significant impact. As a result, the project sponsor would be required to incorporate noise insulation features into the design of the Replacement Hospital building to maintain acceptable interior noise levels.

A building constructed with a steel or concrete frame, a curtain wall or masonry exterior wall, and fixed plate-glass windows one-quarter-inch thick typically provides an exterior-to-interior noise reduction of 30 to 40 dBA with its windows closed.[49] It is anticipated that, at a minimum, sound-rated windows and/or doors such as noise-reducing dual-pane glass assemblies in its glazing system, would be installed as part of the proposed Replacement Hospital building and that the exterior-to-interior noise reduction value of the building façade would result in a reduction of exterior noise levels by approximately 30 dBA, i.e., from approximately 71 dBA to 41 dBA. Thus the proposed design of the exterior walls, windows, and doors would be sufficient to ensure an adequately quiet interior noise environment for the new hospital noise-sensitive receptors (patients). Therefore, with project development, the new on-site noise sensitive receptors (patients transferred from the existing Chinese Hospital and new patients in the 22-bed skilled nursing facility) on the main project site would not be expected to be exposed to excessive levels of traffic-related ambient noise. However, in order to ensure that the proposed Replacement Hospital building would be constructed in a manner that would provide adequate

[49] Paul S. Veneklasen & Associates. 1973. *Noise Insulation Problems in Buildings.* Cited in California Department of Transportation. 2002 (January). *California Airport Land Use Planning Handbook.* Division of Aeronautics. Sacramento, CA. Prepared by Shutt Moen Associates, Santa Rosa, CA, in association with Brown-Buntin Associates and Gatzke, Dillon & Balance, p. 7-37.

noise attenuation for the building's new on-site noise sensitive receptors (acute-care patients and patients in the new skilled nursing facility), the following mitigation measure would be required.

Mitigation Measure M-NO-1b

To ensure that the proposed Replacement Hospital building would be designed with appropriate noise-insulating features to achieve interior traffic noise levels below 45 dB (Ldn), the project sponsor shall undertake the following:

- The project sponsor, Chinese Hospital, shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Replacement Hospital building that would reduce the interior traffic-noise level inside the hospital to 45 dB (Ldn). Interior spaces of the Replacement Hospital building shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB (Ldn) or lower.

This performance standard is feasible with currently available, commonly used building technology. DBI would review the final building plans for the proposed new construction on the main project site to ensure that the building wall, window, and floor/ceiling assemblies for the proposed development would meet state standards regarding sound transmission and would be in compliance with the Title 24 noise standards and the *General Plan*. Therefore, implemention of Mitigation Measure M-NO-1b would reduce the operational or stationary noise impact of the proposed project on new on-site noise sensitive receptors to a less-than-significant level.

In addition, with project development, new on-site noise-sensitive receptors could also be exposed to noise from fixed noise sources such as HVAC equipment and emergency generators on the rooftops of the Replacement Hospital building and the renovated MAOC. As discussed above on p. 111, the mechanical and electrical equipment on the proposed Replacement Hospital building, including the new 800-kW emergency generator, would be screened, enclosed, and muffled to prevent excessive noise exposure. The existing mechanical and electrical equipment, including the existing 200-kW emergency diesel generator, on the Chinese Hospital rooftop would remain. As discussed above on p. 111, these existing fixed noise sources are in compliance with the Noise Ordinance, because the noise measurements, with and without the 200-kW emergency generator in operation, do not exceed the threshold of less than a 8 dBA noise increase in ambient noise levels at the property lines. Future fixed-noise sources on the top of the Replacement Hospital building would also comply with the Noise Ordinance with implementation of Mitigation Measure M-NO-1a, discussed above on pp. 113-114, and the noise-reduction features of the proposed building's exterior walls, windows, and doors would, through implementation of Mitigation Measure M-NO-1b, ensure that any incremental increase to existing ambient noise levels would not be noticeable to the new on-site noise-sensitive receptors in the context of the existing ambient traffic noise levels in the project area. Noise insulating features incorporated into the design of the Replacement Hospital building and proper installation and

noise attenuation of rooftop mechanical and electrical equipment would, therefore, minimize the proposed project's potential to generate noticeable increases in ambient noise levels due to operational noise that could adversely affect its own on-site noise-sensitive receptors (in the proposed Replacement Hospital building). Thus, with implementation of Mitigation Measures M-NO-1a and M-NO-1b, the development of the proposed Replacement Hospital building (which would accommodate noise-sensitive receptors) would be acceptable in this area, even though the exterior ambient noise levels exceed 65 dBA (Ldn). The proposed project would not introduce any substantial vibration-generating sources (i.e., mechanical equipment) to the main project site. Therefore, the proposed project would result in less-than-significant operational or stationary noise and vibration impacts on on-site noise-sensitive receptors in the proposed Replacement Hospital building.

Conclusion

In conclusion, the project-related increase in traffic and loading activities in the vicinity of the main project site and the peripheral project site at 827 Pacific Avenue would have less-than-significant traffic/loading noise and vibration impacts on nearby existing off-site noise-sensitive receptors. With implementation of Mitigation Measure M-NO-1a, the project-generated increase in operational activities (stationary/fixed noise) on the main project site and the peripheral project site at 827 Pacific Avenue would have less-than-significant stationary/fixed noise and vibration impacts on nearby existing off-site noise-sensitive receptors. Additionally, with implementation of Mitigation Measures M-NO-1a and M-NO-1b, the proposed project would not expose new on-site noise-sensitive receptors within the proposed Replacement Hospital building itself to substantial increases in the ambient noise or vibration levels; thus, this project's noise-related land use compatibility impacts would be less than significant. There would be no new noise-sensitive receptors at the outpatient Radiology Center proposed for the 827 Pacific Avenue peripheral project site. As also discussed above, there would be no existing on-site noise sensitive receptors, for the purposes of stationary or operational noise and vibration impact analysis.

Furthermore, and as stated above, the effects of project-related operational noise from stationary sources would be regulated by project compliance with the Noise Ordinance, and, per Mitigation Measure M-NO-1a, would be verified by a qualified acoustical consultant. Overall, noise impacts related to project-related traffic noise increases, project-generated loading activity noise increases, the exposure of new on-site noise-sensitive receptors to operational noise increases from new and existing project-related stationary sources, and the exposure of new on-site noise-sensitive receptors within the proposed Replacement Hospital building to substantial and permanent increases in the traffic-dominated ambient noise levels, as well as to operational noise from new and existing project-related stationary sources would be less than significant with mitigation. These topics will not be discussed further in the EIR.

Impact NO-2: During construction, the proposed project would result in a temporary or periodic increase in ambient noise levels and vibration in the project vicinity above levels existing without the project. ***(Less than Significant with Mitigation)*** **(Criterion 6d)**

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the San Francisco Police Code), amended in November 2008. The ordinance requires that noise levels from individual pieces of construction equipment, other than impact tools, not exceed 80 dBA at a distance of 100 feet from the source. Impact tools (e.g., jackhammers, pile drivers, and impact wrenches) must have both intake and exhaust muffled to the satisfaction of the Director of Public Works. The project sponsor would be required to comply with measures required for impact tools in Section 2907 of the Police Code, which requires that the project contractor muffle and shield intakes and exhausts, shroud or shield impact tools, and use electric-powered rather than diesel-powered construction equipment, as feasible, so that noise would not exceed limits stated in the City's Noise Ordinance. Section 2908 of the ordinance prohibits construction work between 8:00 P.M. and 7:00 A.M., if the noise would exceed the ambient noise level by 5 dBA at the project property line, unless a special permit is authorized by the Director of Public Works. The proposed project would comply with the regulations set forth in the City's Noise Ordinance.

Demolition, excavation, and building construction activities associated with the construction of the proposed Replacement Hospital building on the main project site would result in temporary on- and off-site noise increases. Construction associated with the renovation of the Chinese Hospital building (to be renovated and reused as the MAOC) and the Powell Street Parking Garage would occur within the building interiors; thus, the interior construction noise would be substantially reduced by existing exterior walls. Exterior changes to the 827 Pacific Avenue building would be limited to minor storefront changes, such as the relocation of an ADA-accessible entry. The majority of work at this location would be interior renovations for a permanent outpatient Radiology Center at the basement and ground levels and for administrative uses and an infusion clinic on a temporary basis (until 2015) at the ground and second levels; all for use by Chinese Hospital. Construction noise impacts related to the renovation of these buildings on the main project site and on the peripheral project sites would be less than significant and are not discussed further.

Construction activities for the proposed Replacement Hospital building would include excavation, grading, hauling, building erection, and finishing, and would result in temporary noise and vibration increases that could be considered an annoyance by occupants and users of nearby properties. The proposed Replacement Hospital building would have a mat foundation and would not use driven piles. Thus, pile-driving, which is the most disruptive activity in terms of construction noise, would not be part of the proposed project. As part of site preparation, piers or slant piles would be used to underpin the adjacent Chinese Hospital building. If slant piles were to be chosen to underpin the adjacent Chinese Hospital building, shafts for the slant piles would be pre-drilled, not driven, to reduce noise and vibration. The piles would then be inserted into the pre-drilled shaft and set in place. Underpinning piers would require additional

excavation in order to place them under the existing foundation of the adjacent Chinese Hospital building, but would not require drilling, thus this technique would generate less noise than the drilling of shafts for slant piles. This underpinning activity would be expected to occur early in the proposed project's first construction phase. Thus, no pile driving would be necessary for the proposed Replacement Hospital building foundation, and the use of explosives for demolition is not proposed, and temporary construction noise and groundborne vibration impacts related to the underpinning of the adjacent existing Chinese Hospital building on the main project site and its vicinity would be minimized through pre-drilling of holes for the placement of slant piles, if this method were chosen. Other noise- and vibration-generating construction activities include the use of impact tools such as jackhammers, pavement breakers, and heavy construction equipment, all of which would be expected to be in use at the main project site during the early stages of construction.

Additionally, construction of the proposed Replacement Hospital building and underpinning of the adjacent existing Chinese Hospital building would not result in significant exposure to groundborne vibration, because pile driving and explosives would not be used and vibration-generating equipment would be shrouded or shielded and used intermittently. Therefore, the vibration impacts related to site preparation, underpinning of the adjacent Chinese Hospital building, and building construction would be temporary and less than significant, and the groundborne vibration impacts of the proposed project will not be discussed further in the EIR.

On-site and off-site noise level increases due to project-related construction activities on the main project site would be temporary and intermittent and would occur throughout the various phases of project construction, estimated to last approximately 36 months. The magnitude of the construction noise would fluctuate at any given noise-sensitive receptor depending on the construction phase, the type of construction activity, the sound level generated by the various pieces of construction equipment in operation, the duration of the noise, the distance between the noise source and receptor, and the presence or absence of noise barriers between the noise source and receptor.

Typical construction equipment generates noise levels ranging from about 76 to 98 dBA (without noise controls or features such as improved mufflers, equipment redesign, and use of silencers, shields, shrouds, ducts and engine enclosures) at a distance of 50 feet from the source, with slightly higher levels for certain types of earthmoving and impact equipment. The noisiest phase of construction would likely occur during drilling for placement of slant piles for the shoring of the adjacent existing Chinese Hospital building (to be converted to the renovated MAOC), if this method were to be chosen. In general, noise generated from drilling could reach 98 dBA at about 50 feet from the construction site (without controls). With controls, noise generated from drilling would be closer to 80 dBA at about 50 feet from the construction site. Thus, with controls, noise from drilling of holes for slant piles would be minimized; however, due to the proximity of on-site and off-site sensitive receptors, increased levels of annoyance even when factoring in the

typical rate of attenuation of about 6 dBA for every doubling of distance from a point source would result. Table 9: Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and100 Feet, indicates noise levels at 50 and 100 feet from the noise source for typical construction equipment, with and without noise controls.

Table 9: Noise Levels and Abatement Potential of Construction Equipment Noise at 50 and 100 Feet (in dBA)

Equipment	Noise Level at 50 Feet		Noise Level at 100 Feet	
	Without Controls[a]	With Controls[a]	Without Controls[a]	With Controls[a]
Earthmoving				
Front Loaders	79	75	73	69
Backhoes	85	75	79	69
Dozers	80	75	74	69
Tractors	80	75	74	69
Graders	85	75	79	69
Trucks	91[b]	75	85	69
Materials Handling				
Concrete Mixers	85	75	79	69
Concrete Pumps	82	75	76	69
Cranes	83	75	77	69
Derricks	88	75	82	69
Stationary				
Pumps	76	75	70	69
Generators	78	75	72	69
Compressors	81	75	75	69
Impact[c]				
Rock Drills	98	80	92	74
Jack Hammers	88	75	82	69
Pneumatic Tools	86	80	80	74
Other				
Saws	78	75	72	69
Vibrators	76	75	70	69

Notes:
[a] Estimated levels can be obtained by selecting quieter procedures or machines and implementing noise-control features that do not require major redesign or extreme cost (e.g., improved mufflers, equipment redesign, use of silencers, shields, shrouds, ducts, and engine enclosures).
[b] This noise level represents the maximum noise level (Lmax) associated with a single passing truck.
[c] The project would not use a pile driver during construction.

Source: USEPA 1971

Impacts would generally be limited to the period of demolition, excavation, and initial construction, which would last approximately 24 months. Typically, the noise heard from interior construction is substantially reduced after exterior walls are constructed. As stated above, the sensitive noise receptors on and near the main project site are already in an area with higher than average (67 dBA) ambient noise levels (due primarily to vehicle traffic along Stockton and Powell Streets). The project-related construction activities would temporarily and intermittently contribute to the noise levels over the 36 months of construction, with more construction noise generated in the initial 24 months of project construction and relatively lower levels of construction noise in the subsequent 12 months. Construction activities at the main project site would be noticeable to on-site and off-site receptors, including patients in the existing Chinese

Hospital, residences along Jackson Street, Stockton Street, and Stone Street, and playground usersat the Commodore Stockton CDC. Construction activities, such as the use of jack hammers, pavement breakers, and rock drills (pile driving would not be used in project construction), typically generate noise levels no greater than 80 dBA 50 feet from the activity (with controls), while other project-related construction activities, such as concrete work, would be much less noisy. It is assumed that the on-site noise-sensitive receptors (acute-care patients) in the existing Chinese Hospital building would be exposed to temporary and intermittent construction-related noise increases; however, their exposure to increased noise levels would be reduced by approximately 25 to 30 dBA based on the exterior-to-interior noise reduction characteristics of the concrete building facades of the existing Chinese Hospital building. Sensitive receptors in nearby residences can close exterior windows, which typically reduce daytime interior noise levels to acceptable levels. Nevertheless, because of the proximity of construction activities to these existing on- and off-site noise-sensitive receptors, implementation of Mitigation Measure M-NO-2 (General Construction Noise Control Measures) would be required to reduce construction noise impacts to less-than-significant levels. Therefore, although construction noise could be annoying at times, with mitigation, construction noise would not be expected to exceed noise levels commonly experienced in an urban environment, and would be considered less than significant with mitigation. In addition, the proposed project would be required to comply with the Noise Ordinance, helping to minimize construction noise and limit the noise to daytime hours.

Mitigation Measure M-NO-2: General Construction Noise Control Measures

To ensure that project noise from construction activities is minimized to the maximum extent feasible, the project sponsor shall undertake the following:

- The project sponsor shall require the general contractor to ensure that equipment and trucks used for project construction utilize the best available noise control techniques (e.g., improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures and acoustically-attenuating shields or shrouds, wherever feasible).
- The project sponsor shall require the general contractor to locate stationary noise sources (such as compressors) as far from adjacent or nearby sensitive receptors as possible, to muffle such noise sources, and to construct barriers around such sources and/or the construction site, which could reduce construction noise by as much as 5.0 dBA. To further reduce noise, the contractor shall locate stationary equipment in pit areas or excavated areas, if feasible.
- The project sponsor shall require the general contractor to use impact tools (e.g., jack hammers, pavement breakers, and rock drills) that are hydraulically or electrically powered wherever possible to avoid noise associated with compressed air exhaust from pneumatically powered tools. Where use of pneumatic tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used, along with external noise jackets on the tools, which could reduce noise levels by as much as 10 dBA.

- The project sponsor shall include noise control requirements in specifications provided to construction contractors. Such requirements could include, but not be limited to, performing all work in a manner that minimizes noise to the extent feasible; use of equipment with effective mufflers; undertaking the most noisy activities during times of least disturbance to surrounding residents and occupants, as feasible; and selecting haul routes that avoid residential buildings inasmuch as such routes are otherwise feasible.
- Prior to the issuance of building permits, along with the submission of construction documents, the project sponsor shall submit to the Planning Department and Department of Building Inspection (DBI) a list of measures to respond to and track complaints pertaining to construction noise. These measures shall include (1) a procedure and phone numbers for notifying DBI, the Department of Public Health, and the Police Department (during regular construction hours and off-hours); (2) a sign posted on-site describing noise complaint procedures and a complaint hotline number that shall be answered at all times during construction; (3) designation of an on-site construction complaint and enforcement manager for the project; and (4) notification of neighboring residents and non-residential building managers within 300 feet of the project construction area at least 30 days in advance of extreme noise generating activities (defined as activities generating noise levels of 90 dBA or greater) about the estimated duration of the activity.

With implementation of Mitigation Measure M-NO-2, impacts related to construction noise would be reduced to a less-than-significant level, and this topic will not be discussed further in the EIR. Overall, the proposed project's construction-related noise and groundborne vibration impacts would be less than significant with mitigation.

Impact NO-3: The proposed project would not expose people residing or working in the area to excessive noise levels based on its location relative to an identified airport land use plan or public airports or public use airports within two miles. ***(Not Applicable)*** **(Criteria 6e – 6f)**

The main and peripheral project sites are not located within an airport land use plan or within 2 miles of any nearby public airports or public use airports that have not adopted land use plans. Implementing the proposed project would not expose any noise-sensitive receptors to excessive aircraft noise. Thus, the impacts of aircraft noise (Topics E.6e and E.6f) will not be addressed in the EIR.

Cumulative Impacts

Impact C-NO-4: The proposed project, in combination with past, present, and reasonably foreseeable future projects, would not result in cumulative noise impacts. ***(Less than Significant)*** **(Criteria 6a-6g)**

The San Francisco Municipal Transportation Agency (SFMTA) expects to complete the Central Subway (a 1.7-mile extension of the Third Street Light Rail Project linking Visitacion Valley with Union Square and Chinatown) over the next 10 years. This subway would include a stop at Stockton Street between Washington and Jackson Streets, and construction of a 65-foot-tall mixed-use building at the southwest corner of Stockton and Washington Streets which would include the Muni station as the ground-floor use. Uses above the ground floor would conform to

CRNC Zoning District controls; however, the specific uses (residential unit counts and commercial space) are not available. In terms of residential, and cultural / institutional / educational projects, six additional projects are expected to be developed within an approximately 0.25-mile radius of the main project site.

Depending on schedules, construction of one or more of these project(s) could overlap with construction of the proposed Replacement Hospital building. However, each project would be required to implement construction-related mitigation measures and other required noise control measures. Therefore, the temporary and intermittent construction noise impacts of each of these cumulative projects would be reduced to the maximum extent feasible. Moreover, for each cumulative project, the period of noisiest activity would be shorter than the duration of the entire construction period, substantially reducing the potential for the cumulative projects' phases of maximum construction noise to overlap. The construction of the proposed Replacement Hospital building would not include pile-driving, although piers or slant piles would be used to underpin the adjacent Chinese Hospital. If slant piles were to be chosen for underpinning the adjacent Chinese Hospital building, shafts would be pre-drilled and slant piles would be placed within the shafts and grouted in place. The slant piles would not be driven, which is typically the most disruptive activity in terms of construction noise. The proposed project would therefore not contribute considerably to any potential cumulative construction noise or vibration impacts.

Concerning operational noise, project traffic would not make a considerable contribution to either existing or future cumulative traffic volumes such that traffic noise would perceptibly increase. With implementation of Mitigation Measure M-NO-1a (related to minimizing noise levels of exterior mechanical equipment), noise generated by operation of the proposed Replacement Hospital building would not make a substantial contribution to ambient noise levels in the vicinity. Therefore, the proposed project would not result in substantial permanent increases in the project area over existing ambient noise levels. Furthermore, with implementation of Mitigation Measure M-NO-1b (related to incorporation of noise insulation features in the proposed Replacement Hospital building), the changes in the ambient noise levels with project development would not exceed standards of any applicable agencies in regard to exposure of persons (including noise-sensitive receptors) to or the generation of noise levels above current standards. As a result, the proposed project would not contribute considerably to any cumulative effects related to the exposure of persons to noise levels in excess of established noise level standards. Also, as stated under Impact NO-1, the proposed project would not expose people to excessive groundborne vibration or groundborne noise levels; thus, the proposed project would not contribute considerably to cumulative changes in groundborne vibration or groundborne noise levels.

Since the proposed project replaces an existing noise source (the 55-kW emergency diesel generator on top of the existing MAB with an 800-kW emergency generator), at a slightly different location on the main project site and at a greater height from street level, and would

incorporate the latest noise-shielding techniques for stationary noise sources and also implement Mitigation Measures M-NO-1a (related to minimizing noise levels of exterior mechanical equipment), the proposed project's 800-kW emergency generator would not be substantially noisier than the existing noise generated by the 55-kW emergency generator. Thus the new stationary noise sources on the rooftop of the Replacement Hospital building would not contribute considerably to cumulative noise impacts on off-site noise-sensitive receptors.

In terms of the introduction of new noise-sensitive receptors on the main project site and their exposure to existing ambient noise levels, with implementation of Mitigation Measure M-NO-1b (related to incorporation of noise insulation features in the proposed Replacement Hospital building), the exterior walls of the proposed Replacement Hospital building would provide sufficient noise reduction (an approximate reduction of 30 dBA) to ensure that the existing acute-care patients transferred from the existing Chinese Hospital building to the proposed Replacement Hospital building, as well as the new patients of the skilled nursing facility, are not exposed to ambient noise levels in excess of the established standards for a hospital use.

Similar to the proposed project, the cumulative projects are not within an airport land use plan or within 2 miles of any nearby public airports or public use airports that have not adopted land use plans; thus, there would be no cumulative impacts related to these issues. Therefore, cumulative noise effects of the proposed project will not be discussed further in the EIR.

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
7.	**AIR QUALITY—Would the project:**					
a)	Conflict with or obstruct implementation of the applicable air quality plan?	☒	☐	☐	☐	☐
b)	Violate any air quality standard or contribute substantially to an existing or projected air quality violation?	☒	☐	☐	☐	☐
c)	Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is non-attainment under an applicable federal, state, or regional ambient air quality standard (including releasing emissions which exceed quantitative thresholds for ozone precursors)?	☒	☐	☐	☐	☐
d)	Expose sensitive receptors to substantial pollutant concentrations?	☒	☐	☐	☐	☐
e)	Create objectionable odors affecting a substantial number of people?	☐	☐	☒	☐	☐

Impact AQ-1: Implementation of the proposed project could result in conflict or obstruction of the local applicable air quality plan. ***(Potentially Significant)*** **(Criteria 7a)**

The EIR will evaluate the proposed project's air quality impacts related to local air quality plans.

Impact AQ-2: Implementation of the proposed project could violate an air quality standard or contribute substantially to an existing or projected air quality violation. *(Potentially Significant)* (Criteria 7b)

The EIR will evaluate the proposed project's air quality impacts related to air quality standards and existing or projected air quality violations.

Impact AQ-3: Implementation of the proposed project could result in a cumulatively considerable net increase of any criteria pollutant for which the project region is non-attainment under an applicable federal, state, or regional ambient air quality standard. *(Potentially Significant)* (Criteria 7c)

The EIR will evaluate the proposed project's air quality impacts associated with criteria pollutant emissions and ambient air quality standards.

Impact AQ-4: Implementation of the proposed project could expose sensitive receptors to substantial pollutant concentrations. *(Potentially Significant)* (Criteria 7d)

The EIR will evaluate the proposed project's air quality impacts related to exposure of sensitive receptors to substantial pollutant concentrations.

Impact AQ-5: The proposed project could create objectionable odors affecting a substantial number of people. *(Potentially Significant)* (Criteria 7e)

The proposed Replacement Hospital, the proposed reuse of the existing Chinese Hospital as an MAOC, the proposed reuse of the 827 Pacific Avenue commercial building as a Radiology Center, and the proposed reuse of the Powell Street Parking Garage as a parking and hospital storage facility could result in an increase in the number of odor sources on the main and peripheral project sites leading to objectionable odors. Odors from the proposed intensification of uses on the main and peripheral project sites (such as from vehicle operation or food service facilities) would be typical of those in the project area; however, with a residential density of approximately 100 dwelling units per acre, a number of nearby residents could be affected even by incremental increases in objectionable odors. Therefore, a perceptible increase or change in odors on the main or peripheral project sites, or in the project area, could be potentially significant, and project impacts with respect to odors will be analyzed in the EIR.

Cumulative Impacts

Impact C-AQ-6: Implementation of the proposed project, in combination with past, present, and reasonably foreseeable future projects in the vicinity, could result in cumulative air quality impacts. *(Potentially Significant)* (Criteria 7a – 7e)

Emissions generated by the proposed project could result in significant cumulative air quality impacts and create objectionable odors affecting a substantial number of people. Project effects on cumulative air quality will be analyzed in the EIR.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
8. GREENHOUSE GAS EMISSIONS— Would the project:					
a) Generate greenhouse gas emissions, either directly or indirectly, that may have a significant impact on the environment?	☐	☐	☒	☐	☐
b) Conflict with any applicable plan, policy, or regulation of an agency adopted for the purpose of reducing the emissions of greenhouse gases?	☐	☐	☒	☐	☐

Environmental Setting

Gases that trap heat in the atmosphere are referred to as greenhouse gases (GHGs) because they capture heat radiated from the sun as it is reflected back into the atmosphere, much like a greenhouse does. The accumulation of GHGs has been implicated as the driving force for global climate change. The primary GHGs are carbon dioxide, methane, nitrous oxide, ozone, and water vapor.

While the presence of the primary GHGs in the atmosphere are naturally occurring, carbon dioxide (CO_2), methane (CH_4), and nitrous oxide (N_2O) are largely emitted from human activities, accelerating the rate at which these compounds occur within earth's atmosphere. Emissions of carbon dioxide are largely by-products of fossil fuel combustion, whereas methane results from off-gassing associated with agricultural practices and landfills. Other GHGs include hydrofluorocarbons, perfluorocarbons, and sulfur hexafluoride, and are generated in certain industrial processes. Greenhouse gases are typically reported in "carbon dioxide-equivalent" measures (CO_2E).[50]

There is international scientific consensus that human-caused increases in GHGs have and will continue to contribute to global warming. Potential global warming impacts in California may include, but are not limited to, loss in snow pack, sea level rise, more extreme heat days per year, more high ozone days, more large forest fires, and more drought years. Secondary effects are likely to include a global rise in sea level, impacts to agriculture, changes in disease vectors, and changes in habitat and biodiversity.[51]

[50] Because of the differential heat absorption potential of various GHGs, GHG emissions are frequently measured in "carbon dioxide-equivalents," which present a weighted average based on each gas's heat absorption (or "global warming") potential.

[51] California Climate Change Portal. Frequently Asked Questions About Global Climate Change. Available online at: *http://www.climatechange.ca.gov/publications/faqs.html*. Accessed November 8, 2010.

The Air Resources Board (ARB) estimated that in 2006 California produced about 484 million gross metric tons of CO_2E ($MMTCO_2E$), or about 535 million U.S. tons.[52] The ARB found that transportation is the source of 38 percent of the State's GHG emissions, followed by electricity generation (both in-state and out-of-state) at 22 percent and industrial sources at 20 percent. Commercial and residential fuel use (primarily for heating) accounted for 9 percent of GHG emissions.[53] In the Bay Area, fossil fuel consumption in the transportation sector (on-road motor vehicles, off-highway mobile sources, and aircraft) and the industrial and commercial sectors are the two largest sources of GHG emissions, each accounting for approximately 36 percent of the Bay Area's 95.8 $MMTCO_2E$ emitted in 2007.[54] Electricity generation accounts for approximately 16 percent of the Bay Area's GHG emissions followed by residential fuel usage at 7 percent, off-road equipment at 3 percent and agriculture at 1 percent.[55]

Regulatory Setting

In 2006, the California legislature passed Assembly Bill No. 32 (California Health and Safety Code Division 25.5, Sections 38500, et seq., or AB 32), also known as the Global Warming Solutions Act. AB 32 requires ARB to design and implement emission limits, regulations, and other measures, such that feasible and cost-effective statewide GHG emissions are reduced to 1990 levels by 2020 (representing a 25 percent reduction in emissions).

Pursuant to AB 32, ARB adopted a Scoping Plan in December 2008, outlining measures to meet the 2020 GHG reduction limits. In order to meet these goals, California must reduce its GHG emissions by 30 percent below projected 2020 business as usual emissions levels, or about 15 percent from today's levels.[56] The Scoping Plan estimates a reduction of 174 million metric tons of CO_2E ($MMTCO_2E$) (about 191 million U.S. tons) from the transportation, energy, agriculture, forestry, and high global warming potential sectors, as shown in Table 10: GHG Reductions from the AB 32 Scoping Plan Sectors. ARB has identified an implementation timeline for the GHG reduction strategies in the Scoping Plan.[57] Some measures may require new legislation to

[52] California Air Resources Board (ARB), "California Greenhouse Gas Inventory for 2000-2006 – by Category as Defined in the Scoping Plan." Available online: *http://www.arb.ca.gov/cc/inventory/data/tables/ghg_inventory_scopingplan_2009-03-13.pdf*. Accessed March 2, 2010.

[53] Ibid.

[54] Bay Area Air Quality Management District, Source Inventory of Bay Area Greenhouse Gas Emissions: Base Year 2007, Updated: February 2010. Available online at: *http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/Emission%20Inventory/regionalinventory2007_2_10.ashx*. Accessed March 2, 2010.

[55] Ibid.

[56] CARB, California's Climate Plan: Fact Sheet. Available online at: *http://www.arb.ca.gov/cc/facts/scoping_plan_fs.pdf*. Accessed March 4, 2010.

[57] CARB. AB 32 Scoping Plan. Available Online at: *http://www.arb.ca.gov/cc/scopingplan/sp_measures_implementation_timeline.pdf*. Accessed March 2, 2010.

implement, some will require subsidies, some have already been developed, and some will require additional effort to evaluate and quantify. Additionally, some emissions reductions strategies may require their own environmental review under CEQA or the National Environmental Policy Act (NEPA).

Table 10: GHG Reductions from the AB 32 Scoping Plan Sectors[a]

GHG Reduction Measures By Sector	GHG Reductions (MMT CO_2E)
Transportation Sector	62.3
Electricity and Natural Gas	49.7
Industry	1.4
Landfill Methane Control Measure (Discrete Early Action)	1
Forestry	5
High Global Warming Potential GHGs	20.2
Additional Reductions Needed to Achieve the GHG Cap	34.4
Total	**174**
Other Recommended Measures	
Government Operations	1-2
Agriculture- Methane Capture at Large Dairies	1
Methane Capture at Large Dairies	1
Additional GHG Reduction Measures	
Water	4.8
Green Buildings	26
High Recycling/ Zero Waste • Commercial Recycling • Composting • Anaerobic Digestion • Extended Producer Responsibility • Environmentally Preferable Purchasing	9
Total	**42.8-43.8**

Note:
[a] CARB. AB 32 Scoping Plan. Available Online at: *http://www.arb.ca.gov/cc/scopingplan/sp_measures_implementation_timeline.pdf*. Accessed March 2, 2010.

Source: City and County of San Francisco Planning Department, December 2010

AB 32 also anticipates that local government actions will result in reduced GHG emissions. ARB has identified a GHG reduction target of 15 percent from current levels for local governments themselves and notes that successful implementation of the plan relies on local governments' land use planning and urban growth decisions because local governments have primary authority to plan, zone, approve, and permit land development to accommodate population growth and the changing needs of their jurisdictions.

The Scoping Plan relies on the requirements of Senate Bill 375 (SB 375) to implement the carbon emission reductions anticipated from land use decisions. SB 375 was enacted to align local land use and transportation planning to further achieve the State's GHG reduction goals. SB 375 requires regional transportation plans, developed by Metropolitan Planning Organizations (MPOs), to incorporate a "sustainable communities strategy" in their regional transportation plans (RTPs) that would achieve GHG emission reduction targets set by ARB. SB 375 also includes

provisions for streamlined CEQA review for some infill projects such as transit-oriented development. SB 375 would be implemented over the next several years and the Metropolitan Transportation Commission's 2013 RTP would be its first plan subject to SB 375.

Senate Bill 97 (SB 97) required the Office of Planning and Research (OPR) to amend the state CEQA Guidelines to address the feasible mitigation of GHG emissions or the effects of GHGs. In response, OPR amended the CEQA Guidelines to provide guidance for analyzing GHG emissions. Among other changes to the CEQA Guidelines, the amendments add a new section to the CEQA Checklist (CEQA Guidelines Appendix G) to address questions regarding the project's potential to emit GHGs.

The Bay Area Air Quality Management District (BAAQMD) is the primary agency responsible for air quality regulation in the nine-county San Francisco Bay Area Air Basin (SFBAAB). As part of their role in air quality regulation, BAAQMD has prepared the CEQA air quality guidelines to assist lead agencies in evaluating air quality impacts of projects and plans proposed in the SFBAAB. The guidelines provide procedures for evaluating potential air quality impacts during the environmental review process consistent with CEQA requirements. On June 2, 2010, the BAAQMD adopted new and revised CEQA air quality thresholds of significance and issued revised guidelines that supersede the 1999 air quality guidelines. The *2010 CEQA Air Quality Guidelines* provide for the first time CEQA thresholds of significance for greenhouse gas emissions. OPR's amendments to the CEQA Guidelines as well as BAAQMD's *2010 CEQA Air Quality Guidelines* and thresholds of significance have been incorporated into this analysis accordingly.

Impact GG-1: The proposed project would generate greenhouse gas emissions, but not in levels that would result in a significant impact on the environment or conflict with any policy, plan, or regulation adopted for the purpose of reducing greenhouse gas emissions. *(Less than Significant)* (Criteria 8a – 8b)

The most common GHGs resulting from human activity are CO_2, CH_4, and N_2O.[58] State law defines GHGs to also include hydrofluorocarbons, perfluorocarbons and sulfur hexafluoride. These latter GHG compounds are usually emitted in industrial processes, and therefore not applicable to the proposed project. Individual projects contribute to the cumulative effects of climate change by directly or indirectly emitting GHGs during construction and operational phases. Direct operational emissions include GHG emissions from new vehicle trips and area sources (natural gas combustion). Indirect emissions include emissions from electricity providers, energy required to pump, treat, and convey water, and emissions associated with landfill operations.

[58] Governor's Office of Planning and Research. *Technical Advisory-CEQA and Climate Change: Addressing Climate Change through California Environmental Quality Act (CEQA) Review*. June 19, 2008. Available at the Office of Planning and Research's website at: *http://www.opr.ca.gov/ceqa/pdfs/june08-ceqa.pdf*. Accessed March 3, 2010.

The proposed project would increase the activity onsite by demolishing the existing Medical Administrative Building (MAB) and the Chinese Hospital Parking Garage and constructing a seven-story Replacement Hospital on the vacated footprints. The proposed Replacement Hospital building would transfer the 54 existing acute-care beds, which are currently in single-, two-, three-, and four-bed rooms in the existing Chinese Hospital, into primarily single-bed rooms and add 22 skilled nursing facility beds. The existing Chinese Hospital would be renovated to become an MAOC to accommodate the administrative and hospital support functions and outpatient services which would be displaced as a result of the demolition of the MAB. The proposed Replacement Hospital would be built with the necessary space to accommodate the latest innovations in health care technology and practices and the existing Chinese Hospital would be renovated to meet code requirements including requirements related to accessibility and standard employee workspace. Therefore, the proposed project would contribute to annual long-term increases in GHGs as a result of increased vehicle trips (mobile sources) and hospital operations associated with energy use, water use and wastewater treatment, and solid waste disposal. Construction activities would also result in an increase in GHG emissions.

As discussed above, the BAAQMD has adopted CEQA thresholds of significance for projects that emit GHGs, one of which is a determination of whether the proposed project is consistent with a Qualified Greenhouse Gas Reduction Strategy, as defined in the *2010 CEQA Air Quality Guidelines*. On August 12, 2010, the San Francisco Planning Department submitted a draft of the City and County of San Francisco's *Strategies to Address Greenhouse Gas Emissions* to the BAAQMD.[59] This document presents a comprehensive assessment of policies, programs and ordinances that collectively represent San Francisco's Qualified Greenhouse Gas Reduction Strategy in compliance with the BAAQMD's *2010 CEQA Air Quality Guidelines* and thresholds of significance.

San Francisco's GHG reduction strategy identifies a number of mandatory requirements and incentives that have measurably reduced greenhouse gas emissions including, but not limited to, increasing the energy efficiency of new and existing buildings, installing solar panels on building roofs, implementing a green building strategy, adopting a zero waste strategy, a construction and demolition debris recovery ordinance, a solar energy generation subsidy, incorporating alternative fuel vehicles in the City's transportation fleet (including buses and taxis), and a mandatory composting ordinance. The strategy also identifies 42 specific regulations for new development that would reduce a project's GHG emissions.

[59] San Francisco Planning Department, *Strategies to Address Greenhouse Gas Emissions in San Francisco*. November 2010. Available online at http://sfmea.sfplanning.org/GHG_Reduction_Strategy.pdf. Accessed February 8, 2011.

San Francisco's climate change goals as are identified in the 2008 Greenhouse Gas Reduction Ordinance as follows:

- By 2008, determine the City's 1990 GHG emissions, the baseline level with reference to which target reductions are set;
- Reduce GHG emissions by 25 percent below 1990 levels by 2017;
- Reduce GHG emissions by 40 percent below 1990 levels by 2025; and
- Reduce GHG emissions by 80 percent below 1990 levels by 2050.

The City's 2017 and 2025 GHG reduction goals are more aggressive than the State's GHG reduction goals as outlined in AB 32, and consistent with the State's long-term (2050) GHG reduction goals. San Francisco's *Strategies to Address Greenhouse Gas Emissions* identifies the City's actions to pursue cleaner energy, energy conservation, alternative transportation and solid waste policies, and concludes that San Francisco's policies have resulted in a reduction in greenhouse gas emissions below 1990 levels, meeting statewide AB 32 GHG reduction goals. As reported, San Francisco's 1990 GHG emissions were approximately 8.26 million metric tons (MMT) CO_2E and 2005 GHG emissions are estimated at 7.82 $MMTCO_2E$, representing an approximately 5.3 percent reduction in GHG emissions below 1990 levels.

The BAAQMD reviewed San Francisco's *Strategies to Address Greenhouse Gas Emissions* and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's CEQA Guidelines (2010) and stated that San Francisco's "aggressive GHG reduction targets and comprehensive strategies help the Bay Area move toward reaching the State's AB 32 goals, and also serve as a model from which other communities can learn."[60]

Based on the BAAQMD's 2010 *CEQA Air Quality Guidelines*, projects that are consistent with San Francisco's *Strategies to Address Greenhouse Gas Emissions* would result in a less than significant impact with respect to GHG emissions. Furthermore, because San Francisco's strategy is consistent with AB 32 goals, projects that are consistent with San Francisco's strategy would also not conflict with the State's plan for reducing GHG emissions. As discussed in San Francisco's *Strategies to Address Greenhouse Gas Emissions*, new development and renovations/alterations for private projects and municipal projects are required to comply with San Francisco's ordinances that reduce greenhouse gas emissions. Applicable requirements are shown below in Table 11: Regulations Applicable to the Proposed Project.

[60] Letter from Jean Roggenkamp, BAAQMD, to Bill Wycko, San Francisco Planning Department, October 28, 2010. This letter is available online at: http://www.sf-planning.org/ftp/files/MEA/GHG-Reduction_Letter.pdf. Accessed on February 8, 2011.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
Transportation Sector			
Commuter Benefits Ordinance (Environment Code, Section 421)	All employers must provide at least one of the following benefit programs: 1. A Pre-Tax Election consistent with 26 U.S.C. § 132(f), allowing employees to elect to exclude from taxable wages and compensation, employee commuting costs incurred for transit passes or vanpool charges, or (2) Employer Paid Benefit whereby the employer supplies a transit pass for the public transit system requested by each Covered Employee or reimbursement for equivalent vanpool charges at least equal in value to the purchase price of the appropriate benefit, or (3) Employer Provided Transit furnished by the employer at no cost to the employee in a vanpool or bus, or similar multi-passenger vehicle operated by or for the employer.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	Chinese Hospital currently offers and would continue to offer Pre-Tax Election to all hospital employees, with project development.
Emergency Ride Home Program	All persons employed in San Francisco are eligible for the emergency ride home program.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	Chinese Hospital is registered with the San Francisco Emergency Ride home program.
Transportation Management Programs (Planning Code, Section 163)	Requires new buildings or additions over a specified size (buildings >25,000 sf or 100,000 sf depending on the use and zoning district) within certain zoning districts (including downtown and mixed-use districts in the City's eastern neighborhoods and south of market) to implement a Transportation Management Program and provide on-site transportation management brokerage services for the life of the building.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	The Transportation Management Program, Planning Code Section 163, is intended to minimize transportation impacts of added office employment in the Downtown (C3 District), Eastern Neighborhoods Mixed Use, and South of Market area by facilitating effective use of transit by encouraging ridesharing and employing other practical means to reduce commute travel by single occupant vehicles. Chinese Hospital is located within the Chinatown Residential Neighborhood Commercial (CRNC) Zoning District. Therefore, this section of the Planning Code is not applicable to the proposed Chinese Replacement Hospital Project which proposes institutional/hospital uses. However, the proposed project would meet the intent of this section of the Planning Code, as discussed below.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
			Although the proposed Replacement Hospital would have a gross building area of 101,545 gsf, there would be a minimal increase in the number of administrative employees. The hospital would remain a 54 acute-care bed hospital and continue outpatient services with its current Hospital staff. There would be an increase in nurses for the new 22-Bed Skilled Nursing Unit in the Replacement Hospital and a minimal increase in the hospital support, janitorial, engineering and security staff. Chinese Hospital currently has 313 employees of which 256 employees work during the day and 57 employees work the evening and night shifts. There are 78 employees, about 25% of all employees, who drive alone to work. About 60% of the hospital employees are residents of San Francisco. Most of the employees travel to work by public transit, shared rides with spouse or friends, or walk. 100 employees participate in the Pre-Tax Election Program, receiving commuter checks. Chinese Hospital proposes to implement a transportation demand management (TDM) program to inform all new hospital employees at orientation, and, on an annual basis, all hospital employees, of commute alternatives that include public transportation and available ride sharing programs. Chinese Hospital, through its website, would also provide information to patients and visitors on how to travel to Chinese Hospital by public transit.
Bicycle Parking in New and Renovated Commercial Buildings (Planning Code, Section 155.4)	Professional Services: (A) Where the gross square footage of the floor area is between 10,000-20,000 feet, 3 bicycle spaces are required. (B) Where the gross square footage of the floor area is between 20,000-50,000 feet, 6 bicycle spaces are required. (3)Where the gross square footage of the floor area exceeds 50,000 square feet, 12 bicycle spaces are required.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	Chinese Hospital would provide 12 Class I or II bicycle parking places in the Powell Street Parking Garage that the Chinese Hospital Association would lease for both auto and bicycle parking. There would also be 6 Class II bicycle racks located on James Alley.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
	Retail Services: (A) Where the gross square footage of the floor area is between 25,000 square feet - 50,000 feet, 3 bicycle spaces are required. (2) Where the gross square footage of the floor area is between 50,000 square feet- 100,000 feet, 6 bicycle spaces are required. (3) Where the gross square footage of the floor area exceeds 100,000 square feet, 12 bicycle spaces are required.		
Energy Efficiency Sector			
San Francisco Green Building Requirements for Energy Efficiency (SF Building Code, Chapter 13C)	Commercial buildings greater than 5,000 sf will be required to be at a minimum 14% more energy efficient than Title 24 energy efficiency requirements. By 2008 large commercial buildings will be required to have their energy systems commissioned, and by 2010, these large buildings will be required to provide enhanced commissioning in compliance with LEED® Energy and Atmosphere Credit 3. Mid-sized commercial buildings will be required to have their systems commissioned by 2009, with enhanced commissioning by 2011.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	Chinese Hospital is not an R, B or M occupancy building. It is an I-1 Hospital Permit under the jurisdiction of the Office of Statewide Health Planning & Development (OSHPD), State of California. The Chinese Hospital OSHPD Permit Application was submitted on October 2007 under the California Building Code 2001. The proposed Replacement Hospital building for Chinese Hospital would conform to the CBC 2001 Building Code requirements. Under the 2010 California Green Building Standard, Chinese Hospital, as an OSHPD 1 Project, would conform to these standards. Chinese Hospital is targeting at least a 15 percent reduction in energy usage pursuant to the State's mandatory energy efficiency standards, as identified in the 2010 California Green Building Standards, by installing energy efficient light fixtures and occupancy lighting controls in non-clinical areas of the Replacement Hospital building and the renovated 1979 Building. The HVAC system in the proposed Replacement Hospital building would be commissioned by a third party consultant.
San Francisco Green Building Requirements for Stormwater Management (SF Building Code, Chapter 13C) Or	Requires all new development or redevelopment disturbing more than 5,000 square feet of ground surface to manage stormwater on-site using low impact design. Projects subject to the Green Building Ordinance Requirements must comply with either LEED® Sustainable Sites Credits 6.1 and 6.2, or with the	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	Chinese Hospital would comply with the Storm Water Management Ordinance by constructing a rain water storage system in combination with permeable surfaces and landscaping at street level along James Alley.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
San Francisco Stormwater Management Ordinance (Public Works Code Article 4.2)	City's Stormwater ordinance and stormwater design guidelines.		
San Francisco Green Building Requirements for water efficient landscaping (SF Building Code, Chapter 13C)	All new commercial buildings greater than 5,000 square feet are required to reduce the amount of potable water used for landscaping by 50%.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	The proposed Chinese Hospital Replacement Project would not involve development of a new commercial building. The proposed Chinese Hospital Replacement Project involves development of institutional/hospital uses. Although this section of the San Francisco Building Code is not applicable to the proposed Chinese Hospital Replacement Project, the proposed project would meet the intent of this requirement, as discussed below. The existing Medical Administration has a small landscaped area fronting Jackson Street. The existing plants that make up the landscaping are not watered with potable water; and this area would be removed with project development. Chinese Hospital would construct a stormwater management system under James Alley and would use stored stormwater for watering the two landscaped areas that would surround the proposed Replacement Hospital building; one at the ground and first floor setback along Jackson Street and the other on James Alley (dependent on City approval of the requested street vacation). Chinese Hospital would use drought-tolerant plants and install an efficient irrigation system to minimize the water needed for landscaping.
San Francisco Green Building Requirements for water use reduction (SF Building Code, Chapter 13C)	All new commercial buildings greater than 5,000 sf are required to reduce the amount of potable water used by 20%.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	The proposed Chinese Hospital Replacement Project would not involve development of a new commercial building. The proposed Chinese Hospital Replacement Project involves development of institutional/hospital uses. Although this section of the San Francisco Building Code is not applicable to the proposed Chinese Hospital Replacement Project, the proposed project would meet the intent of this requirement, as discussed below. The acute patient care would be transferred to the proposed

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
			Replacement Hospital building. In the proposed Replacement Hospital building all plumbing fixtures would comply with the low flow requirements. The Medical Administration Building would be demolished and the older plumbing fixtures would not be reused in the hospital. As the 1979 Building is remodeled for the medical administration offices and outpatient healthcare services, the plumbing fixtures would be replaced with low flow fixtures. It is anticipated that with the new fixtures and replacement of the existing fixtures, the amount of potable water used would be reduced by more than 20%.
Commercial Water Conservation Ordinance (SF Building Code, Chapter 13A)	Requires all existing commercial properties undergoing tenant improvements to achieve the following minimum standards: 1. All showerheads have a maximum flow of 2.5 gallons per minute (gpm) 2. All showers have no more than one showerhead per valve 3. All faucets and faucet aerators have a maximum flow rate of 2.2 gpm 4. All Water Closets (toilets) have a maximum rated water consumption of 1.6 gallons per flush (gpf) 5. All urinals have a maximum flow rate of 1.0 gpf 6. All water leaks have been repaired.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	The proposed Replacement Hospital building's plumbing fixtures would comply with the minimum standards. 1. All shower heads would have a maximum flow of 2.5 gallon per minute. 2. All showers would have no more than one shower head per valve. 3. All faucets and faucet aerators would have a maximum flow rate of 2.2 gpm 4. All Water Closets (toilets) would have a maximum rated water consumption of 1.6 gallons per flush (gpf). 5. All urinals would have a maximum flow rate of 1.0 gpf. All showers, faucets, and toilets in the 1979 Building would be removed or replaced to comply with the Commercial Water Conservation Ordinance. In addition, all water leaks in the 1979 Building would be repaired. In the buildings proposed to be renovated, 827 Pacific Avenue Building and the Powell Street Parking Garage at 1140 Powell Street, all replacement fixtures would comply with the minimum standards, and all water leaks would be repaired.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
Renewable Energy Sector			
San Francisco Green Building Requirements for renewable energy (SF Building Code, Chapter 13C)	By 2012, all new commercial buildings will be required to provide on-site renewable energy or purchase renewable energy credits pursuant to LEED® Energy and Atmosphere Credits 2 or 6. Credit 2 requires providing at least 2.5% of the buildings energy use from on-site renewable sources. Credit 6 requires providing at least 35% of the building's electricity from renewable energy contracts.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	The proposed Chinese Hospital Replacement Project would not involve development of a new commercial building. The proposed project involves development of institutional/hospital uses. The proposed Chinese Hospital Replacement Project is under the jurisdiction of the Office of Statewide Health Planning & Development (OSHPD). The proposed project's application was submitted to OSHPD in October 2007 under the California Building Code 2001, the then-current code. The California Building Code 2007 was not adopted by the State of California until January 2008. However, the proposed Chinese Hospital Replacement Project would meet the intent of this requirement, as discussed below. The Replacement Hospital building would have a photovoltaic system that would provide renewable energy for on-site use. The renewable energy produced by the photovoltaic system would have a minimal impact on the total energy requirements of the Replacement Hospital building because of the nature of its services as an acute care hospital and the requirement for 24 hours/7 days per week operation.
Waste Reduction Sector			
San Francisco Green Building Requirements for solid waste (SF Building Code, Chapter 13C)	Pursuant to Section 1304C.0.4 of the Green Building Ordinance, all new construction, renovation and alterations subject to the ordinance are required to provide recycling, composting and trash storage, collection, and loading that is convenient for all users of the building.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	Although the proposed Chinese Hospital Replacement Project is not subject to the Green Building Ordinance, the proposed project is subject to the Mandatory Recycling and Composting Ordinance, discussed below. The proposed Chinese Hospital Replacement Project would meet the intent of this section of the Green Building Ordinance. Chinese Hospital is currently, and would continue to be, in compliance with this requirement, with development of the proposed project.
Mandatory Recycling and Composting Ordinance (Environment	The mandatory recycling and composting ordinance requires all persons in San Francisco to separate their refuse into recyclables, compostables and trash, and place	☒ Project Complies ☐ Not Applicable	Chinese Hospital is currently in compliance with this requirement. The proposed Chinese Hospital Replacement Project would continue to comply with this requirement.

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
Code, Chapter 19)	each type of refuse in a separate container designated for disposal of that type of refuse.	☐ Project Does Not Comply	The Replacement Hospital, the administrative office uses in the renovated Chinese Hospital building, and the Radiology Center at 827 Pacific Avenue would also comply.
San Francisco Green Building Requirements for construction and demolition debris recycling (SF Building Code, Chapter 13C)	These projects proposing demolition are required to divert at least 75% of the project's construction and demolition debris to recycling.	☐ Project Complies ☒ Not Applicable ☐ Project Does Not Comply	Although the proposed Chinese Hospital Replacement Project would not be subject to this section of the Green Building Ordinance, the project sponsor would meet the intent of this ordinance by imposing the requirement, upon the demolition contractor, that at least 75% of the proposed project's construction and demolition debris be diverted to recycling.
San Francisco Construction and Demolition Debris Recovery Ordinance (SF Environment Code, Chapter 14)	Requires that a person conducting full demolition of an existing structure to submit a waste diversion plan to the Director of the Environment which provides for a minimum of 65% diversion from landfill of construction and demolition debris, including materials source separated for reuse or recycling.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	The project sponsor would impose requirements upon the demolition contractor related to preparation and submittal of a waste diversion plan that meets or exceeds this ordinance's goal to divert 65% of construction and demolition debris from landfill, including materials source separated for reuse or recycling.
Environment/Conservation Sector			
Street Tree Planting Requirements for New Construction (Planning Code Section 138.1(c)(1) and Planning Code Section 428))	Planning Code Section 138.1(c)(1) requires new construction, significant alterations or relocation of buildings within many of San Francisco's zoning districts to plant one 24-inch box tree for every 20 feet along the property street frontage.	☒ Project Complies ☐ Not Applicable ☐Project Does Not Comply	The proposed Replacement Hospital building's Jackson Street frontage would be approximately 163.75 feet and would include a ground and first floor setback for a seating area that would include landscaping along the property line. There would be a passenger loading zone on Jackson Street for patients and visitors and for truck deliveries to the proposed Replacement Hospital building and the renovated 1979 Building. Thus, to ensure access to the proposed Replacement Hospital building and the future Medical Administration and Outpatient Center for patients and visitors and to allow daily truck deliveries for hospital supplies and equipment, Chinese Hospital would install 4 container-planted trees on Jackson Street rather than 8. The 4 container-planted trees would be placed on Jackson Street with adequate space between them so that there would be convenient access to the proposed Replacement Hospital building and the future Medical Administration and Outpatient

Table 11: Regulations Applicable to the Proposed Project

Regulation	Requirements	Project Compliance	Discussion
			Center (the renovated 1979 Building). The street trees would be planted in containers due to the presence of an existing vault under the Jackson Street sidewalk in front of the 1979 building, the proposed location of underground vault(s) under the Jackson Street sidewalk in front of the proposed Replacement Hospital building, and the proposed location of an underground vault under James Alley for utilities and telecommunications. Under Planning Code Section 138 (c)(1)(iii)(B) – Approvals and Waivers, the Zoning Administrator can modify or waive the street tree requirements, because of interference with utilities and where installation of such trees is impractical.
Regulation of Diesel Backup Generators (San Francisco Health Code, Article 30)	Requires (among other things): • All diesel generators to be registered with the Department of Public Health • All new diesel generators must be equipped with the best available air emissions control technology.	☒ Project Complies ☐ Not Applicable ☐ Project Does Not Comply	All diesel generators would be registered with San Francisco Department of Public Health and permitted by the Bay Area Air Quality Management District. Currently there are two diesel emergency power generators. One is located on the roof of the existing 1979 Building, and the other is located on the roof of the 1925 Medical Administration Building. The Medical Administration Building and the emergency power generator would be removed. The proposed Chinese Hospital Replacement Project would locate one new emergency power generator on the top of the proposed Replacement Hospital building. The 1979 Building's emergency power generator would continue to be used after the proposed renovations to the 1979 building.

Depending on a proposed project's size, use, and location, a variety of controls are in place to ensure that a proposed project would not impair the State's ability to meet statewide GHG reduction targets outlined in AB 32, nor impact the City's ability to meet San Francisco's local GHG reduction targets. Given that: (1) San Francisco has implemented regulations to reduce greenhouse gas emissions specific to new construction and renovations of private developments and municipal projects; (2) San Francisco's sustainable policies have resulted in the measured success of reduced greenhouse gas emissions levels; (3) San Francisco has met and exceeded AB

32 greenhouse gas reduction goals for the year 2020; (4) current and probable future state and local greenhouse gas reduction measures will continue to reduce a project's contribution to climate change; and (5) San Francisco's *Strategies to Address Greenhouse Gas Emissions* meet BAAQMD's requirements for a Qualified GHG Reduction Strategy, projects that are consistent with San Francisco's regulations would not contribute significantly to global climate change. The proposed project would be required to comply with these requirements, and was determined to be consistent with San Francisco's *Strategies to Address Greenhouse Gas Emissions*.[61] As such, the proposed project would result in a less than significant impact with respect to GHG emissions.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
9. WIND AND SHADOW—Would the project:					
a) Alter wind in a manner that substantially affects public areas?	☐	☐	☒	☐	☐
b) Create new shadow in a manner that substantially affects outdoor recreation facilities or other public areas?	☐	☐	☒	☐	☐

Wind

The independent meteorologist for the proposed project studied the potential pedestrian-level wind impacts of the development of the proposed Replacement Hospital building adjacent to the renovated MAOC at the main project site.[62] Renovation of the MAOC would be limited to the interior. The information and conclusions from that analysis are incorporated by reference and presented below.

Renovations to the buildings on the peripheral project sites at 827 Pacific Avenue and the Powell Street Parking Garage (1140 Powell Street) would primarily be interior changes; no exterior changes are proposed for the Powell Street Parking Garage and minor storefront changes are proposed for the 827 Pacific Avenue building. Therefore, the proposed renovations at the peripheral project sites would result in no change in existing winds or wind patterns.

[61] San Francisco Planning Department, *Strategies to Address Greenhouse Gas Emissions*, Table IX-2, Regulations Applicable to All Other Projects, pp. IX-11 to IX-25, November 2010. Accessed online February 8, 2011 at http://sfmea.sfplanning.org/GHG_Reduction_Strategy.pdf.

[62] Donald Ballanti, Certified Consulting Meteorologist, *Wind Impact Evaluation for the Proposed Chinese Hospital Project, San Francisco*, December 2008. This report is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, and is available for review as part of Case File 2008.0762E.

Impact WS-1: The proposed project would not alter winds in a manner that would substantially affect public areas. ***(Less than Significant)*** **(Criterion 9a)**

Prevailing winds in San Francisco are generally from the west, off the Pacific Ocean. Wind speeds, in general, are highest in the spring and summer, and lowest in the fall. Daily variation in wind speed is evident, with the strongest winds in the late afternoon and the lightest winds in the morning. Ground-level wind accelerations near buildings are controlled by exposure, massing, and orientation. Exposure is a measure of the extent that the building extends above surrounding structures into the wind stream. A building that is surrounded by taller structures is not likely to cause adverse wind accelerations at ground level, while even a small building can cause wind problems if it is freestanding and exposed.

Massing is important in determining wind impact because it controls how much wind is intercepted by the structure and whether building-generated wind accelerations occur above ground or at ground level. In general, slab-shaped buildings have the greatest potential for wind problems. Buildings that have an unusual shape or utilize setbacks have a lesser effect. A general rule is that the more complex the building is geometrically, the lesser the probable wind impact at ground level.

Orientation also determines how much wind is intercepted by the structure, a factor that directly determines wind acceleration. In general, buildings that are oriented with their wide axis across the prevailing wind direction would have a greater impact on ground-level winds than a building oriented with its wide axis along the prevailing wind direction.

The main project site is located on the south side of Jackson Street between Stockton and Powell Streets in San Francisco's Chinatown neighborhood. The main project site fronts Jackson Street at the mid-block and is currently occupied by three buildings ranging from three to five stories (24 to 95.5 feet in height, including the 14-foot-tall mechanical penthouse on the existing Chinese Hospital building). The main project site is bounded on the west by the 17.5-foot-wide Stone Street and on the east by the 6.5-foot-wide James Alley with terrain sloping upward on the main project site, from east to west. The main project site is in a 65-N Height and Bulk District and is immediately adjacent to the 65-85-N Height and Bulk District that runs north-south along the Stockton Street corridor between Broadway and Sacramento Street.

According to the *Chinatown Area Plan*, 75 percent of the structures in Chinatown are three stories or less in height. There are taller buildings in Chinatown including the 16-story Mandarin Tower at Stockton and Washington Streets, the 15-story International Hotel Senior Housing at Kearny and Jackson Streets, the 6-story Ping Yuen Housing Complex (Middle) at 895 Pacific Avenue, and the 13-story tower in the Ping Yuen Housing Complex (North) at 828 Pacific Avenue – all within several blocks of the main project site. The majority of buildings in the immediate vicinity of the main project site range from two to six stories. The main project site on Jackson Street is located at the mid-block and is sheltered from the prevailing westerly winds

typical of this area of Chinatown by the presence of upwind buildings. The eastern portion of the main project site, where the proposed Replacement Hospital would be constructed, is sheltered from prevailing winds by the adjacent five-story, 95.5-foot-tall Chinese Hospital building at 845 Jackson Street, which would remain on the main project site and be reused as the MAOC. The terrain on the main project site slopes upward from east to west. Buildings west of the main project site are mainly two to four stories in height. With the terrain rising west of the main project site the presence of upwind buildings is amplified, affording additional shelter for the proposed Replacement Hospital building.

The proposed project would demolish two of the three existing buildings on the main project site (the five-story, 92-foot tall [including the 14-foot tall mechanical penthouse] MAB and the 24-foot-tall Chinese Hospital Parking Garage) and develop a 120-foot-tall (including the 30-foot-tall mechanical penthouse on the southwestern portion of the roof), seven-story Replacement Hospital covering the eastern portion of the main project site. An approximately 58-foot-by 24-foot mechanical room would be set back approximately 43 feet from the north property line and about 12 feet from the east property line. An approximately 17-foot setback at the ground and first floors of the Replacement Hospital building on Jackson Street (the front of the proposed building) would provide an approximately 890-sq.-ft. outdoor seating area for employees, patients, visitors, and the community-at-large. If the DPW were to grant a street vacation for the eastern half of James Alley, Chinese Hospital would develop and maintain an approximately 1,715-sq. ft. seating area on the eastern side of the Replacement Hospital building along the length of James Alley (12.5 feet wide and 137.5 feet long).[63] No other cut-outs, setbacks, or terraces would be provided with the proposed Replacement Hospital building.

At a height of 120 feet (including the mechanical penthouse), the proposed seven-story Replacement Hospital would be approximately 28 feet taller than the existing MAB at 835 Jackson Street that would be demolished. As described above, the proposed Replacement Hospital building would be largely in the wind shadow of upwind buildings on higher terrain, including the existing Chinese Hospital building (to become the MAOC with project development). The proposed Replacement Hospital building would connect to the renovated MAOC. As a result, the wind that would be intercepted by the west face of the proposed Replacement Hospital building under certain wind conditions would be redirected down toward the roof level of the five-story MAOC. The effects of the wind accelerations would occur above the roof level of the MAOC and would not substantially affect any sidewalk areas along the adjacent streets used by pedestrians, playground users at the Commodore Stockton Child Development Center playground along the south segment of Trenton Street, or open space proposed as part of the project. Therefore, the proposed project would have little potential to cause substantial wind accelerations that would affect pedestrian comfort in the project area.

[63] Chinese Hospital Association owns the western half of James Alley, an 860-sq.-ft. area.

In summary, based on considerations of exposure, massing, and orientation, the proposed Replacement Hospital building does not have the potential to cause significant changes to the wind environment in pedestrian areas adjacent to or near the main project site on Jackson Street, and would, therefore, result in less-than-significant wind-related impacts. The existing commercial building at 827 Pacific Avenue and the Powell Street Parking Garage would be renovated to become the hospital's outpatient Radiology Center and the hospital's parking garage and storage facility, respectively. As mentioned, all work on these buildings would be restricted to interior changes, and exterior changes are not proposed. There would be no effect on winds in public areas from these interior renovations. The potential wind effects of the proposed project will therefore not be discussed further in the EIR.

Cumulative Impacts

Impact C-WS-2: The proposed project, in combination with other past, present or reasonably foreseeable projects, would not alter winds in a manner that would substantially affect public areas. ***(Less than Significant)*** **(Criterion 9a)**

Under cumulative conditions it is anticipated that projected cumulative development in Chinatown and nearby areas would not substantially affect wind patterns in the vicinity of the main project site. Chinatown is a densely developed neighborhood with many buildings that are similar in height. With the exception of the proposed 65-foot-tall Chinatown Muni Station building at 933-949 Stockton Street, the cumulative development projects would be small infill projects that would not be substantially taller than the adjacent buildings surrounding their respective sites. As a result, there would be little potential for changes to existing wind patterns. The immediate area around the proposed 65-foot-tall Chinatown Muni Station building includes buildings that typically range from between one and five stories with the tallest structure being the 16-story Mandarin Tower directly across Stockton Street. The proposed Chinatown Muni Station building could affect wind patterns at the base of the building along Stockton and Washington Streets. These effects would be localized to the immediate vicinity of 933-949 Stockton Street and would not affect wind patterns in the immediate vicinity of the main or peripheral project sites, which are a block or more away. For these reasons, the proposed project, alone or in combination with the Chinatown Muni Station development and the six residential, municipal, and or cultural/institutional/educational projects that could be developed within an approximately 0.25-mile radius of the project site, would not have cumulatively considerable, or contribute considerably to, wind impacts in the project area. Therefore, this topic will not be discussed in the EIR.

Shadow

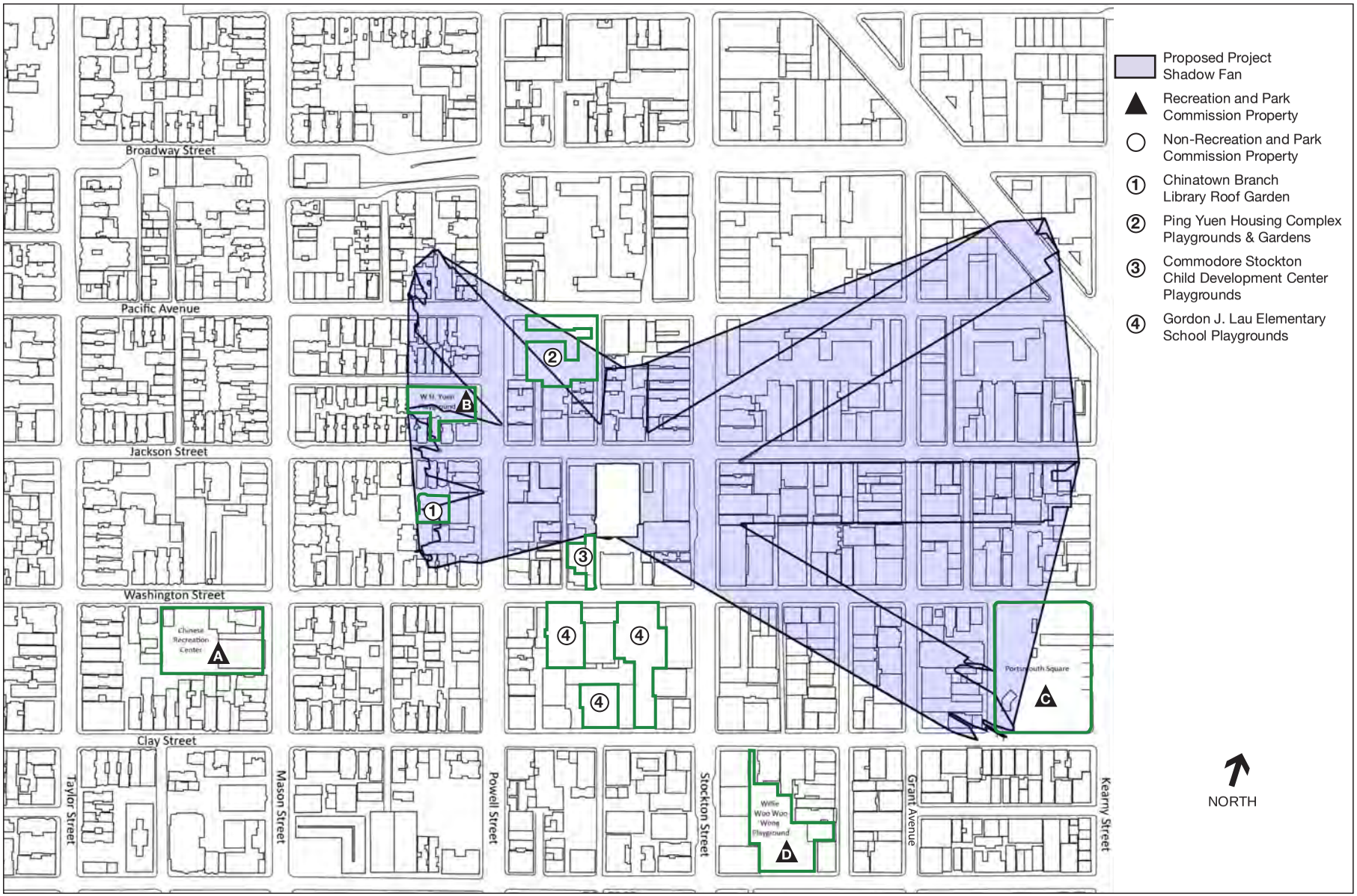
Impact WS-3: The proposed project would not create new shadow that substantially affects outdoor recreation facilities or other public areas. *(Less than Significant)* (Criterion 9b)

Planning Code Section 295 was adopted in response to Proposition K (passed by voters in November 1984) in order to protect public open spaces from shadowing by new structures during the period between one hour after sunrise and one hour before sunset, year-round. Planning Code Section 295 restricts new shadow upon public spaces under the jurisdiction of the Recreation and Park Commission by any structure exceeding 40 feet in height unless the Planning Commission finds the impact to be insignificant. The proposed Replacement Hospital building would be approximately 90.5 feet tall (120 feet with rooftop mechanical installations) and would be approximately 28 feet taller than the five-story MAB at 835 Jackson Street (92 feet tall including a 14-foot-tall mechanical penthouse) that it would replace. Due to the height of the proposed Replacement Hospital building, a shadow analysis of the proposed project's potential shadow impacts on Recreation and Park Commission properties was required pursuant to Planning Code Section 295. Figure 19: Shadow Fan Diagram and Nearby Open Spaces, shows the overall shadow that could be cast by the proposed Replacement Hospital building over the course of an entire year.

There are four Recreation and Park Commission properties (the Woh Hei Yuen Recreation Center and Park, Portsmouth Square, the Chinese Recreation Center, and Willie "Woo Woo" Wong Playground) in the vicinity of the main project site. As indicated on a shadow fan diagram prepared by the Planning Department, two Recreation and Parks Commission properties, the Woh Hei Yuen Recreation Center and Park (one block northwest of the main project site) and Portsmouth Square (approximately two blocks southeast of the main project site), and the SFUSD playgrounds (south of the main project site) and the northern segment of the Trenton Street alleyway (north of the main project site), are within the potential reach of shadows from the proposed Replacement Hospital building.

Using a computer program, the shadow subconsultant for the proposed project generated shadow calculations and shadow diagrams to provide a detailed analysis of the proposed Replacement Hospital building's shadow impacts. The results of the shadow calculations and shadow diagrams indicate that the proposed Replacement Hospital building would not cast net new shadows on the Woh Hei Yuen Recreation Center and Park, Portsmouth Square, or any other Recreation and Park Commission properties subject to Planning Code Section 295.[64] Therefore,

[64] Aaron Hollister, San Francisco Planning Department, letter to Peter Mye, Turnstone Consulting, September 9, 2010. This letter, along with the shadow calculations and shadow diagrams, is on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, 94103, as part of Case File 2008.0762E.



SOURCE: CADP

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

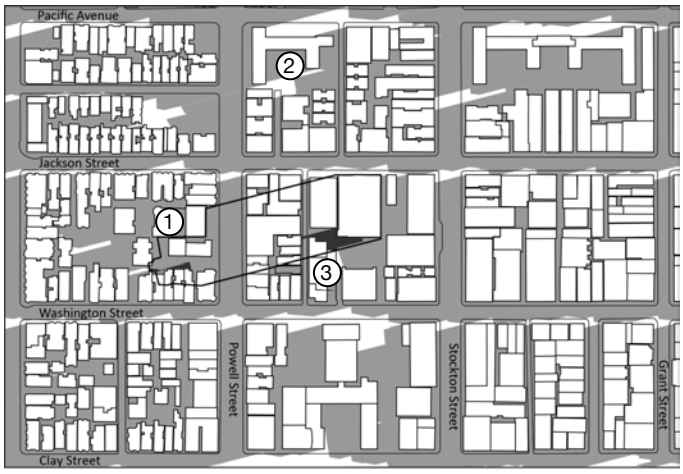
FIGURE 19: SHADOW FAN DIAGRAM AND NEARBY OPEN SPACES

the proposed project would not result in significant shadow impacts on open space regulated by Planning Code Section 295, and that topic will not be addressed further in the EIR.

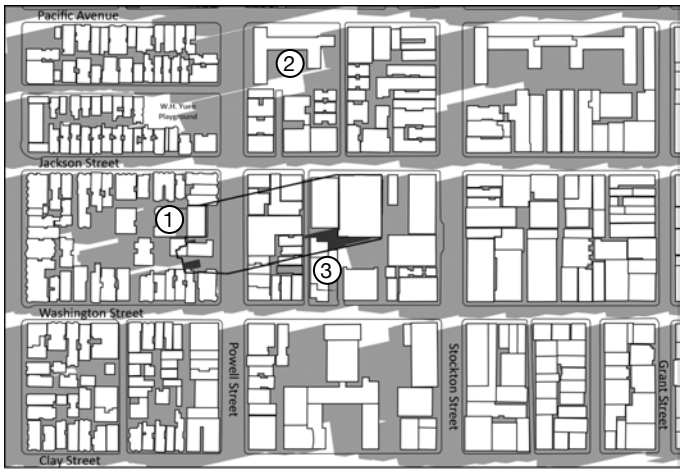
Planning Code Section 295 does not protect non-Recreation and Park Commission properties or private properties from shadows that may be cast by proposed development projects. The San Francisco Unified School District owns and operates two facilities in the immediate vicinity of the main project site that include playgrounds – a street level playground and a roof-level playground at the four-story Commodore Stockton CDC, immediately south of the existing Chinese Hospital building, and a street-level playground at the Gordon J. Lau Public Elementary School on the south side of Washington Street, south of the main project site block. The Chinatown Public Library at 1135 Powell Street, west of the main project site, has a publicly accessible roof garden. In addition, Trenton Street (particularly the segment north of the main project site between Jackson Street and Pacific Avenue) includes midblock seating areas for use by the community. Like other improved Chinatown alleyways, Trenton Street is considered an important open space resource, and it is evaluated for project-related shadow impacts in this document. The Ping Yuen Housing Complex (Middle), north of the main project site block at 895 Pacific Avenue, is six stories tall and includes a playground and community gardens for private use by residents. Shadows cast upon private open spaces that are not publicly accessible are not considered a significant CEQA impact by the City.

The proposed Replacement Hospital building would be 28 feet taller than the existing Chinese Hospital building immediately adjacent to the proposed new structure and would be up to three stories taller than existing buildings in the immediate vicinity of the main project site. It would add net new shade to portions of the main project site as well as to portions of surrounding properties, sidewalks, and streets. The shadow analysis indicates that no net new shadow would be added to the San Francisco Unified School District properties near the main project site (see Figure 19) or to the rooftop garden on the Chinatown Public Library (see Figure 20: Project Shadows on June 21 (Sunrise + 1 hour, 7:00 m, 7:15 AM)). During the autumn, winter, and spring, the proposed Replacement Hospital building would cast some net new shadow on the Trenton Street alleyway around noon (see Figure 21: Project Shadows at Noon on September 21, December 21, and March 21). Overall, the proposed Replacement Hospital building would not substantially increase the total amount of shading in the surrounding neighborhood above levels that are common and generally accepted in urban areas. While additional shading and loss of sunlight, particularly on the Trenton Street alleyway north of the main project site, would be an adverse change for affected neighbors, it would not constitute a significant effect on the environment under CEQA. Given the urban nature of the project setting and the above discussion, the proposed Replacement Hospital building would result in less-than-significant shadow impacts.

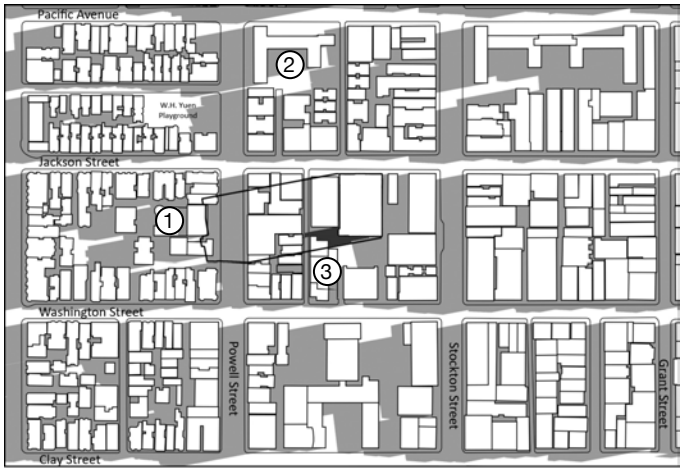
The proposed project also includes interior renovation of the existing Chinese Hospital building to become an MAOC and interior renovation of the buildings on the peripheral project sites at



June 21 (Sunrise + 1 Hour)



June 21 (7:00 am)



June 21 (7:15 am)

EXISTING SHADOW

NET NEW PROJECT SHADOW

① CHINATOWN BRANCH LIBRARY ROOF GARDEN

② PING YUEN HOUSING COMPLEX PLAYGROUND AND GARDENS

③ COMMODORE STOCKTON CHILD DEVELOPMENT CENTER PLAYGROUNDS

North

SOURCE: CADP

CHINESE HOSPITAL REPLACEMENT PROJECT

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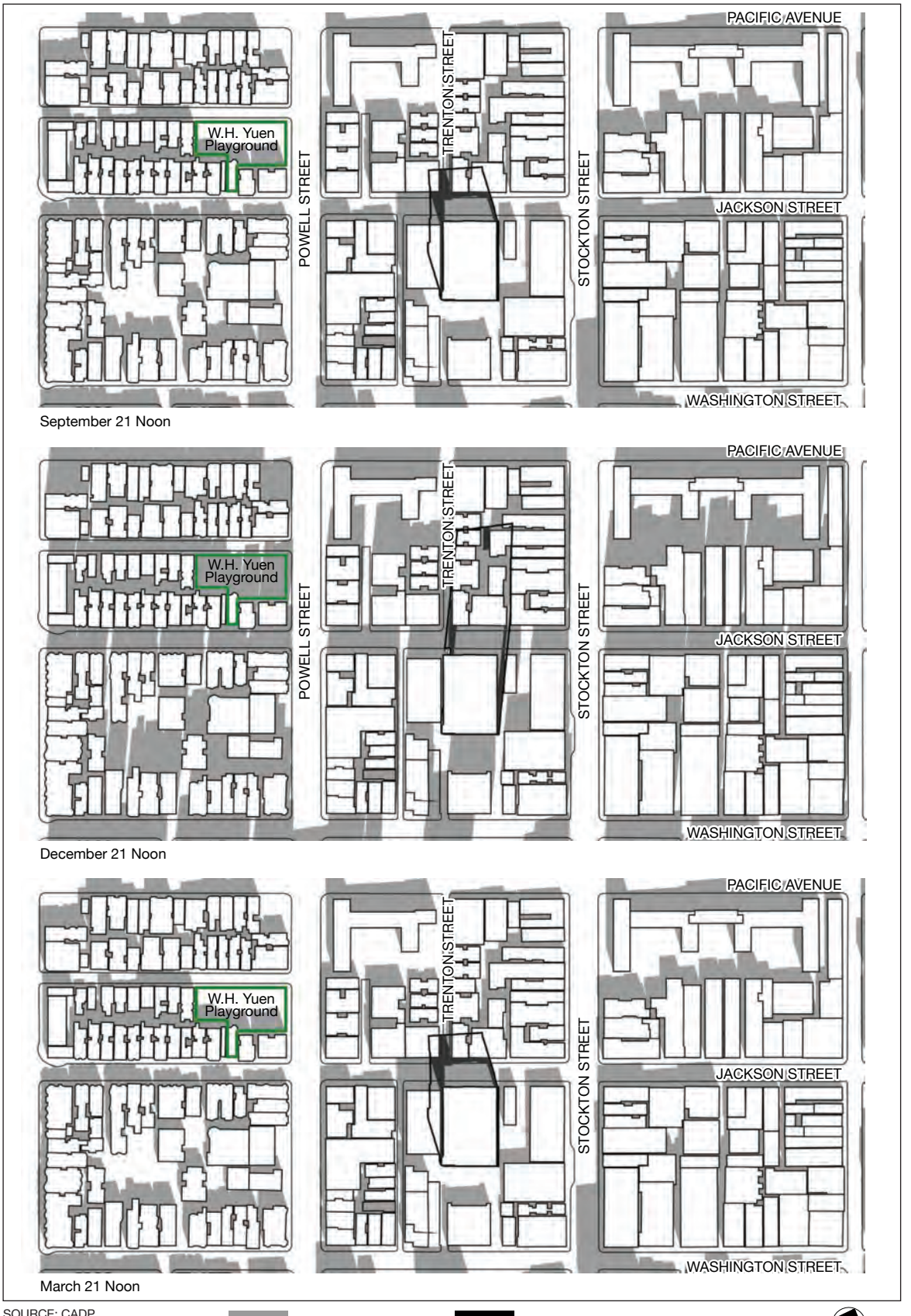
FIGURE 20: PROJECT SHADOWS ON JUNE 21 (SUNRISE + 1 HOUR, 7:00 AM, 7:15 AM)



SOURCE: CADP

EXISTING SHADOW

NET NEW PROJECT SHADOW

NORTH

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE 21: PROJECT SHADOWS AT NOON ON SEPTEMBER 21, DECEMBER 21, AND MARCH 21

827 Pacific Avenue and 1140 Powell Street (the Powell Street Parking Garage). No exterior changes are proposed at the MAOC or at the Powell Street Parking Garage. Minor storefront changes at the 827 Pacific Avenue peripheral project site would include the removal of awnings, window replacements, and relocation of an ADA-accessible entrance. Therefore, the proposed development work at the MAOC and peripheral project sites would result in no changes in shadows.

Therefore, this topic will not be discussed in the EIR.

Cumulative Impacts

Impact C-WS-4: The proposed project in combination with other past, present or reasonably foreseeable projects would not create new shadow that substantially affects outdoor recreation facilities or other public areas. ***(Less than Significant)*** **(Criterion 9b)**

New shadows could be cast on public areas by the proposed development of a mixed-use building at the corner of Washington and Stockton Streets containing the Chinatown subway station, and by six residential and or cultural/institutional/educational projects that would be developed within an approximately 0.25-mile radius of the project site. Projected development such as the residential/institutional project at 740 Washington Street could cast shadows on open spaces subject to Planning Code Section 295 or other public and publicly accessible open spaces. The proposed Chinatown Muni station could affect public and publicly accessible open spaces such as the Gordon J. Lau Elementary School. However, because of the distance from the main project site, these shadows would not combine cumulatively with project-related net new shadow to create cumulatively considerable shadow impacts in the project area, as described below. Since the proposed project would not cast net new shadow on open spaces subject to Planning Code Section 295, the proposed project would not contribute to a cumulative shadow impact on open spaces subject to Planning Code Section 295. With the exception of the Trenton Street alleyway, the proposed project would not cast net new shadow on public or publicly accessible open spaces that are not subject to Planning Code Section 295. The other cumulative development projects are too far from Trenton Street to cast shadows on the alleyway. For this reason, the proposed project would not make a cumulatively considerable contribution to shadow impacts on public and publicly accessible open spaces that are not subject to Planning Code Section 295. Overall, development of the proposed Replacement Hospital building on the main project site would not make a cumulatively considerable contribution to shadow impacts on open spaces subject to Planning Code Section 295 or other public and publicly accessible open spaces. Therefore, this topic will not be discussed in the EIR.

Topics:		Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
10.	**RECREATION—Would the project:**					
a)	Increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facilities would occur or be accelerated?	☐	☐	☒	☐	☐
b)	Include recreational facilities or require the construction or expansion of recreational facilities that might have an adverse physical effect on the environment?	☐	☐	☒	☐	☐
c)	Physically degrade existing recreational resources?	☐	☐	☒	☐	☐

Impact RE-1: The proposed project would not increase use of existing neighborhood parks and/or other recreation facilities such that substantial physical deterioration or physical degradation of existing recreational resources would occur or be accelerated, nor would it include or result in the need for the expansion or construction of recreational facilities. ***(Less than Significant)*** **(Criteria 10a – 10c)**

The San Francisco Recreation and Park Department (RPD) maintains more than 230 properties (parks, playgrounds, and open spaces) throughout the City. Among its responsibilities are the management of 15 large, full-complex recreation centers; 9 swimming pools; 6 golf courses; and hundreds of tennis courts, baseball diamonds, athletic fields, and basketball courts.[65] The main and peripheral project sites are located in an area identified in the *General Plan* as a High Need Area for recreational facilities and improvements (to be given the highest priority for new parks and recreational facilities in the City).[66]

The Woh Hei Yuen Recreation Center and Park on Powell Street at John Street (near Jackson Street) is located less than a block to the northwest of the main project site, and approximately the same distance from the two peripheral project sites. The Woh Hei Yuen Recreation Center and Park is a two-story facility that includes a basketball court, auditorium, meeting/recreation room, kitchen, outdoor basketball court, court yard, children's play structure, and weight training facility. Portsmouth Square is about three blocks southeast of the main and peripheral project sites along Kearny Street between Washington and Clay Streets. This square includes numerous statues, markers and plaques, an open plaza and children's playground. The four-level, 500-space Portsmouth Square Parking Garage is located below the square.

[65] San Francisco Recreation and Park Department website, accessed June 7, 2010; *San Francisco Recreation and Park Department, Recreation Assessment Report*, August 2004, p. 21, available on-line at http://www.parks.sfgov.org/wcm_recpark/Notice/SFRP_Summary_Report.pdf, accessed June 7, 2010.

[66] San Francisco Planning Department, *Recreation and Open Space Element of the San Francisco General Plan*, Map 9: Open Space Improvement Priority Plan, adopted July 1995.

Both of these recreational facilities are RPD properties (see Figure 19 on p. 146) and are within two blocks (or 0.25 mile) of the main project site, and approximately the same distance from the two peripheral project sites. Other nearby RPD park and open space properties include:

- Huntington Park on California and Taylor Streets, located about 0.4 miles southwest;
- Saint Mary's Square on California Street and Grant Avenue, located about 0.4 miles southwest;
- Hellen Willis Playground at 1401 Broadway near Larkin Street, located about 0.7 miles northwest;
- Ina Coolbrith Mini Park at Vallejo and Taylor Streets, located about 0.4 miles northwest;
- Chinese Recreation Center at Washington and Mason Streets, located about 0.2 miles southwest;
- Willie Woo Woo Wong Playground at Sacramento and Waverly Streets, located about 0.3 miles southeast;
- Washington Square Park at Stockton and Union Streets, located about 0.4 miles northeast;
- Broadway Tunnel West Mini Park, located about 0.6 miles northwest;
- Broadway Tunnel East Mini Park, located about 0.3 miles away northwest; and
- Hyde Washington Mini Park, located about 0.6 miles west.

Other open spaces that are not part of the RPD system of parks and open spaces are also located in the vicinity of the main and peripheral project sites. Between Stone Street and Trenton Street and immediately south of the existing Chinese Hospital building on the main project site is the San Francisco Unified School District's (SFUSD) four-story Commodore Stockton Child Development Center (CDC). This property includes two playgrounds; one at street level along the length of Trenton Street from the Washington Street sidewalk to about 30 feet south of the main project site boundary and another on the middle portion of the roof.

The Commodore Stockton CDC does not participate in the Mayor's Office Shared Playgrounds Initiatives, which allows local residents access to the playgrounds and other school-owned recreational facilities during non-school hours. However, one of the playgrounds on the Gordon J. Lau Public Elementary School campus, south of Washington Street, participates in this Pilot Project.[67] This playground is accessed by the public via Clay Street between Stockton and Powell Streets from 9 A.M to 4 P.M on weekends. Although not currently available for community use, the street-level playground at the Commodore Stockton CDC and the parking lot on the east side of Trenton Street directly behind the three-level Chinese Hospital Parking Garage, which is

[67] The Community Hubs Pilot Project opens up the yards of selected schools in each San Francisco Supervisorial District where it will serve the community's need for more open space. Information accessed at http://www.sfmayor.org/index.aspx?page=198 on April 11, 2011.

owned by the SFUSD, are identified in the updated Recreation and Open Space Element of the *General Plan* as opportunity areas for open space.[68]

The Chinatown Public Library on the west side of Powell Street between Jackson and Washington Streets at 1135 Powell Street is about a block away from the main and peripheral project sites and includes a roof garden at the rear of the property, which is available for public use by appointment. In addition, the Hooker Alley Community Garden on Mason Street between Pine and Bush Streets, located about 0.5 miles south of the project site, is a public open space owned and managed by the Department of Public Works (DPW). Additional open space resources in the area include adjacent alleyways identified in the *Chinatown Alleyways Master Plan* - Trenton Street (north and south of the main project site) and Stone Street to the west. Trenton Street, north of the main project site and west of the peripheral project site at 827 Pacific Avenue, includes improvements such as mid-block seating and landscaping. These alleyways have been identified as important open space resources in Chinatown and as elements of a continuous north-south passageway connecting Washington Street to Broadway.

As identified earlier, the *General Plan* classifies the densely developed Chinatown neighborhood as a high needs area which should be given "the highest priority for new parks and recreation improvements."[69] Because it is so densely developed, Policy 4.4 of the *Chinatown Area Plan* acknowledges the need to expand open space opportunities in innovative ways, e.g. alleyway improvements, joint use of SFUSD facilities, and more efficient utilization of existing recreational facilities through better maintenance and, where appropriate, revamping or redesign.

Based on Planning Code Section 135.1, open space is required for institutional uses in the CRNC zoning district at the ratio of one square foot (sq. ft.) for every 50 square feet for buildings equal to or greater than 10,000 square feet. This open space requirement applies to the proposed Replacement Hospital building, but not to the proposed Radiology Center at 827 Pacific Avenue because it would be a renovation of an existing commercial building which would not increase in size. The project sponsor would seek an exemption from this open space requirement as part of the proposed Chinese Hospital SUD overlay for medical uses in the CRNC Zoning District.

The proposed project includes the construction of a 101,545-gsf Replacement Hospital and would be required to provide approximately 2,015 sq. ft. of usable open space on the main project site.[70]

[68] San Francisco General Plan, Draft Recreation and Open Space Element, Map 3, Open Space Opportunity Areas, p. 25; website: http://openspace.sfplanning.org/docs/Recreation_and_Open_Space_Element.pdf, accessed January 3, 2010.

[69] San Francisco General Plan, Draft Recreation and Open Space Element, Figure 2, High Needs Area, p. 19; website: http://openspace.sfplanning.org/docs/Recreation_and_Open_Space_Element.pdf, accessed January 3, 2010.

[70] This section of the Planning Code is not applicable to the renovation of the existing Chinese Hospital building or the renovations to the existing buildings on the two peripheral project sites because the alterations would not result in a net addition of floor area to the buildings.

Constructing the proposed Replacement Hospital building would result in the removal of two existing, on-site, publicly accessible seating areas. These seating areas provide a total of approximately 700 sq. ft. of on-site open space in the approximately 10-foot setback along Jackson Street at each side of the stair entry of the existing MAB. Approximately 890 sq. ft. of publicly accessible landscaped seating would be provided in the approximately 17-foot ground and first floor setback along Jackson Street proposed as part of the development of the Replacement Hospital building. The project sponsor is also seeking to acquire the James Alley right-of-way to provide additional open space (approximately 1,715 sq. ft) to meet the Planning Code requirement. A future transfer agreement with the Department of Public Works (DPW) would be dependent on agreement from adjacent property owners. If agreements are obtained, DPW would vacate the easterly half of the 12.5-foot wide by 137.5-foot long James Alley right-of-way with stipulations upon the project sponsor to provide for a pedestrian easement, to implement improvements per the alleyway improvement standards set forth in the *Chinatown Alleyway Master Plan*, and to commit to continued maintenance.[71] The westerly 860 sq. ft. (6.25 feet by 137.5 feet) of James Alley was vacated in the past and is under Chinese Hospital Association ownership. Therefore, the proposed project would provide a total of approximately 2,605 sq. ft. of open space: a 1,715-sq.-ft. public terrace along the James Alley right-of-way (12.5 feet wide and 137.5 feet long) and an 890-sq.-ft. open space along the Jackson Street frontage as three landscaped seating areas. This would meet the open space requirements of the Planning Code for the proposed project as set forth for commercial and institutional uses in the CRNC Zoning District. However, the vacation of the eastern portion of James Alley may not be granted by DPW; therefore, the project sponsor is seeking the exemption from open space requirements as part of the project's SUD overlay for medical uses for the proposed development on the main project site. In addition, the project sponsor would provide landscape improvements to the segment of Trenton Street south of the main project site and Stone Street.

As described under Topic E.3: Population and Housing, pp. 74-75, the proposed project would add 151 Chinese Hospital employees to the main and peripheral project sites by 2030. The increase in the number of employees would generate new residential demand in various San Francisco neighborhoods that would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on regional parks and other recreation facilities from residential demand generated by project-related new employment would be minimal.

The total number of employees, patients and visitors at Chinese Hospital would increase the average weekday daytime population (ADP) on the main and peripheral project sites from about 1,307 to about 1,802, an increase of approximately 495 people over existing conditions. The

[71] James Alley was originally a 12.5-foot-wide by 137.5-foot-long public right-of-way. The westerly half was vacated and is under Chinese Hospital Association ownership. This alley is not identified in the *Chinatown Alleyway Master Plan* as one of the 31 alleyways planned for improvements.

project-related increase in the number of employees, patients, and visitors would lead to an incremental increase in the use of existing parks and recreational facilities on site or in the vicinity of the main and peripheral project sites. Although patients would not likely use nearby off-site recreation facilities, the net increase in the ADP is used as a conservative estimate of demand for nearby recreation facilities. The new employees, patients, and visitors could use the publicly accessible open spaces that would be provided on the main project site (an approximately 890-sq.-ft. landscaped seating area at the Jackson Street setback and, if approved, the approximately 1,715-sq.-ft. public terrace on James Alley) and/or recreational facilities in the project area such as the Woh Hei Yuen Recreation Center and Park, the Gordon J. Lau Public Elementary playground, and/or seating along the segment of Trenton Street north of the main project site.

The demand for recreational facilities generated by the project-related increase in the ADP would be accommodated by the publicly accessible open space on the main project site and by parks and open spaces in the vicinity of the main and peripheral project sites. This incremental increase in demand due to the proposed project would not be considered substantial enough to result in the physical deterioration or degradation of either existing neighborhood and regional parks or other recreational facilities. Thus, the proposed project would not result in a substantial increase in use of existing neighborhood and regional parks or other recreational facilities, such that it would result in accelerating physical deterioration or degradation of these facilities. Additionally, the demand generated would not be substantial enough that the publicly accessible open spaces provided as part of the proposed project would have to be augmented, or substantial enough to require construction of new recreational facilities or the expansion of existing recreational facilities that would in turn have an adverse physical effect on the environment.

Therefore, impacts on park and recreational facilities would be less than significant, and this topic will not be addressed further in the EIR.

Cumulative Impacts

Impact C-RE-2: The proposed project, in combination with other past, present, or reasonably foreseeable projects, would not result in impacts to recreational resources leading to their physical deterioration or physical degradation nor would it result in the construction or expansion of recreational facilities resulting in physical effects on the environment. *(Less than Significant)* (Criteria 10a – 10c)

As described above under Impact RE-1, the use of neighborhood and/or regional parks or other recreational resources in the project area and/or citywide would not increase substantially with development of the proposed Replacement Hospital building on the main project site and associated uses at the peripheral project sites. Additionally, the expected increase in the ADP, i.e., the number of hospital employees, patients, visitors on the main and peripheral project sites, would not result in the need for new and/or expanded neighborhood parks which would result in physical effects on the environment. The reasonably foreseeable cumulative projects within an

approximately 0.25-mile radius of the main and peripheral project sites, such as the development of the Central Subway's Chinatown Muni station[72] at Washington and Stockton Streets in a proposed 65-foot-tall mixed-use development with a Muni station at the ground level and the six residential and cultural/institutional/educational projects, would be required to comply with *Planning Code* open space requirements. This would ensure future impacts to recreational resources from cumulative development and the proposed project would not be cumulatively considerable. The cumulative projects, in combination with the proposed project, would not increase use of existing neighborhood and/or regional parks or other recreational facilities such that substantial physical deterioration or physical degradation of existing recreational facilities would occur. Neither would they require the construction or expansion of recreational facilities that would, in turn, have an adverse physical effect on the environment. Overall, the proposed project, alone or in combination with nearby residential, commercial, and cultural/institutional/educational projects, would not contribute to, or result in, cumulatively considerable impacts on recreational resources and will not be discussed further in the EIR.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporated*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
11. UTILITIES AND SERVICE SYSTEMS—Would the project:					
a) Exceed wastewater treatment requirements of the applicable Regional Water Quality Control Board?	☐	☐	☒	☐	☐
b) Require or result in the construction of new water or wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects?	☐	☐	☒	☐	☐
c) Require or result in the construction of new storm water drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects?	☐	☐	☒	☐	☐
d) Have sufficient water supply available to serve the project from existing entitlements and resources, or require new or expanded water supply resources or entitlements?	☐	☐	☒	☐	☐
e) Result in a determination by the wastewater treatment provider that would serve the project that it has inadequate capacity to serve the project's projected demand in addition to the provider's existing commitments?	☐	☐	☒	☐	☐
f) Be served by a landfill with sufficient permitted capacity to accommodate the project's solid waste disposal needs?	☐	☐	☒	☐	☐

[72] The proposed mixed-use building at this location would conform to the existing CRNC Zoning District controls; however, exact development square footages and residential unit counts are not available at present.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
g) Comply with federal, state, and local statutes and regulations related to solid waste?	☐	☐	☒	☐	☐

The main and peripheral project sites are within an urban area served by public utilities and service systems, including water, wastewater and stormwater collection and treatment, and solid waste collection and disposal. Development of the proposed Replacement Hospital building and renovation of the existing Chinese Hospital building (to be reused as an MAOC) would increase the amount of space devoted to hospital services on the main project site. The proposed Radiology Center at 827 Pacific Avenue would replace a retail use with new medical uses, resulting in an increase in demand for and use of public utilities and service systems on the main project site and the 827 Pacific Avenue peripheral project site. Changes proposed at the Powell Street Parking Garage would be similar to existing conditions; however an automotive repair center would be removed. No increase in demand is expected at the Powell Street Parking Garage.

Impact UT-1: The proposed project would not exceed the wastewater treatment requirements of the Regional Water Quality Control Board. ***(Less than Significant)*** **(Criterion 11a)**

The main and peripheral project sites are served by San Francisco's combined sewer system, which collects sanitary sewage and stormwater in the same sewers and treats the combined wastewater in the same treatment plants. Wastewater from the main and peripheral project sites flows to and is treated at the Southeast Water Pollution Control Plant (Southeast Plant). During wet weather, the capacity at the Southeast Plant is supplemented by the North Point Wet-Weather Facility and a series of storage/transport boxes[73] located around the perimeter of the City. If wet-weather flows exceed the capacity of the overall system, the excess (primarily stormwater) is discharged from one of 36 combined sewer overflow (CSO) structures located along the waterfront. In 2005, the San Francisco Public Utilities Commission (SFPUC) initiated work on the Sewer System Master Plan (SSMP) to develop a long-term strategy to address the City's sanitary sewage and stormwater needs. Projects identified in the SSMP, which will undergo separate CEQA review, are expected to begin in 2012.[74] Concurrent with this master planning effort, the SFPUC allocated $150 million to an Interim Capital Improvement Program to fund approximately 40 critical projects addressing aging collection, conveyance and treatment infrastructure, odor emission controls, and potential flooding in various parts of the City.

[73] The storage/transport boxes provide treatment consisting of settling and screening of floatable materials inside the boxes and is equivalent to primary treatment at the wastewater treatment plants.

[74] San Francisco Public Utilities Commission website, http://sfwater.org/detail.cfm/MC_ID/14/MSC_ID/120/C_ID/5095/ListID/2, accessed August 16, 2010.

San Francisco's combined stormwater-sewer system operates under wastewater National Pollutant Discharge Elimination System (NPDES) permits.[75] The 2008 Bayside Permit (NPDES Permit No. CA0037664), issued and enforced by the San Francisco Bay Regional Water Quality Control Board (RWQCB) for the Southeast Plant, the North Point Facility, and the Bayside Wet-Weather Transport/Storage and Diversion Structures, states that the treatment process at these facilities meet the minimum treatment specified by the U.S. EPA CSO Policy I50 FR 18688 as of April 11, 1994. Wastewater flows from the main and peripheral project sites are also governed by the 2008 San Francisco Bay Publicly Owned Treatment Works and Industrial Mercury Watershed Permit (NPDES Permit No. 0038849) that implements the San Francisco Bay Mercury Total Maximum Daily Load Requirements.

Project-related wastewater flows would be treated in accordance with the RWQCB-issued NPDES permits prior to discharge into the Bay. All CSO discharges are regulated with permits issued by the RWQCB and with the U.S. EPA's National Combined Sewer Overflow Control Policy. The proposed project is expected to result in a 495 person increase in the average daily population of patients, visitors, and employees at the main and peripheral project sites over existing conditions. This increase is expected to incrementally increase wastewater flows from the main and peripheral project sites; however, the incremental increase would not affect the City's ability to treat the additional volume of wastewater. The proposed project would also meet the wastewater pre-treatment requirements of the SFPUC, as required by the San Francisco Industrial Waste Ordinance, in order to meet Regional Water Quality Control Board requirements.[76] Therefore, the proposed project would not result in the exceedance of any wastewater treatment requirements, and this topic will not be discussed in the EIR.

Impact UT-2: The proposed project would not require or result in the construction of new or the expansion of existing water, wastewater treatment facilities, or stormwater drainage facilities, nor would the proposed project result in a determination that there is not sufficient capacity in the wastewater treatment system to serve the proposed project's additional demand in addition to its existing demand. ***(Less than Significant)*** **(Criteria 11b – 11c, 11e)**

The project sponsor would replace and expand an existing hospital use on the main project site. As part of the proposed project, new sewer (wastewater), stormwater, and water supply lines would be constructed under the Jackson Street and James Alley rights-of-way (including sidewalks) immediately adjacent to the main project site; however, no major new sewer, stormwater, or water treatment facilities or the expansion of existing treatment facilities would be needed to serve the proposed Replacement Hospital building. Under the Jackson Street and

[75] The 2009 Oceanside Permit (NPDES Permit No. CA0037681) is issued and enforced by both the RWQCB and the U.S. EPA since the Oceanside Water Pollution Control Plant discharges through the Southwest Ocean Outfall into federally regulated waters of the Pacific Ocean.

[76] City and County of San Francisco, Ordinance No. 19-92, San Francisco Municipal Code (Public Works), Part II, Chapter X, Article 4.1 (amended), January 13, 1992.

James Alley rights-of-way, a new 10-inch combined sewer line would connect the proposed Replacement Hospital building's sewer and storm drain lines to the existing 30-inch sewer pipe in the Jackson Street right-of-way. Depending on the condition of the existing 30-inch sewer pipe, up to 20 feet of the pipe would be replaced as part of the proposed project with all new and existing lines connected. If the existing 30-inch sewer pipe is in good condition, the new 10-inch combined sewer line would be connected to the existing pipe. Although new connections to the new 10-inch combined sewer line would be constructed under James Alley, the existing collection and conveyance facilities under Jackson Street would not be altered to accommodate the project-related incremental increase in wastewater and stormwater flows.

The average existing monthly water demand on the main project site is approximately 400,850 gallons, or approximately 13,362 gallons per day.[77] Based on existing employment of 313 people on the main project site the existing water demand is approximately 43 gallons per employee per day (ged). Therefore, the land uses on the main project site currently generate approximately 360,765 gallons of wastewater per month, or 12,025 gallons of wastewater per day.[78] The project would also convert an existing retail use to medical use and an existing automotive repair/parking use to parking and hospital storage on the peripheral project sites at 827 Pacific Avenue and the Powell Street Parking Garage, respectively. The eight existing employees at the peripheral project sites generate an existing demand for water of approximately 22.8 ged at the Powell Street Parking Garage and 53.9 ged at the 827 Pacific Avenue building.[79] Thus, existing water use at the peripheral project sites is estimated to be approximately 340 gallons per day. Based on this consumption rate, the peripheral project sites currently generate approximately 306 gallons of wastewater per day. The renovation work at the peripheral project sites would not include any changes to the existing water, wastewater, or storm drainage facilities. No major new water, wastewater, or stormwater facilities would need to be constructed to serve the peripheral project sites, which would use the water and sewer connections installed for the previous uses.

As described under Topic E.3: Population and Housing, pp. 74-75, the proposed project would increase the number of Chinese Hospital employees on the main and peripheral project sites by about 151 by 2030. Upon completion of the proposed project, and based upon the estimated water demand identified above of approximately 43 ged, the proposed project would result in an estimated increase in water demand of approximately 6,493 gallons per day. The incremental

[77] Chinese Hospital Association, Data Request No. 1.1, Water Demand for the period between January and September, 2007; received November 13, 2008.

[78] Wastewater service charges are calculated by multiplying water consumption by an assigned flow factor, which is the percentage of metered water use returned to the sewer system as wastewater. For purposes of determining applicable charges, the percentage of water use returned to the sewers (flow factor) is assumed to be 90% for single-family residential users and non-residential users.

[79] SFPUC, Draft *Urban Water Management Plan for the City and County of San Francisco* (UWMP), April 21, 2011, Appendix D, Table 8, p. 11. Accessed online at http://sfwater.org/mto_main.cfm/MC_ID/13/MSC_ID/165/MTO_ID/286 on May 6, 2011.

increases in water consumption at the main project site and at the 827 Pacific Avenue peripheral project site would occur, because the site usage would intensify at both locations. However, at the Powell Street Parking Garage, the increase in water consumption would be minimal, because the proposed interior renovations would be minor, the number of employees at this location would be similar to or slightly greater than existing employment at that site, and the building would be primarily used for off-street parking.

With project development, the increased demand on the wastewater treatment system would be approximately 90 percent of estimated water consumption, or approximately 5,843 gallons of wastewater per day. This increase does not take into consideration state and local requirements for the installation of low-flow faucets and other water-saving fixtures, which would be included in the proposed Replacement Hospital building and the renovated MAOC on the main project site as well as the renovated 827 Pacific Avenue building on the peripheral project site. Thus, the estimated demand would be lower than that identified here.

Furthermore, the City's combined stormwater-sewer system accommodates stormwater runoff volumes in addition to wastewater volumes, which contribute greatly to the total volume in the system. Since the main and the peripheral project sites are completely covered with impervious surfaces, it is expected that future stormwater runoff volumes would be similar to existing conditions on the main and peripheral project sites. However, compliance with the Stormwater Management Ordinance (SMO) would require the project sponsor to reduce the existing volume and rate of stormwater runoff discharged from the main project site from the 2-year, 24-hour design storm by 25 percent. To achieve this, the project sponsor would develop a stormwater control plan that locates and sizes source control and treatment Best Management Practices (BMPs), along with maintenance and operation agreements that retain runoff on site and limit site discharges entering the City's combined stormwater-sewer collection system. This, in turn, would limit the incremental demand on both the collection system and wastewater facilities resulting from stormwater discharges, and minimize the potential need for additional treatment capacity. The proposed project would comply with the City regulations for stormwater management with the installation of a pervious surface treatment on James Alley and the placement of a 1,000-gallon rainwater holding tank under James Alley (to be used for irrigation); however, the precise type, size and routing of stormwater BMPs have not yet been finalized.[80] A more detailed hydrologic analysis would be completed during the preparation of the stormwater control plan and submitted for approval to the SFPUC with the final construction drawings.

In addition, the proposed project's employment-related household increases (approximately 127 net new dwelling units) would have a secondary effect on the City's water, wastewater, and storm drainage facilities. The increase in the number of employees would generate new residential

[80] KCA Engineers, Inc., *Chinese Hospital Preliminary Hydrology Calculations*, April 28, 2011.

demand in various San Francisco neighborhoods that would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on the City's water and wastewater treatment facilities from residential demand generated by project-related new employment would be minimal.

In conclusion, the proposed project's direct and secondary effects would not be expected to substantially increase the demand for new or expanded water and wastewater treatment systems since the incremental increase in water demand and wastewater flows would not be in excess of amounts expected and provided for in the project area and citywide. Furthermore, stormwater runoff volumes would decrease incrementally with project development on the main and the peripheral project sites since these sites are, and would continue to be predominantly, covered with impervious surfaces except for James Alley, which would have a pervious surface treatment with project development, as well as a 1,000-gallon rainwater holding tank to comply with the SMO requirement to reduce stormwater runoff by 25 percent. Thus, the expected increase in wastewater volumes (including the contribution of stormwater runoff) that would result from project development, when combined with project-related employment household growth and existing SFPUC commitments, would not result in the determination by the SFPUC that the system does not have the capacity to accommodate the proposed project. In light of the above, the proposed project's impacts related to water, wastewater, and stormwater drainage service and facilities would be less than significant, both individually and cumulatively, and will not be discussed further in the EIR.

Impact UT-3: The proposed project would increase the amount of water used on the main and peripheral project sites, but would be adequately served by existing entitlements and water supply resources, and would not require new or expanded water supply resources or entitlements. ***(Less than Significant)*** **(Criterion 11d)**

The SFPUC provides water to approximately 2.4 million people in San Francisco, Santa Clara, Alameda, San Mateo, and Tuolumne Counties.[81] Approximately 96 percent of the water provided to San Francisco is supplied by the SFPUC Regional Water System, which is made up of water from the Hetch Hetchy Reservoir and Bay Area reservoirs in the Alameda Creek and Peninsula watersheds.[82] Citywide water use in 2000 was approximately 84 million gallons per day (mgd), of which about 57 percent was for residential customers and about 34 percent for business.[83] System-wide demand from both retail and wholesale customers is projected to increase to about 300 mgd by 2030.[84] Residential water demand in San Francisco is expected to decrease slightly

[81] *Ibid*, p. 5.
[82] *Ibid*, p. 9. Groundwater and recycled water make up the remainder of the SFPUC supplies to the City.
[83] *Ibid*, p. 43.
[84] *Ibid*, p. 46.

between 2000 and 2030, in spite of a projected increase in the City's population, because of an anticipated decrease in household size and an increased use of water-efficient plumbing fixtures.[85]

The *2005 Urban Water Management Plan for the City and County of San Francisco* (UWMP) projects that, during normal precipitation years, the SFPUC will have adequate supplies to meet projected demand.[86] During multiple dry years, however, additional water sources will be required. To address this issue, the SFPUC initiated the multi-year program Water System Improvement Program (WSIP) to rebuild and upgrade the water system. A revised WSIP was issued in January 2006, the Draft Program EIR/Notice of Availability was published and distributed for public review in June 2007, a Comments and Responses document was completed in September 2008, and the Final Program EIR on the WSIP was certified on October 30, 2008.[87] After certification of the Final Program EIR, the SFPUC adopted the Phased Water System Improvement Program option. The SFPUC is currently implementing the WSIP to provide improvements to its water infrastructure. The SFPUC also is developing an Integrated Water Resource Plan, a planning document detailing how long-term water demand can also be met through a mix of water supply options (such as groundwater, recycled water, conservation, and imported water).

Average monthly water demand at the main project site is approximately 400,850 gallons per month.[88] As described under Impact UT-2, the existing water consumption rate on the main project site is estimated to be approximately 43 ged while the existing employees at the peripheral project sites generate an existing demand for water of approximately 22.8 ged at the Powell Street Parking Garage and 53.9 ged at the 827 Pacific Avenue building. Thus, in total the existing water demand on the main and peripheral project sites is estimated to be approximately 13,702 gallons per day. The proposed project, with an employment increase of approximately 151 employees, would result in an increase in water use at the main and peripheral project sites. Future operation of the proposed Replacement Hospital building and MAOC on the main project site and the Radiology Center at the 827 Pacific Avenue peripheral project site would be the primary generators of future water demand.

Upon completion of the proposed project, and based upon an estimated water demand on the main project site of approximately 43 ged, the proposed project would result in an estimated increase in water demand of approximately 6,493 gallons per day. The incremental increases in water consumption at the main project site and at the 827 Pacific Avenue peripheral project site

[85] *Ibid*, p. 42.
[86] Ibid, p. 47.
[87] San Francisco Planning Department, San Francisco Public Utilities Commission Water System Improvement Program Final EIR, available at http://www.sf-planning.org/index.aspx?page=1829, accessed May 17, 2010.
[88] Chinese Hospital Association, Data Request No. 1.1, Water Demand January - September, 2007, received November 13, 2008.

would occur because the site usage would intensify at both locations; however, at the Powell Street Parking Garage, the increase in water consumption would be minimal because the number of employees at this location would be similar to or slightly greater than existing employment.

In addition, the potential increase in households in San Francisco generated by the proposed project's increase in employment (approximately 127 new dwelling units) would have a secondary effect on the City's water supply. The increase would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on the City's water supply resources from residential demand generated by project-related new employment has been planned for.

Although the proposed project's direct and secondary effects would incrementally increase the demand for water in San Francisco (from 13,702 gallons per day to 20,195 gallons per day), the increase in water demand would not be in excess of amounts expected and provided for in the project area and citywide. Furthermore, new construction would be designed to incorporate water-conserving measures, such as low-flush toilets and urinals, as required by the *California State Building Code* Section 402.0(c), and during construction, the project sponsor and building contractor must comply with Ordinance 175-91, passed by the Board of Supervisors on May 6, 1991, which requires that non-potable water be used for dust control activities. Since the proposed project's water demand could be accommodated by the existing and planned supply anticipated under the UWMP, and since it would use best-practice water conservation devices, it would not result in a substantial increase in water use and could be served from the City's existing water supply entitlements and resources.[89] The proposed project would not require new or expanded water facilities, nor would it adversely affect the City's water supply. Given all of the above, the proposed project would have a less-than-significant impact on water supply, either individually or cumulatively, and water supply will not be discussed further in the EIR.

Impact UT-4: The proposed project would increase the amount of solid waste generated on the project site, but would be adequately served by the City's landfill and would comply with federal, state and local statutes and regulations related to solid waste. ***(Less than Significant)*** **(Criteria 11f – 11g)**

Recology (formerly Norcal Waste Systems, Inc.) provides solid waste collection, recycling, and disposal services for residential and commercial garbage and recycling in San Francisco through its subsidiaries San Francisco Recycling and Disposal, Golden Gate Disposal and Recycling, and Sunset Scavenger. Recology's Golden Gate Disposal and Recycling subsidiary provides daily solid waste, recyclables, and compost pickup service to Chinese Hospital.

San Francisco uses a three-cart collection program: residents and businesses sort solid waste into recyclables, compostable items, such as food scraps and yard trimmings, and garbage. All

[89] San Francisco Public Utilities Commission, e-mail from Molly Petrick, February 19, 2009.

materials are taken to the San Francisco Solid Waste Transfer and Recycling Center, located at 501 Tunnel Avenue in the southeast San Francisco. There, the three waste streams are sorted and bundled for transport to the composting and recycling facilities and the landfill. San Francisco has created a large-scale urban program for collection of compostable materials. Food scraps and other compostable material collected from residences, restaurants, and other businesses are sent to Recology's Jepson-Prairie composting facility, located in Solano County. Food scraps, plant trimmings, soiled paper, and other compostables are turned into a nutrient-rich soil amendment, or compost. Recyclable materials are sent to Recycle Central, located at Pier 96 on San Francisco's southern waterfront, where they are separated into commodities and sold to manufacturers that turn the materials into new products. Waste that is not composted or recycled is taken to the Altamont Landfill located east of Livermore in Alameda County.

The Altamont Landfill is a regional landfill that handles residential, commercial, and construction waste. The Altamont Landfill has a permitted maximum disposal of 11,500 tons per day and received about 1.29 million tons of waste in 2007 (the most recent year reported by the state).[90] In 2007, the waste contributed by San Francisco (approximately 628,914 tons) represented approximately 49 percent of the total volume of waste received at this facility.[91] The remaining permitted capacity of the landfill is about 45.7 million cubic yards.[92] With this capacity, the landfill can operate until 2032;[93] however, the landfill's permit to operate will expire in 2029.

In 1988, the City of San Francisco contracted for the disposal of 15 million tons of solid waste at Altamont. Through August 1, 2009, the City has used approximately 12.5 million tons of this contract capacity. The City projects that the remaining contract capacity will be reached no sooner than August 2014. On September 10, 2009, the City and County of San Francisco announced that it could award its landfill disposal contract to SF Recycling & Disposal Inc., a subsidiary of Recology. Under this contract SF Recycling & Disposal would ship solid waste from San Francisco by truck and rail to its Recology Ostrom Road landfill in Yuba County. The landfill is open to commercial waste haulers and can accept up to 3,000 tons of municipal solid waste per day. The site has an expected closure date of 2066 with a total design capacity of over

[90] California Department of Resources Recycling and Recovery (CalRecycle), "Active Landfills Profile for Altamont Landfill & Resource Recovery (01-AA-0009)", available at http://www.calrecycle.ca.gov/Profiles/Facility/Landfill/LFProfile2.asp?COID=1&FACID=01-AA-0009, accessed May 18, 2010.

[91] For Altamont Landfill Disposal Tonnage – California Department of Resources Recycling and Recovery (CalRecycle), "Active Landfills Profile for Altamont Landfill & Resource Recovery (01-AA-0009)", at http://www.calrecycle.ca.gov/Profiles/Facility/Landfill/LFProfile2.asp?COID=1&FACID=01-AA-0009, and City and County of San Francisco 2007 Diversion/Disposal Rate Report at http://www.calrecycle.ca.gov/LGCentral/Tools/MARS/JurDrDtl.asp?Flag=1&Ju=438&YR=2007, accessed July 21, 2010.

[92] *Ibid*.

[93] California Department of Resources Recycling and Recovery (CalRecycle), "Facility/Site Summary Details: Altamont Landfill & Resource Recv`ry (01-AA-0009)". Website: http://www.calrecycle.ca.gov/SWFacilities/Directory/01-AA-0009/Detail/, accessed July 18, 2010.

41 million cubic yards.[94] The Board of Supervisors could ratify a new agreement, prior to entitlement of the proposed project, that could provide approximately 5 million tons of capacity, which would represent 20 or more years of use beginning in 2014. The City's contract with the Altamont Landfill expires in 2014. After that date, the City could begin using the Ostrom Road landfill in Yuba County.

Hazardous waste, including hospital, commercial, and household hazardous waste, is handled separately from other solid waste. Recology operates a facility at the San Francisco Dump for people to safely dispose of the hazardous waste generated from their homes or businesses. Hazardous, radiological, and medical wastes generated at Chinese Hospital are regulated under the authority of the San Francisco Department of Public Health (DPH) Hazardous Materials Unified Program Agency (HMUPA) under a compliance certificate, with additional oversight by other agencies (Radiological Health Branch (RHB) of the California Department of Health Services (CDHS)). Hazardous and bio-medical waste from Chinese Hospital is transported and handled by licensed hazardous waste and bio-medical waste haulers, respectively.

It is likely that hazardous waste currently used and stored at the two peripheral project sites (the furniture store at 827 Pacific Avenue and the Powell Street Parking Garage at 1140 Powell Street) includes cleaning and maintenance products, i.e., typical commercial and household hazardous waste, and, in the case of the automotive repair center in the Powell Street Parking Garage, fuel, oils, and lubricants are likely used and stored on site. Depending on the extent of services provided at the automotive repair center, and the type and volume of hazardous materials used and stored on the premises, automotive repair facilities are required to be in compliance with a variety of local and state agency requirements such as those of the DPH and the San Francisco Fire Department.[95]

With project development, the waste generation, storage and disposal activities on the main project site would continue under regulation by the San Francisco HMUPA and RHB, similar to existing conditions. Chinese Hospital would apply for all the necessary certifications with the San Francisco HMUPA and other regulating agencies to ensure that the proposed Radiology Center at the 827 Pacific Avenue building would be properly licensed to use and store hazardous waste at that location. As part of this process, Chinese Hospital would also update its current programs, practices, and policies related to the handling, storage, and disposal of hazardous waste to include the peripheral project site at 827 Pacific Avenue. The proposed conversion of the existing automotive repair center to hospital storage, engineering shop space, and off-street parking with project development could include activities that would require the use of hazardous

[94] Recology web site at http://www.recologyostromroad.com/, accessed July 18, 2010.
[95] San Francisco Department of Public Health, *Auto Mechanical Repair Compliance Applicability Guide*, available online at http://www.sfdph.org/dph/files/EHSdocs/Green/AutoRepairCompliance.pdf, accessed April 14, 2011.

materials; but a reduced amount in comparison to existing conditions with the automotive repair center. Hospital waste is discussed under Topic E.16, Hazards and Hazardous Materials, on pp. 197-198.

Under the California Integrated Waste Management Act of 1989, San Francisco was required to adopt an integrated waste management plan, implement a program to reduce the amount of waste disposed, and have its waste diversion performance periodically reviewed by the California Integrated Waste Management Board. The City was required to reduce the amount of waste sent to landfill by 50 percent by 2000. The City met the 50 percent reduction goal in 2000 by recycling, composting, reuse, and other efforts, and achieved 70 percent reduction in 2006. The San Francisco Department of the Environment's *Strategic Plan 2010-2012* identified the diversion rate for 2007 at 72 percent.[96] San Francisco has a goal to divert 75 percent of its waste by 2010 and to divert all waste by 2020.

In 2007, the state altered its evaluation criteria for assessing a jurisdiction's programmatic effectiveness in reducing solid waste with the passage of the Solid Waste Disposal Measurement Act in Senate Bill 1016 (SB 1016). As a result, the complex and lengthy (generally 18 to 24 months) diversion rate measurement system has been replaced by a more simplified system that sets a 50 percent Equivalent Per Capita Disposal Target (resident or employee) for the state and each jurisdiction. This target rate is updated using the Department of Finance's yearly population estimates and employment data from the Employment Development Department. In 2008, the target disposal rate for San Francisco residents and employees was 6.6 pounds/resident/day and 10.6 pounds/employee/day. Both of these targeted disposal rates were met in 2008 (the most recent year reported), with San Francisco residents generating about 3.7 pounds/resident/day and employed persons in San Francisco generating about 5.5 pounds/per employee/per day.[97]

San Francisco's Mandatory Recycling and Composting Ordinance (No. 100-09) states that all persons located in San Francisco are required to separate recyclables, compostables, and landfilled trash and participate in recycling and composting programs. The ordinance covers any "property where refuse is generated…including schools, institutions, and City properties." Chinese Hospital practices recycling and composting in compliance with this City ordinance.

The main project site consists of the existing approximately 43,368-gsf Chinese Hospital and the approximately 29,793-gsf Medical Administration Building (MAB). Chinese Hospital has 54 active acute-care beds. The California Integrated Waste Management Board (CIWMB) estimates waste generation of 16 pounds of solid waste per hospital bed per day, and 0.0108 tons

[96] San Francisco Department of the Environment, *Strategic Plan 2010 -2012*, p. 15.
[97] CalRecycle, "Jurisdiction Diversion/Disposal Rate Summary". Website: http://www.calrecycle.ca.gov/LGCentral/Tools/MARS/DrmcMain.asp?VW=Disposal, accessed July 18, 2010.

per square foot of "medical offices/hospital" space per year.[98] San Francisco's target disposal rates, as met in 2008, would be applicable to the existing uses at the peripheral project sites. Based on the existing site characteristics, Chinese Hospital operations currently generate approximately 950 tons of mixed solid waste per year (54 beds times 16 pounds/day and approximately 73,161 gsf of medical office/hospital space times 0.0108 tons/year). At the peripheral project sites, the five employees at the existing furniture store at 827 Pacific Avenue would generate approximately 27.5 pounds of mixed solid waste per day, or approximately 4 tons per year, while the three employees at the Powell Street Parking Garage would generate approximately 16.5 pounds of mixed solid waste per day, or approximately 2 tons per year.[99] As a day- and year-round facility, the existing operations on the main project site generate approximately 950 tons of mixed solid waste per year, and the existing operations on the peripheral project sites generate approximately 6 tons of mixed solid waste per year.

At buildout of the proposed project on the main project site, the number of beds would increase by 22 (the new skilled nursing facility) and the medical office/hospital space would increase by approximately 71,752 gsf. Applying the waste generation rates to the net increase in beds and new medical office/hospital development on the main project site, the proposed development on the main project site would generate an additional 840 tons of solid waste per year for a total of approximately 1,790 tons of solid waste per year. This would be an approximately 50 percent increase from the solid waste currently generated by existing Chinese Hospital operations on the main project site.

Chinese Hospital would lease permanent space and temporary transitional space at the 827 Pacific Avenue peripheral project site. Approximately 5,054 gsf (at the basement level and a portion of the ground level) would be permanently leased at 827 Pacific Avenue for use by Chinese Hospital. Further, approximately 3,626 gsf would be leased at 827 Pacific Avenue on a short-term basis by Chinese Hospital to accommodate temporary transitional uses until those uses can be accommodated at the MAOC (the renovated Chinese Hospital building) in 2015. Applying the waste generation rates to the net increase in new medical office development, the proposed renovation of the 827 Pacific Avenue building would generate approximately 92 tons of mixed solid waste per year (approximately 8,680 gsf of medical office space times 0.0108 tons/year). The Powell Street Parking Garage would be leased and renovated to accommodate parking at the second and ground levels and hospital storage at the basement level. There would be two employees located at the Powell Street Parking Garage who would generate approximately 11 pounds of mixed solid waste per day or approximately 1.4 tons per year. Thus

[98] California Integrated Waste Management Board, 1998. Estimated Solid Waste Generation Rates for Institutional Establishments. Accessed online on February 8, 2011 at www.ciwmb.ca.gov/WasteChar/WasteGenRates/Institutionl.htm.

[99] CalRecycle, "Jurisdiction Diversion/Disposal Rate Summary" at http://www.calrecycle.ca.gov/LGCentral/Tools/MARS/DrmcMain.asp?VW=Disposal. San Francisco employee generation rate = 5.5 pounds/per employee/per day.

the peripheral project sites would generate approximately 93 tons of mixed solid waste per year, a net increase of approximately 87 tons per year over existing conditions. In sum, with project development, the operation of the new and renovated buildings on the main and peripheral project sites would generate approximately 1,873 tons of solid waste per year.

The proposed project would increase the average daily throughput at the Altamont Landfill. On the main project site the net daily increase in solid waste would be 2.3 tons per day (net increase of 840 tons per year divided by 365 days). On the peripheral project sites the total net daily increase in solid waste would be approximately 0.4 tons per day (net increase of 87 tons per year divided by 260 days). Thus, the proposed project would generate an increase of approximately 3 tons of solid waste per day, or 0.01 percent of the Altamont Landfill's maximum total permitted throughput of about 11,150 tons per day. This landfill is projected to have sufficient capacity to operate until at least 2031 and the potential to operate through 2071, depending on waste flows and incorporation of citywide waste reduction measures. Therefore, the increase in solid waste from implementation of the proposed project could be accommodated by the Altamont Landfill's existing permitted capacities and this would constitute a less-than-significant impact.

Prior to receipt of a demolition permit, the proposed project is required to show compliance with the City's Construction and Demolition Debris Recovery Ordinance (Ordinance 27-06). Requirements for a full demolition include the development of a waste diversion plan that provides for a minimum of 65 percent diversion of construction and demolition debris, including materials source separated for reuse and recycling. The City's Green Building Ordinance, which became effective January 1, 2009, would require that at least 75 percent of the project's construction debris is diverted from the landfill.[100] Although the proposed project is not subject to this requirement due to OSHPD control of the project's permitting process, the project sponsor has committed to a 75 percent diversion rate goal. To comply with these requirements, and assist in achieving the sustainability goals for the proposed project, a Deconstruction and Demolition Plan to divert 75 percent of the construction debris from landfills would be developed as part of the proposed project's construction management program. Deconstruction would allow for the reuse and recycling of the wood, concrete, metals, and other materials. Similar efforts would be made for diversion of construction demolition and debris associated with the interior renovation of the buildings located on the two peripheral project sites.

In addition to solid waste generated on the main and peripheral project sites, the proposed project's employment-related household increases (approximately 127 net new dwelling units) would have a secondary effect on the City's solid waste collection and disposal facilities. The increase in the number of employees would generate new residential sources of solid waste in

[100] The proposed project would comply with these requirements either through compliance with the two ordinances themselves, or by incorporating equivalent or superior requirements into the proposed project's Sustainable Design Report.

various San Francisco neighborhoods that would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on the City's solid waste collection and disposal facilities from additional residential sources generated by project-related new employment would be minimal.

Given the above, the direct effects of solid waste associated with the construction and operation of the proposed project and the secondary effects stemming from the project's employment-related increase in the number of residential households in San Francisco would not substantially affect the projected life of the Altamont Landfill or the Ostrom Landfill. The proposed project will be adequately served by landfills with sufficient capacity to accommodate the proposed project's solid waste disposal needs. The construction and operational elements of the proposed Replacement Hospital building, the renovated MAOC, the proposed Radiology Center, and the Powell Street Parking Garage would be expected to fully adhere to published federal, state, and local statutes and regulations related to solid waste. The proposed project would result in a less-than-significant impact on the disposal capacity of the identified landfills, both individually and cumulatively, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-UT-5: The proposed project in combination with other past, present, or reasonably foreseeable projects would not result in impacts to utilities and service systems. ***(Less than Significant)*** **(Criteria 11a – 11g)**

Cumulative development in the project area, including the proposed Central Subway and Chinatown Muni station, would incrementally increase demand on Citywide utilities and service systems. Given that the City's existing service management plans address anticipated growth in the region and that this cumulative growth is accounted for in these plans, the proposed project would not be expected to have a considerable effect on utility service provision or facilities under cumulative conditions, and, therefore, this topic will not be discussed further in the EIR.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporation	Less Than Significant Impact	No Impact	Not Applicable
12. PUBLIC SERVICES— Would the project:					
a) Result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered governmental facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, response times, or other performance objectives for any public services such as fire protection, police protection, schools, parks, or other services?	☐	☐	☒	☐	☐

The main and peripheral project sites are within an urban area that is currently served by public services, including fire suppression and emergency medical services, police protection, public schools, recreational facilities, and other services. The proposed project would replace the existing MAB at 835 Jackson Street and the Chinese Hospital Parking Garage with a new 101,545-gsf Replacement Hospital building. The existing Chinese Hospital at 845 Jackson Street would remain in operation throughout the first phase of construction and, upon completion of the Replacement Hospital building in 2015, would be remodeled as an MAOC to accommodate Chinese Hospital administrative office uses as well as outpatient services. The proposed Replacement Hospital building on the main project site has been designed to address Chinese Hospital's space needs for modern medical equipment, updated patient room standards, and a new skilled nursing facility.

On the peripheral project sites, the furniture store in the 8,680-gsf commercial building at 827 Pacific Avenue and the automotive repair center and monthly parking use at the 23,490-gsf Powell Street Parking Garage would be displaced, and the buildings would be leased and renovated for use by Chinese Hospital. Approximately 5,054 gsf at the basement level and a portion of the ground level of the 827 Pacific Avenue building would be leased on a permanent basis for Chinese Hospital's Radiology Center. Approximately 3,626 gsf would be leased at 827 Pacific Avenue on a short-term basis by Chinese Hospital to accommodate temporary transitional uses until those uses can be accommodated at the renovated MAOC (the existing Chinese Hospital building) in 2015. After the temporary administrative and medical uses located at the 827 Pacific Avenue building move back to the renovated MAOC on the main project site in 2015, the approximately 3,626 gsf of medical office space would be leased to other future occupants. The Powell Street Parking Garage would be leased on a long-term basis and renovated to accommodate Chinese Hospital's off-street parking on the ground and second levels and hospital storage and engineering shop space at the basement level.

Thus, the proposed project would generate an increase of approximately 495 people (i.e. physicians, staff, patients and visitors) in the ADP, resulting in approximately 1,800 people on the main and peripheral project sites by 2030.

Impact PS-1: The proposed project would not result in impacts to public services including police and fire protection, schools. parks, or other services. ***(Less than Significant)*** **(Criterion 12a)**

Fire Protection

The San Francisco Fire Department (SFFD), headquartered at 698 Second Street, provides fire suppression and emergency medical services to the City and County of San Francisco, including the main and peripheral project sites. The SFFD fire suppression companies consist of two divisions, which are further divided into 9 battalions and 42 active stations located throughout the City. The closest fire station to the main and peripheral project sites is Station 2, located at 1340 Powell Street, about 0.1 mile from the main project site. Other fire stations in the vicinity include Station 28 at 1814 Stockton Street (near Greenwich Street, about 0.5 mile away), Station 41 at 1325 Leavenworth Street (near Washington Street, about 0.5 mile away), and Station 13 at 530 Sansome Street (near Washington Street, about 0.5 mile away).[101]

Construction of the proposed Replacement Hospital and renovations to the MAOC and buildings on the peripheral project sites would be required to comply with all regulations of the 2001 California Fire Code that establishes requirements for fire safety and fire prevention such as the provision of state-mandated smoke alarms, fire extinguishers, appropriate building access, and emergency response notification systems. Development of the Replacement Hospital building and MAOC on the main project site would replace an existing hospital use with a new hospital use. At buildout of the proposed project on the main project site, the number of beds would increase by 22 (the new skilled nursing facility) and the medical office/hospital space would increase by approximately 71,752 gsf. At the 827 Pacific Avenue peripheral project site, the existing 8,680-gsf furniture store would be replaced on a long-term basis by a new medical use (the proposed Radiology Center) at the basement level and a portion of the ground level (approximately 5,054 gsf). Chinese Hospital would also temporarily lease the remaining portion of the building to accommodate administrative uses and an infusion clinic. After 2015, upon completion of the renovation of the existing Chinese Hospital building to a MAOC, the administrative uses and the infusion clinic would move to the renovated MAOC on the main project site. At the Powell Street Parking Garage peripheral project site, Chinese Hospital would lease and renovate the building to accommodate off-street parking on the second and ground levels and hospital storage and engineering shop space at the basement level. The proposed development at the main and peripheral project sites would increase development; however, the renovations to the Powell Street Parking Garage would not result in increased development at that location because an automotive repair center would be replaced by parking and the building's primary use would be off-street parking.

[101] San Francisco Fire Department website, http://www.sf-fire.org/index.aspx?page=176#stations, accessed July 23, 2010; distances calculated with www.google.com/maps.

In addition to the increase in demand for fire services at the main project site and the 827 Pacific Avenue peripheral project site, the proposed project's employment-related household increase (approximately 127 net new dwelling units) would have a secondary effect on the City's fire protection services. The increase in the number of employees would generate new demand for fire protection in various San Francisco neighborhoods but the increase in the number of households would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on the City's fire protection services from additional residential households generated by project-related new employment would be minimal.

Therefore, the proposed project would increase the demand for fire suppression and emergency medical services in the project area and citywide, but not in excess of amounts expected and provided for in this area and in the city. As a result, the proposed project would not generate the need for new, or physically altered, facilities or increased staffing needs. Therefore, the proposed project would have a less-than-significant impact on fire services, and fire and emergency medical services will not be discussed further in the EIR.

The physicians, staff, employees, patients, and visitors of the proposed Replacement Hospital building, the renovated MAOC, the proposed Radiology Center at 827 Pacific Avenue, and the Powell Street Parking Garage would contribute to increased congestion if an emergency evacuation of the area were required. As an active participant in the City and County of San Francisco's Emergency Operations Plan, Chinese Hospital has a coordinated Disaster Response Plan and Emergency Preparedness Plan, which includes procedures for hospital evacuation and patient transfers in case of fire. Patient transfers require coordination with San Francisco Department of Public Health Emergency Operations Center for the transport of patients to other facilities via San Francisco Emergency Medical Service ambulances or other ambulance companies. With project development, the peripheral project sites would be included in an update to Chinese Hospital's Disaster Response Plan and Emergency Preparedness Plan, ensuring that the increase in the ADP in the project area would have a less-than significant impact on the effectiveness of emergency response.

Police Protection

The San Francisco Police Department (SFPD), headquartered at 850 Bryant Street, provides police protection for the City and County of San Francisco, including the main and peripheral project sites. The SFPD consists of 4 Bureaus and 10 Districts located throughout the City. The Central Police Station, located at 766 Vallejo Street, has jurisdiction over the main and peripheral

project sites. The Central District is made up of a portion of the Financial District, Chinatown, North Beach, Fisherman's Wharf, Telegraph Hill, Nob Hill, and Russian Hill.[102]

The project-related increase in the ADP would result in increased activity on the main and peripheral project sites and the vicinity and could increase the number of police service calls emanating from the area. This is because the proposed project would replace existing uses on the main project site with similar but more intensely developed uses (an increase of 22 beds and approximately 71,752 gsf of medical/hospital use), and, at the peripheral project sites, would convert a furniture store to a mix of medical and administrative uses (827 Pacific Avenue) and an automotive repair center and parking use to parking and storage (Powell Street Parking Garage). However, this incremental increase in the ADP (approximately 495 net new employees, patients, and visitors over existing conditions resulting in an on-site ADP of approximately 1,800 people) would not be in excess of amounts expected and provided for in the project area with respect to police services, nor would it require the construction of any new police facilities.

In addition to the increase in demand for police services at the main and peripheral project sites, the proposed project's employment-related household increase (approximately 127 net new dwelling units) would have a secondary effect on the City's police protection services. The increase in the number of employees would generate new demand for police protection in various San Francisco neighborhoods but the increase in the number of households would not contribute substantially (less than 0.003 percent) to the expected increase in the residential households of San Francisco between 2010 and 2030. Thus, the corresponding impact on the City's police protection services from additional residential households generated by project-related new employment would be minimal.

Overall, intensified site development and the additional employees, staff, patients, and visitors generated by the proposed project would not be substantial in the context of City's dense urban nature, including Chinatown. Furthermore, the project-related growth is also accounted for in City growth systems and infrastructure plans that encompass the same time period between 2010 and 2030. The proposed project would, therefore, not adversely affect police protection services in the project vicinity or citywide. Thus, this impact would be less than significant, and police services will not be discussed in the EIR.

Other Services

The development of the Replacement Hospital and its associated uses would not include residential uses, and, as a result, would not directly increase the residential population of San Francisco. However, new Chinese Hospital employees, who are conservatively assumed to be

[102] San Francisco Police Department website, http://sf-police.org/Modules/ShowDocument.aspx?documentid=13360, accessed July 23, 2010.

new to San Francisco, would result in some regional housing demand (less than 0.003 percent of anticipated residential household growth between 2010 and 2030) and would generate a corresponding, indirect and incremental increase in the demand for school services, parks, libraries, community centers, and other public facilities. The proposed project's indirect and incremental effect on household growth in the context of City infrastructure update and development planning efforts, i.e., libraries, water supply, and wastewater services, would not be substantial enough such that it would constitute unplanned demand not considered in the City's overall growth projections for service provision. Therefore, the proposed project would generate less-than-significant impacts on school services, parks, libraries, community centers, and other public facilities and these topics will not be discussed in the EIR. Project-related impacts on recreation are discussed under Topic E.10: Recreation, on pp. 151-155.

Cumulative Impacts

Impact C-PS-2: The proposed project in combination with other past, present or reasonably foreseeable projects would not result in cumulative public services impacts. ***(Less than Significant)*** **(Criterion 12a)**

When considered with reasonably foreseeable cumulative development in the vicinity of the main and peripheral project sites (i.e., the Central Subway and Chinatown Muni Station project plus the six residentialand cultural/institutional/educational projects within a 0.25-mile radius of the project site) the proposed project would incrementally increase demand for public services, but not beyond levels anticipated and planned for by public service providers. As discussed under Impact PS-1, project-related impacts on the provision of public services would be less than significant; thus the proposed project would not contribute considerably to any potential cumulative impacts,. Therefore, this impact would be less than significant, and, this topic will not be discussed further in the EIR.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporation*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
13. BIOLOGICAL RESOURCES— Would the project:					
a) Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special-status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Game or U.S. Fish and Wildlife Service?	☐	☐	☐	☒	☐
b) Have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, regulations or by the California Department of Fish and Game or U.S. Fish and Wildlife Service?	☐	☐	☐	☒	☐

Topics:		Potentially Significant Impact	Less Than Significant with Mitigation Incorporation	Less Than Significant Impact	No Impact	Not Applicable
c)	Have a substantial adverse effect on federally protected wetlands as defined by Section 404 of the Clean Water Act (including, but not limited to, marsh, vernal pool, coastal, etc.) through direct removal, filling, hydrological interruption, or other means?	☐	☐	☐	☒	☐
d)	Interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or impede the use of native wildlife nursery sites?	☐	☐	☐	☒	☐
e)	Conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance?	☐	☐	☐	☒	☐
f)	Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional, or state habitat conservation plan?	☐	☐	☐	☒	☐

Impact BI-1: The proposed project would not have a substantial adverse effect, either directly or indirectly, on any candidate, sensitive, or special status species identified in local, regional, state, or federal plans, policies, or regulations; on riparian or other sensitive natural communities identified in local, regional, state, or federal plans, policies, or regulations; or on federally protected wetlands through direct removal, filling, hydrological interruption, or other means; nor would it conflict with any provisions in an approved local, regional, or state habitat conservation plan. ***(No Impact)*** **(Criteria 13a – 13c, 13f)**

The main and peripheral project sites are located in San Francisco's Chinatown neighborhood. The main project site at 835-845 Jackson Street is completely developed with three buildings, and there is no landscaping or vegetation on the site. The peripheral project sites at 827 Pacific Avenue and 1140 Powell Street (the Powell Street Parking Garage) are each completely developed. There are no existing street trees adjacent to the main project site along Jackson Street, Stone Street, or James Alley, or at the Powell Street or Pacific Avenue sidewalks that front the peripheral project sites, nor are there any water features on any of these sites. Given the conditions on the main and peripheral project sites and in the area, the proposed project would not directly or indirectly affect candidate, sensitive, or special status plant or animal species or riparian habitat or sensitive natural communities identified in local, regional, state, or federal plans, policies, or regulations. The proposed project would not include any construction-related activities that could affect federally protected wetlands through direct removal, filling, hydrological interruption, or other means. Furthermore, there are no adopted habitat conservation plans that include the main and peripheral project sites or the immediate vicinity. Therefore, the proposed project would have no impact related to these topics and they will not be discussed further in the EIR.

Impact BI-2: Implementation of the proposed project would not interfere substantially with the movement of any native resident or migratory fish or wildlife species, or with established native resident or migratory wildlife corridors, and would not impede the use of native wildlife nursery sites. ***(No Impact)*** **(Criterion 13d)**

The main and peripheral project sites and their surroundings are in the Chinatown neighborhood in northeast San Francisco, an area that is developed and covered with structures and other impermeable surfaces. The main and peripheral project sites are not located within or near any natural watercourses or established wildlife corridors that would result in interference in the movement of native resident or migratory fish or wildlife species. In addition, the main and peripheral project sites are not located on or in the vicinity of a native wildlife nursery site. Thus, the proposed project would have no impact on native resident or migratory fish or wildlife movement and would not impede the use of native wildlife nursery sites. Therefore, these topics will not be discussed in the EIR.

Impact BI-3: The proposed project would not conflict with the City's local policies or ordinances protecting biological resources such as the tree ordinance. ***(No Impact)*** **(Criterion 13e)**

The Planning Department, Department of Building Inspection (DBI), and Department of Public Works (DPW) have established guidelines to ensure that legislation adopted by the Board of Supervisors governing the protection of trees, including street trees, is implemented. DPW Code Section 8.02-8.11 requires disclosure and protection of Landmark, Significant, and street trees, collectively known as "protected trees" located on private and public property. There are no trees on the main or peripheral project sites, and therefore no trees would be removed with development of the proposed project. In addition, there are no street trees adjacent to the main project site along Jackson Street, the peripheral project site at 827 Pacific Avenue, or the peripheral project site at 1140 Powell Street (the Powell Street Parking Garage). Given the above, the proposed project would not conflict with the local tree preservation ordinance, or with any local policies or ordinances protecting trees. The proposed project would also not conflict with any other local policies or ordinances protecting other biological resources as there are no biological resources on the main or peripheral project sites. Thus, the proposed project would have no impact and this issue will not be discussed in the EIR.

Cumulative Impacts

Impact C-BI-4: The proposed project, in combination with other past, present or reasonably foreseeable projects in the site vicinity, would not result in cumulative impacts to biological resources. ***(No Impact)*** **(Criteria 13a – 13f)**

Based on the discussions above, the proposed project would not have an impact on biological resources. Therefore, the proposed project would not contribute to any potential cumulative effects on biological resources that could result from projects within an approximately 0.25-mile radius of the main project site. Therefore, this topic will not be discussed further in the EIR.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
14. GEOLOGY AND SOILS— Would the project:					
a) Expose people or structures to potential substantial adverse effects, including the risk of loss, injury, or death involving:					
i) Rupture of a known earthquake fault, as delineated on the most recent Alquist-Priolo Earthquake Fault Zoning Map issued by the State Geologist for the area or based on other substantial evidence of a known fault? (Refer to Division of Mines and Geology Special Publication 42.)	☐	☐	☒	☐	☐
ii) Strong seismic ground shaking?	☐	☐	☒	☐	☐
iii) Seismic-related ground failure, including liquefaction?	☐	☐	☒	☐	☐
iv) Landslides?	☐	☐	☒	☐	☐
b) Result in substantial soil erosion or the loss of topsoil?	☐	☐	☒	☐	☐
c) Be located on geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslide, lateral spreading, subsidence, liquefaction, or collapse?	☐	☐	☒	☐	☐
d) Be located on expansive soil, as defined in Table 18-1-B of the Uniform Building Code, creating substantial risks to life or property?	☐	☐	☒	☐	☐
e) Have soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available for the disposal of wastewater?	☐	☐	☐	☐	☒
f) Change substantially the topography or any unique geologic or physical features of the site?	☐	☐	☐	☒	☐

A geologic and seismic hazards evaluation and geotechnical investigation ("*Geotechnical Report*") was prepared for the main project site; the results and recommendations are summarized below.[103] The purpose of the *Geotechnical Report* is to explore subsurface conditions and develop recommendations regarding the geotechnical aspects of project design and construction.

The terrain on the main project site at 835-845 Jackson Street slopes upward from east to west and is occupied by two five-story buildings, each with one 12.5-foot-deep basement level, and

[103] Treadwell & Rollo, *Geologic and Seismic Hazards Evaluation and Geotechnical Investigation, 835 Jackson Street, San Francisco, California* (hereinafter "*Geotechnical Report*"), March 7, 2007, and October 25, 2007. Copies of these documents are available for review at the San Francisco Planning Department, 1650 Mission Street, Suite 400 as part of Case File 2005.1074E.

one above-ground, three-level parking garage. Two of the three structures on the main project site would be demolished as part of the proposed project, the five-story MAB at 835 Jackson Street and the Chinese Hospital Parking Garage directly behind the MAB. The existing five-story Chinese Hospital on the western portion of the main project site would remain, but the building would undergo interior renovations and serve as the renovated MAOC.

The geotechnical investigation of the eastern portion of the main project site between James Alley and the driveway to the Chinese Hospital Parking Garage indicates the subsurface presence of fill, soil, and bedrock. The fill layer beneath this portion of the main project site is approximately 13.5 feet below the ground surface and consists primarily of sandy clay and silty sand with gravel. Under the fill layer is Colma Formation soil composed primarily of very dense sand and very stiff to hard sandy clay and clay with gravel. The underlying Franciscan Complex bedrock is comprised of intensely fractured, low hardness, weak, and deeply-weathered shale. New borings along the east (Boring B-1) and west (Boring B-2) sides of the portion of the main project site that would be excavated indicate that the Colma Formation ranges from 13.5 feet to 34.5 feet below the ground surface. Boring B-1 revealed the depth of the Franciscan Complex at an elevation of approximately 89 feet, and Boring B-2 revealed the depth of the Franciscan Complex at approximately 34.5 to 64 feet below the ground surface. Groundwater was encountered at Boring B-2 at approximately 29.5 feet below the ground surface at the main project site.

Excavation for the proposed seven-story Replacement Hospital building with one basement level would be between 18 to 36 feet below the ground surface, with the greatest depth of excavation near the western edge of the existing MAB and the adjacent driveway to the existing Chinese Hospital Parking Garage for the bottom of the mat foundation. The proposed excavation would extend beyond the fill and the new structure would be constructed on a 3-foot-thick mat slab, 18 inches of gravel, and a 6-inch topping slab on top of the native Colma formation. Approximately 14,400 cubic yards of soil would be removed from the main project site. The adjacent Chinese Hospital would be protected against movement by shoring the sides of the excavated area. Underpinning piers or slanted piles[104] would be used to support the existing foundation.

At the 827 Pacific Avenue peripheral project site, north of the main project site, the terrain slopes upward from east to west, and the lot is occupied with a two-story-plus-basement-level commercial building. Project-related work at this building would include interior changes, such as seismic upgrades to the structure, and minor storefront changes to the exterior. At the other peripheral project site, the two-story-plus-basement-level Powell Street Parking Garage west of the main project site, the terrain slopes upward from north to south. Project-related work at this building would be limited to interior changes. A Geotechnical Report was not prepared for the two peripheral project sites, because the work at these locations would not include excavation or

[104] A shaft is drilled and a pile is placed within the shaft and grouted in place.

new construction. Thus, there would be no effects related to topography, geology, soils, erosion, groundwater, or dewatering on the two peripheral project sites, and these topics will not be discussed further in this document or the EIR.

Impact GE-1: The proposed project would not result in the exposure of persons or structures to seismically-induced geologic hazards, i.e., rupture of a known earthquake fault, strong seismic ground shaking, ground failure, and landslides. ***(Less than Significant)*** **(Criteria 14a(i) – 14a(iv))**

The main and peripheral project sites are not located within an Alquist-Priolo Earthquake Fault Zone as established by the California Geological Survey (CGS), and no active or potentially active faults exist on or in the immediate vicinity of these sites.[105] Therefore, the potential for surface fault rupture is very low, and there would be a less-than-significant impact related to this issue for humans or structures.

Like the rest of the San Francisco Bay Area, the main and peripheral project sites are subject to ground shaking in the event of an earthquake on regional fault lines. The main and peripheral project sites are located approximately 13 miles from the San Andreas Fault, 16 miles from the Hayward Fault, 18 miles from the San Gregorio Fault, 35 miles from the northern Calaveras Fault, and 33 miles from the Rodgers Creek Fault. It is likely that the main and peripheral project sites will experience periodic minor earthquakes and possibly a major (moment magnitude[106] [Mw] greater than 6.7) earthquake on one or more of the nearby faults during the life of the proposed development. The Association of Bay Area Governments (ABAG) has prepared maps that show areas of the City subject to ground shaking during an earthquake. The main project site and the peripheral project sites are in an area subject to "very strong" ground shaking from a major earthquake along the Peninsula segment of the San Andreas Fault and "strong" ground shaking from a major earthquake along the northern Hayward Fault.[107] Although the potential for "strong" to "very strong" seismic ground shaking is present, the intensity of earthquake ground motion in the vicinity of the main and peripheral project sites would depend on the characteristics of the generating fault, the distance to the earthquake's epicenter, the magnitude and duration of the earthquake, and site geologic conditions.

In the event of an earthquake that exhibits "strong" to "very strong" seismic ground shaking, considerable damage could occur to buildings on the main and peripheral project sites, potentially injuring building occupants and neighbors. One of the primary objectives of the proposed project

[105] California Geological Survey, Table 4, Cities and Counties Affected by Alquist-Prolo Earthquake Fault Zones as of May 1, 1999, from http://www.conservation.ca.gov/cgs/rghm/ap/affected.htm, accessed July 13, 2010

[106] Moment magnitude is an energy-based scale and provides a physically meaningful measure of the size of a faulting event. Moment magnitude is directly related to average slip and fault rupture area.

[107] Association of Bay Area Governments, Hazard Maps, Shaking Maps, 2003, accessed through www.abag.ca.gov (go to Environment/Earthquake Maps/Shaking Maps/Interactive Shaking Maps), July 13, 2010.

is to address SB 1953 regulations, which require that acute-care hospitals remain "life-safe" and operational after a seismic event. The proposed Replacement Hospital building on the main project site would provide acute-care services and is designed to be in full compliance with SB 1953. The *Geotechnical Report* for the proposed project included a Probabilistic Seismic Hazards Assessment (PSHA) to develop the seismic design recommendations in accordance with the San Francisco Building Code and OSHPD requirements.[108] The proposed Replacement Hospital building would be designed in accordance with the site-specific recommendations determined by the *Geotechnical Report*. Additionally, the proposed project must comply with the Seismic Hazards Mapping Act of 1990, which is enforced by OSHPD.

The final plans for the proposed Replacement Hospital building would be reviewed by OSHPD, ensuring that seismically-induced ground shaking would be addressed in the building design process. OSHPD would also review the proposed Replacement Hospital's building permit applications for compliance with the 2001 California Building Code and San Francisco Building Code, and for implementation of recommendations in the site-specific *Geotechnical Report* that address seismic hazards. This analysis, review, and approval process would ensure that the proposed project would comply with SB 1953, and that the proposed Replacement Hospital building would remain life-safe and operational after a seismic event. The required permit application and design review of the proposed Replacement Hospital building by OSHPD and by the Department of Building Inspection (DBI) would ensure that impacts related to "strong" or "very strong" ground shaking would be less than significant. In addition, the commercial building at 827 Pacific Avenue would be seismically upgraded, so impacts related to "strong" or "very strong" ground shaking on this building would be less than significant.

The main and peripheral project sites are not located in an area of liquefaction potential as identified in the Seismic Hazards Zone Map for the City and County of San Francisco designated by CGS. The potential liquefaction zone mapped by CGS extends up the northeast side of Nob Hill, north and west of the main project site. Additionally, the main and peripheral project sites are not within an area prone to seismically induced landslides based on the gentle surface slope at and near the main and peripheral project sites, and as shown on the CGS seismic hazards map. For any development proposal in an area of liquefaction potential, the DBI will, in its review of the building permit application, require the project sponsor to prepare a geotechnical report pursuant to the State Seismic Hazards Mapping Act. The report would assess the nature and severity of the hazard(s) on the site and recommend project design and construction features that would reduce the hazard(s).

[108] *Geotechnical Report,* Appendix B, pp. B-1 to B-6.

The *Geotechnical Report* indicates that the requisite condition for liquefaction is the presence of loose, cohesionless, granular soil below the water table and within about 50 feet of the ground surface.[109] Groundwater levels under the main project site have been estimated at depths of approximately 23 to 50 feet below the ground surface in previous studies and the new boring on the west side of the project site (Boring B-2) encountered groundwater at 29.5 feet below the ground surface. Since the work at the peripheral project sites would be limited to the interiors and excavation would not occur at these sites, groundwater depletion and the potential for liquefaction, as it relates to these sites, is not discussed further. Should dewatering be necessary, the final soils report would address the potential settlement and subsidence impacts of this dewatering. The report would contain a determination as to whether a lateral movement and settlement survey should be done prior to dewatering to monitor for any movement or settlement of surrounding buildings and adjacent streets. If a monitoring survey were recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the San Francisco Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgment of the Special Inspector, unacceptable movement were to occur during dewatering, groundwater recharge would be used to halt this settlement. Costs for the survey and any necessary repairs to service lines under the streets would be borne by the project sponsor.

Review of available borings at the main project site and in its vicinity indicates that a medium dense clayey soil, encountered between 29 and 32.5 feet on the west side of the main project site (Boring B-2), as well as in previous borings (Borings C and F) that are now under the existing Chinese Hospital building, has the potential to liquefy. The *Geotechnical Report* concludes that the potential for soil liquefaction and lateral spreading at the main project site is low, because this layer of medium dense clayey soil is not continuous across the main project site and that the soil beneath the groundwater has sufficient strength and/or cohesion to resist liquefaction.[110] Therefore, project-related impacts related to the potential for ground failure as a result of liquefaction, lateral spreading, or landslides would be less than significant.

To ensure compliance with all San Francisco Building Code provisions regarding structural safety, when DBI reviews the *Geotechnical Report* and building plans for a proposed project, it will determine necessary engineering and design features for the project to reduce potential damage to structures from groundshaking and liquefaction. DBI could require that additional site-specific soils report(s) be prepared in conjunction with the building permit applications. Therefore, potential damage to structures from geologic hazards on a project site would be mitigated through the DBI requirement for a geotechnical report and review of the building permit application pursuant to its implementation of the Building Code. Any changes

[109] *Geotechnical Report*, pp. 6-7.
[110] *Ibid*.

incorporated into the foundation design required to meet the Building Code standards that are identified as a result of the DBI permit review process would constitute minor modifications of the project and would not require additional environmental analysis.

Based on these identified hazards and the proposed Replacement Hospital building's height and below-grade depth, the geotechnical report includes several recommendations, including recommendations for the proposed Replacement Hospital building's foundation. The *Geotechnical Report* concluded that a mat foundation would be appropriate for the proposed structure. In general, the *Geotechnical Report* found the main project site suitable for development, providing that the recommendations included in the *Geotechnical Report* are incorporated into the design and construction of the proposed Replacement Hospital building.[111]

Based on the information in the *Geotechnical Report*, the proposed excavation and construction on the main project site would result in less-than-significant impacts related to seismically induced geologic hazards such as rupture of a known earthquake fault, "strong" to "very strong" ground shaking, and ground failures resulting from liquefaction, lateral spreading, and landslides. Therefore, these topics will not be discussed further in the EIR.

Impact GE-2: The proposed project would not cause soil erosion or the loss of topsoil. ***(Less than Significant)*** **(Criterion 14b)**

Soil movement for foundation excavation for the Replacement Hospital building at the main project site could create the potential for wind- and water-borne soil erosion and loss of topsoil. The proposed project would require Department of Public Works approval of a grading permit and San Francisco Public Utilities Commission (SFPUC) review and approval of a Storm Water Pollution Prevention Plan (SWPPP) (also discussed under Checklist Topic E.15, Impact HY-3 on pp. 188-189). The SWPPP should contain a site map(s), which shows the construction site perimeter, existing and proposed buildings, lots, roadways, storm water collection and discharge points, general topography both before and after construction, and drainage patterns across the project. The SWPPP must also list the Best Management Practices (BMPs) the project sponsor's contractor would use to protect storm water runoff and a visual monitoring program during project construction and operation. Review of the stormwater runoff from the proposed project's construction and operation, in accordance with Section A of the City's General Permit for Discharges of Storm Water Associated with Construction Activity, would ensure that substantial soil erosion and loss of topsoil would not occur. Therefore, project-related impacts related to soil erosion would be less-than-significant and will not be discussed further in the EIR.

[111] *Geotechnical Report*, pp. 3-4.

Impact GE-3: The proposed project would not result in the potential for on- or off-site landslides, lateral spreading, subsidence, liquefaction, or collapse due to its location on a geologic unit or soil that is unstable or its location on expansive/collapsible soils, or cause the project site to become unstable as a result of the project construction. *(Less than Significant)* (Criteria 14c-14d)

The project sponsor and project contractors would follow State and City protocol and requirements with respect to project design and construction features for structural safety of the proposed Replacement Hospital building. Renovation of the MAOC and the peripheral project sites - 827 Pacific Avenue and the Powell Street Parking Garage at 1140 Powell Street - would include tenant improvements to the building interiors, and in the case of the 827 Pacific Avenue, a seismic upgrade and minor storefront changes to the exterior. Thus there would be no project-related impacts associated with work at these sites, and they are not discussed further.

As indicated above under the discussion of Impact GE-1, the *Geotechnical Report* concludes that the potential for seismically-induced ground failure such as soil liquefaction, lateral spreading, and landslides at the main project site is low. Potential non-seismic ground failure such as on- or off-site landslides, lateral spreading, subsidence, or liquefaction were also assessed in the *Geotechnical Report*.[112] The *Geotechnical Report* concluded that the potential for landslides would be low due to the fact that the main project site is relatively flat. The potential for subsidence would also be low due to the fact that soft, compressible sediments are not present beneath the main project site and that subsurface fluid extraction (i.e., groundwater extraction) would be negligible. Furthermore, the *Geotechnical Report* did not identify any potential impacts with respect to expansive soils beneath the main project site, because laboratory test data of on-site soils show low plasticity indices and liquid limits. With respect to collapsible soils, samples of on-site soils indicate that the on-site soils exhibit relatively high densities; thus, the opportunity for moisture infiltration of low-density soils, the primary cause of soil collapse, would be negligible and the potential for soil collapse would be low. Therefore, for the reasons discussed above, impacts related to the potential for non-seismic geologic hazards such as on-site or off-site landslides, lateral spreading, liquefaction, or collapse due to the project's location on a geologic unit or soil that is unstable or on expansive/collapsible soils would be less than significant. These issues will not be discussed further in the EIR.

Impact GE-4: The proposed project site would not be located on soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available. *(Not Applicable)* (Criterion 14e)

The proposed Replacement Hospital building and renovated MAOC on the main project site would connect to existing wastewater conveyance, treatment, and disposal facilities, and would not rely on septic tanks or other on-site land disposal systems. The 827 Pacific Avenue building and the Powell Street Parking Garage on the peripheral project sites would maintain the existing

[112] *Ibid*, pp. 8-9

connections to the wastewater conveyance, treatment, and disposal facilities. Therefore, this issue is not applicable to the main project site or the two peripheral project sites.

Impact GE-5: The proposed project would not substantially alter site topography or unique geologic or physical features of the project site. *(No Impact)* (Criterion 14f)

The main project site on Jackson Street is completely developed with three buildings, and the peripheral project sites at 827 Pacific Avenue and 1140 Powell Street (the Powell Street Parking Garage) are each completely developed with one building. The proposed Replacement Hospital building would be developed on the eastern portion of the main project site and would replace two of the three existing on-site buildings. Work would include demolition, excavation, and site preparation. The planned improvements for the buildings on the peripheral project sites would be limited to the interior. The main and peripheral project sites are relatively flat, are fully developed, and lack unique geologic or physical features. Therefore, the proposed project would have no impact on the topography of the main or peripheral project sites or any unique geologic or physical features, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-GE-6: The proposed project, in combination with other past, present or reasonably foreseeable projects in the site vicinity, would not result in considerable contributions to cumulative impacts related to geology and soils. *(Less than Significant)* (Criterion 14a - 14f)

Geologic impacts are generally localized and site specific, and only in rare instances, such as steep hillside development, do projects significantly influence or additively contribute to geologic instability. One of the specific purposes of the proposed project is to reduce public exposure to geologic and seismic hazards, and ensure life safety and post-event operations of Chinese Hospital in the face of a seismic event or other emergency. As a result of the construction of the proposed Replacement Hospital building, the renovation and reuse of the 845 Jackson Street building as an MAOC, the renovation of the long-term and short-term leased space at the 827 Pacific Avenue building to a Radiology Center and medical office uses, and the use of the renovated Powell Street Parking Garage for off-street parking and hospital storage and engineering shop space, additional patients, visitors and workers would be present on the main and peripheral project sites, and thus be subjected to site-specific seismic risks and hazards. However, while an incremental increase in the on-site population would occur, the proposed Replacement Hospital building on the main project site would be constructed to be compliant with the 2001 California Building Code, thus reducing any potential risks.[113] In addition, the

[113] Since 2003, the Chinese Hospital Association has been designing a Replacement Hospital building. After many design iterations, the current project design was selected in 2007. The project architectural design drawings and application to OSHPD were submitted in October 2007 under the 2001 California Building Code. The effective date of the 2007 California Building Code is January 1, 2008. Thus, the 2001 California Building Code is the governing regulatory document.

proposed project, when combined with other reasonably foreseeable cumulative development within a 0.25-mile radius of the main and peripheral project sites, could result in cumulative impacts with respect to exposing additional people to geologic and seismic hazards; however, these cumulative development projects are not close enough to the main and peripheral project sites to result in considerable contributions to cumulative geology and soils impacts. Thus, the proposed project would not considerably contribute to any significant cumulative effects on geology, soils, or seismicity, and this topic will not be discussed further in the EIR.

Topics:		*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporation*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
15.	**HYDROLOGY AND WATER QUALITY— Would the project:**					
a)	Violate any water quality standards or waste discharge requirements?	☐	☐	☒	☐	☐
b)	Substantially deplete groundwater supplies or interfere substantially with groundwater recharge such that there would be a net deficit in aquifer volume or a lowering of the local groundwater table level (e.g., the production rate of pre-existing nearby wells would drop to a level which would not support existing land uses or planned uses for which permits have been granted)?	☐	☐	☒	☐	☐
c)	Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river, in a manner that would result in substantial erosion of siltation on- or off-site?	☐	☐	☒	☐	☐
d)	Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river, or substantially increase the rate or amount of surface runoff in a manner that would result in flooding on- or off-site?	☐	☐	☒	☐	☐
e)	Create or contribute runoff water which would exceed the capacity of existing or planned stormwater drainage systems or provide substantial additional sources of polluted runoff?	☐	☐	☒	☐	☐
f)	Otherwise substantially degrade water quality?	☐	☐	☒	☐	☐
g)	Place housing within a 100-year flood hazard area as mapped on a federal Flood Hazard Boundary or Flood Insurance Rate Map or other authoritative flood hazard delineation map?	☐	☐	☐	☐	☒
h)	Place within a 100-year flood hazard area structures that would impede or redirect flood flows?	☐	☐	☐	☐	☒
i)	Expose people or structures to a significant risk of loss, injury or death involving flooding, including flooding as a result of the failure of a levee or dam?	☐	☐	☐	☒	☐

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporation	Less Than Significant Impact	No Impact	Not Applicable
j) Expose people or structures to a significant risk of loss, injury or death involving inundation by seiche, tsunami, or mudflow?	☐	☐	☐	☒	☐

Impact HY-1: The proposed project would not violate any water quality standards or waste discharge requirements or otherwise substantially degrade water quality. *(Less than Significant)* (Criteria 15a and 15f)

Domestic wastewater from the main project site and the two peripheral project sites flows to the City's combined sewer system, where it is treated to standards contained in the City's National Pollutant Discharge Elimination System (NPDES) Permit for the Southeast Water Pollution Control Plant (Southeast Plant) prior to discharge. During dry weather (typically May 1 to October 15), all sanitary sewage generated at the main and peripheral project sites is treated at the Southeast Plant, which currently operates at about 80 percent of its design capacity. The additional dry weather flow associated with the proposed project could be accommodated within the system's existing capacity. During wet weather (typically October 16 to April 30), the combined sewer system collects large volumes of stormwater runoff, and other facilities in the City provide additional treatment as needed before discharging treated effluent to the Bay. When combined flows exceed the total capacity of all of the facilities, excess flows receive primary treatment and are discharged through combined sewer overflow (CSO) structures located along the Bayside waterfront. These intermittent CSO discharges occur in compliance with the current NPDES permit.

The SFPUC is preparing sewage and stormwater management guidelines for new developments to develop a systematic, citywide approach for stormwater management systems and to ensure continued compliance with water quality regulations and protection of the Bay and ocean. The guidelines, similar to those being initiated by other Bay Area communities, will address site design, source control, and structural treatment controls, to improve the quality of runoff generated as well as to reduce the quantity.

Discharge of typical wastewater to this existing wastewater treatment system would not violate any water quality standards or waste discharge requirements and would be within the capacity of the Southeast Plant. The additional dry weather flow associated with the proposed project could be accommodated within the system's existing capacity. During wet weather, any net increase in combined sewage could cumulatively contribute to an increase in the average volume of CSO discharges to the Bay. Such an increase could be a concern because the RWQCB has designated this portion of the Bay as an impaired water body under Section 303(d) of the Clean Water Act, which indicates water quality standards are not expected to be met after implementation of technology-based effluent limitations, and because CSO discharges contain pollutants for which

the Bay is impaired. However, the City is undertaking a number of measures to reduce the quantity and frequency of overflows and to improve the water quality of overflows. In light of these efforts, impacts of the proposed project on stormwater runoff would be less than significant, and this topic will not be discussed further in the EIR.

Impact HY-2: The proposed project would not substantially deplete groundwater supplies or interfere with groundwater recharge such that there would be a net deficit in aquifer volume or a lowering of the local groundwater table. ***(Less than Significant)*** **(Criterion 15b)**

The main project site and the two peripheral project sites are developed and completely covered with impervious surfaces, namely existing structures. The proposed project would not change the amount of impervious surface on the peripheral project sites; however, as part of the proposed project's strategy of minimizing stormwater runoff by 25 percent over existing conditions, a pervious surface treatment would be implemented on James Alley. Thus there would be a slight reduction in the total amount of impervious surfaces on the main project site. The existing water supply to the main and peripheral project sites is provided from reservoirs in the SFPUC water system.

Project development on the eastern portion of the main project site at 835-845 Jackson Street would require excavation up to a depth of approximately 18 to 36 feet. The greatest depth of excavation would occur along the western edge of the MAB and the adjacent driveway to the existing Chinese Hospital Parking Garage. At the Powell Street Parking Garage and the 827 Pacific Avenue peripheral project sites, the existing buildings would remain and would be renovated; however, neither site would be excavated. As discussed in Topic E.14: Geology and Soils, p. 181, groundwater is estimated in the project area at approximately 23 to 50 feet below the ground surface. Boring B-2 of the geotechnical investigation conducted for the proposed project encountered groundwater at 29.5 feet below the ground surface. Therefore, the proposed excavation would likely require dewatering at the main project site, but not at the peripheral project sites.

Groundwater produced during construction dewatering would be discharged to the combined sewer system in accordance with Article 4.1 of the San Francisco Public Works Code, as supplemented by Order No. 158170, which regulates the quantity and quality of discharges to the combined sewer system. This permit would contain appropriate discharge standards and may require installation of meters to measure the volume of the discharge. As part of its Water Pollution Prevention Program, the Environmental Regulation and Management Department of the SFPUC must be notified of projects necessitating dewatering, and may require that the water be analyzed before discharge.

Should dewatering be necessary, the final soils report would address the potential settlement and subsidence impacts of this dewatering. The report would contain a determination as to whether a

lateral movement and settlement survey should be done prior to dewatering to monitor for any movement or settlement of surrounding buildings and adjacent streets. If a monitoring survey were recommended, the Department of Public Works would require that a Special Inspector (as defined in Article 3 of the San Francisco Building Code) be retained by the project sponsor to perform this monitoring. Groundwater observation wells would be installed to monitor potential settlement and subsidence. If, in the judgment of the Special Inspector, unacceptable movement were to occur during dewatering, groundwater recharge would be used to halt this settlement. Costs for the survey and any necessary repairs to service lines under the streets would be borne by the project sponsor. Although the groundwater could contain contaminants related to past site activities, as discussed under Checklist Topic E.16, Hazards and Hazardous Materials, as well as sediment and suspended solids, the groundwater would be treated as necessary to meet permit requirements prior to discharge. Long-term dewatering would not be required, because the underground structure would be waterproofed and constructed to withstand the hydrostatic pressure of the groundwater.

In view of the above, the proposed project would have a less-than-significant impact regarding groundwater supplies or levels, and this topic will not be discussed further in the EIR.

Impact HY-3: The proposed project would not substantially alter the existing drainage pattern of the site or area so that substantial on-site or off-site erosion or siltation would occur or that a substantial increase in the rate or amount of surface runoff would occur resulting in on- or off-site flooding; nor would it create or contribute runoff water which would exceed the capacity of existing or planned stormwater drainage systems or provide substantial additional sources of polluted runoff. ***(Less than Significant)*** **(Criteria 15c-15e)**

There are no surface water channels on the main project site or the two peripheral project sites. Although the proposed project development would occur within an area that is already developed and served by the City's combined stormwater-sewer system, construction activities such as earthwork could lead to erosion where soil is exposed. In accordance with guidelines for development of sustainable sites and Article 4.1 of the San Francisco Public Works Code, which incorporates and implements the City's NPDES permit and minimum controls described in a federal CSO Control Policy, the project sponsor would prepare a SWPPP specifying erosion control measures to prevent loss of soil during construction by stormwater runoff and/or wind erosion and to prevent sedimentation from entering the combined stormwater-sewer system. The SWPPP would be reviewed and approved by the SFPUC prior to construction, and the SFPUC would conduct periodic inspections to ensure compliance with the plan. With preparation and implementation of the SWPPP, water quality impacts related to on- and off-site erosion and siltation would be less than significant, and this topic will not be discussed further in the EIR.

Additionally, development in the City and County of San Francisco must account for flooding potential. Areas located on fill or bay mud can subside to a point at which the sewers do not drain freely during a storm (and sometimes during dry weather) and there can be backups or flooding near these streets and sewers. The City has implemented a review process to avoid

flooding problems caused by the relative elevation of the structure to the hydraulic grade line in the sewers. Applicants for building permits for either new construction, change of use (Planning) or change of occupancy (Building Inspection), or for major alterations or enlargements are referred to the SFPUC for a determination of whether the project would result in ground-level flooding during storms. The side sewer connection permits for these projects need to be reviewed and approved by the SFPUC at the beginning of the review process for all permit applications submitted to the Planning Department, the Department of Building Inspection, or the Redevelopment Agency. The SFPUC and/or its delegate (SFDPW, Hydraulics Section) will review the permit application and comment on the proposed application and the potential for flooding during wet weather. The SFPUC will receive and return the application within a 2-week period from date of receipt. The permit applicant shall refer to SFPUC requirements for information required for the review of projects in flood-prone areas. Requirements may include provision of a pump station for the sewage flow, raised elevation of entryways, and/or special sidewalk construction and the provision of deep gutters. The proposed project is not located in a flood-prone area and would not alter the course of a stream or river. In addition, and as described below, James Alley (currently covered with an impervious surface) would be reconstructed with a pervious surface treatment and would have a 1,000-gallon rainwater holding tank to manage stormwater on-site. Therefore, the proposed project would not substantially affect or increase the rate or amount of surface runoff in a manner that would result in flooding on- or off-site.

The main project site is completely covered with impervious surfaces; thus, the proposed project must reduce stormwater runoff peak rate and total volume by 25 percent to be in compliance with the Stormwater Management Ordinance (SMO). Through implementation and installation of appropriate management systems that reduce the stormwater discharge rate, retain runoff onsite, or promote stormwater reuse the proposed project would reduce the volume of stormwater and associated impacts of runoff originating from the main project site. The proposed project's compliance with the SMO (i.e., use of a pervious surface treatment on the approximately 1,715-sq.-ft. James Alley and the placement of a 1,000-gallon rainwater holding tank under James Alley) would reduce the existing volume and rate of stormwater runoff discharged from the main project site; however, the precise type, size and routing of stormwater BMPs have not yet been finalized. A more detailed hydrologic analysis would be completed during the preparation of the stormwater control plan and submitted for approval with the final construction drawings to better measure the total reduction. Thus, the proposed project would not substantially affect or increase the rate or amount of surface runoff in a manner that would exceed the capacity of existing or planned stormwater drainage and wastewater systems because it would incrementally decrease impervious site coverage and retain and reuse stormwater on site (for irrigation) to comply with City regulations. Thus, the proposed project would result in less-than-significant impacts on surface runoff and drainage effects, and this topic will not be analyzed further in the EIR.

Impact HY-4: The proposed project would not place housing within a 100-year flood hazard area or place structures within a 100-year flood hazard area that would impede or redirect flood flows. ***(Not Applicable)*** **(Criteria 15g and 15h)**

Flood risk assessment and some flood protection projects are conducted by federal agencies including the Federal Emergency Management Agency (FEMA) and the U.S. Army Corps of Engineers (Corps). The flood management agencies and cities implement the National Flood Insurance Program (NFIP) under the jurisdiction of FEMA and its Flood Insurance Administration. Currently, the City of San Francisco does not participate in the NFIP and no flood maps are published for the City. However, FEMA is preparing Flood Insurance Rate Maps (FIRMs) for the City and County of San Francisco for the first time. FIRMs identify areas that are subject to inundation during a flood having a 1.0 percent chance of occurrence in a given year (also known as a "base flood" or "100-year flood"). FEMA refers to the floodplain that is at risk from a flood of this magnitude as a special flood hazard area (SFHA). Because FEMA has not previously published a FIRM for the City and County of San Francisco, there are no identified SFHAs within San Francisco's geographic boundaries.

On June 10, 2008, legislation was introduced at the San Francisco Board of Supervisors to enact a floodplain management ordinance to govern new construction and substantial improvements in flood prone areas of San Francisco, and to authorize the City's participation in NFIP upon passage of the ordinance. Specifically, the proposed floodplain management ordinance includes a requirement that any new construction or substantial improvement of structures in a designated flood zone must meet the flood damage minimization requirements in the ordinance. The NFIP regulations allow a local jurisdiction to issue variances to its floodplain management ordinance under certain narrow circumstances, without jeopardizing the local jurisdiction's eligibility in the NFIP. However, the particular projects that are granted variances by the local jurisdiction may be deemed ineligible for federally-backed flood insurance by FEMA.

The City and County of San Francisco participates in the NFIP. The Mayor and Board of Supervisors approved a Floodplain Management Ordinance and prepared accompanying flood zone maps in 2008 that regulate new construction and substantial improvements to structures in flood-prone areas. The Board of Supervisors has amended the Floodplain Management Ordinance in response to FEMA's comments.[114] The main project site and the two peripheral project sites are not located within a flood zone designated on the City's interim floodplain map.[115] In addition, there are no natural waterways within or near the main and peripheral project sites that could cause stream-related flooding. Therefore, impacts related to the placement of

[114] Ordinance 56-10 (2010), available at http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/ordinances10/o0056-10.pdf, accessed March 24, 2011.

[115] City and County of San Francisco, General Services Agency – Risk Management, Interim Floodplain Maps available at http://sfgsa.org/index.aspx?page=828. Accessed December 28, 2010.

housing or other structures in a 100-year flood hazard area would not be applicable to this project, and this topic will not be discussed further in the EIR.

Impact HY-5: The proposed project would not expose people or structures to a significant risk of loss, injury, or death from flooding as a result of a levee/dam failure, or as a result of inundation by tsunami, seiche, or mudflow. *(No Impact)* (Criteria 15i and 15j)

The main and peripheral project sites are not located within an area that would be flooded as the result of failure of a levee or dam.[116] Therefore, no impact would occur, and this topic will not be discussed further in the EIR.

The main and peripheral project sites are not located within an area that is subject to inundation by seiche, tsunami, or mudflow.[117] Therefore, no impact would occur, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-HY-6: The proposed project, in combination with other past, present, or reasonably foreseeable projects in the site vicinity, would not result in cumulative hydrology and water quality impacts. (*Less than Significant*) (Criteria 15a - 15j)

As stated above, the proposed project would result in less-than-significant impacts related to hydrology and groundwater, including effects on existing groundwater levels and drainage patterns. Therefore, the proposed project would not contribute considerably to cumulative impacts, if any, from cumulative residential and cultural/educational/institutional projects proposed to be developed within an approximately 0.25-mile radius of the main and peripheral project sites. Similar to the proposed project, the cumulative development projects evaluated also fall outside floodplain designated areas on the City's interim flood plain maps and are not located near natural waterways. Therefore, there would be no cumulative impacts related to flooding, because the cumulative projects, similar to the proposed project, do not propose the placement of housing or structures in a 100-year flood hazard area. Finally, cumulative development projects would be required to follow dust control and dewatering water quality regulations, similar to the proposed project. Therefore, cumulative hydrology and water quality impacts would be less than significant. This topic will not be further discussed in the EIR.

[116] ABAG, Dam Failure Inundation Hazard Map for San Francisco, accessed at http://www.abag.ca.gov/cgi-bin/pickdamx.pl, October 4, 2010.

[117] Association of Bay Area Governments, Tsunami Inundation Map for Emergency Planning, accessed at http://www.abag.ca.gov/bayarea/eqmaps/tsunami/tsunami.html, October 4, 2010; also San Francisco Planning Department, 20-Foot Tsunami Run-Up Map, http://www.sf-planning.org/ftp/General_Plan/images/I8.community_safety/Map6.gif, accessed October 4, 2010.

Topics:		Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
16.	**HAZARDS AND HAZARDOUS MATERIALS— Would the project:**					
a)	Create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials?	☐	☐	☒	☐	☐
b)	Create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment?	☐	☐	☒	☐	☐
c)	Emit hazardous emissions or handle hazardous or acutely hazardous materials, substances, or waste within one-quarter mile of an existing or proposed school?	☐	☐	☒	☐	☐
d)	Be located on a site which is included on a list of hazardous materials sites compiled pursuant to Government Code Section 65962.5 and, as a result, would it create a significant hazard to the public or the environment?	☐	☐	☒	☐	☐
e)	For a project located within an airport land use plan or, where such a plan has not been adopted, within two miles of a public airport or public use airport, would the project result in a safety hazard for people residing or working in the project area?	☐	☐	☐	☒	☐
f)	For a project within the vicinity of a private airstrip, would the project result in a safety hazard for people residing or working in the project area?	☐	☐	☐	☒	☐
g)	Impair implementation of or physically interfere with an adopted emergency response plan or emergency evacuation plan?	☐	☐	☒	☐	☐
h)	Expose people or structures to a significant risk of loss, injury or death involving fires?	☐	☐	☒	☐	☐

Impact HZ-1: The project would not create a significant hazard to the public or the environment through either: a) the routine transport, use, or disposal of hazardous materials, or b) through reasonably foreseeable upset or accident conditions involving the release of hazardous materials into the environment. ***(Less than Significant)*** **(Criteria 16a – 16b)**

Hazardous materials are likely to be present at the main project site as a result of past use of the site, as a result of building demolition, and as a result of continuing operation of the Chinese Hospital. Hazardous materials are also likely to be present at the two peripheral project sites as a result of the past use of these properties as a furniture store (827 Pacific Avenue) and a parking garage and automotive repair center (Powell Street Parking Garage at 1140 Powell Street), respectively. The existing automotive repair center at the ground level of the Powell Street Parking Garage currently involves the use of hazardous materials, such as fuel, lubricants, and

cleaning and maintenance products. The existing furniture store at 827 Pacific Avenue currently involves the use of hazardous materials such as cleaning and maintenance products.

The renovation of the Powell Street Parking Garage for use by Chinese Hospital would be limited to the interior and there would be no soil disturbance; thus, a Phase I Environmental Site Assessment and an Environmental Contingency Plan are not required for this peripheral project site. The 827 Pacific Avenue peripheral project site would house Chinese Hospital's Radiology Center on a long-term basis, and temporary administrative uses and an infusion clinic until 2015, when the temporary uses would return to the main project site. The renovation work at this location would consist of minor storefront changes to the building's exterior and interior renovations, including a seismic upgrade that would include the abatement of all exisitng hazardous materials, i.e., asbestos and lead paint. There would be no soil disturbance at this location; thus, a Phase I Environmental Site Assessment and an Environmental Contingency Plan are not required for this peripheral project site.

Potential Impacts Related to Materials in Soil or Groundwater as a Result of Past Use

A Phase I Environmental Site Assessment (ESA) and an Environmental Contingency Plan (ECP)[118] were prepared for the main project site at 835-845 Jackson Street.[119] An ESA assesses possible environmental concerns related to on-site or nearby chemical use, storage, handling, spillage, and/or on-site disposal, with particular focus on potential degradation of soil or groundwater quality. The ESA also reviews the land use history of the main project site and operating practices at or near the main project site to assess potential hazards from reported chemical releases on nearby properties and the potential migration of chemicals, contaminants, and toxics onto the main project site.

The Phase I ESA included an historical review of the uses of the main project site, obtained from fire insurance maps. The earliest recorded uses are dated 1889 and 1899. At both times, the main project site was occupied by a commercial laundry, undescribed two- and three-story commercial properties, and one- and two-story dwellings. The next main project site use in 1913 shows a substantial change of land use, likely due to the 1906 fire. The 1913 fire insurance map shows that the main project site contained three dwellings and a hospital, and much of the main project site was unoccupied.

[118] An ECP describes procedures to be employed in the event that suspected hazardous materials are discovered during demolition of the existing facilities.

[119] Treadwell & Rollo, *Phase I Environmental Site Assessment and Environmental Contingency Plan, 835-845 Jackson Street San Francisco, CA*, September 16, 2009. These reports are on file with the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA, and are available for review as part of Case File 2008.0762E.

The earliest documentation of the main project site being occupied by Chinese Hospital is 1925. At that time, the 835 Jackson Street building was occupied, while the 845 Jackson Street property was vacant. 845 Jackson Street continued to be vacant through 1950. A 1956 aerial photo shows that 845 Jackson Street was then occupied by a parking lot. The first documentation of the existing Chinese Hospital currently in place at 845 Jackson Street was a 1977 aerial photo.

Hazardous materials that could have been associated with the prior uses of the main project site include fuel oil, metals, and pharmaceuticals. There are no storage facilities on the main project site that were installed prior to construction of the three existing on-site buildings. Any hazardous materials that may have been released on the main project site would likely have been removed during excavation for the two existing on-site buildings (the MAB and Chinese Hospital) and the on-site parking garage.

A review of regulatory agency files was conducted as part of the Phase I ESA. This review showed that an underground storage tank (UST) for diesel oil had been located along Stone Street on the western edge of the main project site. Records obtained from the San Francisco Fire Department indicated that this tank had been installed in 1976 and was removed in 1999. Shortly thereafter, a 720-gallon UST for diesel fuel for an emergency power generator was installed along Stone Street. No leaks have been reported in regard to any of the tanks, past or present.[120] Off-site facilities with known contamination in soil and groundwater that could pose environmental concerns at the main project site include 901 Pacific Avenue, 1340 Powell Street, 1067 Washington Street, and 1085 Washington Street. The peripheral project sites, 827 Pacific Avenue and the Powell Street Parking Garage at 1140 Powell Street, were not identified as potential sources of soil contaminants.[121]

Implementation of the proposed project would involve excavation on the eastern portion of the main project site to a depth of 18 to 36 feet below ground surface. The excavation would likely require dewatering. Thus hazardous materials could be encountered in soil and/or groundwater beneath the main project site. The ECP for the proposed project describes actions to evaluate and mitigate the presence of hazardous materials in soil and groundwater.[122] Any soil or groundwater found to be contaminated would be removed from the main project site and transported to a regulated hazardous waste disposal site under the supervision of the San Francisco Department of Public Health (DPH) Hazardous Materials Unified Program Agency (HMUPA). Therefore, no hazardous materials related to project development would be released to the environment, and this impact would be less than significant.

[120] Treadwell and Rollo, Phase I ESA, p. 7.
[121] *Ibid*, pp. 7-10.
[122] Treadwell and Rollo, ECP, pp. 10-20.

Potential Impacts Related to Demolition and Renovation

The proposed project would involve demolition and removal of two existing buildings on the main project site, the existing MAB and the Chinese Hospital Parking Garage. Given the age of the existing MAB at 835 Jackson Street (built in 1925), lead-based interior or exterior paint, asbestos-containing building materials, and polychlorinated biphenyls (PCBs) related to fluorescent lighting may be present in this building. The on-site parking garage directly behind the existing MAB was constructed in 1990, and it is not likely that any of the suspect building materials were used for this structure.

The peripheral project sites include two buildings, both of which were built in 1926. Thus, due to the age of the existing buildings, lead-based interior or exterior paint, asbestos-containing building materials, and polychlorinated biphenyls (PCBs) related to fluorescent lighting may also be present in these buildings.

Lead-Based Paint

Work that could result in the disturbance of lead paint must comply with Section 3407 of the San Francisco Building Code, Work Practices for Exterior Lead-Based Paint on Pre-1979 Buildings and Steel Structures. Where there is any work that may disturb or remove lead paint on the exterior of any building built prior to December 31, 1978, Chapter 34, Section 3407 requires specific notification and work standards, and identifies prohibited work methods and penalties. (The reader may be familiar with notices commonly placed on residential and other buildings in San Francisco that are undergoing re-painting. Generally affixed to a drape that covers all or portions of a building, these notices are a required part of the Section 3407 notification procedure.)

Section 3407 applies to the exterior of all buildings or steel structures on which original construction was completed prior to 1979 (which are assumed to have lead-based paint on their surfaces, unless demonstrated otherwise through laboratory analysis), and to the interior of residential buildings, hotels, and childcare centers. The ordinance contains performance standards, including establishment of containment barriers, at least as effective at protecting human health and the environment as those in the federal Housing and Urban Development Guidelines (the most recent Guidelines for Evaluation and Control of Lead-Based Paint Hazards) and identifies prohibited practices that may not be used in disturbances or removal of lead-based paint. Any person performing work subject to the ordinance shall, to the maximum extent possible, protect the ground from contamination during exterior work; protect floors and other horizontal surfaces from work debris during interior work; and make all reasonable efforts to prevent migration of lead paint contaminants beyond containment barriers during the course of the work. Clean-up standards require the removal of visible work debris, including the use of a High Efficiency Particulate Air Filter (HEPA) vacuum following interior work.

Section 3407 also includes notification requirements and requirements for signs. Prior to commencement of work, the responsible party must provide written notice to the Director of the Department of Building Inspection (DBI) of the address and location of the project; the scope of work including specific location; methods and tools to be used; the approximate age of the structure; anticipated job start and completion dates for the work; whether the building is residential or nonresidential, owner-occupied or rental property, and the dates by which the responsible party has or will fulfill any tenant or adjacent property notification requirements; and the name, address, telephone number, and pager number of the party who will perform the work. The code contains provisions regarding inspection and sampling for compliance by DBI and enforcement, and describes penalties for non-compliance. Compliance with these regulations and procedures required by the San Francisco Building Code for work on the main project site and on the peripheral project sites would ensure that potential impacts related to the demolition and/or renovation of structures with lead-based paint are less than significant. This topic will not be analyzed in the EIR.

Asbestos

Asbestos-containing materials may be found within the existing on-site structures on the main project site that are proposed to be demolished as part of the project, as well as at the 827 Pacific Avenue commercial building, which would be fully renovated and would generate debris from interior demolition. Renovation of the Powell Street Parking Garage would be minor; however, the removal of asbestos-containing materials could generate debris that would have to be handled according to existing regulations. Section 19827.5 of the California Health and Safety Code, adopted January 1, 1991, requires that local agencies not issue demolition or alteration permits until an applicant has demonstrated compliance with notification requirements under applicable federal regulations regarding hazardous air pollutants, including asbestos. The Bay Area Air Quality Management District (BAAQMD) is vested by the California legislature with authority to regulate airborne pollutants, including asbestos, through both inspection and law enforcement, and is to be notified ten days in advance of any proposed demolition or abatement work.

Notification includes the names and addresses of operations and persons responsible; description and location of the structure to be demolished/altered including size, age and prior use, and the approximate amount of friable asbestos; scheduled starting and completion dates of demolition or abatement; nature of planned work and methods to be employed; procedures to be employed to meet BAAQMD requirements; and the name and location of the waste disposal site to be used. The BAAQMD randomly inspects asbestos removal operations. In addition, the BAAQMD will inspect any removal operation about which a complaint has been received.

The local office of the Occupational Safety and Health Administration (OSHA) must be notified of asbestos abatement to be carried out. Asbestos abatement contractors must follow state regulations contained in 8CCR1529 and 8CCR341.6 through 341.14 where there is asbestos-

related work involving 100 square feet or more of asbestos containing material. Asbestos removal contractors must be certified as such by the Contractors Licensing Board of the State of California. The owner of the property where abatement is to occur must have a Hazardous Waste Generator Number assigned by and registered with the Office of the California Department of Health Services in Sacramento. The contractor and hauler of the material are required to file a Hazardous Waste Manifest which details the hauling of the material from the site and the disposal of it. Pursuant to California law, the DBI would not issue the required permit until the applicant has complied with the notice requirements described above.

These regulations and procedures, already established as a part of the permit review process, would ensure that any potential project-related impacts due to asbestos would be less than significant. This topic will not be analyzed in the EIR

Polychlorinated Biphenyls and Other Building Materials

Polychlorinated biphenyls (PCBs) may be present in fluorescent lighting fixtures and old electrical equipment. Because of the age of the MAB at 835 Jackson Street, there could be sumps, piping, sewer pipes, or an incinerator. These facilities could contain hazardous materials. PCB-containing materials may also be found within the existing structures on the peripheral project sites due to the age of the buildings (both built in 1926). As described above under Potential Impacts Related to Materials in Soil or Groundwater as a Result of Past Use, removal and disposal of equipment that could contain PCBs would be conducted under regulations for transport and disposal of hazardous waste. Thus, any project-related impacts due to the presence of PCBs on the main project site and the peripheral project sites would be less than significant.

Potential Impacts Related to Hospital Operation

Hazardous materials likely to be present on the main project site and on the peripheral project site at 827 Pacific Avenue as a result of ongoing or new hospital and radiology/medical operations include cleaning materials; maintenance chemicals such as paint and lubricants; liquid, solid, and gaseous pharmaceuticals; bio-medical waste; waste oil and oil-saturated waste; and photo-chemicals and photo-processing waste. The proposed long-term operations at the 827 Pacific Avenue Radiology Center would include the use and storage of hazardous materials such as liquid, solid, and gaseous pharmaceuticals; photo-processing chemicals; photo-processing waste; and cleaning and maintenance products. In addition, the temporary infusion clinic that would be accommodated at the second level of 827 Pacific Avenue building would include the use and storage of hazardous materials such as liquid, solid, and gaseous pharmaceuticals. After 2015, when the renovation of the existing Chinese Hospital would be completed, the infusion clinic would be moved to that building and the portion of the 827 Pacific Avenue building leased by Chinese Hospital on a short-term basis would likely be leased by other tenants in the future. The renovation of the Powell Street Parking Garage and its future operation as a parking garage and as

hospital storage for general office and hospital medical supplies and engineering shop space would not include the use or storage of hazardous materials.

The California Environmental Protection Agency certified the City and County of San Francisco, Department of Public Health, as a Certified Unified Program in 1996. Six state environmental programs (hazardous materials storage, hazardous waste generation, hazardous waste treatment, underground tanks, above ground petroleum storage, and regulated substances) and two local programs (Chlorofluorocarbon Recycling and Medical Waste) were consolidated and continue to be implemented by HMUPA. The primary goal of HMUPA is to protect public health and the environment by promoting compliance with applicable laws and regulations. HMUPA accomplishes this goal through education, community and industry outreach, inspections and enforcement.

According to 2008-2009 hazardous materials certification issued by HMUPA, the main project site is licensed as follows:

- Hazardous materials storage of 100 liquid gallons, 100 solid pounds, and 52,829 cubic feet of compressed gas;
- Hazardous waste generator of 0 to 5 tons per year;
- Does not treat hazardous waste;
- Underground Storage Tank Permit to Operate one underground storage tank;
- Is not a Regulated Storage Facility;
- Does not store hazardous materials in Aboveground Storage Tanks;
- Does operate one or more Backup Diesel Generators; and
- Does not conduct Chlorinated Fluorocarbons Recycling on Site.

Up to 5 tons of hazardous waste is currently generated per year at the main project site. Hazardous waste and medical waste generated on the main project site and the peripheral project site at 827 Pacific Avenue would be removed by licensed waste haulers and disposed of at licensed hazardous and medical waste disposal facilities.

Because the transport, use and disposal of hazardous materials and hazardous waste at the main and peripheral project sites would be conducted under the supervision of the HMUPA, these impacts would be less than significant. This topic will not be analyzed in the EIR.

Conclusions

The portion of the main project site that would be subject to demolition and excavation work is currently in use as a medical administration building (MAB) with hospital support functions and a parking garage; the MAB was formerly used as a hospital. Hazardous materials are typically associated with such uses. The Phase I ESA did not identify any known occurrences of

hazardous waste or any other environmental concerns. Because of the use and history of the main project site, an ECP has been prepared to address potential discovery of contaminated structures, soil, or groundwater during construction, and to recommend management of any occurrences of concern regarding hazardous materials. As discussed above, an ECP was not conducted for the peripheral project sites because there would be no soil disturbance at these locations. While ongoing use of the existing Chinese Hospital and the new permanent use of the 827 Pacific Avenue building as a Radiology Center, as well as the temporary infusion clinic (until 2015), would involve the use of hazardous materials and generation of hazardous waste, such use is performed under the oversight of HMUPA. For these reasons, the impacts related to potential exposure to hazardous materials in soil or groundwater beneath the main project site, or in the existing buildings on the main project site that would be demolished, would be less than significant, and no further analysis of these topics is required.

Impact HZ-2: The proposed project would emit hazardous emissions and handle hazardous materials within a quarter-mile of a school. ***(Less than Significant)*** **(Criterion 16c)**

Three elementary schools, one child development center, and a day care center are located within one-quarter mile of the main project site and the two peripheral project sites, the Powell Street Parking Garage and 827 Pacific Avenue – the Gordon J. Lau Public Elementary School (E.S.) and CDC at 950 Clay Street; the Commodore Stockton CDC at 954 Washington Street; the Jean Parker E.S. and CDC at 840 Broadway; the daycare center associated with the Cumberland Presbyterian Church at 855 Jackson Street; and the Chinese Education Center E.S. at 657 Merchant Street. No new schools are planned in the project area.

The project sponsor would increase hospital-related uses at the main project site; introduce new long-term (Radiology Center) and short-term (infusion clinic and administrative uses until 2015) medical-related uses at the 827 Pacific Avenue building; and provide off-street parking and hospital storage and engineering shop space at the Powell Street Parking Garage. The uses at the main project site currently involve hazardous materials in the form of cleaning and maintenance materials, diesel fuel, and pharmaceuticals. The existing automotive repair center at the ground level of the Powell Street Parking Garage currently involves the use of hazardous materials such as fuel and lubricants and cleaning and maintenance materials. The existing furniture store at 827 Pacific Avenue currently involves the use of hazardous materials such as cleaning and maintenance materials. As described above under Impact HZ-1, transport, use and disposal of hazardous materials and hazardous waste with project construction and operations would be regulated and conducted under the requirements of the Department of Building Inspection and the Department of Public Health HMUPA, which would ensure that hazardous materials related to project development would not be released to the environment. Thus, the project's impacts related to potential exposure of school-aged children at nearby schools to hazardous substances during project construction and operation would be less than significant, and no further analysis of the proposed project in relation to school sites is required in the EIR.

Impact HZ-3: The proposed project would not be located on a site which is included on a list of hazardous materials sites which could result in a significant hazard to the public or the environment. *(Less than Significant)* (Criterion 16d)

The project sponsor currently operates an underground storage tank on Stone Street adjacent to the existing Chinese Hospital building. The Phase I ESA conducted for the main project site indicated that there was no evidence of leaking or soil contamination associated with the UST.[123] The proposed project is not located on a site that is included on a list of hazardous materials sites compiled pursuant to Government Code Section 65962.5 (the Hazardous Waste and Substances Sites List (or Cortese List)).[124] Therefore, the project would have a less-than-significant impact, and no further analysis of this topic is required.

Impact HZ-4: The proposed project would not be located on a site which is within the boundaries of an airport land use plan, within two miles of a public airport or public use airport outside of an airport land use plan, or in the vicinity of a private airstrip which could result in a significant hazard to the public or the environment. *(No Impact)* (Criteria 16e – 16f)

The proposed project would not be located within an airport land use plan, be located within two miles of a public or public use airport, or be located in the vicinity of a private airstrip. Therefore, the project would have no impact, and no further analysis of this topic is required.

Impact HZ-5: The proposed project would not impair or interfere with implementation of an adopted emergency response or evacuation plan or expose people to a significant risk of loss, injury, or death involving fires. *(Less than Significant)* (Criteria 16g – 16h)

The proposed project would not change the existing traffic circulation network in the vicinity. However, the employees, patients, and visitors of the proposed Replacement Hospital building, the renovated MAOC, the Radiology Center in the 827 Pacific Avenue building, and the Powell Street Parking Garage would contribute to local congestion, if an emergency evacuation of the Chinatown area were required. Section 12.202(e)(1) of the San Francisco Fire Code requires that all owners of high-rise buildings (over 75 feet) "shall establish or cause to be established procedures to be followed in case of fire or other emergencies. All such procedures shall be reviewed and approved by the chief of division." The proposed project would conform to these standards. The Chinese Hospital's Emergency Preparedness Plan is coordinated with the Chinatown Disaster Response Plan and the City's Emergency Operations Plan. Therefore, proposed project impacts related to interference with emergency response or evacuation plans would be less than significant.

[123] Treadwell and Rollo, Phase I ESA, p. 7.

[124] Department of Toxic Substances Control and California Environmental Protection Agency, websites accessed on April 18, 2011: http://www.envirostor.dtsc.ca.gov/public/map.asp?global_id=60000877&zl=16 and http://geotracker.waterboards.ca.gov/map/?CMD=runreport&myaddress=845+Jackson+Street%2C+san+francisco%2C+ca.

San Francisco ensures fire safety primarily through provisions of the Building Code and the Fire Code. The proposed project would be required to conform to those provisions, which include additional life-safety protections for high-rise buildings. Therefore, the proposed project would have less-than-significant impacts related to fire hazards, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-HZ-5: The proposed project, in combination with other past, present or reasonably foreseeable projects in the site vicinity, would not result in cumulative hazards and hazardous materials impacts. ***(Less than Significant)*** **(Criteria 16a – 16h)**

As discussed above, the proposed project would result in less-than-significant impacts that would result from project demolition and construction and from project operations and the use of hazardous materials. Hazardous material impacts typically occur in a local or site-specific context versus a cumulative context combined with other development projects. Other cumulative projects proposed or now in progress in the project vicinity have a similar potential to disturb existing contamination, as well as use hazardous materials in their operations. However, all of these cumulative projects would be subject to the same regulatory framework as the proposed project. This includes regulatory requirements for transporting hazardous materials or cargo (including diesel fuel for operating construction equipment) on public roads, or disposing of hazardous waste. Adherence to these regulations would minimize the cumulative projects' potential for hazardous material exposure to persons and the environment. Therefore, the proposed project would not contribute considerably to cumulative impacts related to hazards and hazardous materials, and the impact of the project on hazardous materials, in combination with other foreseeable projects, would not be significant.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
17. MINERAL AND ENERGY RESOURCES— Would the project:					
a) Result in the loss of availability of a known mineral resource that would be of value to the region and the residents of the state?	☐	☐	☐	☒	☐
b) Result in the loss of availability of a locally-important mineral resource recovery site delineated on a local general plan, specific plan or other land use plan?	☐	☐	☐	☒	☐
c) Encourage activities which result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner?	☐	☐	☒	☐	☐

Impact ME-1: The proposed project would not result in the loss of availability of a known mineral resource or a locally-important mineral resource recovery site. ***(No Impact)*** **(Criteria 17a – 17b)**

All land in the City and County of San Francisco, including the main and peripheral project sites, is designated Mineral Resource Zone 4 (MRZ-4) by the California Division of Mines and Geology (CDMG) under the Surface Mining and Reclamation Act of 1975.[125] This designation signifies that there is inadequate information available for assignment to any other MRZ. Since the main and peripheral project sites are already developed, future evaluation or designation of these sites would not affect or be affected by the proposed project. The main project site, the two peripheral project sites, and their immediate vicinity do not contain any known mineral resources. There are no designated mineral resource recovery sites in the project area whose operations or accessibility would be affected by the construction or operation of the proposed project. Thus, the proposed project would have no impact on mineral resources, and these topics will not be discussed further in the EIR.

Impact ME-2: The proposed project would consume additional energy, but not in large amounts or in a wasteful manner. ***(Less than Significant)*** **(Criterion 17c)**

The proposed project would involve the demolition of two buildings and the construction of the seven-story Replacement Hospital building with one basement level on the main project site, as well as renovation of the existing Chinese Hospital building into a MAOC. The Powell Street Parking Garage and the 827 Pacific Avenue commercial building would be leased by Chinese Hospital. Tenant improvements would be made to the interior of both buildings. The 827 Pacific Avenue building would also include minor storefront changes to the exterior. Construction activities would require electricity to operate air compressors, hand tools, mobile project offices,

[125] California Division of Mines and Geology, Open File Report 96-03, 1996 and Special Report 146 Parts I and II, 1986.

and lighting. Construction vehicles and equipment would primarily use diesel fuel, and construction workers would use gasoline and diesel to commute. The construction activities would not be expected to result in demand for electricity or fuels greater than that for any other hospital project in the region, especially given the smaller footprint of Chinese Hospital. Given this, the construction-related energy use associated with the proposed project would not be large or wasteful. Therefore, the construction-related impacts would be less than significant and mitigation would not be required.

The operation of the proposed Replacement Hospital building, the renovated MAOC, the Radiology Center at 827 Pacific Avenue, and the Powell Street Parking Garage would not result in the use of large amounts of fuel, water, or energy in the context of energy use throughout the City, region, or state. The proposed project would use energy produced in regional power plants using hydropower and natural gas, coal, and nuclear fuels and would not use substantial quantities of other non-renewable natural resources. While the proposed project would increase demand for energy, the project-generated demand would be typical for a project of this size and would be negligible in the context of the overall consumer demand in San Francisco and the state.

San Francisco receives the majority (over 75 percent) of its electricity from Pacific Gas and Electric Company (PG&E). According to the California Energy Commission, PG&E's resource mix is approximately 42 percent natural gas, 23 percent nuclear, 19 percent large hydroelectric, 13 percent renewables, and 3 percent coal.[126] In 2008, PG&E's renewable energy (13 percent) consisted of about 5 percent biomass, 4 percent small hydroelectric, 2 percent geothermal, 2 percent wind, and close to 0 percent solar.[127] San Francisco's 2002 *Electricity Resource Plan* discusses sources for electricity, projected citywide demand, and electricity use by sector.[128] In 2012, PG&E's peak load is forecasted to be approximately 1,200 megawatts (MW) with a capacity of approximately 1,700 MW. The City plans to reduce consumption by 107 MW by 2012 through various energy efficiency strategies.[129] Any new developments, including the proposed project, would be expected to conform to new City policies designed to reduce energy consumption.

The hospital/health care industry historically consumes about 3 percent of the total electricity use in the City.[130] The proposed project would meet, or exceed, current state and local energy conservation standards, including San Francisco's Green Building Ordinance and Title 24 of the

[126] California Energy Commission, "California Major Utilities' Resource Mix for 2006," http://energyalmanac.ca.gov/electricity/electricity_resource_mix_pie_charts/index.html. Accessed on July 20, 2010.
[127] *Ibid*.
[128] San Francisco Public Utilities Commission, *Electricity Resource Plan*, December 2002. Available at: http://sfwater.org/detail.cfm/MC_ID/12/MSC_ID/138/MTO_ID/239/C_ID/1346. Accessed on July 20, 2010.
[129] *Ibid*, pp. 4-5
[130] *Ibid*, p. 27.

California Code of Regulations enforced by the Department of Building Inspection. In addition, the project sponsor would strive to attain the equivalent of LEED® Silver certification as part of its integrated design approach to the design, construction, and operation of the proposed Replacement Hospital building. The existing Chinese Hospital building would be adaptively reused as an MAOC with the renovation including upgrades to improve accessibility as well as to upgrade the energy efficiency of this building, which was constructed in 1979. The 827 Pacific Avenue building and the Powell Street Parking Garage on the peripheral project sites contain existing uses that use energy. They are proposed to be renovated/updated by Chinese Hospital for medical uses and parking and storage, respectively. Therefore, the operation of the proposed Replacement Hospital building, the renovated MAOC, the Radiology Center in the 827 Pacific Avenue building, and the Powell Street Parking Garage would not result in the use of large amounts of fuel, water, or energy, or use these in a wasteful manner. Furthermore, the proposed project would, in and of itself, generate a less-than-significant demand for energy resulting in the need for a major expansion of power facilities. This topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-ME-3: The proposed project, in combination with other past, present or reasonably foreseeable projects in the site vicinity, would not result in cumulative impacts to mineral and energy resources. ***(Less than Significant)*** **(Criteria 17a – 17c)**

As described above, no known minerals exist at the main and peripheral project sites, and therefore the project would not contribute to any cumulatively considerable impact on mineral resources.

The California Energy Commission is considering applications for the development of new power-generating facilities in San Francisco, the Bay Area, and elsewhere in the state. These facilities could supply additional energy to the power supply "grid" within the next few years. These efforts, together with conservation, will be part of the statewide effort to achieve energy sufficiency. As described above, the project-generated demand for electricity would be negligible in the context of overall demand within San Francisco and the state, and would not in and of itself require a major expansion of power facilities. Thus, based on the proposed project's (1) incorporation of design and construction features that go beyond compliance with state and local energy efficiency laws, (2) inclusion of on-site renewable energy, and (3) conformance with state and local energy goals and policies, the proposed project's contribution to overall energy consumption in California would not have cumulatively considerable impacts related to mineral and energy resources.

Topics:	Potentially Significant Impact	Less Than Significant with Mitigation Incorporated	Less Than Significant Impact	No Impact	Not Applicable
18. AGRICULTURE AND FOREST RESOURCES: In determining whether impacts to agricultural resources are significant environmental effects, lead agencies may refer to the California Agricultural Land Evaluation and Site Assessment Model (1997) prepared by the California Dept. of Conservation as an optional model to use in assessing impacts on agriculture and farmland. In determining whether impacts to forest resources, including timberland, are significant environmental effects, lead agencies may refer to information compiled by the California Department of Forestry and Fire Protection regarding the state's inventory of forest land, including the Forest and Range Assessment Project and the Forest Legacy Assessment project; and forest carbon measurement methodology provided in Forest Protocols adopted by the California Air Resources Board. **—Would the project**					
a) Convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance, as shown on the maps prepared pursuant to the Farmland Mapping and Monitoring Program of the California Resources Agency, to non-agricultural use?	☐	☐	☐	☒	☐
b) Conflict with existing zoning for agricultural use, or a Williamson Act contract?	☐	☐	☐	☒	☐
c) Conflict with existing zoning for, or cause rezoning of, forest land (as defined in Public Resources Code Section 12220(g)) or timberland (as defined by Public Resources Code Section 4526)?	☐	☐	☐	☒	☐
d) Result in the loss of forest land or conversion of forest land to non-forest use?	☐	☐	☐	☒	☐
e) Involve other changes in the existing environment which, due to their location or nature, could result in conversion of Farmland to non-agricultural use or forest land to non-forest use?	☐	☐	☐	☒	☐

Impact AF-1: The proposed project would not convert farmland or forest land to non-farm or non-forest use, nor would it conflict with existing zoning for agricultural uses or forest land. ***(No Impact)*** **(Criteria 18a – 18e)**

The main and peripheral project sites are developed and are located within an urbanized area in the City and County of San Francisco. According to the California Department of Conservation's Farmland Mapping and Monitoring Program, the main and peripheral project sites are categorized as "Urban and Built-up Land."[131] Because the main and peripheral project sites do not contain agricultural uses and are not zoned for such uses, the proposed project would not convert any prime farmland, unique farmland or Farmland of Statewide Importance to non-agricultural use, and it would not conflict with any existing agricultural zoning or a Williamson Act contract; nor would it involve any changes to the environment that could result in the conversion of farmland to a non-agricultural use. In addition, there is no forest land or timberland (as defined by Public Resources Code Sections 12220(g) and 4526, respectively) on the main or peripheral project

[131] California Department of Conservation, Farmland Mapping and Monitoring Program, *Bay Area Region Important Farmland 2004 and Urbanization 1984 – 2004*. Available at ftp://ftp.consrv.ca.gov/pub/dlrp/FMMP/pdf/urban_change/bayarea_urban_change1984_2004.pdf. Accessed on June 7, 2010.

sites. Thus, the proposed project would not result in the loss of forest land or timberland or in the conversion of forest land to non-forest use. For the reasons discussed above, the proposed project would not adversely affect agricultural resources, and this topic will not be discussed further in the EIR.

Cumulative Impacts

Impact C-AF-2: The proposed project, in combination with other past, present or reasonably foreseeable projects, would not result in impacts to agricultural and forest resources. ***(No Impact)*** **(Criteria 18a – 18e)**

As discussed above, the impacts related to agricultural use of areas within the proposed project's vicinity would not have impacts since there are no extant agricultural or forest uses on the main or peripheral project sites. Therefore, the proposed project would not contribute to any cumulatively considerable impacts on agricultural resources.

Topics:	*Potentially Significant Impact*	*Less Than Significant with Mitigation Incorporation*	*Less Than Significant Impact*	*No Impact*	*Not Applicable*
19. MANDATORY FINDINGS OF SIGNIFICANCE—Would the project:					
a) Have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or prehistory?	☒	☐	☐	☐	☐
b) Have impacts that would be individually limited, but cumulatively considerable? ("Cumulatively considerable" means that the incremental effects of a project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.)	☐	☐	☒	☐	☐
c) Have environmental effects that would cause substantial adverse effects on human beings, either directly or indirectly?	☐	☐	☒	☐	☐

Topic E.19a: The proposed project could result in adverse impacts to the environment with respect to land use, historic architectural resources, aesthetics, transportation, and air quality. These topics will be addressed in the EIR. As noted in the Initial Study the proposed project would not result in significant impacts on biological resources. Mitigation measures have been included in the project to reduce potential impacts on unknown archeological resources that provide insight on major periods of California prehistory, on paleontological resources, and on nearby noise-sensitive receptors during construction to a less-than-significant level.

Topic E.19b: The proposed project would not have cumulatively considerable impacts on topics that are fully analyzed in this Initial Study, as discussed under each applicable environmental topic.

Topic E.19c: Potential adverse effects on human beings have been considered as part of the analysis of individual environmental topics in this Initial Study. The proposed project would not result in environmental impacts that would cause substantial adverse effects on humans.

F. MITIGATION MEASURES

Although the following mitigation measures relate to topics that will not receive additional analysis in the EIR, the EIR will contain a Mitigation Measures chapter that describes all mitigation measures for the proposed project, including those listed below. The project sponsor has agreed to implement the following mitigation measures, which are necessary to reduce potential archaeological and paleontological resource impacts, construction noise impacts, and stationary/operational noise impacts to less-than-significant levels.

Mitigation Measure M-CP-2: Subsurface Archaeological Resources

Based on a reasonable presumption that archaeological resources may be present within the project site, the following measures shall be undertaken to avoid any potentially significant adverse effect from the proposed project on buried or submerged archaeological resources. The project sponsor shall retain the services of an archaeological consultant from the pool of qualified archaeological consultants maintained by the Planning Department archaeologist. The archaeological consultant shall undertake an archaeological testing program as specified below. In addition, the consultant shall be available to conduct an archaeological monitoring and/or data recovery program if required pursuant to this measure. The archaeological consultant's work shall be conducted in accordance with this measure and with the requirements of the project archaeological research design and treatment plan (Archeo-Tec, *Archaeological Research Design and Treatment Plan for the Chinese Hospital Replacement Project*, April 2011) at the direction of the Environmental Review Officer (ERO). In instances of inconsistency between the requirement of the project archaeological research design and treatment plan and of this archaeological mitigation measure, the requirement of this archaeological mitigation measure shall prevail. All plans and reports prepared by the consultant as specified herein shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Archaeological monitoring and/or data recovery programs required by this measure could suspend construction of the project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource as defined in CEQA Guidelines Sect. 15064.5 (a)(c).

Consultation with Descendant Communities: On discovery of an archeological site[132] associated with descendant Native Americans or the Overseas Chinese an appropriate representative[133] of the descendant group and the ERO shall be contacted. The representative of the descendant group shall be given the opportunity to monitor archeological field investigations of the site and to consult with ERO regarding appropriate archeological treatment of the site, of recovered data from the site, and, if applicable, any interpretative treatment of the associated archeological site. A copy of the Final Archaeological Resources Report shall be provided to the representative of the descendant group.

Archaeological Testing Program. The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that potentially could be adversely affected by the proposed project, the testing method to be used, and the locations recommended for testing. The purpose of the archaeological testing program will be to determine to the extent possible the presence or absence of archaeological resources and to identify and to evaluate whether any archaeological resource encountered on the site constitutes an historical resource under CEQA.

At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the archaeological consultant finds that significant archaeological resources may be present, the ERO in consultation with the archaeological consultant shall determine if additional measures are warranted. Additional measures that may be undertaken include additional archaeological testing, archaeological monitoring, and/or an archaeological data recovery program. If the ERO determines that a significant archaeological resource is present and that the resource could be adversely affected by the proposed project, at the discretion of the project sponsor either:

A) The proposed project shall be re-designed so as to avoid any adverse effect on the significant archaeological resource; or

B) A data recovery program shall be implemented, unless the ERO determines that the archaeological resource is of greater interpretive than research significance and that interpretive use of the resource is feasible.

[132] The term "archeological site" is intended here to minimally include any archeological deposit, feature, burial, or evidence of burial.

[133] An "appropriate representative" of the descendant group is here defined to mean, in the case of Native Americans, any individual listed in the current Native American Contact List for the City and County of San Francisco maintained by the California Native American Heritage Commission and in the case of the Overseas Chinese, the Chinese Historical Society of America.

Archaeological Monitoring Program (AMP). If the ERO in consultation with the archaeological consultant determines that an archaeological monitoring program shall be implemented, the archaeological monitoring program shall minimally include the following provisions:

- The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the AMP reasonably prior to any project-related soils-disturbing activities commencing. The ERO in consultation with the archaeological consultant shall determine what project activities shall be archaeologically monitored. In most cases, any soils-disturbing activities, such as demolition, foundation removal, excavation, grading, utilities installation, foundation work, driving of piles (foundation, shoring, etc.), site remediation, etc., shall require archaeological monitoring because of the risk these activities pose to potential archaeological resources and to their depositional context;
- The archaeological consultant shall advise all project contractors to be on the alert for evidence of the presence of the expected resource(s), of how to identify the evidence of the expected resource(s), and of the appropriate protocol in the event of apparent discovery of an archaeological resource;
- The archaeological monitor(s) shall be present on the project site according to a schedule agreed upon by the archaeological consultant and the ERO until the ERO has, in consultation with the project archaeological consultant, determined that project construction activities could have no effects on significant archaeological deposits;
- The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis;
- If an intact archaeological deposit is encountered, all soils-disturbing activities in the vicinity of the deposit shall cease. The archaeological monitor shall be empowered to temporarily redirect demolition/excavation/pile-driving/ construction activities and equipment until the deposit is evaluated. If, in the case of pile-driving activity (foundation, shoring, etc.), the archaeological monitor has cause to believe that the pile-driving activity may affect an archaeological resource, the pile-driving activity shall be terminated until an appropriate evaluation of the resource has been made in consultation with the ERO. The archaeological consultant shall immediately notify the ERO of the encountered archaeological deposit. The archaeological consultant shall make a reasonable effort to assess the identity, integrity, and significance of the encountered archaeological deposit, and present the findings of this assessment to the ERO.

Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of the monitoring program to the ERO.

Archaeological Data Recovery Program. The archaeological data recovery program shall be conducted in accord with an archaeological data recovery plan (ADRP). The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the ADRP prior to preparation of a draft ADRP. The archaeological consultant shall submit a draft ADRP to the ERO. The ADRP shall identify how the proposed data recovery program will preserve the significant information the archaeological resource is expected to contain. That is, the ADRP will identify what scientific/historical research questions are applicable to the expected resource, what data classes the resource is expected to possess, and how the expected data classes would address

the applicable research questions. Data recovery, in general, should be limited to the portions of the historical property that could be adversely affected by the proposed project. Destructive data recovery methods shall not be applied to portions of the archaeological resources if nondestructive methods are practical.

The scope of the ADRP shall include the following elements:

- *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations.
- *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis procedures.
- *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies.
- *Interpretive Program*. Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program.
- *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and non-intentionally damaging activities.
- *Final Report*. Description of proposed report format and distribution of results.
- *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value, identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.

Human Remains and Associated or Unassociated Funerary Objects. The treatment of human remains and of associated or unassociated funerary objects discovered during any soils-disturbing activity shall comply with applicable state and federal laws. This shall include immediate notification of the Coroner of the City and County of San Francisco and in the event of the Coroner's determination that the human remains are Native American remains, notification of the California State Native American Heritage Commission (NAHC) who shall appoint a Most Likely Descendant (MLD) (Pub. Res. Code Sec. 5097.98). The archaeological consultant, project sponsor, and MLD shall make all reasonable efforts to develop an agreement for the treatment of, with appropriate dignity, human remains and associated or unassociated funerary objects (CEQA Guidelines. Sec. 15064.5(d)). The agreement should take into consideration the appropriate excavation, removal, recordation, analysis, custodianship, curation, and final disposition of the human remains and associated or unassociated funerary objects.

Final Archaeological Resources Report. The archaeological consultant shall submit a Draft Final Archaeological Resources Report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put at risk any archaeological resource shall be provided in a separate removable insert within the final report.

Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information Center (NWIC) shall receive one (1) copy and the ERO shall receive a copy of the transmittal of the FARR to the NWIC. The Environmental Planning division of the Planning Department shall receive three copies of the FARR along with copies of any formal site recordation forms (CA DPR 523 series) and/or documentation for nomination to the National Register of Historic Places/California Register of Historical Resources. In instances of high public interest in or the high interpretive value of the resource, the ERO may require a different final report content, format, and distribution than that presented above.

Mitigation Measure M-CP-3: Paleontological Resources Monitoring and Mitigation Program

The project sponsor shall retain the services of a qualified paleontological consultant having expertise in California paleontology to design and implement a Paleontological Resources Monitoring and Mitigation Program (PRMMP). The PRMMP shall include a description of when and where construction monitoring would be required; emergency discovery procedures; sampling and data recovery procedures; procedure for the preparation, identification, analysis, and curation of fossil specimens and data recovered; preconstruction coordination procedures; and procedures for reporting the results of the monitoring program.

The PRMMP shall be consistent with the Society for Vertebrate Paleontology (SVP) Standard Guidelines for the mitigation of construction–related adverse impacts to paleontological resources and the requirements of the designated repository for any fossils collected. During construction, earth-moving activities shall be monitored by a qualified paleontological consultant having expertise in California paleontology in the areas where these activities have the potential to disturb previously undisturbed native sediment or sedimentary rocks. Monitoring need not be conducted in areas where the ground has been previously disturbed, in areas of artificial fill, in areas underlain by nonsedimentary rocks, or in areas where exposed sediment would be buried, but otherwise undisturbed.

The consultant's work shall be conducted in accordance with this measure and at the direction of the City's ERO. Plans and reports prepared by the consultant shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Paleontological monitoring and/or data recovery programs required by this measure could suspend construction of the Proposed Project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce potential effects on a significant paleontological resource as previously defined to a less-than-significant level.

Mitigation Measure M-NO-1a

To ensure that operational noise generated by the proposed stationary noise sources, specifically the emergency generator does not exceed the City' noise standards resulting in a substantial increase in ambient noise levels, the project sponsor shall undertake the following:

- The project sponsor, Chinese Hospital, shall retain the services of a qualified acoustical consultant to measure the noise levels of operating exterior mechanical equipment, such as emergency generators among other mechanical equipment, after installation of such equipment on the project site. If such exterior mechanical equipment is below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), no further action is required. If such mechanical exterior equipment is not below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), the project sponsor, Chinese Hospital, shall replace and/or redesign the exterior mechanical equipment to meet the City's established noise standards. Results of the mechanical noise measurements shall be provided to Hospital Facilities Management/Engineering and the appropriate City agencies (Planning Department, Department of Building Inspection and Department of Public Health) to show compliance with Noise Ordinance mechanical noise standards.

Mitigation Measure M-NO-1b

To ensure that the proposed Replacement Hospital building would be designed with appropriate noise-insulating features to achieve interior traffic noise levels below 45 dB (Ldn), the project sponsor shall undertake the following:

- The project sponsor, Chinese Hospital, shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Replacement Hospital building that would reduce the interior traffic-noise level inside the hospital to 45 dB (Ldn). Interior spaces of the Replacement Hospital building shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB (Ldn) or lower.

Mitigation Measure M-NO-2: General Construction Noise Control Measures

To ensure that project noise from construction activities is minimized to the maximum extent feasible, the project sponsor shall undertake the following:

- The project sponsor shall require the general contractor to ensure that equipment and trucks used for project construction utilize the best available noise control techniques (e.g., improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures and acoustically-attenuating shields or shrouds, wherever feasible).
- The project sponsor shall require the general contractor to locate stationary noise sources (such as compressors) as far from adjacent or nearby sensitive receptors as possible, to muffle such noise sources, and to construct barriers around such sources and/or the construction site, which could reduce construction noise by as much as 5 dBA. To further reduce noise, the contractor shall locate stationary equipment in pit areas or excavated areas, if feasible.

- The project sponsor shall require the general contractor to use impact tools (e.g., jack hammers, pavement breakers, and rock drills) that are hydraulically or electrically powered wherever possible to avoid noise associated with compressed air exhaust from pneumatically powered tools. Where use of pneumatic tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used, along with external noise jackets on the tools, which could reduce noise levels by as much as 10 dBA.
- The project sponsor shall include noise control requirements in specifications provided to construction contractors. Such requirements could include, but not be limited to, performing all work in a manner that minimizes noise to the extent feasible; use of equipment with effective mufflers; undertaking the most noisy activities during times of least disturbance to surrounding residents and occupants, as feasible; and selecting haul routes that avoid residential buildings inasmuch as such routes are otherwise feasible.
- Prior to the issuance of building permits, along with the submission of construction documents, the project sponsor shall submit to the Planning Department and Department of Building Inspection (DBI) a list of measures to respond to and track complaints pertaining to construction noise. These measures shall include (1) a procedure and phone numbers for notifying DBI, the Department of Public Health, and the Police Department (during regular construction hours and off-hours); (2) a sign posted on-site describing noise complaint procedures and a complaint hotline number that shall be answered at all times during construction; (3) designation of an on-site construction complaint and enforcement manager for the project; and (4) notification of neighboring residents and non-residential building managers within 300 feet of the project construction area at least 30 days in advance of extreme noise generating activities (defined as activities generating noise levels of 90 dBA or greater) about the estimated duration of the activity.

G. ALTERNATIVES

Alternatives to the proposed project that could reduce or eliminate significant environmental effects are described briefly below and may be defined further and analyzed in the EIR. The EIR will include a discussion of alternatives that were considered and the basis for their rejection.

1. No Project Alternative. The No Project Alternative is required by CEQA. Under this alternative, existing conditions would continue at the site. The existing Chinese Hospital at 845 Jackson Street would not be adaptively reused as a Medical Administration and Outpatient Center (MAOC). The Chinese Hospital Parking Garage and the MAB at 835 Jackson Street would not be demolished and replaced with the proposed Replacement Hospital. There would be no SUD.

2. Full Preservation Alternative. This alternative proposes rehabilitation and retrofit of the existing five-story 1925 MAB (a historic resource for the purposes of CEQA) to avoid or minimize the proposed project's potentially significant impacts on historic resources. A mid-rise Replacement Hospital building would be built behind the existing 1925 MAB building at the site of the Chinese Hospital Parking Garage which would be demolished for this alternative. The Replacement Hospital building in this alternative would have a smaller footprint, massing, and gross floor area, compared to the proposed project. This alternative

would preserve the 1925 MAB building, unlike under the proposed project where demolition of this building is proposed. This alternative would include the rehabilitation and seismic upgrade of the 1925 MAB building, in conformance with the Secretary of Interior's Standards for Rehabilitation. The rehabilitated and upgraded 1925 MAB building would then be used as part of Chinese Hospital. Similar to the proposed project, the existing Chinese Hospital building (built in 1979) at 845 Jackson Street would be adaptively reused as a Medical Administration and Outpatient Center (MAOC).

3. Partial Preservation Alternative. This alternative proposes rehabilitation and retrofit of a portion of the five-story 1925 MAB (a historic resource for the purposes of CEQA) to avoid or minimize the proposed project's potentially significant impacts on historic resources. A portion of the 1925 MAB including the main front façade would be retained; the rest of the MAB would be demolished. Thus, this alternative would not retain the entire 1925 MAB. A mid-rise Replacement Hospital building would be built behind the retained portion of the existing 1925 MAB, extending up to Trenton Street to the south. The Replacement Hospital building in this alternative would have a smaller footprint, massing and gross floor area, compared to the proposed project. This alternative would partially preserve the 1925 MAB building, unlike under the proposed project where demolition of the entire building is proposed. The Partial Preservation Alternative would not conform to the Secretary of Interior's Standards for Rehabilitation, because it would include partial demolition of the 1925 MAB (a historic resource). However, the design of the new Replacement Hospital building would be compatible with the retained portion of the 1925 MAB. The retained portion of the 1925 MAB building would be used as part of Chinese Hospital. Similar to the proposed project, the existing Chinese Hospital building (built in 1979) at 845 Jackson Street would be adaptively reused as an MAOC.

4. Alternate Preservation Alternative. This alternative proposes rehabilitation and retrofit of the existing five-story 1925 MAB (a historic resource for the purposes of CEQA) to avoid or minimize the proposed project's potentially significant impacts on historic resources. A mid-rise addition would be constructed adjoining the 1925 MAB and would extend into the site of the existing Chinese Hospital Parking Garage which would be demolished for this alternative. Together, the 1925 MAB and the mid-rise addition would accommodate the proposed hospital services programmed for the Replacement Hospital building. The proposed addition could wrap around the west façade of the 1925 MAB and connect with the adjacent 1979 building (the existing Chinese Hospital building). The Replacement Hospital building in this alternative would have a smaller footprint, massing and gross floor area, compared to the proposed project. This alternative would partially preserve the 1925 MAB building, unlike under the proposed project where demolition of this building is proposed. Similar to the proposed project, the existing Chinese Hospital (built in 1979) at 845 Jackson Street would be adaptively reused as an MAOC.

H. DETERMINATION

On the basis of this Initial Study:

☐ I find that the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared.

☐ I find that although the proposed project could have a significant effect on the environment, there will not be a significant effect in this case because revisions in the project have been made by or agreed to by the project proponent. A MITIGATED NEGATIVE DECLARATION will be prepared.

☒ I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

☐ I find that the proposed project MAY have a "potentially significant impact" or "potentially significant unless mitigated" impact on the environment, but at least one effect 1) has been adequately analyzed in an earlier document pursuant to applicable legal standards, and 2) has been addressed by mitigation measures based on the earlier analysis as described on attached sheets. An ENVIRONMENTAL IMPACT REPORT is required, but it must analyze only the effects that remain to be addressed.

☐ I find that although the proposed project could have a significant effect on the environment, because all potentially significant effects (a) have been analyzed adequately in an earlier EIR or NEGATIVE DECLARATION pursuant to applicable standards, and (b) have been avoided or mitigated pursuant to that earlier EIR or NEGATIVE DECLARATION, including revisions or mitigation measures that are imposed upon the proposed project, no further environmental documentation is required.

Bill Wycko
Environmental Review Officer
for
John Rahaim
Director of Planning

DATE 5/16/11