SECTION 2.0
PROJECT DESCRIPTION

Consistent with the requirements of Section15124 of the State of California Environmental Quality Act (CEQA) Guidelines, this section of the Environmental Impact Report (EIR) describes the Long Beach Memorial Medical Center Expansion (proposed project), including its precise location and boundaries; existing conditions at the proposed project site; a statement of the proposed project objectives; technical, economic, and environmental characteristics; and a statement describing the intended uses of the EIR.

2.1 PROJECT LOCATION

The proposed project is located in the City of Long Beach, County of Los Angeles, California (Figure 2.1-1, *Regional Vicinity*). The Long Beach Memorial Medical Center campus (Campus) is located less than 1 mile south of U.S. Interstate 405 (San Diego Freeway), approximately 1 mile east of U.S. Interstate 710 (Long Beach Freeway), and approximately 1 mile north of State Route 1 (Pacific Coast Highway). The Campus is located approximately 3.5 miles northeast of the Port of Long Beach, approximately 1 mile east of the Los Angeles River, and approximately 1 mile west of the Long Beach Airport.

The Campus is bounded on the north by East Spring Street, on the east by Atlantic Avenue, on the south by Willow Street, and on the west by Long Beach Boulevard (Figure 2.1-2, *Long Beach Memorial Medical Center Location*). The proposed project addresses master planning for land uses and the development of specific project elements within the approximately 54-acre proposed project site in the Campus. Within the Campus, it is anticipated that approximately 16 acres would be affected by the construction, operation, and maintenance of six proposed project elements in the next 20 years.

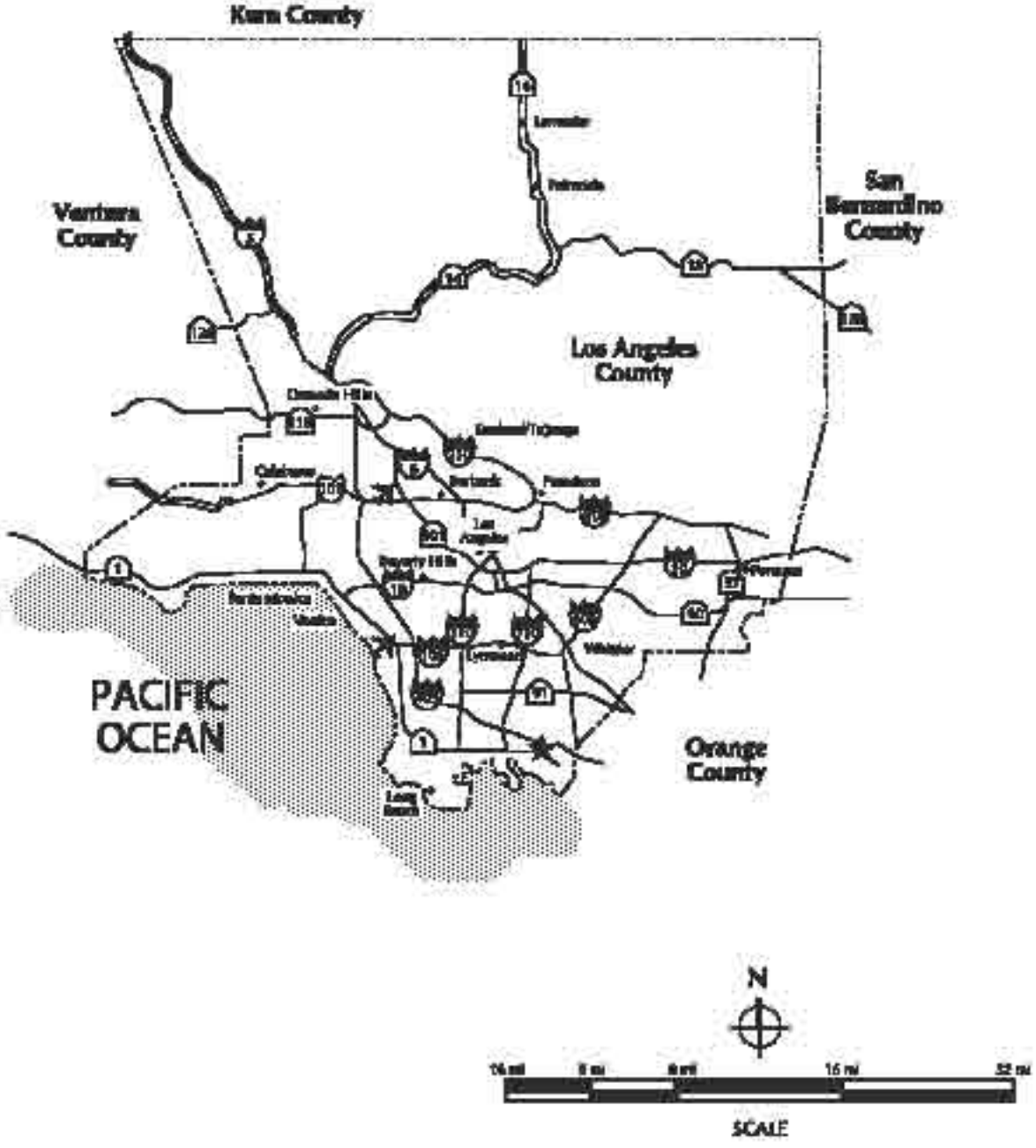
The Campus appears on the U.S. Geological Survey (USGS) 7.5-minute series Long Beach, California, topographic quadrangle (within the southwestern portion of the Los Cerritos Land Grant Boundary) (Figure 2.1-3, *Topographic Map*).[1] The elevation of the Campus ranges from 19 feet above mean sea level to approximately 67 feet above mean sea level.

2.2 EXISTING CONDITIONS

The 54-acre Campus is completely developed and characterized by six general land uses: (1) inpatient medical facilities, (2) outpatient medical facilities, (3) mixed use (including services, retail, residential, and vacant land), (4) utilities, (5) circulation, and (6) parking (Figure 2.2-1, *Existing Conditions*). A property listing is provided in Table 2.2-1, *Description of Land Uses on the Property*. Photographs of the proposed project site are included in Figure 2.2-2, *Site Photographs*. There are approximately 1,213,945 gross square feet of structures located within the Campus (Table 2.2-2, *Existing Conditions: Gross Floor Areas*).[2] There are two licensed hospitals within the Campus: the Long Beach Memorial Medical Center (LBMMC) and Miller Children's Hospital (MCH). These facilities are centrally located on the Campus, north of 27th Street, east of Long Beach Boulevard, south of Columbia Street, and west of Atlantic Avenue. In addition to inpatient services, outpatient services are provided in structures

[1] U.S. Geological Survey. Photorevised 1981 (1964). Long Beach, California, 7.5-Minute Series Topographic Quadrangle. (Scale = 1:24,000.) Contact: U.S. Geological Survey National Center, 12201 Sunrise Valley Drive, Reston, VA 20192.

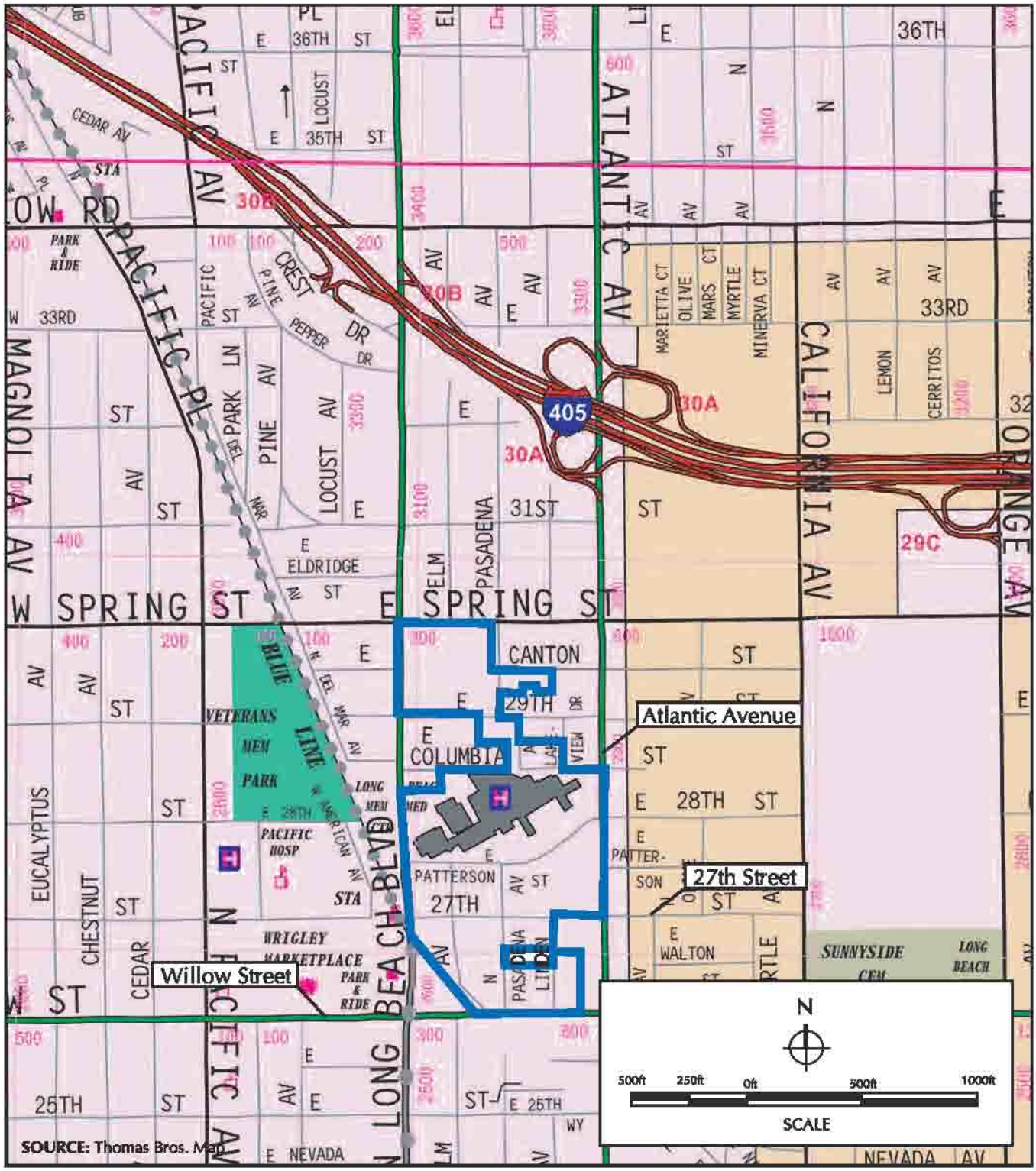
[2] Marie Campbell, *Personal Communication*, 9 August 2004. Pat Johner, Long Beach Memorial Medical Center, 2801 Atlantic Avenue, Long Beach, CA 90806-1737.



LEGEND

★ Project Location

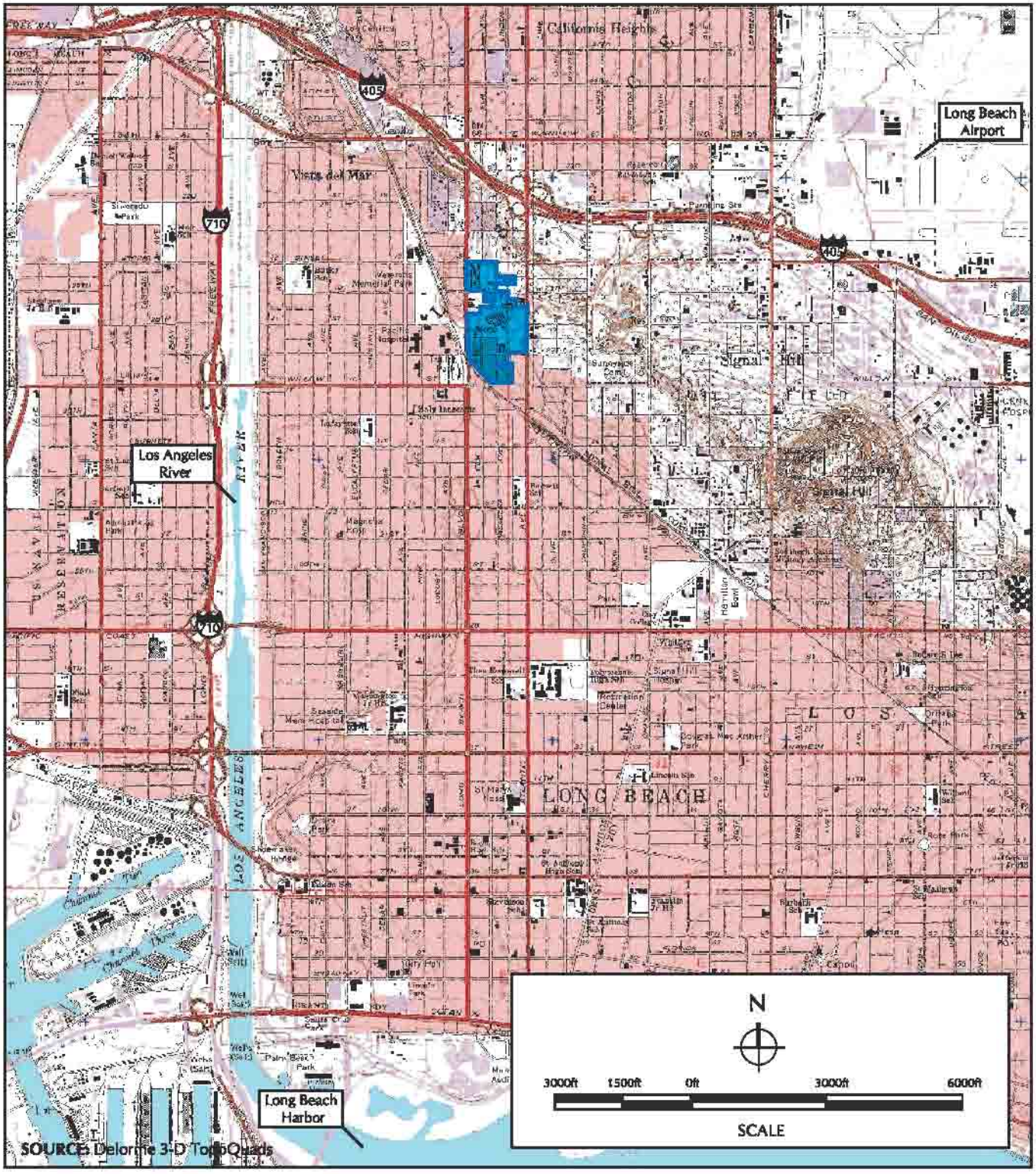
FIGURE 2.1-1
Regional Vicinity



LEGEND

Long Beach Memorial Medical Center Campus Boundary

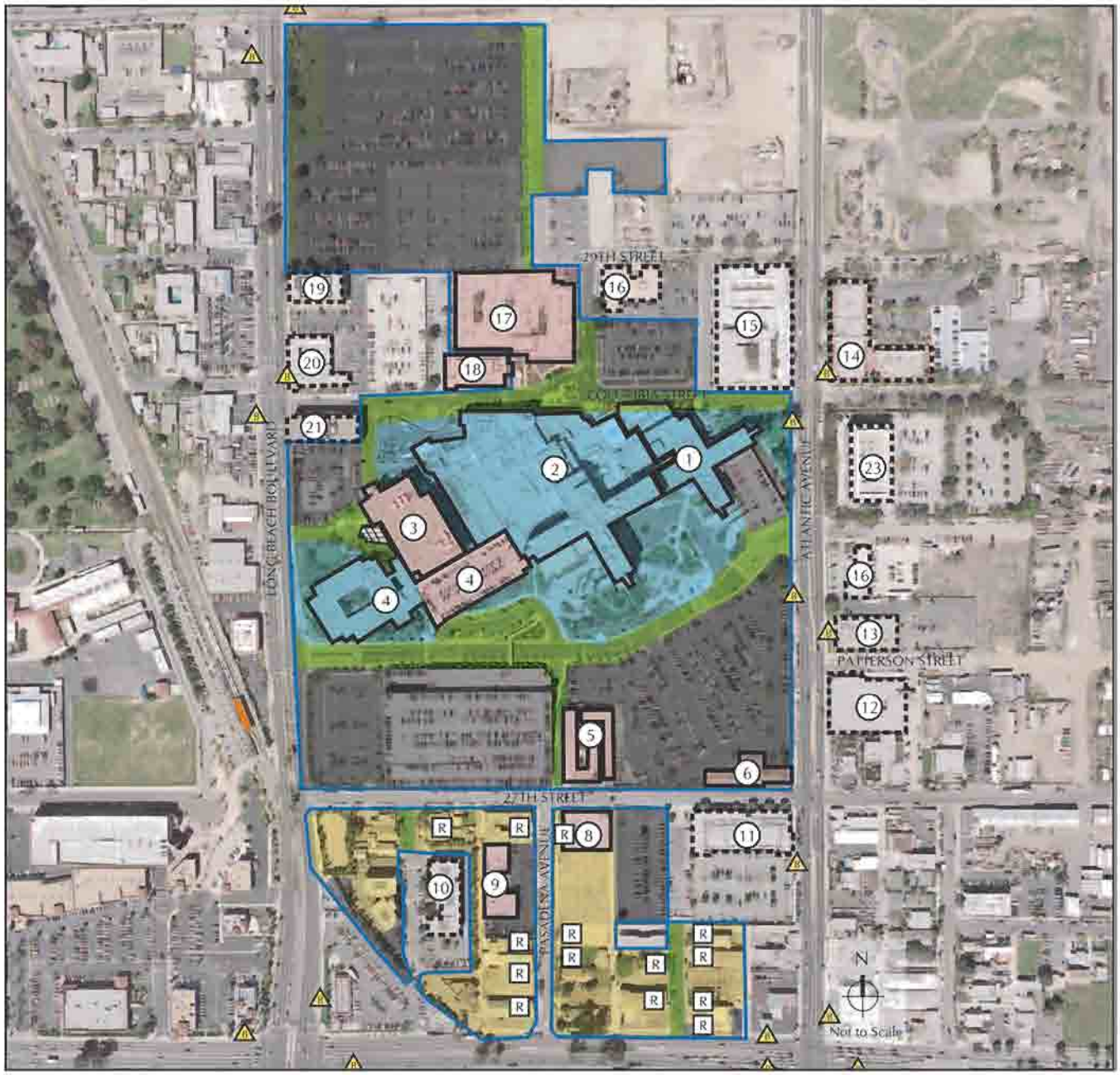
FIGURE 2.1-2
Long Beach Memorial Medical Center Location



LEGEND

- Long Beach Memorial Medical Center Campus Boundary
- Long Beach Memorial Medical Center Campus

FIGURE 2.1-3
Topographic Map



LEGEND

- Inpatient
- Outpatient
- Mixed Use
- Utilities
- Circulation
- Parking
- LBMMC Boundary
- Buildings Controlled by LBMMC
- Buildings Controlled by Others
- Blue Line (Willow Station)
- Bus Stop (Long Beach Transit)
- (1) Miller Children's Hospital
- (2) Long Beach Memorial Medical Center
- (3) Administration Building
- (4) West Facility/Rehabilitation Building
- Rehabilitation Gym/Parking
- (5) Miller House
- (6) Ranch House / WIC Medical Center
- (8) Memorial Guest Residence
- (9) Research Building
- (10) Elm Medical Plaza
- (11) 3-Story Medical Office Building
- (12) Convalescent Home
- (13) MOB with CT & MRI Orthopedics
- (14) Hillside Medical Plaza
- (15) 2-Story Atlantic MOB
- (16) Medical Office Building - 1 Story
- (17) Buffums Plaza - 1 Story
- (18) CT & MRI Center
- (19) Medical Office Building
- (20) Aloha Motel
- (21) Medical Office Building
- (23) 4-Story Altantic MOB
- [R] Residential Buildings

FIGURE 2.2-1
Existing Conditions

PHOTO 1
View of entrance to Long Beach Memorial Medical Center from intersection of Atlantic Avenue and 28th Street looking northwest

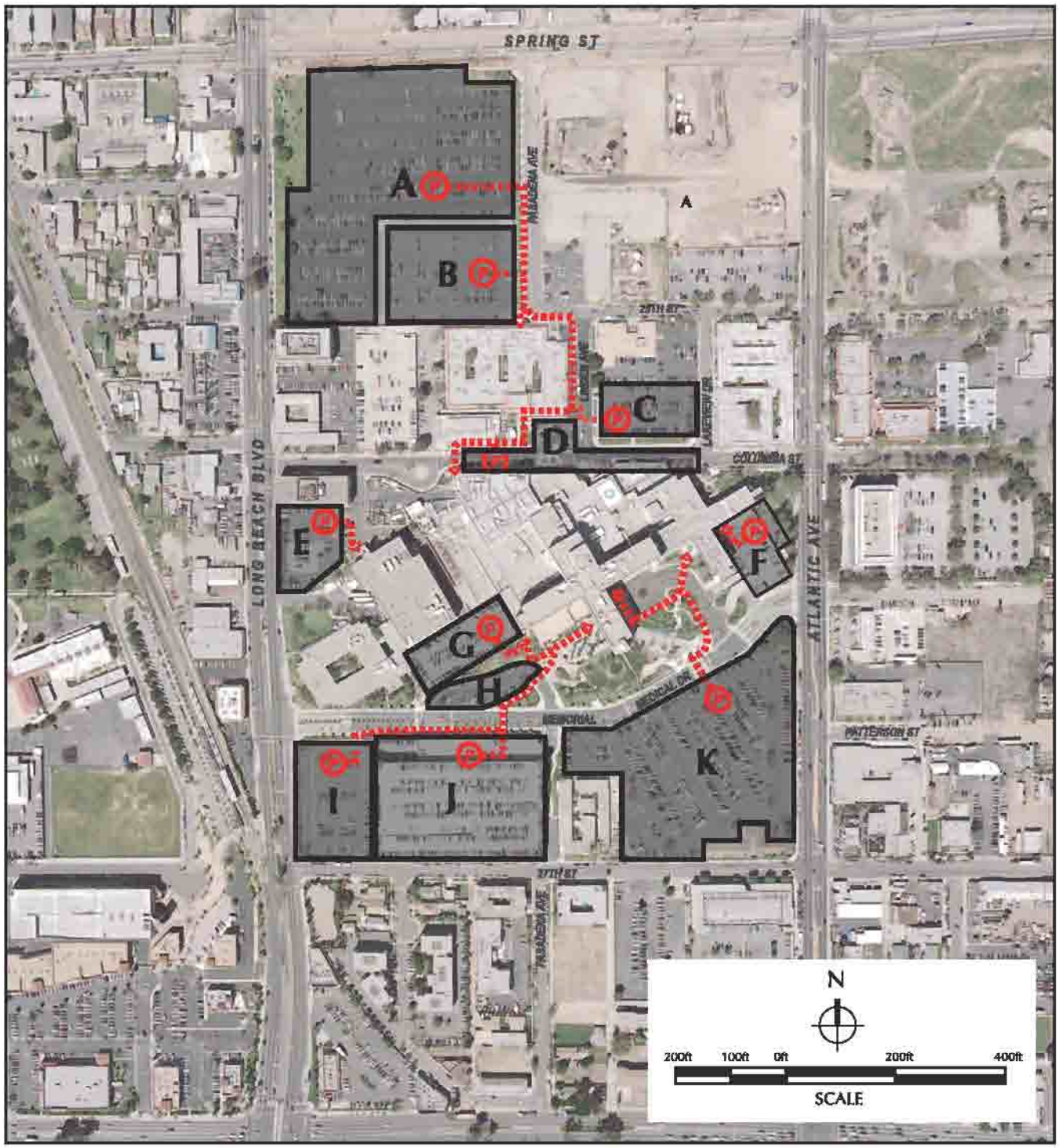
PHOTO 2
View of Long Beach Memorial Medical Center from intersection of Atlantic Avenue and Spring Street

FIGURE 2.2-2
Site Photographs

located north and south of LBMMC and MCH. There is a child care center located north of 27th Street, immediately adjacent to and east of the parking structure. There are a variety of mixed uses located south of 27th Street, including health-related programming, 72 residential units, and 18 vacant lots. Approximately 1.93 acres are dedicated to circulation within the Campus, not including public right-of-ways. There are a total of 3,452 parking spaces located in 11 locations throughout the Campus, including 259 surplus parking spaces (Figure 2.2-1; Figure 2.2-3, *Existing Parking*; Table 2.2-3, *Existing Parking*).

TABLE 2.2-1
DESCRIPTION OF LAND USES ON THE PROPERTY

Address	Description	Owner	Primary Land Use
2652 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2654 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2656 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2658 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2609 Pasadena Avenue	Apartments: 2 stories, 10 units	MHS	Mixed Use (Residential)
2611 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2613 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2615 Pasadena Avenue	Apartments: 4 units	MHS	Mixed Use (Residential)
2617 Pasadena Avenue	2 single-family dwellings	MHS	Mixed Use (Residential)
2608-2610 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2618-20-22 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2624-26 Pasadena Avenue	Land / single-family dwelling	MHS	Mixed Use (Residential)
2630-32 Pasadena Avenue	Land / single-family dwelling	MHS	Mixed Use (Residential)
2640-42 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
527-37 East Willow Street	Land / vacant lot	MHS	Mixed Use
2613 Linden Avenue	Apartments: 2 stories, 9 units	MHS	Mixed Use (Residential)
2627 Linden Avenue	Land / vacant lot	MHS	Mixed Use
2633-35 Linden Avenue	2 single-family dwellings	MHS	Mixed Use (Residential)
2620 Linden Avenue	Apartments: 5 units	MHS	Mixed Use (Residential)
2622-24-26 Linden Avenue	Duplex	MHS	Mixed Use (Residential)
2628 Linden Avenue	Land / vacant lot	MHS	Mixed Use
2630 Linden Avenue	Apartments: 2 stories, 9 units	MHS	Mixed Use (Residential)
2638 Linden Avenue	Apartments: 2 stories, 6 units	MHS	Mixed Use (Residential)
2625 Pasadena Avenue	Research building: 2 stories, 6 lots	MHS	Outpatient
2619-21 Pasadena Avenue	Research building: 2 lots	MHS	Outpatient
2623 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2675 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2685 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2691 Pasadena Avenue	Apartments: Beau Geste,	MHS	Mixed Use



LEGEND

- Accessible Pedestrian Path from Parking Lot to Building Entry
- Parking
- A Staff/Employee
- B Patient/Visitor
- C Patient
- D Doctors
- E Staff/Employee
- F Patient
- G Doctor
- H Patient/Visitor
- I Staff/Employee
- J Staff/Employee and Patient/Visitor
- K Patient/Visitor

FIGURE 2.2-3
Existing Parking

TABLE 2.2-1
DESCRIPTION OF LAND USES ON THE PROPERTY, Continued

Address	Description	Owner	Primary Land Use
	2 stories, 18 units		(Residential)
2608 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
500 East 27th Street	Guest Residence	MHS	Mixed Use (Residential)
695 East 27th Street, PM 268-46-47, Lots 1 and 2	Clooney / truck property	MHS	Mixed Use
2636, 2638 Elm Avenue	Land / vacant lot	MHS	Mixed Use
2650 Elm Avenue, #301–306	Medical offices (condo)	MHS	Outpatient
2650 Elm Avenue, #307–309	Medical offices (condo)	MHS	Outpatient
2651-2653 Elm Avenue	Land / medical offices	MHS	Outpatient
2685 Elm Avenue	Single-family dwelling	MHS	Mixed Use (Residential)
2690 Elm Avenue	Single-family dwelling	MHS	Mixed Use (Residential)
678 East 28th Street	Storage building: 1 story	MHS	Mixed Use
750 East 29th Street	Genzyme, office building: 1 story	MHS	Outpatient
403 East Columbia Street (Ground Lease)	MRI / lot 38 & ½ vacated lot	MHS	Outpatient
403 East Columbia Street (455 Columbia Street)	Buffums / lots 33–37 & 39–43 / vacated alley	MHS	Outpatient
2680 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
2684 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
2690 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
521 East Columbia Street	Land / E.R. parking lot	MHS	Parking
E.S. Fields, L.B. Heights (Canton Lots)	Land / vacant lots	MHS	Mixed use
300 East Spring Street, P.M. 199-97-98, Lot 1-2, Por. of Lot 2	Land / Buffums parking	MHS	Parking
2085 East Third Street	Transitional rehab	LBMMC	Outpatient
2801 Atlantic Avenue	Hospital Memorial West rehab Outpatient surgery Women's Hospital Miller Children's Hospital Administrative Services Building	LBMMC	Inpatient
2801 Atlantic Avenue	Parking structure: 1,772 spaces	LBMMC	Parking
2801 Atlantic Avenue	Children's parking structure: 150 spaces	LBMMC	Parking
501 East 27th Street	Miller house: 2-story building	LBMMC	Outpatient
2701 Atlantic Avenue	Pain Management: 1-story office building	LBMMC	Outpatient
Parking lot on 27th Street	Parking lot next to 2699 Atlantic Avenue (no data)	LBMMC	Parking

TABLE 2.2-2
EXISTING CONDITIONS: GROSS FLOOR AREAS

Building Number per Existing Building Plan[1]	Building	Gross Floor Areas (Square Foot)
1	Miller Children's Hospital	175,162
2	Long Beach Memorial Medical Center	697,630
3	Administration Building	129,531
4	Memorial West Facility (Rehab)[2]	107,622
5	Miller House	25,000
6	Ranch House / WIC Medical Center	12,000
8	Memorial Guest Residence Hotel	12,000
9	Research Building	20,000
17	Buffums Plaza	35,000
	Total	**1,213,945**

NOTE:
[1] Building numbers as shown on diagram. Source: Taylor, July 2004. "Existing Buildings." Contact: Taylor, 2220 University Drive, Newport Beach, CA 92660.
[2] Gross floor area of the Memorial West Facility includes the Rehab center (31,167 square feet).

TABLE 2.2-3
EXISTING PARKING

	Staff/Employee Spaces	Patient/Visitor Spaces	Doctor Spaces	Total Spaces
Existing Parking Demand				3,193
Existing Parking Supply				3,452
Lot A	675	—	—	675
Lot B	—	217	—	217
Lot C	—	74	—	74
Lot D	—	—	28*	28
Lot E	85	—	—	85
Lot F	—	26	60	86
Lot G	—	—	87	87
Lot H	—	29	—	29
Lot I	150	—	—	150
Lot J	1,430	164	—	1,594
Lot K	—	427	—	427
Subtotal	2,340	937	175	3,452
Existing Parking Surplus				259

NOTE:
* Spaces shared with patients and visitors.

2.3 STATEMENT OF OBJECTIVES

The LBMMC Campus is the second largest private hospital on the West Coast and has served the Long Beach community and Southern California since 1914. Being a comprehensive medical campus, it combines the resources of six major entities: the LBMMC, MCH, Memorial Women's Hospital, Memorial Rehabilitation Hospital, Memorial Heart Institute, and Memorial Cancer Institute. The proposed expansion of the facilities and services would be undertaken to provide a full range of integrated medical facilities. It is vital to the community's health that the LBMMC be given the opportunity to achieve this vision. The LBMMC has defined their goals and supporting objectives related to the proposed project as follows:

Goal: The LBMMC is a nonprofit hospital and is committed to improving the health and well-being of individuals, families, and the community through innovation and the pursuit of excellence, and to making LBMMC into Southern California's preferred, operationally excellent, and fiscally sound provider of comprehensive, high-quality health services.

Objectives: The LBMMC has identified and prioritized 12 basic objectives that are important to achieving the project goal:

1. Continue the legacy of providing a high-quality environment that supports the health and well-being of patrons through the provision of a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment, and monitoring services to meet existing and anticipated demand in the community through the year 2020.

2. Expand and reorganize the existing approximately 1,200,000 square feet of combined inpatient, outpatient, and appurtenant facilities by approximately 500,000 square feet to accommodate existing and anticipated demand through the year 2020.

3. Comply with the regulations developed by the Office of Statewide Health Planning and Development (OSHPD) as mandated by Senate Bill 1953 (Chapter 740, 1994), an amendment to and furtherance of the Alfred E. Alquist Hospital Seismic Safety Act of 1983.[3]

4. Consolidate and relocate the diverse outpatient treatment modalities of the Todd Cancer Institute (TCI) that are currently dispersed in 24 sites located on and off the Campus, to a single facility in proximity to the inpatient services provided at the LBMMC.

5. Provide a dedicated facility for the outpatient well care, screening, imaging, diagnosis, treatment, and monitoring of cancer and non-cancer patients to accommodate the anticipated need for 375 patients to be served per day by the year 2007, and to accommodate approximately 500 patients per day to meet anticipated needs through the year 2020.

[3] Senate Bill (SB) 1953 established seismic requirements for existing hospitals in California and was signed into law in September 1994. This bill requires existing general acute care hospital buildings that are not in compliance with the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (generally buildings with permits prior to 1973) to be either seismically retrofitted, changed to non-acute care use, replaced, or demolished. This is to be accomplished for all California hospital facilities by year 2030.

6. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases that would satisfy a mandate from the California Department of Health Services to provide seven operating rooms by January 2008. An additional three operating rooms would need to be provided between years 2008 and 2015 to meet anticipated demand through the year 2020.

7. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for newborn intensive care services and general pediatric patients. The new pediatric inpatient tower will be sized to accommodate the 10-percent increase in the need for pediatric inpatient treatment of children under the age of 15 between years 2000 and 2003, and the projected additional increase of 1 percent per year through the year 2020. The increase in capacity would require 72 additional beds by the year 2008 and another 92 additional beds between years 2008 and 2015 to meet anticipated demand through the year 2020.

8. Consolidate and relocate the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building in close proximity to the MCH.

9. Within the Campus, provide a building designated for mixed uses to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.

10. Provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.

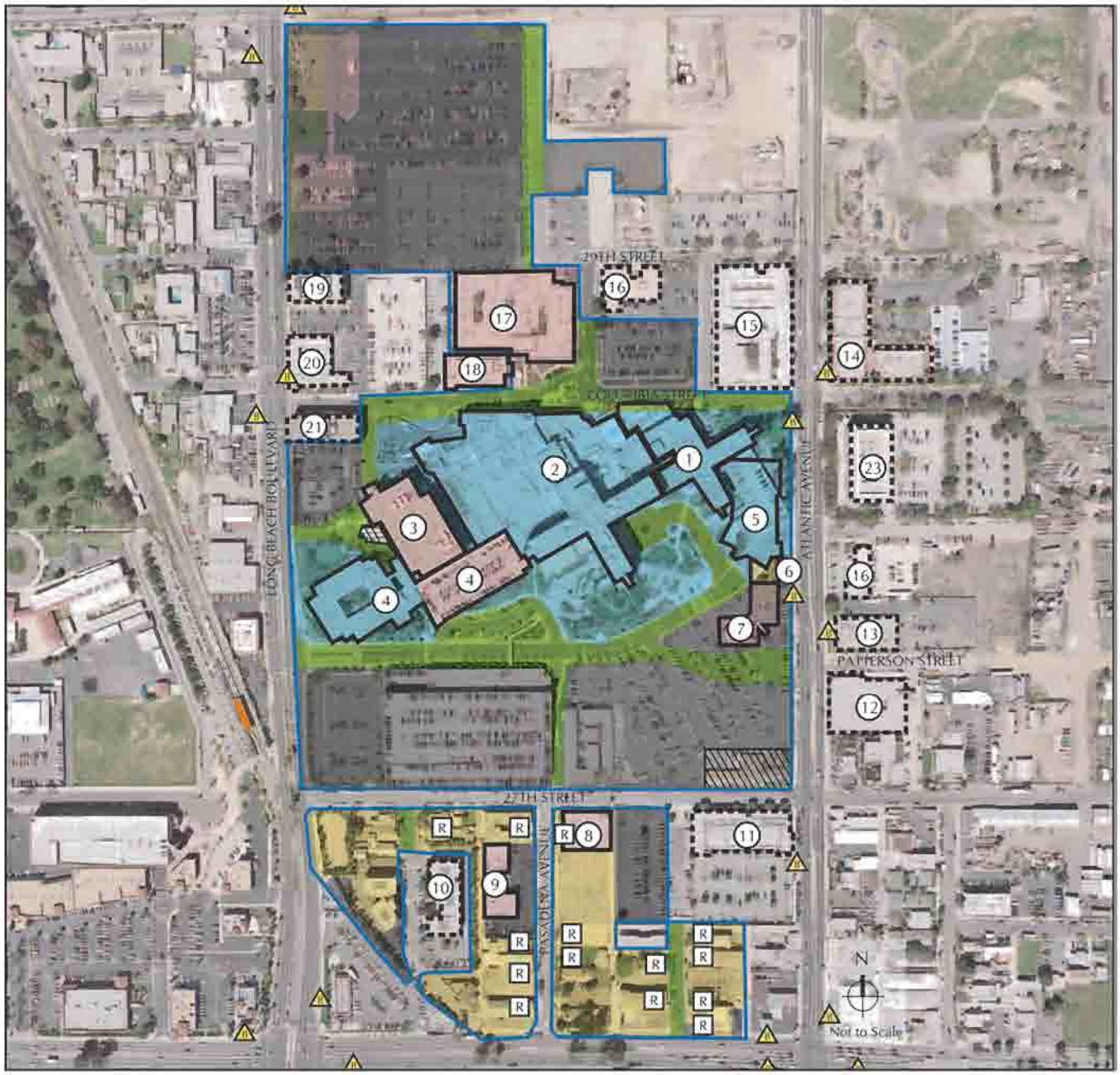
11. Provide adequate infrastructure to support circulation within the Campus.

12. Provide sufficient parking capacity to comply with the City of Long Beach parking ordinance.

2.4 PROPOSED PROJECT

The proposed project consists of a 2005 Master Plan (Appendix A, *Master Plan*) that specifies a Master Plan of Land Uses that provides a conceptual framework for the reorganization of the six existing land uses: (1) inpatient medical facilities, (2) outpatient medical facilities, (3) mixed-use facilities, (4) utilities, (5) circulation, and (6) parking (Figure 2.4-1, *Proposed Master Plan of Land Uses*). Within this conceptual framework, six proposed project elements could be constructed within the next 5 to 10 years:

1. Todd Cancer Institute
2. Miller Children's Hospital—Pediatric Inpatient Tower, Utility Trench, and Central Plant Building
3. Miller Children's Hospital—Pediatric Outpatient Building
4. Miller Children's Hospital—Link Building
5. Roadway Realignment
6. Parking Program



LEGEND

- Inpatient
- Outpatient
- Mixed Use
- Utilities
- Circulation
- Parking
- LBMMC Boundary
- Buildings Controlled by LBMMC
- Buildings Controlled by Others
- Blue Line (Willow Station)
- Bus Stop (Long Beach Transit)
- (1) Miller Children's Hospital
- (2) Long Beach Memorial Medical Center
- (3) Administration Building
- (4) West Facility/Rehabilitation Building
  Rehabilitation Gym/Parking
- (5) Pediatric Inpatient Tower
- (6) Link Building
- (7) Pediatric Outpatient Building
- (8) Memorial Guest Residence
- (9) Research Building
- (10) Elm Medical Plaza
- (11) 3-Story Medical Office Building
- (12) Convalescent Home
- (13) MOB with CT & MRI Orthopedics
- (14) Hillside Medical Plaza
- (15) 2-Story Atlantic MOB
- (16) Medical Office Building - 1 Story
- (17) Buffums Plaza - 1 Story
- (18) CT & MRI Center
- (19) Medical Office Building
- (20) Aloha Motel
- (21) Medical Office Building
- (23) 4-Story Altantic MOB
- R Residential Buildings

FIGURE 2.4-1
Proposed Master Plan of Land Uses

The TCI would facilitate expansion of the Campus by relocating cancer treatment programs currently located within the licensed hospital facility and other diverse locations to a single building dedicated to cancer treatment programs. The comprehensive expansion of the MCH would ultimately consist of three new buildings: the pediatric inpatient tower, the pediatric outpatient building, and the link building (Figure 2.4-2A*, Miller Children's Hospital Expansion Phase I South and East Elevation*; Figure 2.4-2B*, Miller Children's Hospital Expansion Phase I South and West Elevations*; and Figure 2.4-2C*, Miller Children's Hospital Expansion Phase II South and East Elevation*). As required by the OSHPD, the MCH pediatric inpatient tower would be supported by a dedicated central plant building connected via an underground utility trench. Memorial Medical Center Drive / Patterson Street would need to be realigned to the south to accommodate the proposed MCH improvements. The combined effects of displaced parking from new construction and additional trips generated through the expanded capacity of the hospital require the provision of additional parking. LBMMC has developed a parking program to provide additional capacity. The parking program requires conversion of mixed-use properties, including demolition of the existing childcare center, demolition of 51 residential units, and development of 12 vacant lots.

The total estimated cost of capital improvements is in excess of $276 million (Table 2.4-1, *Estimated Capital Improvement Costs*).

TABLE 2.4-1
ESTIMATED CAPITAL IMPROVEMENT COSTS

Project Element	Total Cost in Million
Todd Cancer Institute, Phase I	$34.30
Todd Cancer Institute, Phase II	$17.30
Miller Children's Hospital—Pediatric Inpatient Tower, Phase I	$92.00
Miller Children's Hospital—Pediatric Inpatient Tower, Phase II	$61.30
Utility Trench	$1.00
Central Plant Building	$5.00
Miller Children's Hospital—Pediatric Outpatient Building	$19.00
Miller Children's Hospital—Link Building	$14.20
Roadway Realignment	$3.00
Parking Program	
• On-site parking (N, P, Q, R, S, and T) 515 spaces at $10,000 per car space	$5.15
• 1,700 space structure at $14,000 per car space	$23.80
TOTAL COST	**$276.05**

NOTE:
All costs are at 2004 dollar value.

2.4.1 Master Plan of Land Uses

The proposed Master Plan of Land Uses provides a conceptual framework for the reorganization of the pattern of land uses within the Campus to meet the identified immediate needs and anticipated long-term needs of the Campus and community through the year 2020 (Appendix A and Table 2.4.1-1, *Anticipated 2005 Master Plan Projects*). The ability to fulfill this mission requires the establishment of a Long-Range Development Plan for the Campus. The City of Long Beach Zoning Code, Section 21.34.020,[4] requires that all sites zoned as Institutional and having an area greater than 40,000 square

[4] City of Long Beach. 1982. City of Long Beach Municipal Code (Ord. C-5831 § 1, 1982), Chapter 21. Available at: http://www.longbeach.gov/apps/cityclerk/lbmc/title-21/frame.htm

Note: Conceptual massing study. Buildings will be designed in accordance with the design guidelines specified in the 2005 Master Plan (Appendix A).

FIGURE 2.4-2A
Miller Children's Hospital Expansion Phase I South and East Elevation

Note: Conceptual massing study. It shows Phase II of MCH Pediatric Inpatient Building. The buildings wil be designed in accordance with the design guidelines specified in the 2005 Master Plan (Appendix A).

FIGURE 2.4-2B
Miller Children's Hospital Expansion Phase I South and West Elevations

Note: Conceptual massing study. Buildings will be designed in accordance with the design guidelines specified in the 2005 Master Plan (Appendix A).

FIGURE 2.4-2C
Miller Children's Hospital Expansion Phase II South and East Elevation

feet in the City of Long Beach to submit a Long-Range Development Plan that includes all development of the site and site expansions (within a zone designated as Institutional or under the institution's ownership, whichever is greater) anticipated over the next 20 years. As such, this 2005 Master Plan would normally be prepared to address planning needs through the year 2025. However, the City of Long Beach General Plan provides planning and demographic data through the 2020 planning horizon. Therefore, this 2005 Master Plan incorporates considerations from the previously adopted 1999 Master Plan, and provides land use designations, recommended capital improvements, and design guidelines to provide for the orderly and compatible development of the Campus to meet the needs of the community through the 2020 planning horizon, consistent with the City's General Plan.

It is set forth in Section 21.34.020 of the Zoning Code that all future projects must be consistent with the approved Long-Range Development Plan. The proposed land uses are consistent with the existing land use designation (LUD) No. 7 Mixed-Use District in the General Plan and with the Institutional zoning. LBMMC has requested the City to extend the eastern edge of the Planned Development (PD-29) zoning, between Spring Street (on the north) and 29th Street (on the south) to Pasadena Avenue. That land is currently zoned as a Regional Highway (CHW) District. However, the land owned by LBMMC between 27th Street (to the north) and Willow Street (to the south), currently zoned as CHW and as a Community Automobile-Oriented District (CCA), would maintain the existing zoning as it accommodates the proposed uses. In addition to revising the Master Plan of Land Uses and zoning, the 2005 Master Plan (Appendix A) provides design guidelines, a landscape plan (Figure 2.4.1-1, *Landscape Plan*), and a pedestrian plan (Figure 2.4.1-2, *Pedestrian Plan*) to guide the planning and design of six capital improvement projects recommended to meet community needs through the year 2020 planning horizon.

TABLE 2.4.1-1
2005 MASTER PLAN ANTICIPATED PROJECTS

Project Title	Total Square Feet / Number of Stories	Anticipated Construction Start Date / Completion Date
TCI Phase I TCI Phase II	83,630 / 3 stories 42,300 / 2 stories	July 2005 / September 2006 July 2010 / June 2011
MCH pediatric inpatient tower Phase I	124,500 / 4 stories	October 2005 / January 2008
MCH pediatric inpatient tower Phase II	73,500 / 3 stories	January 2012 / June 2013
Utility trench	1,000 linear feet, underground	July 2005 / January 2008
Central plant building	3,500 / 1 story	June 2006 / August 2007
MCH pediatric outpatient building	80,000 / 5 stories	October 2005 / May 2007
MCH link building	20,000 / 3 stories	July 2010 / June 2011
Roadway realignment	820 linear-feet	July 2005 / October 2005
Parking program	2,187 parking spaces	July 2005 / December 2007

FIGURE 2.4.1-1
Landscape Plan

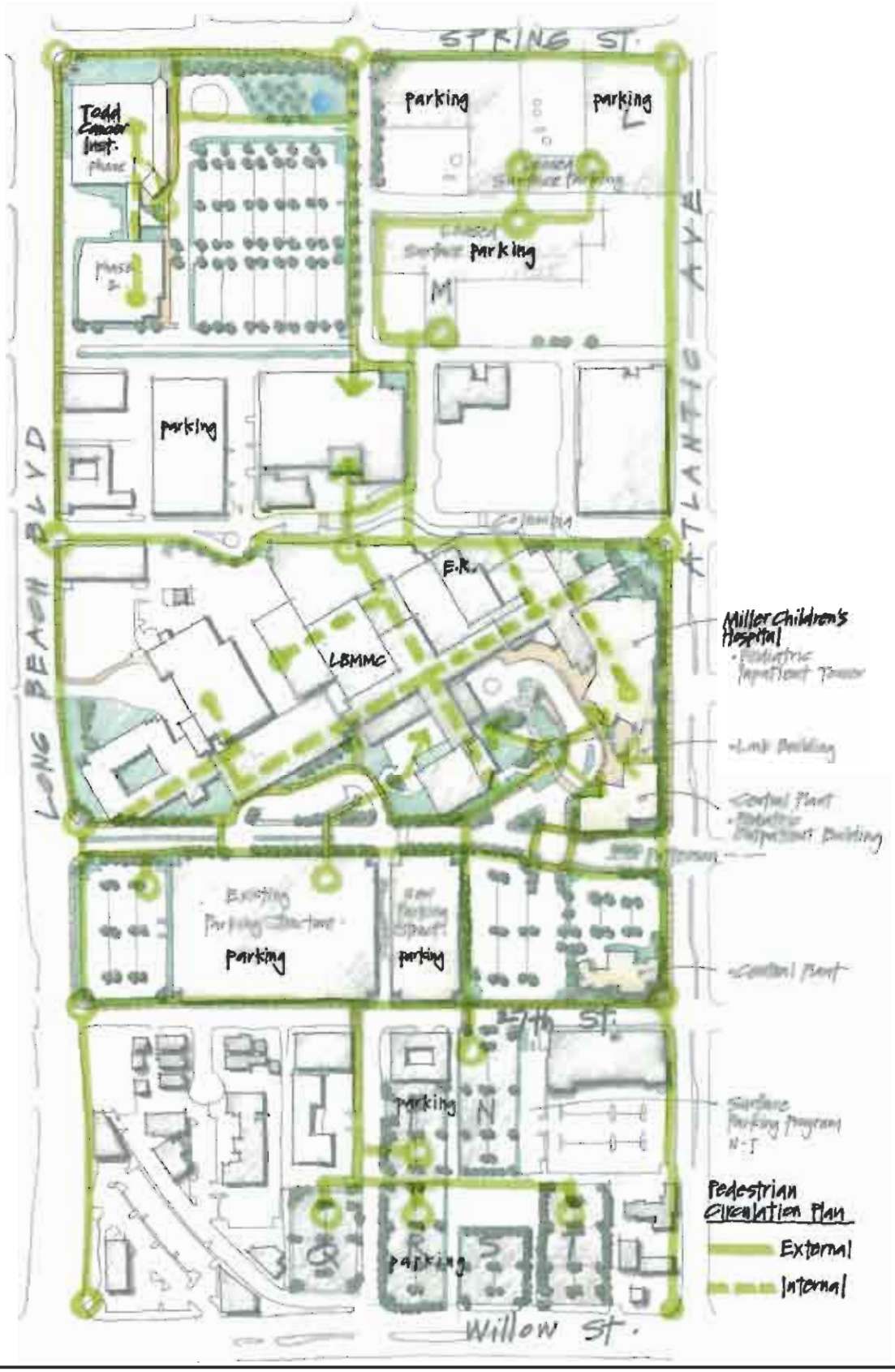


FIGURE 2.4.1-2
Pedestrian Plan

2.4.2 Todd Cancer Institute

The TCI would be located on the northwestern corner of the Campus, southeast of the intersection of Long Beach Boulevard and Spring Street (Figure 2.4.2-1, *Todd Cancer Institute Conceptual Site Plan*). The existing land use at this location is an 872-stall surface parking lot. The TCI building would provide comprehensive outpatient cancer services in a single facility designed for the unique requirements of cancer patients and their families. (Figure 2.4.2-2A*, Todd Cancer Institute North and South Elevations*, and Figure 2.4.2-2B*, Todd Cancer Institute West and East Elevations*). These services are currently provided in approximately 24 distinct locations distributed throughout the Campus and in nearby, leased facilities (Figure 2.4.2-3, *Proposed Consolidation of TCI Services*). The TCI building would also be designed to reinforce a sense of arrival to the northern edge of the Campus. Employees, medical staff, and patients would access the TCI from entry driveways on Pasadena Avenue. The driveway would be adequately sized to accommodate service of delivery vehicles. Outpatient cancer services would ultimately encompass approximately 125,930 gross square feet of new space constructed in two phases.

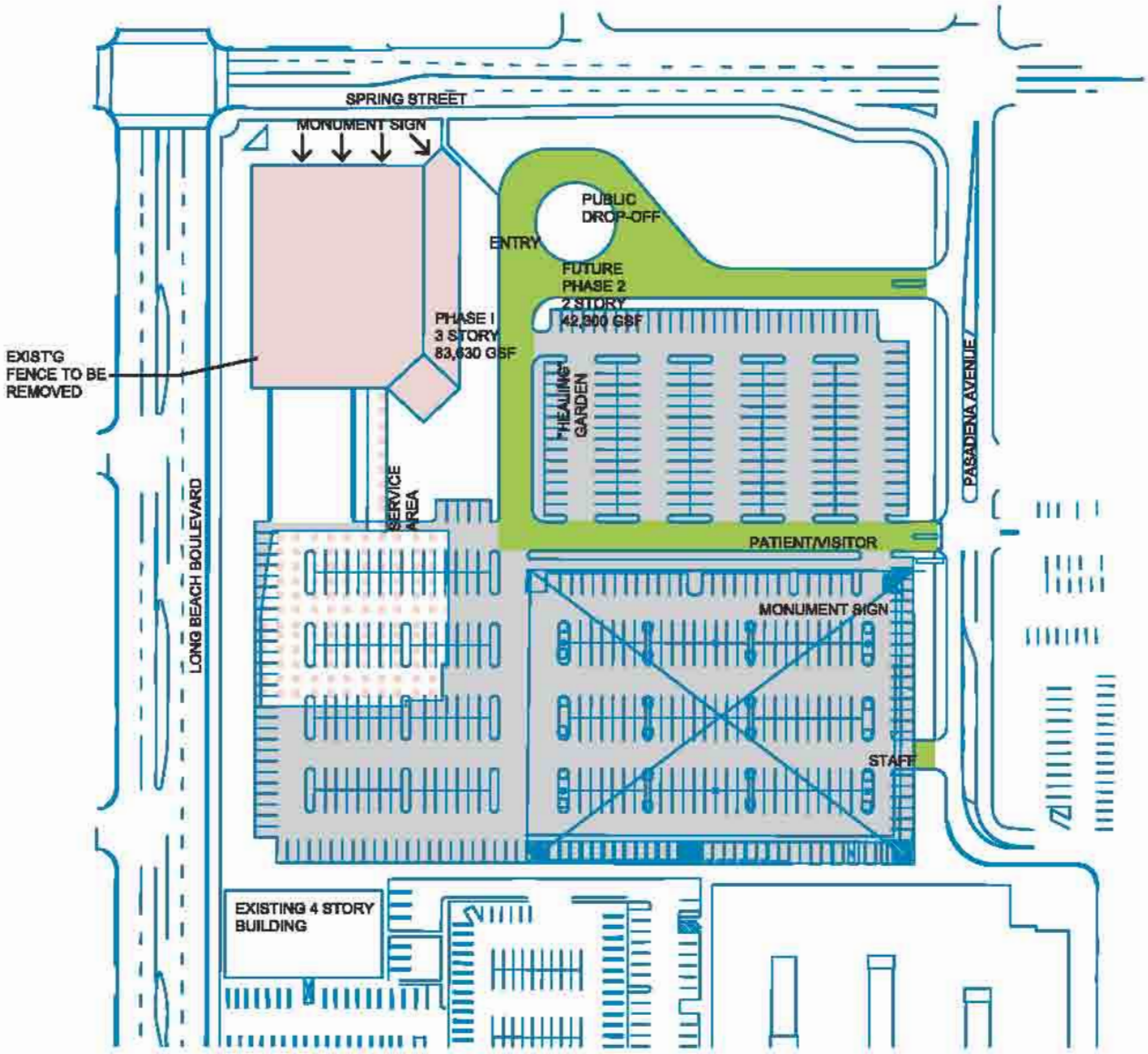
Landscaping would be provided along Long Beach Boulevard and Spring Street frontages consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan (Appendix A) for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping. A healing garden would be developed adjacent to the TCI on the east side of the building. Amenities and plant selections would be sensitive to the needs of cancer patients and would accentuate the healing and medicinal properties of certain plants.

Phase I of the TCI would provide 83,630 gross square feet in a 54-foot-high, three-story building and an atrium featuring a 70-foot-high skylight. The building would be identified by two illuminated building signs reading "Todd Cancer Institute" and by ground-level monument signage. The Phase I portion of the building would require 418 parking spaces. It is anticipated that there would be a maximum of approximately 120 employees working in the building at one time. Phase I of the TCI is proposed to initiate construction in July 2005. Upon completion of Phase I in September 2006, the undeveloped portions of the site would accommodate approximately 701 parking stalls.

Phase II would provide an additional 42,300 gross square feet in a new 33-foot-high, two-story horizontal expansion. The Phase II portion of the building would require 212 parking spaces. Upon completion of Phase II, the undeveloped portions of the site would accommodate approximately 633 parking stalls. It is anticipated that there would be a maximum of approximately 60 additional employees working in the building at one time. Construction of Phase II of the TCI is contingent on the growth of outpatient cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction are July 2010 through June 2011.

2.4.3 Miller Children's Hospital—Pediatric Inpatient Tower, Utility Trench, and Central Plant Building

The expansion of MCH, through the addition of a pediatric inpatient tower, would be located immediately adjacent to the existing MCH facility, southwest of the intersection of Atlantic Avenue and Columbia Street (Figure 2.4.3-1, *Miller Children's Hospital Expansion*). The existing land use at this location is an 86-stall, multilevel parking structure. The parking structure would be demolished to accommodate the proposed pediatric inpatient tower. Access to the pediatric inpatient tower would be provided on multiple floors of the existing MCH facility and by a new pedestrian entrance on the west facade of the building. At build-out, the MCH would provide approximately 205,250 gross square feet



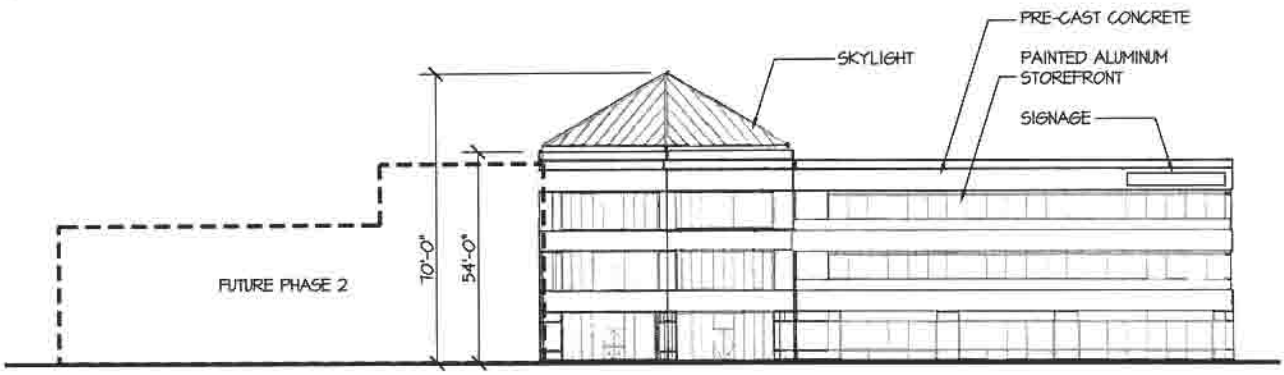
LEGEND

- Phase I
- Phase II
- Circulation
- Parking

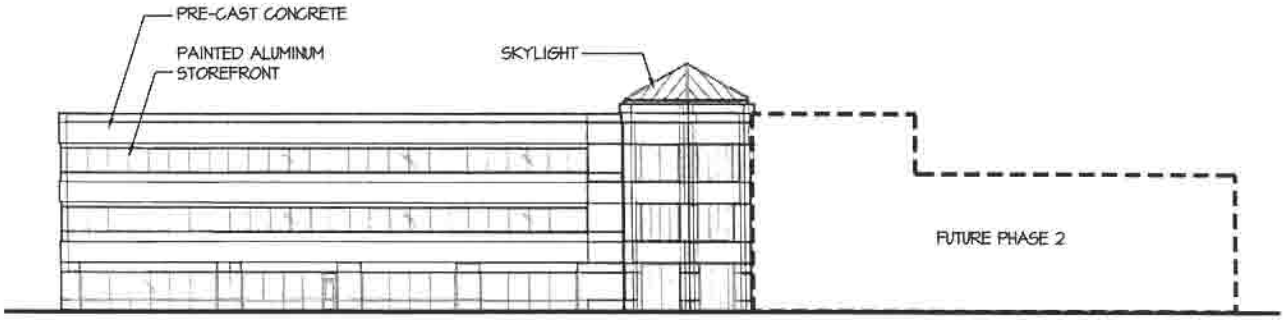
Phase I
Building Area: 83,630 SF

Phase 2
Building Area: 45,300 SF

FIGURE 2.4.2-1
Todd Cancer Institute Conceptual Site Plan



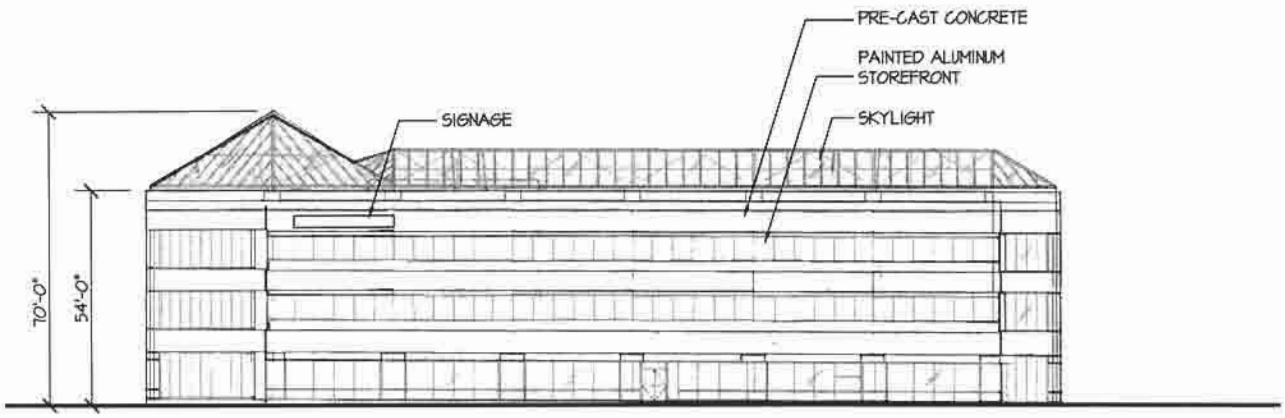
NORTH ELEVATION



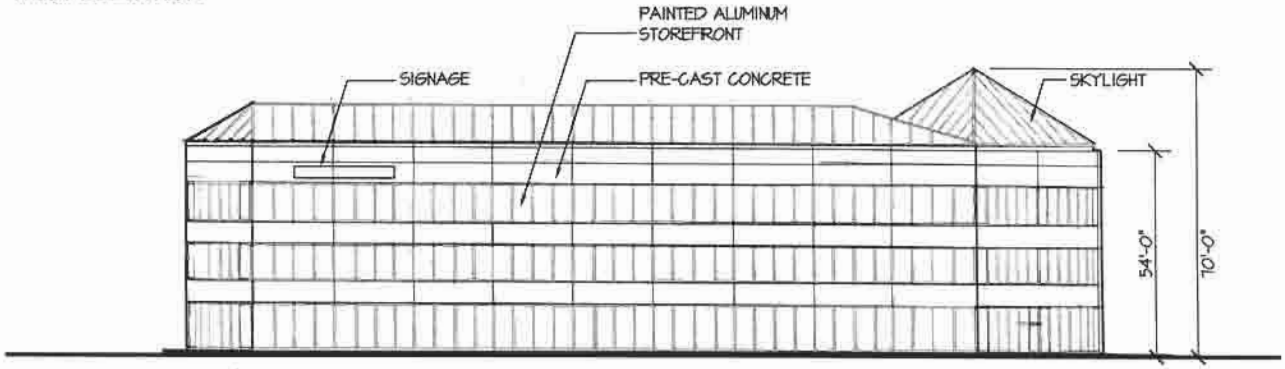
SOUTH ELEVATION

0 30' 60'

FIGURE 2.4.2-2A
Todd Cancer Institute North and South Elevations



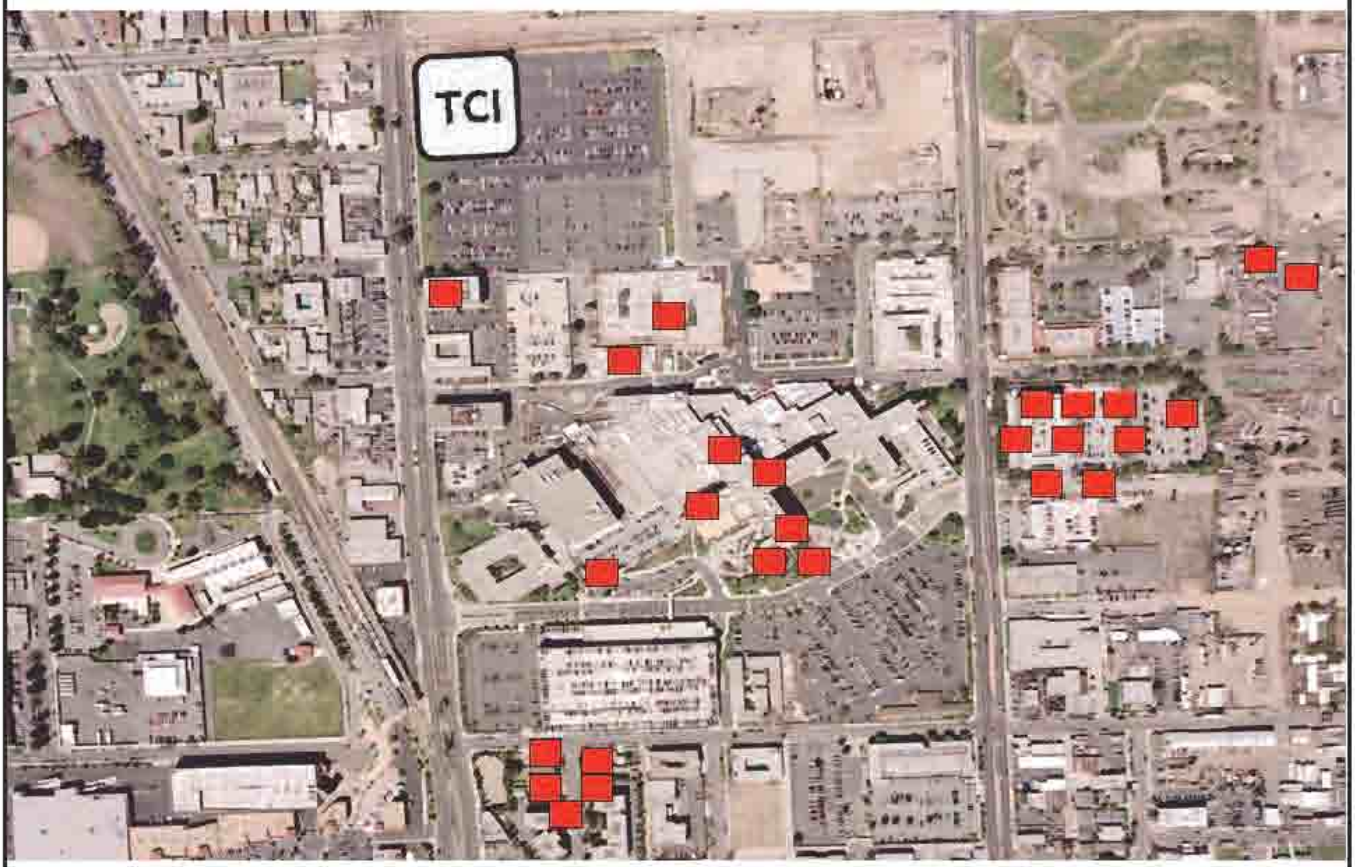
WEST ELEVATION



EAST ELEVATION

0 30' 60'

FIGURE 2.4.2-2B
Todd Cancer Institute West and East Elevations



SOURCE: Long Beach Memorial Medical Center

LEGEND

TCI Proposed Location TCI

Existing Location for TCI Services

FIGURE 2.4.2-3
Proposed Consolidation of TCI Services

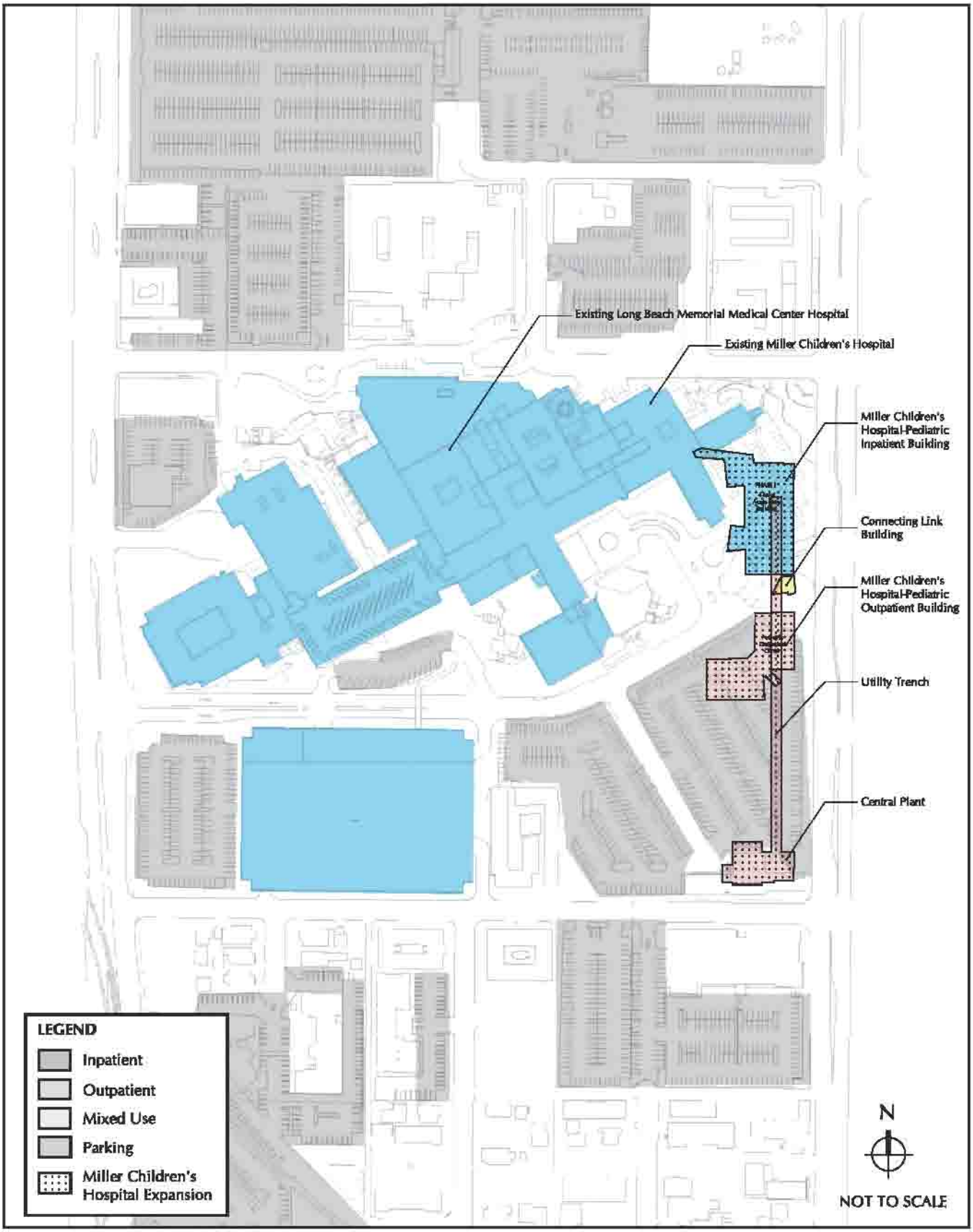


FIGURE 2.4.3-1
Miller Children's Hospital Expansion

(Figure 2.4.3-2A, *Miller Children's Hospital Pediatric Inpatient Building North and East Elevation*, and Figure 2.4.3-2B, *Miller Children's Hospital Pediatric Inpatient Building South and West Elevation*).

Phase I of the MCH pediatric inpatient tower would provide approximately 129,220 square feet of new space for pediatric surgical services, imaging, lobby, newborn intensive care services, and general pediatric inpatient care services. It is anticipated that there would be a maximum of approximately 310 employees working in the building at one time. Phase I would consist of a four-story building with one story below grade and three stories above grade. The highest point of the Phase I structure would be approximately 84 feet above grade. The building would be identified by three illuminated building signs reading "Miller Children's Hospital" and by ground-level monument signs. The Phase I portion of the building would require 144 parking spaces. Phase I of the new pediatric inpatient tower is proposed to initiate construction in October 2005, with completion in January 2008. Phase II would provide approximately 86,030 square feet in a four-story vertical expansion of the Phase I structure. The highest point of the combined Phase I and Phase II structure would be approximately 148 feet above grade. The Phase II portion of the building would require 192 parking spaces. Construction of Phase II is contingent on the growth of inpatient pediatric cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction of Phase II of the MCH pediatric inpatient tower are January 2012 and June 2013, respectively.

Landscaping would be provided along Atlantic Avenue and 27th Street frontages consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan (Appendix A) for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

A central plant building designed to support Phases I and II of the new pediatric inpatient tower would be constructed northwest of the intersection of Atlantic Avenue and 27th Street (Figure 2.4.3-3A, *Miller Children's Hospital—Pediatric Inpatient Building, Central Plant: North and East Elevations*, and Figure 2.4.3-3B, *Miller Children's Hospital—Pediatric Inpatient Building, Central Plant: South and West Elevations*). The existing land use at this location is a small, wood-framed building referred to as the "WIC Building" and "Ranch House" on the southeastern portion of the surface parking lot located north of 27th Street. The uses currently provided at the Ranch House include women's, children's, and infant food and nutrition programs, and would be relocated elsewhere at the Campus prior to the initiation of demolition activities. Development of the central plant building within a portion of the existing surface parking lot would displace 14 parking spaces. The central plant building would consist of a single-level structure of approximately 3,500 square feet and approximately 5,000 gross square feet of open yard, plus eight parking stalls. Construction of the central plant building is proposed to begin in June 2006 and finish in August 2007. The central plant building would contain equipment and storage for the provision of emergency power, chilled water, and bulk medical oxygen for the inpatient tower. The central plant building would be staffed by existing engineering staff; therefore, no additional parking would be required for the central plant building. Vehicular access to the central plant building would be from 27th Street.

The inpatient pediatric tower would be served by the central plant building via a 1,000-linear-foot underground utility trench along the eastern edge of the Campus, parallel to Atlantic Avenue. Utility piping between the central plant building and the inpatient tower would be direct buried within a protected, slurry back-filled trench. The utility trench would be a permanent, underground facility that would not generate any additional demand for parking; therefore, no additional parking would be required for the utility trench.

North Elevation
As seen from Columbia Street

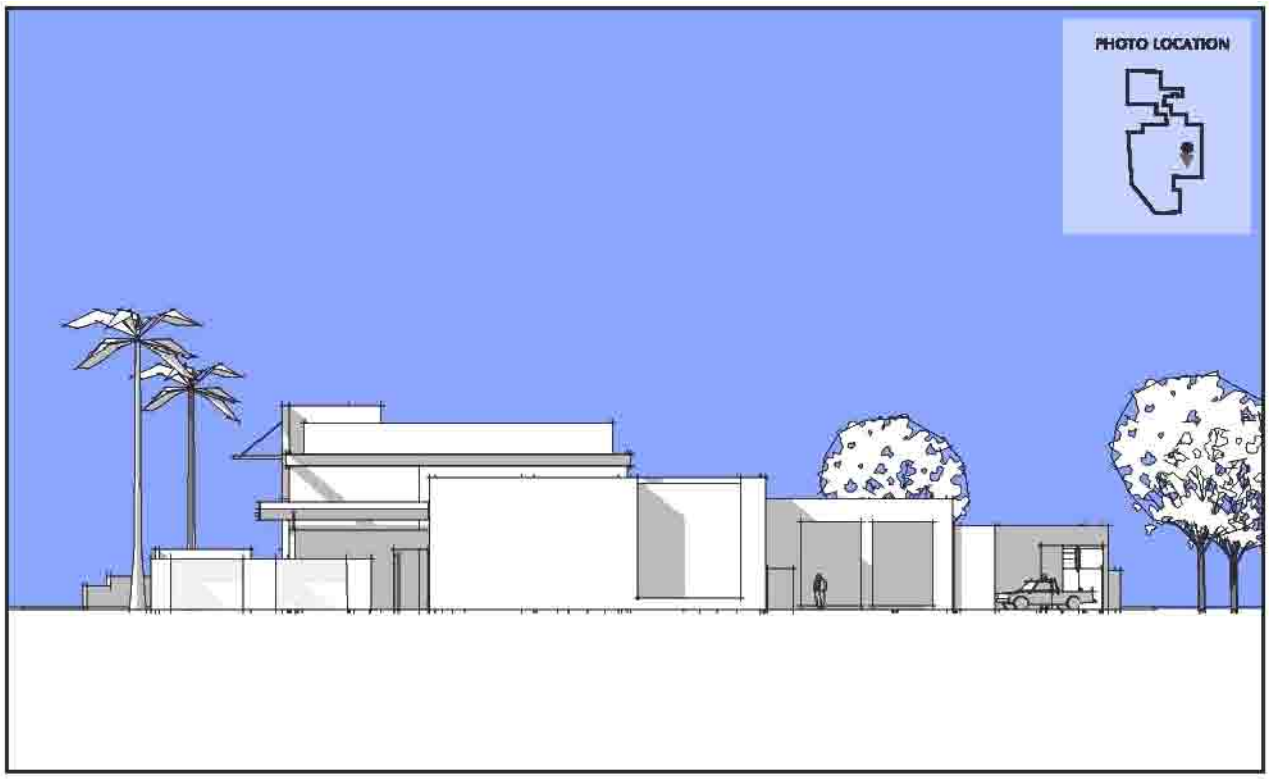
East Elevation
As seen from Atlantic Avenue

FIGURE 2.4.3-2A
Miller Children's Hospital Pediatric Inpatient Building North and East Elevation

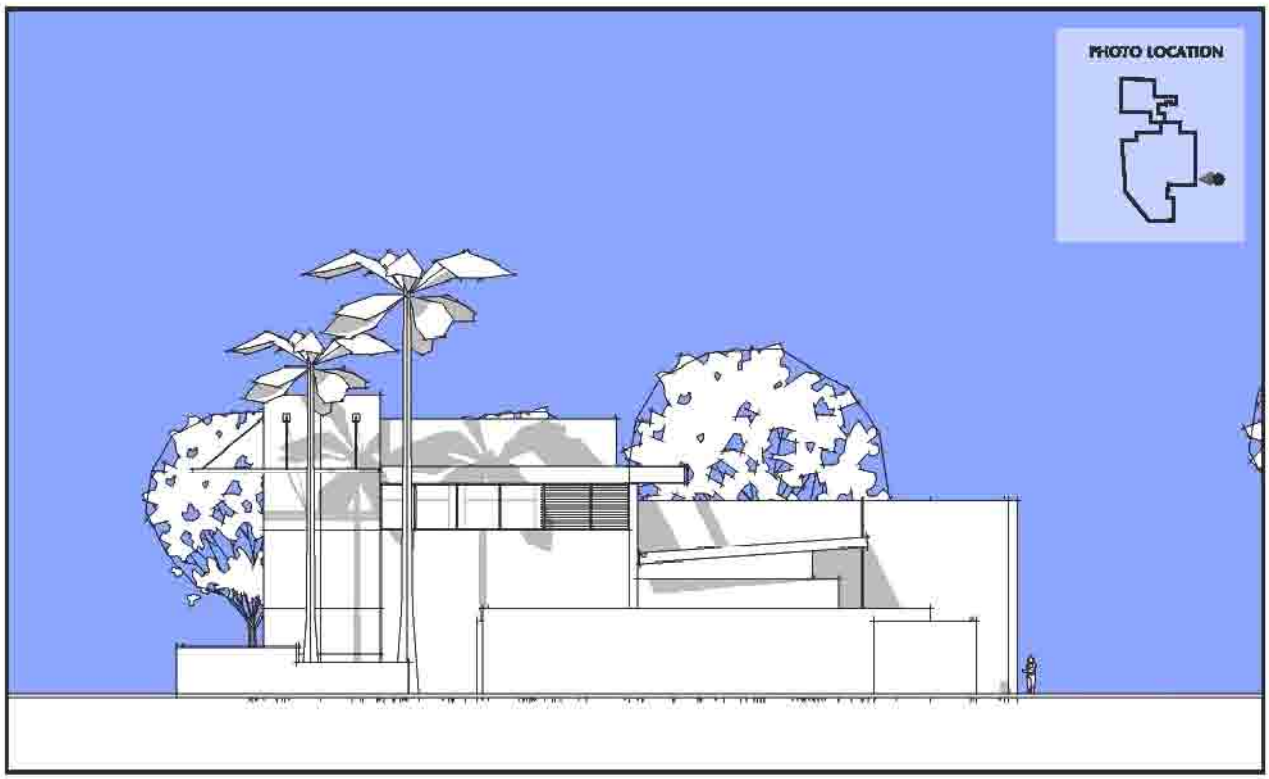
South Elevation
As seen from Memorial Drive/Patterson Street

West Elevation
As seen from Miller Children's Hospital Courtyard

FIGURE 2.4.3-2B
Miller Children's Hospital Pediatric Inpatient Building South and West Elevation

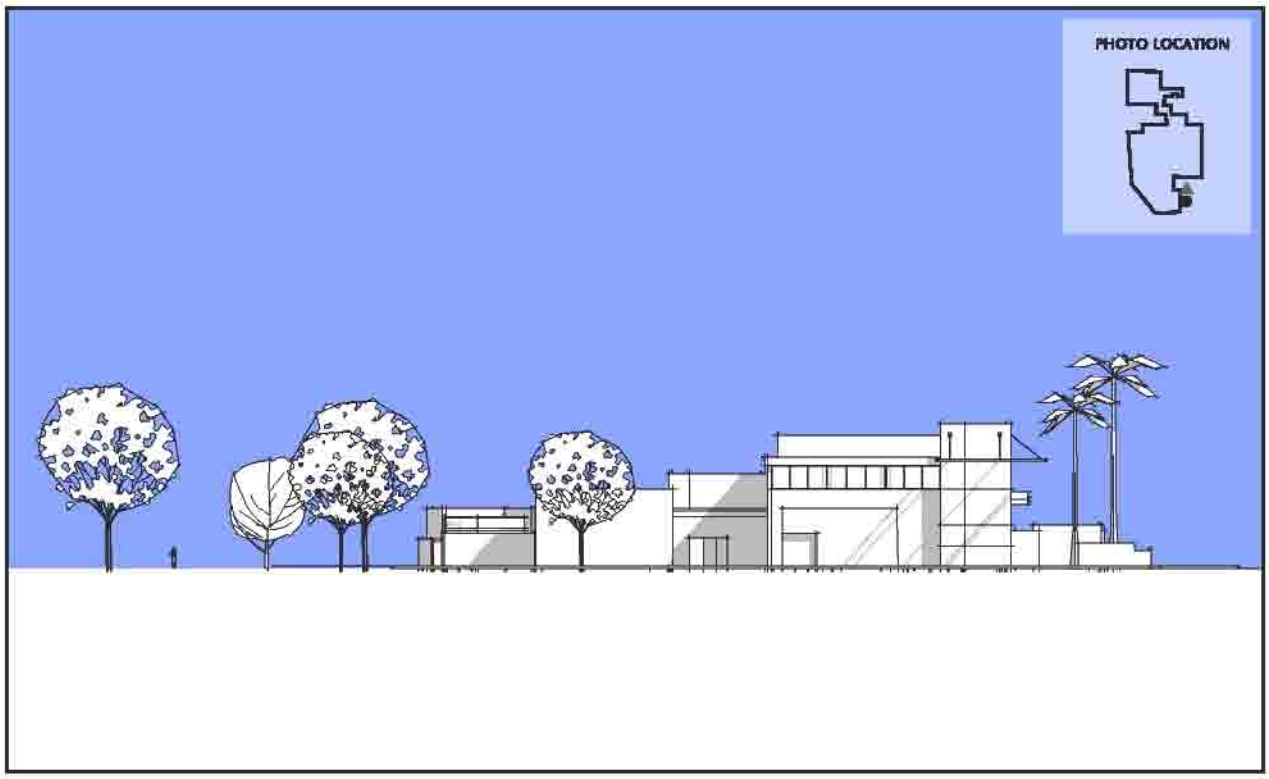


North Elevation
As seen from Parking Lot K

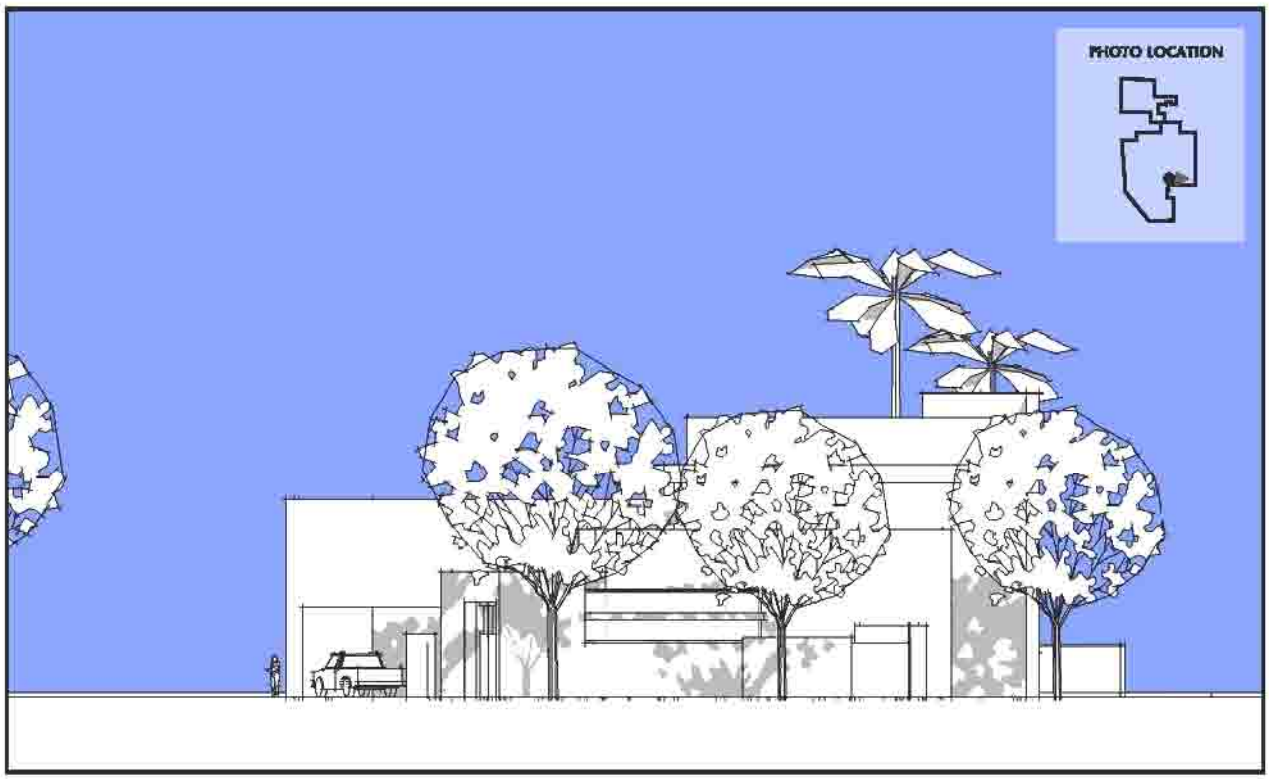


East Elevation
As seen from Atlantic Avenue

FIGURE 2.4.3-3A
Miller Children's Hospital - Pediatric Inpatient Building
Central Plant: North and East Elevation



South Elevation
As seen from 27th Street



West Elevation
As seen from Parking Lot K

FIGURE 2.4.3-3B
Miller Children's Hospital - Pediatric Inpatient Building
Central Plant: South and West Elevation

2.4.4 Miller Children's Hospital—Pediatric Outpatient Building

A new pediatric outpatient building would be located south of the existing MCH facility, west of Atlantic Avenue, and approximately midway between Columbia Street and 28th Street (Figure 2.4.3-1). The existing land use at this location is a portion of the surface parking lot located north of 28th Street. Approximately 43 parking spaces would be demolished to accommodate the proposed pediatric outpatient building. Pedestrian access to the outpatient building would be provided from an entrance on the northwest facade of the building. The MCH outpatient building would provide approximately 80,000 gross square feet (Figures 2.4-2A, 2.4-2B, and 2.4-2C). The pediatric outpatient building would consist of a five-story, B-occupancy, medical office building housing an array of pediatric care clinics and support services. It is anticipated that there would be a maximum of approximately 140 employees working in the building at one time. The highest point of the building would be approximately 84 feet above grade. The MCH pediatric outpatient building is proposed to initiate construction in October 2005 and finish construction in May 2007. The building would be developed as a shell building, with internal tenant improvements for MCH-operated services and private physician practices. Four types of uses and clinics are under consideration for the outpatient pediatric building: (1) dental clinic, (2) pediatric rehabilitation, (3) children's and specialty care clinic, and (4) support space, including physician's offices.

Landscaping would be provided along the Atlantic Avenue frontage consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan (Appendix A) for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

The pediatric outpatient building would require approximately 400 parking spaces. Construction of the pediatric outpatient building is contingent on the identification of funding, philanthropy, and lease agreements with private physician groups.

2.4.5 Miller Children's Hospital—Link Building

A new mixed-use building connecting the pediatric inpatient tower and the pediatric outpatient building would be located southwest of the intersection of Atlantic Avenue and 28th Street (Figure 2.4.3-1). The existing land use at this location is the existing Memorial Drive access road that would accommodate the proposed inpatient tower. Access to the mixed-use building would be provided on multiple floors from the inpatient hospital to the north and the outpatient building to the south. Grade-level pedestrian entrances would also be provided on the east and west facades. The MCH link building would provide approximately 20,000 gross square feet (Figures 2.4-2A, 2.4-2B, and 2.4-2C). The link building tower would consist of a 50-foot-high, three-story building that would contain retail spaces, offices, and retail food service for the users of the adjacent inpatient tower and outpatient building. Nonresidential space would be provided. The MCH link building is proposed to initiate construction in July 2010 and finish construction in June 2011.

Landscaping would be provided along the Atlantic Avenue frontage consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan (Appendix A) for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

The mixed-use building would require 50 parking spaces. Construction of the link building is contingent on the identification of a funding source.

2.4.6 Roadway Realignment

Vehicular and pedestrian circulation patterns would be improved through the realignment of selected internal roadways and through a signage and wayfinding program (Figure 2.4.6-1, *Central Plant, Utility Trench, and Roadway Realignment*). Specifically, a 520-linear-foot section of the alignment of Patterson Street/Memorial Medical Campus Drive as it extends through the Campus would be realigned southward by approximately 300 feet from its current intersection, at Atlantic Avenue near 28th Street on the east side of the Campus, to make a closer connection with the existing alignment of Patterson Street at Atlantic Avenue. As a result, the intersection of Atlantic Avenue and 28th Street would become a T-intersection. The roadway would consist of three site entry lanes and three site exit lanes with an automated traffic control gate for each lane. The present roadway is approximately 85 feet wide at Atlantic Avenue. The roadway would narrow to 40 feet where it transitions to the existing alignment of Patterson Street near Pasadena Avenue. The road curvature has a radius of approximately 500 feet to transition from Patterson Street to the existing roadway alignment. The roadway realignment would result in the loss of 195 parking spaces from the surface parking lot located north of 27th Street. The existing T-intersection at Atlantic Avenue and Patterson Street would be replaced by a signalized through intersection. The grading and realignment would be undertaken such that the roadway and curbs are adjusted to provide access to adjacent buildings at the first-floor level. The roadway realignment is proposed to initiate construction in July 2005 and finish construction in October 2005.

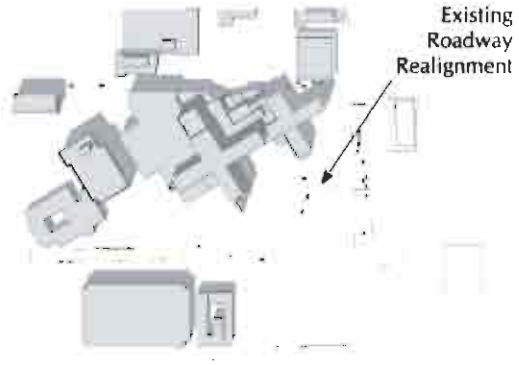
2.4.7 Parking Program

A phased parking program would be designed to offset the 577 parking spaces permanently displaced by the proposed project and accommodate the additional demand for 1,153 parking stalls resulting from the expansion project components and the additional 189 parking spaces that would be lost from construction of a parking structure within Lot K. It is anticipated that the phased parking program would consider the use of surface parking areas on property owned by the LBMMC (Figure 2.4.7-1, *On-Site Parking Opportunities*), nearby off-site surface parking areas (Figure 2.4.7-2, *Off-Site Parking Opportunities*) including Lots L and M that could be leased by the LBMMC for a period of five years or longer, and possible future construction of one or more parking structures when justified by total demand. City approvals to construct and operate Campus buildings will be contingent on LBMMC and MCH's ability to demonstrate the availability of long-term parking. All on-site parking would be developed in areas designated for interim or permanent use of parking in the Master Plan of Land Uses. This would include demolition of the 51 existing residential units to create surface parking (Lots Q, R, S, and T). If determined to be necessary, a multilevel parking structure capable of accommodating several hundred spaces per level would be sited in an area designated for long-term parking. Development of the parking structure within Parking Lot K as an easterly expansion of the existing parking structure has been identified as a feasible location, and was used as the basis for the environmental analysis in this EIR. Surface parking areas and structures would be landscaped. However, the LBMMC would apply for a code exception to the City of Long Beach landscaping requirements to allow for planting of significantly less than the one 24-inch tree per four spaces normally required. All parking facilities constructed by the LBMMC would incorporate best management practices consistent with the requirements of the Regional Water Quality Control Board.

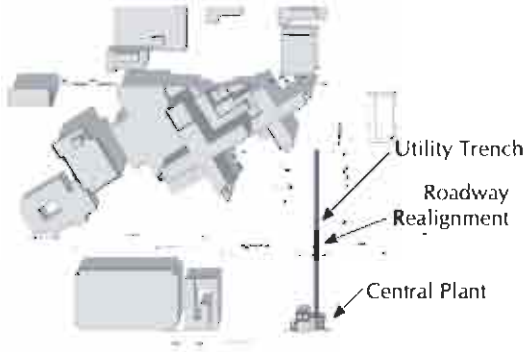
2.4.8 Construction Scenario

Construction would be scheduled in compliance with City of Long Beach regulations, and would commence at 7:00 a.m. and cease no later than 8:00 p.m. on weekdays. Work would be conducted on Saturdays, and would commence at 7:00 a.m. and cease no later than 5:00 p.m. The information

Existing Condition



Roadway Realignment



Final Configuration

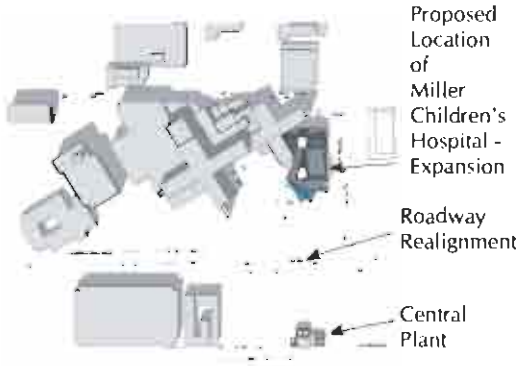
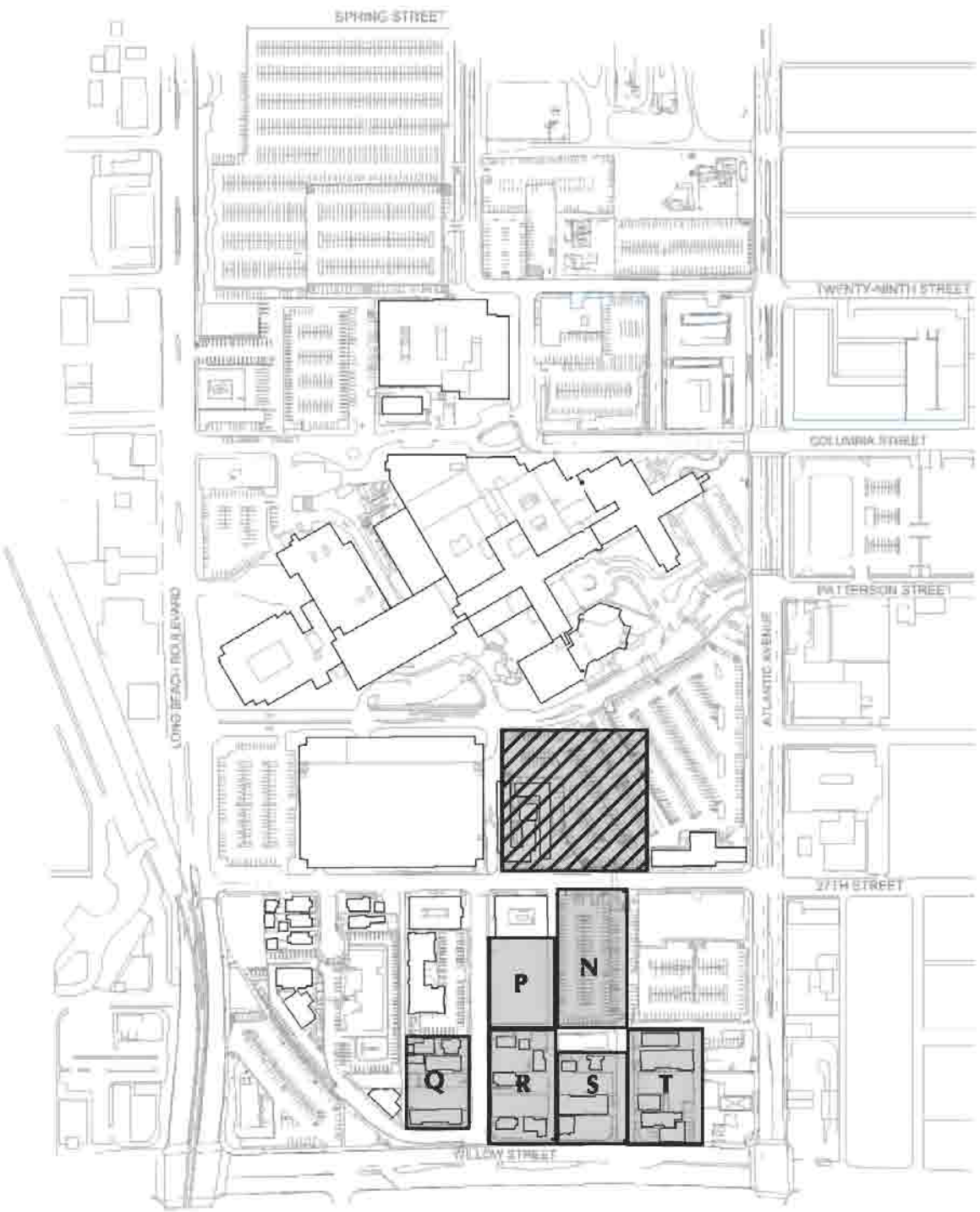


FIGURE 2.4.6-1
Central Plant, Utility Trench, and Roadway Realignment



LEGEND

- Proposed On-Site Surface Parking
- Proposed On-Site Parking Structure
- N Patient/Visitor
- O Staff/Doctor/Visitor/Patient
- P Patient/Visitor
- Q Patient/Visitor
- R Patient/Visitor
- S Patient/Visitor
- T Patient/Visitor

N

Not to Scale

FIGURE 2.4.7-1
On-Site Parking Opportunities

LEGEND

- Proposed Off-Site Leased Parking
- L Patient/Visitor
- M Patient/Visitor

N

Not to Scale

FIGURE 2.4.7-2
Off-Site Parking Opportunities

contained in the construction scenarios for reasonably anticipated proposed project elements was developed from empirical data for construction of comparable projects and was used in the assessment of potential construction impacts to air quality, ambient noise levels, and traffic and circulation.

The construction scenario for the proposed project is envisioned as a 10-step process to be completed in eight years between 2005 and 2013, where construction of certain elements is contingent on the availability of funding. The sequence of the construction scenario has been developed based on the most aggressive scenario to allow consideration of a reasonable worst-case scenario (Figures 2.4.8-1A through 2.4.8-1J, *Construction Scenarios, Steps 1 through 10*).

2.4.8.1 Master Plan of Land Uses

The proposed Master Plan of Land Uses provides a conceptual framework for the reorganization of the pattern of land uses within the Campus. Construction, operation, and maintenance of new Campus elements that are reasonably foreseeable are evaluated at the project level of detail in this Draft EIR. Development of other future elements, consistent with the land use designations provided in the Master Plan of Land Uses, would need to be evaluated by the City of Long Beach on a case-by-case basis to determine if the activity constitutes a project pursuant to CEQA. If future activities are determined to constitute a project, then the City of Long Beach would need to determine the appropriate level of environmental documentation to be prepared to support the decision-making process related to the proposed element. Revisions to the Master Plan of Land Uses would be subject to a discretionary decision by the City of Long Beach and the appropriate related level of environmental review pursuant to CEQA.

2.4.8.2 Todd Cancer Institute

The 125,930-gross-square-foot TCI building would be constructed in two phases. Phase I of the TCI consists of the construction of 83,630 gross square feet. Construction of Phase I would be anticipated to be initiated in July 2005 and completed by December 2007. Phase II consists of 45,500 gross square feet. Construction of Phase II would be undertaken on an as-needed basis that is anticipated to occur no sooner than year 2010. The estimated duration of construction for Phase II is 18 months. Construction staging would be accomplished within the build-out area of Phases I and II of the TCI and associated parking area (Figure 2.4.8-1A)

Phase I

A list of the type and quantity of equipment that would potentially be used in the construction of the TCI is provided in Table 2.4.8.2-1, *Anticipated Equipment for Construction of TCI Phase I*.

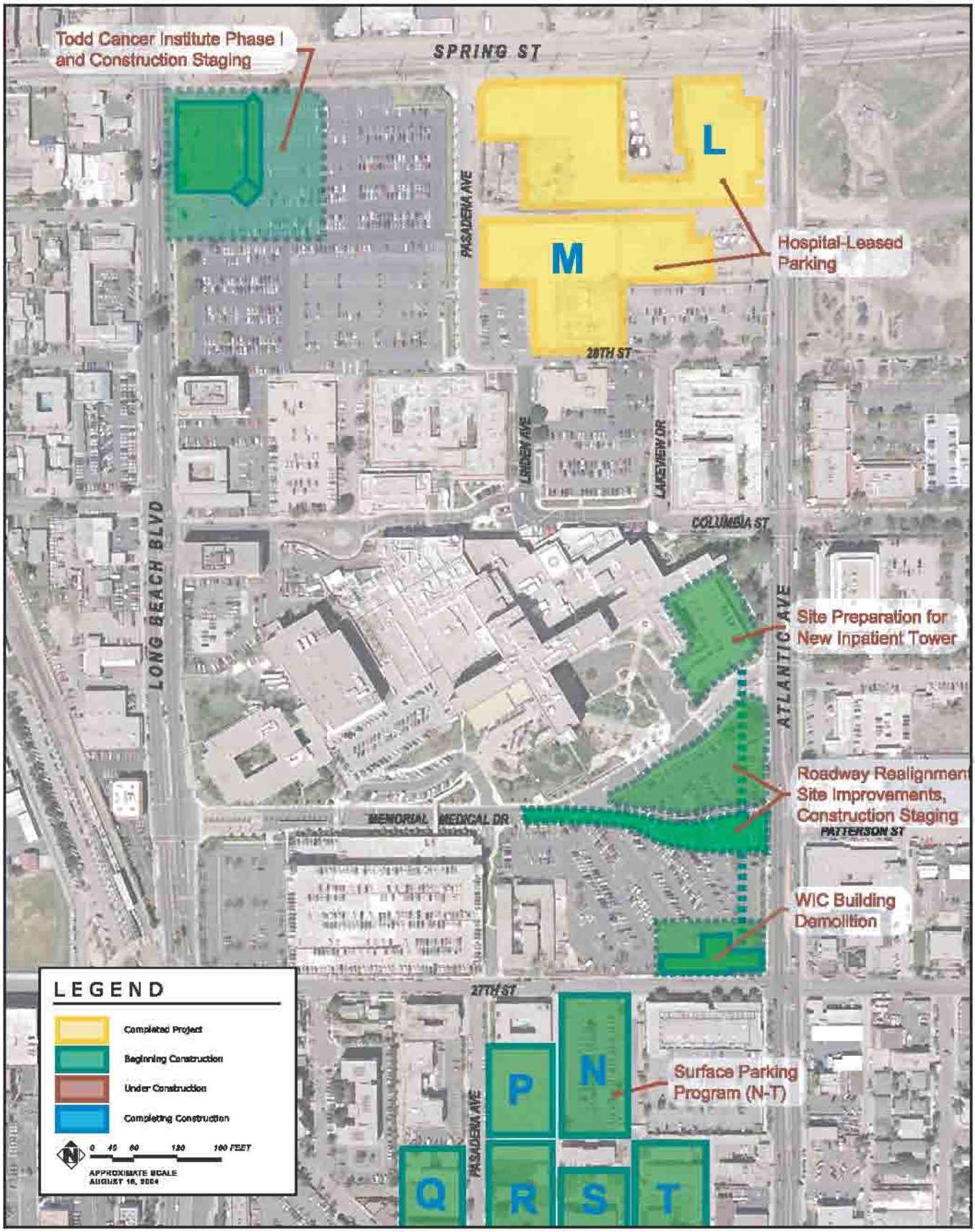


FIGURE 2.4.8-1A
Construction Scenario, Step 1, July 2005 to October 2005

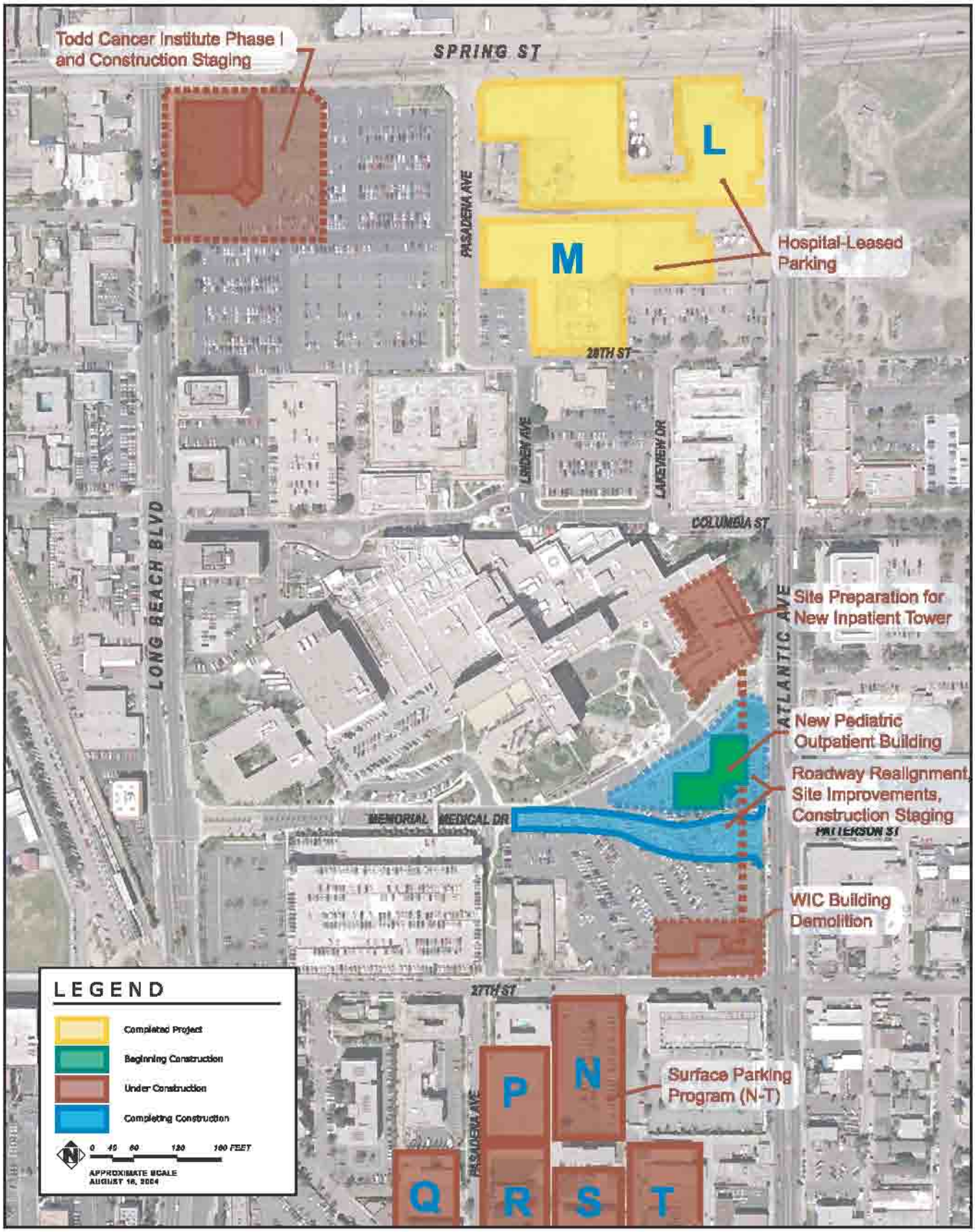


FIGURE 2.4.8-1B
Construction Scenario, Step 2, November 2005 to May 2006

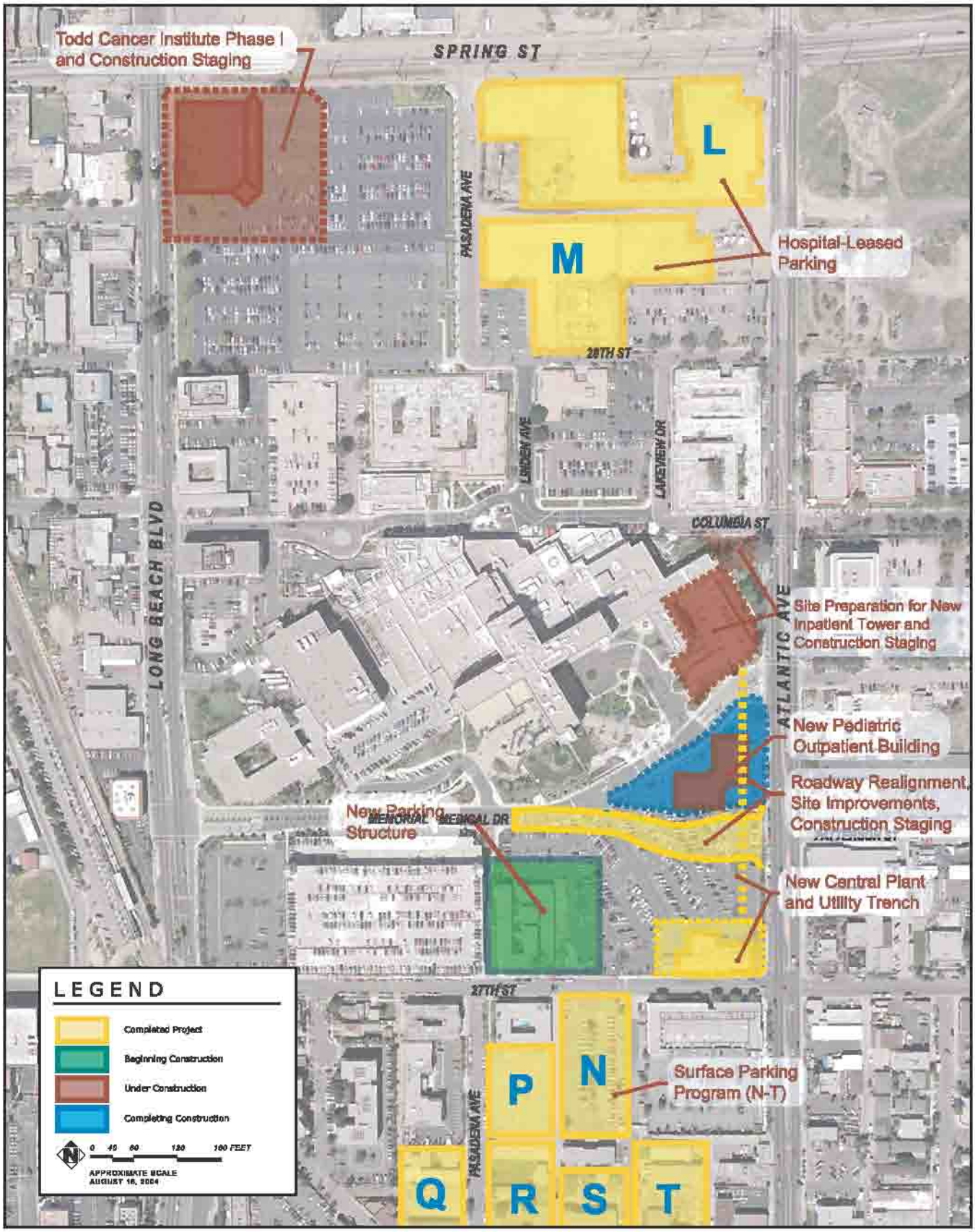


FIGURE 2.4.8-1C
Construction Scenario, Step 3, June 2006 to September 2006

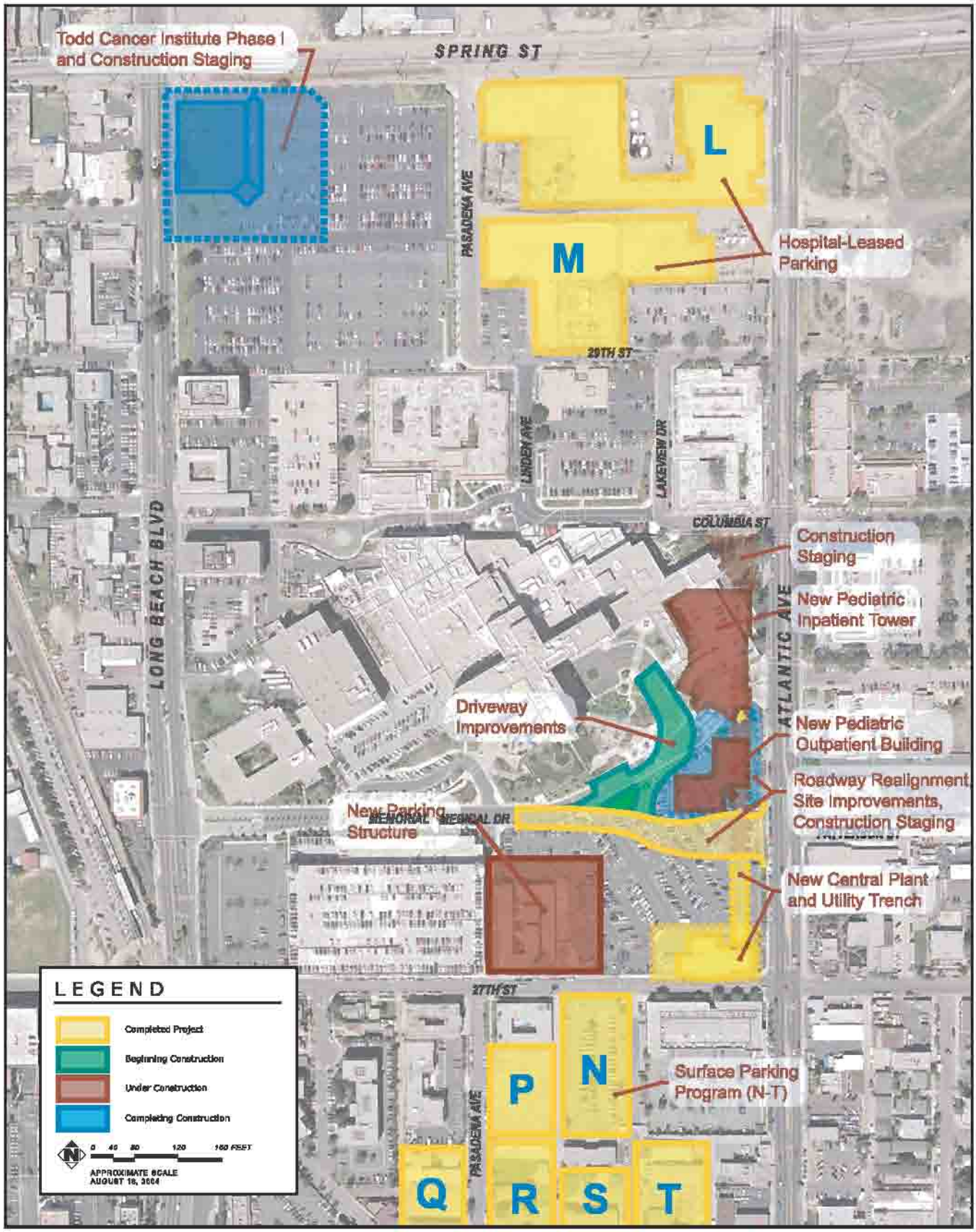


FIGURE 2.4.8-1D
Construction Scenario, Step 4, October 2006 to May 2007

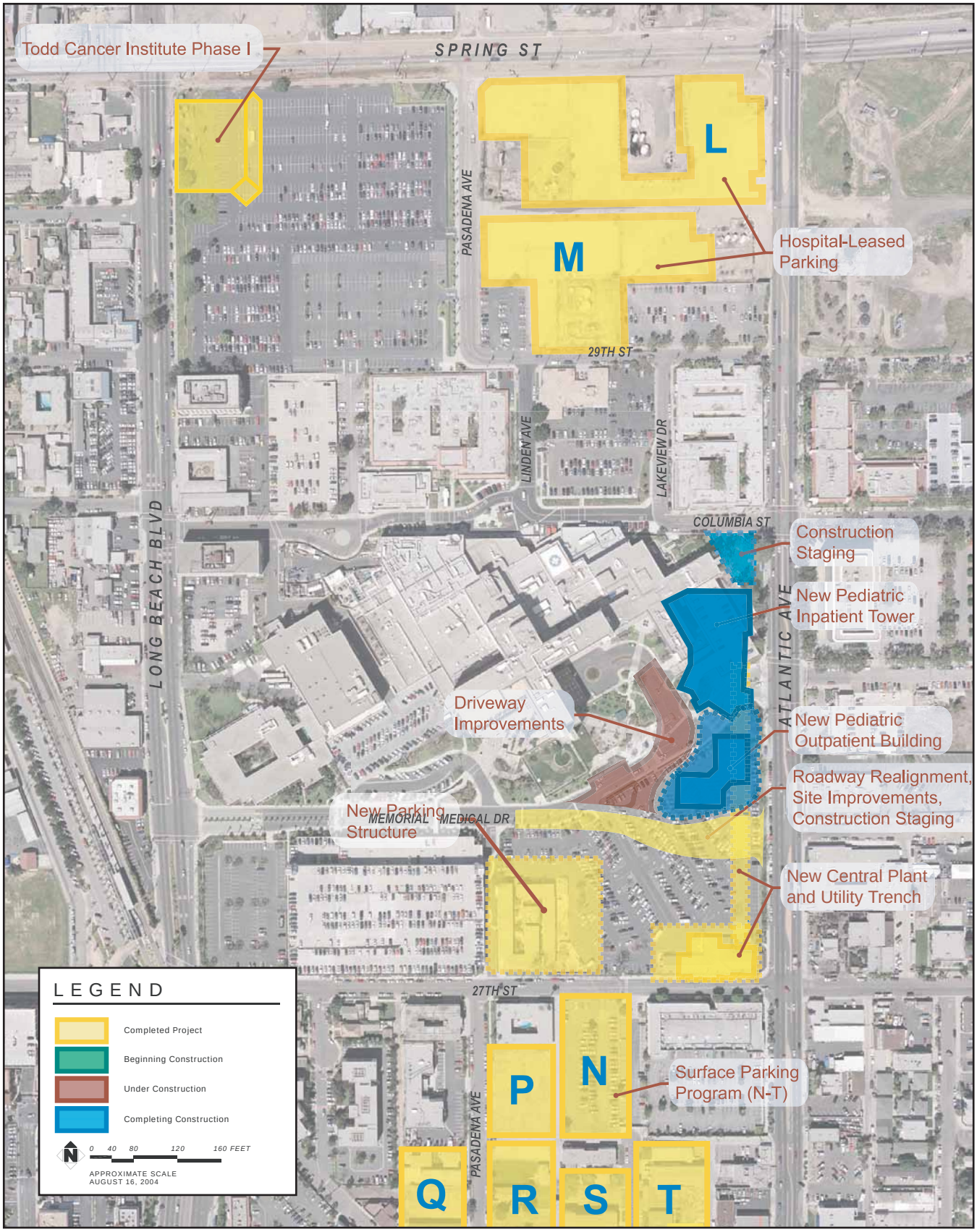


FIGURE 2.4.8-1E
Construction Scenario, Step 5, February 2008 to June 2010

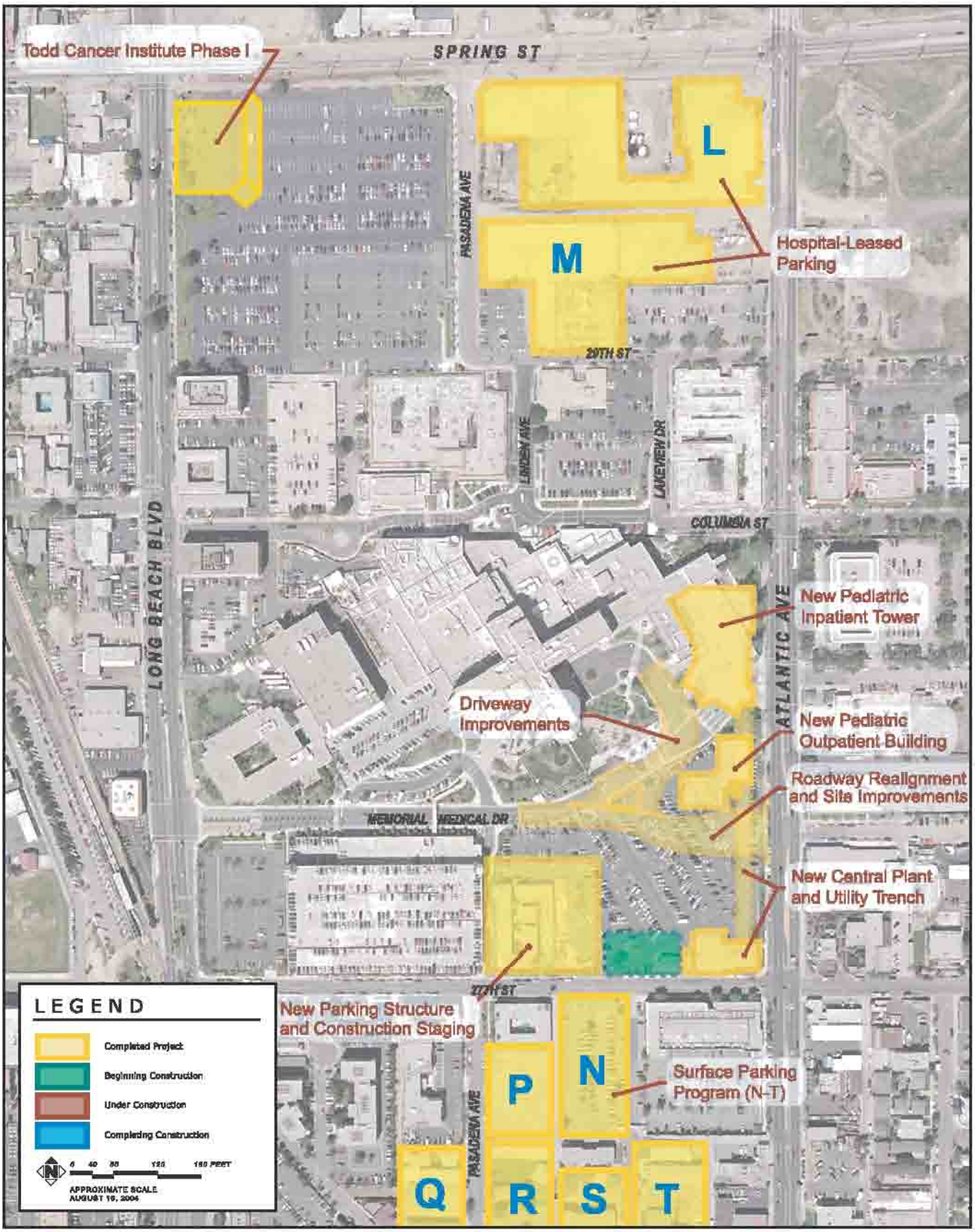


FIGURE 2.4.8-1F
Construction Scenario, Step 6, February 2008 to June 2010

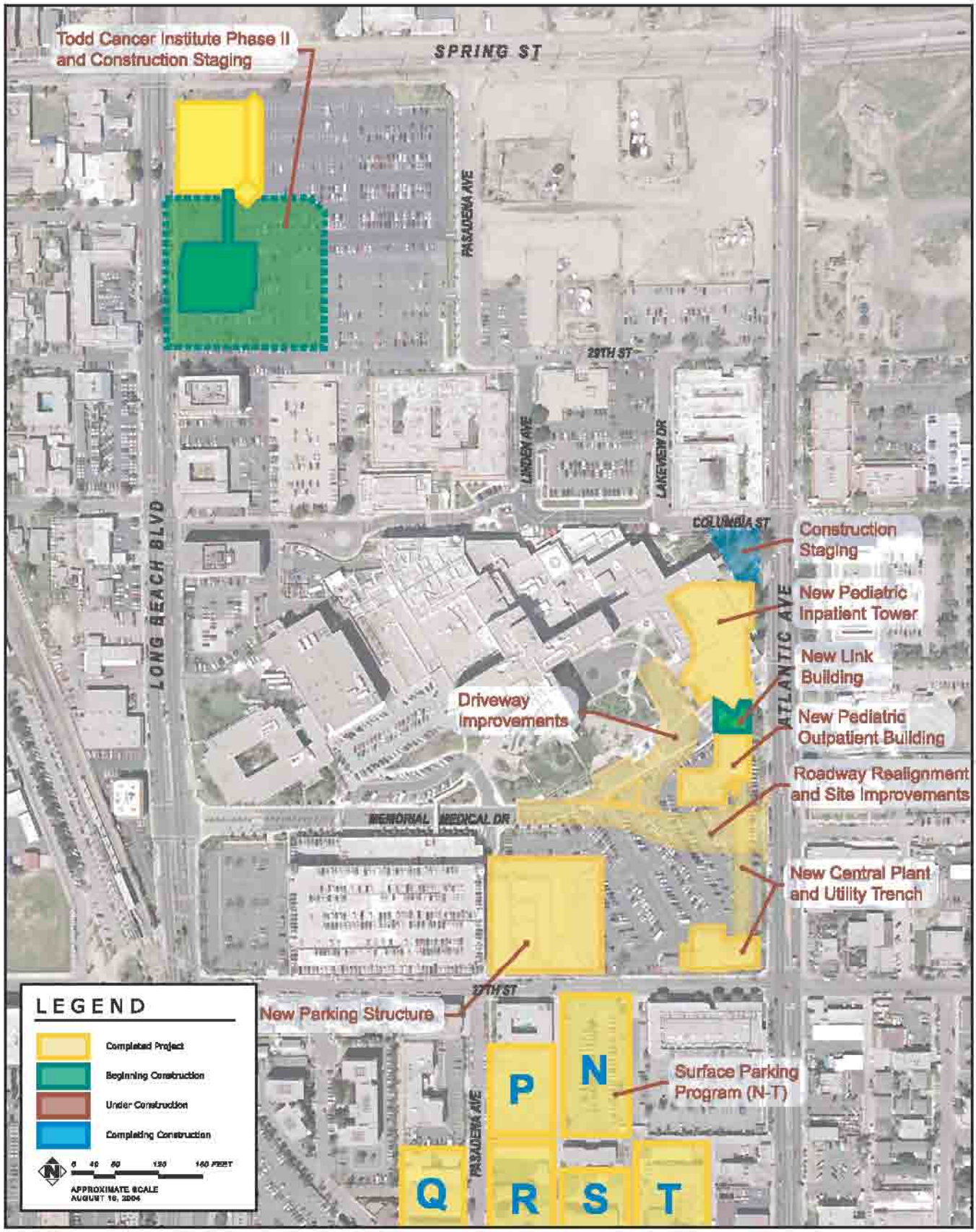


FIGURE 2.4.8-1G
Construction Scenario, Step 7, July 2010 to June 2011

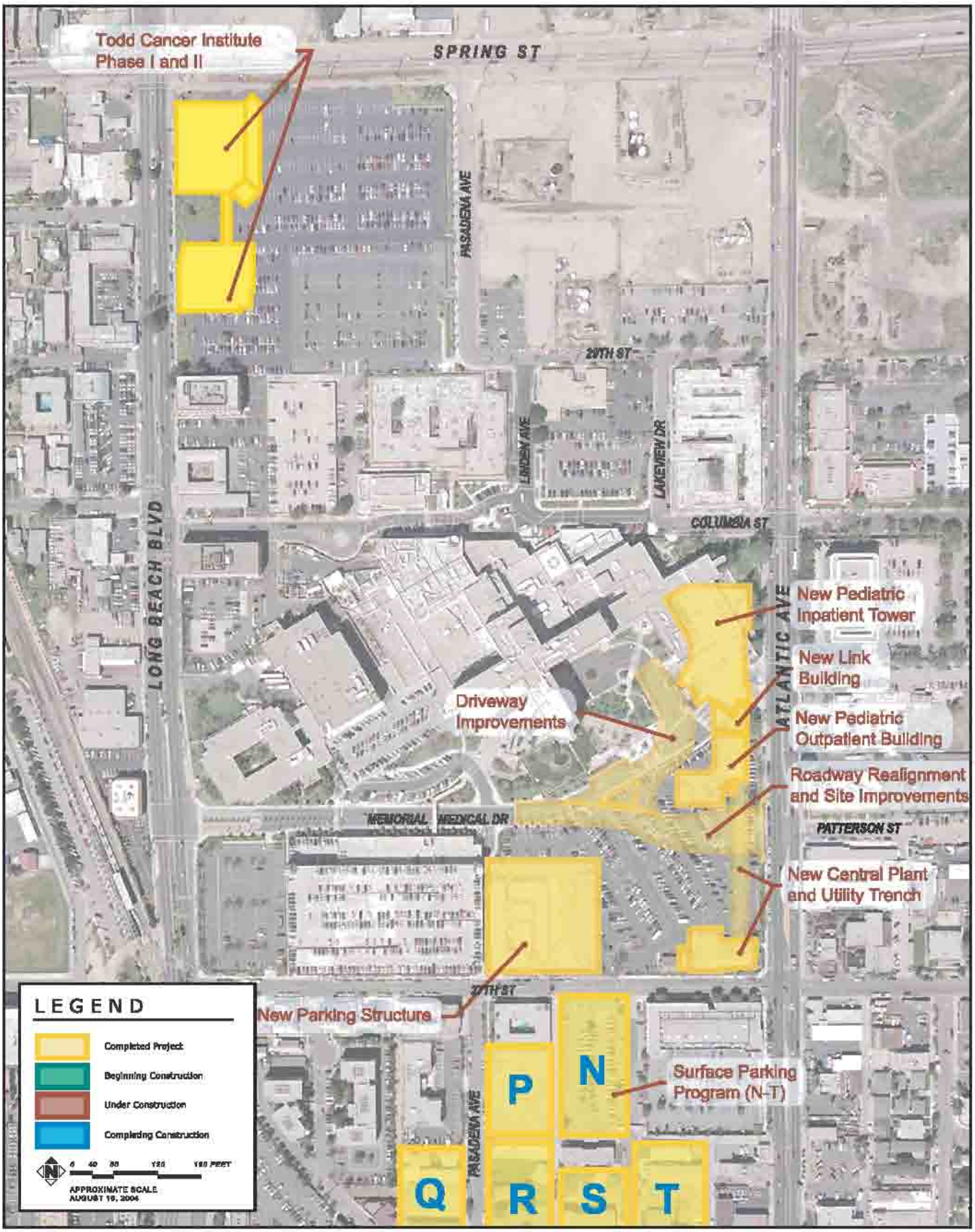


FIGURE 2.4.8-1H
Construction Scenario, Step 8, Completed by Decemeber 2011

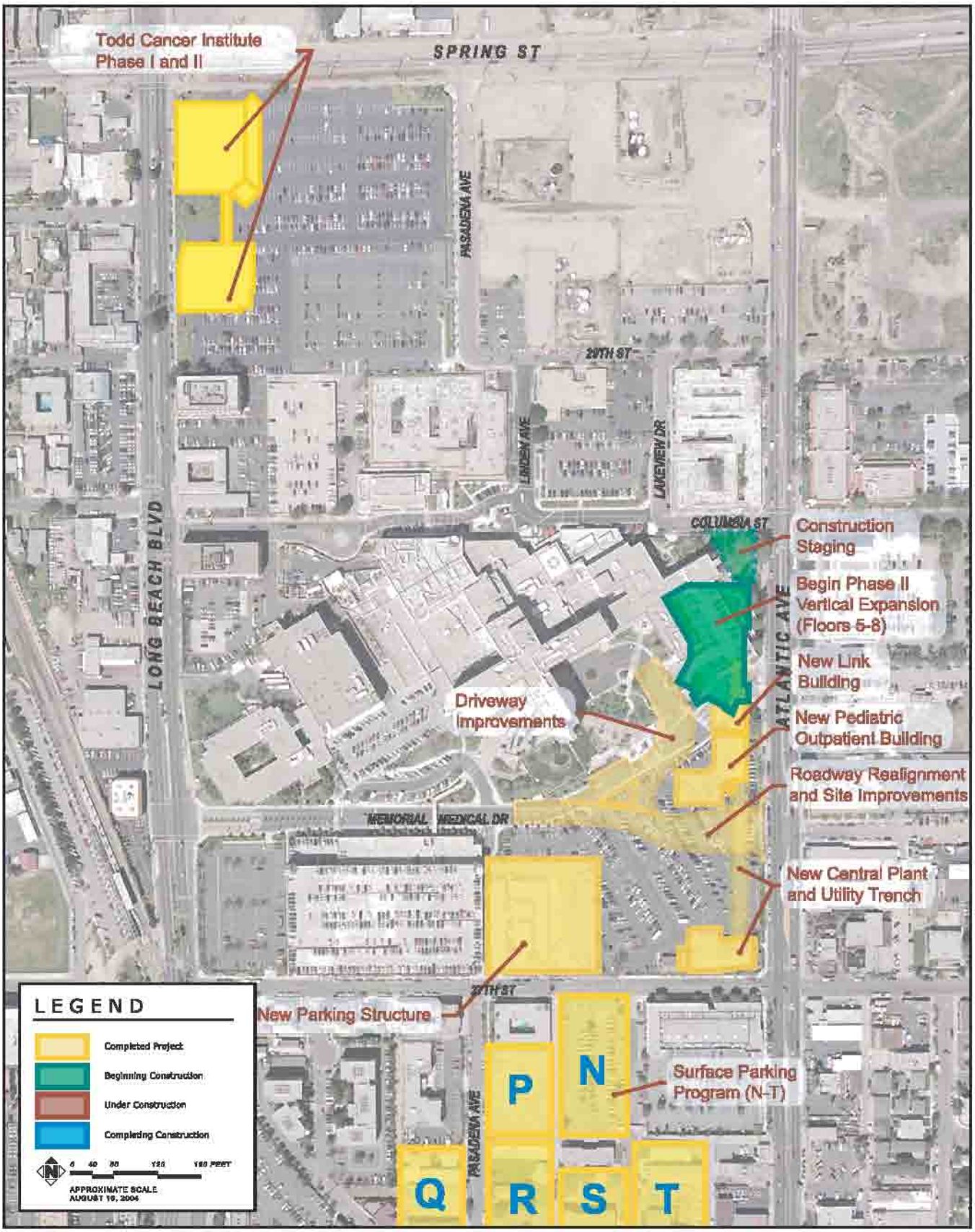


FIGURE 2.4.8-11
Construction Scenario, Step 9, January 2012 to June 2013

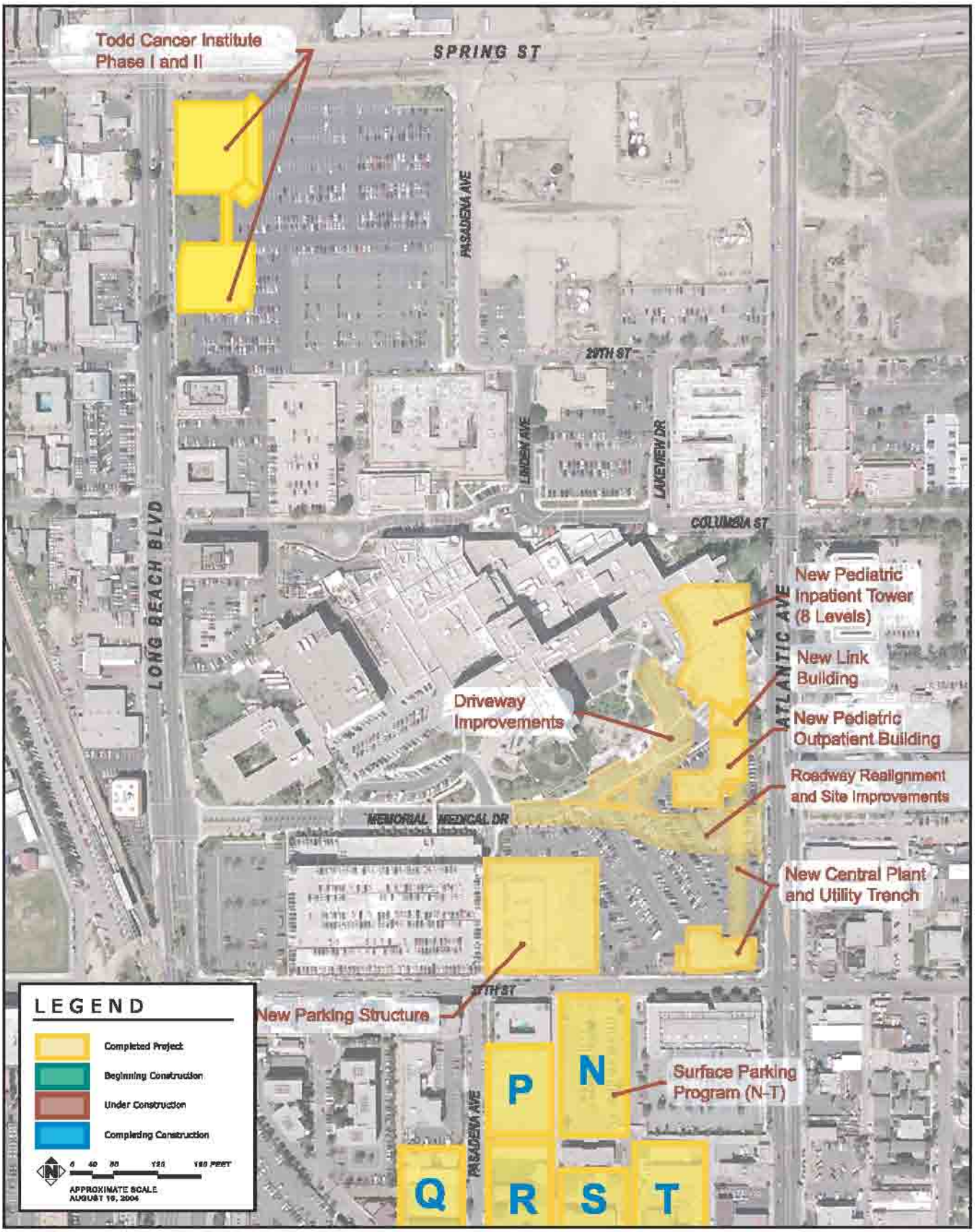


FIGURE 2.4.8-1J
Construction Scenario, Step 10, Completed by June 2013

TABLE 2.4.8.2-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF TCI PHASE I

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
2	Dozer	18 trips	12 weeks
1	Front-end loader	4 Trips	12 weeks
1	Water truck	20 trips	130 weeks
1	Grader	4 trips	12 weeks
60	Pick-up truck	39,000 trips	130 weeks
5	Dump truck	280 trips	12 weeks
3	Crane	3 trips	70 weeks
16	Concrete mix truck	500 trips	100 weeks
1	Roller	4 trips	7 weeks
15	Materials delivery	650 trips	130 weeks
3	Fork lift / grade all	10 trips	100 weeks

Construction of TCI Phase I would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; building construction; landscaping; and fencing. Approximately 90 workers would be expected to be on site during peak construction activity periods. Fewer than 90 workers would be expected to be on site during nonpeak construction activity periods.

Phase II

A list of the type and quantity of equipment that would potentially be used in the construction of the TCI is provided in Table 2.4.8.2-2, *Anticipated Equipment for Construction of TCI Phase II*.

TABLE 2.4.8.2-2
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF TCI PHASE II

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
2	Dozer	18 trips	7 weeks
1	Front-end loader	2 trips	7 weeks
1	Water truck	10 trips	72 weeks
1	Grader	2 trips	7 weeks
35	Pick-up truck	21,450 trips	72 weeks
3	Dump truck	155 trips	10 weeks
3	Crane	3 trips	45 weeks
9	Concrete mix truck	250 trips	65 weeks
1	Roller	4 trips	7 weeks
8	Materials delivery	450 trips	72 weeks
2	Fork lift / grade all	6 trips	65 weeks

Construction of TCI Phase II would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 55 workers would be expected to be on site during peak construction activity periods. Fewer than 55 workers would be expected to be on site during nonpeak construction activity periods.

2.4.8.3 Miller Children's Hospital—Pediatric Inpatient Tower, Utility Trench, and Central Plant Building

The 198,000-gross-square-foot pediatric inpatient tower would be constructed in two phases. Phase I of the pediatric inpatient tower consists of the construction of 124,500 gross square feet. Construction of Phase I would be anticipated to be initiated in July 2005 and completed by December 2007. Phase II consists of 73,500 gross square feet. Construction of Phase II would be undertaken on an as-needed basis that is anticipated to occur no sooner than year 2012. The estimated duration of construction for Phase II is two years. The pediatric inpatient tower requires construction of a central plant building. The central plant building would be constructed concurrently with Phase I of the pediatric inpatient tower. The central plant building would be constructed with sufficient capacity to support the anticipated ultimate build-out of pediatric inpatient services. The central plant building would also provide redundant support to other inpatient services on the Campus. The link building and the pediatric outpatient building would be constructed with their own utility connections and would function independently of the hospital buildings. The central plant building would consist of a single-level structure of approximately 3,000 gross square feet, approximately 5,000 gross square feet of open yard, plus eight parking stalls. The pediatric inpatient tower would be served by the central plant building via a 1,000-linear-foot underground utility trench along the eastern edge of the Campus, parallel to Atlantic Avenue, which would be constructed concurrently with the pediatric inpatient tower.

Phase I Pediatric Inpatient Tower

Construction of Phase I of the pediatric inpatient tower would be anticipated to be initiated in July 2005 and completed by December 2007. A list of the type and quantity of equipment that would potentially be used in construction of Phase I of the pediatric inpatient tower is provided in Table 2.4.8.3-1, *Anticipated Equipment for Construction of Pediatric Inpatient Tower Phase I*.

TABLE 2.4.8.3-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION
OF PEDIATRIC INPATIENT TOWER PHASE I

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
3	Dozer	15 trips	19 weeks
2	Drill rig	4 trips	16 weeks
1	Man lift	2 trips	80 weeks
2	Front-end loader	8 trips	20 weeks
1	Water truck	20 trips	80 weeks
2	Grader	4 trips	19 weeks
96	Pick-up truck	50,400 trips	105 weeks
8	Dump truck	450 trips	19 weeks
3	Crane	3 trips	80 weeks
26	Concrete mix truck	1,200 trips	80 weeks
1	Roller	4 trips	15 weeks
24	Materials delivery	600 trips	105 weeks
5	Fork lifts / grade all	10 trips	90 weeks

Construction of Phase I of the pediatric inpatient tower would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; building construction; landscaping; and fencing. Approximately 144 workers would be expected to be on site during peak construction activity periods. Fewer than 140 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished with the parking area of Phase I of the pediatric inpatient tower (Figure 2.4.8-1C).

Phase II Pediatric Inpatient Tower

A list of the type and quantity of equipment that would potentially be used in construction of Phase II of the pediatric inpatient tower is provided in Table 2.4.8.3-2, *Anticipated Equipment for Construction of Pediatric Inpatient Tower Phase II*.

TABLE 2.4.8.3-2
ANTICIPATED EQUIPMENT FOR CONSTRUCTION
OF PEDIATRIC INPATIENT TOWER PHASE II

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
1	Dozer	2 trips	6 weeks
1	Man Lift	2 trips	80 weeks
1	Water truck	2 trips	6 weeks
56	Pick-up truck	34,320 trips	104 weeks
1	Dump truck	40 trips	11 weeks
2	Crane	4 trips	80 weeks
15	Concrete mix truck	745 trips	100 weeks
1	Roller	2 trips	6 weeks
13	Materials delivery	550 trips	104 weeks
3	Fork lift / grade all	10 trips	80 weeks

Construction of Phase II of the pediatric inpatient tower would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 85 workers would be expected to be on site during peak construction activity periods. Fewer than 85 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking and the build-out area of Phase II of the pediatric inpatient tower (Figure 2.4.8-1I).

Utility Trench

Construction of Phase I would be anticipated to be initiated in August 2006 and completed by March 2007. A list of the type and quantity of equipment that would potentially be used in construction of the central plant building to support Phase II of the pediatric inpatient tower is provided in Table 2.4.8.3-3, *Anticipated Equipment for Construction of Utility Trench*.

TABLE 2.4.8.3-3
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF UTILITY TRENCH

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
1	Dozer	1 trips	20 weeks
1	Front-end loader	2 trips	20 weeks
1	Water truck	2 trips	34 weeks
1	Grader	1 trips	4 weeks
6	Pick-up truck	1,080 trips	34 weeks
2	Dump truck	200 trips	12 weeks
1	Crane	1 trips	12 weeks
2	Concrete mix truck	180 trips	34 weeks
1	Roller	1 trips	4 weeks
1	Materials delivery	120 trips	34 weeks

Construction of the utility trench to support the MCH expansion would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 20 workers would be expected to be on site during peak construction activity periods. Fewer than 20 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished with the parking and build-out areas of MCH (Figure 2.4.8-1D).

Central Plant Building

Construction of the central plant building would be anticipated to be initiated in March 2007 and completed by December 2007. A list of the type and quantity of equipment that would potentially be used in construction of the central plant building to support Phase II of the pediatric inpatient tower is provided in Table 2.4.8.3-4, *Anticipated Equipment for Construction of Central Plant Building*.

TABLE 2.4.8.3-4
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF CENTRAL PLANT BUILDING

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
1	Dozer	1 trips	12 weeks
1	Water truck	2 trips	43 weeks
1	Grader	1 trips	12 weeks
25	Pick-up truck	5,000 trips	43 weeks
1	Dump truck	60 trips	12 weeks
1	Crane	1 trips	25 weeks
2	Concrete mix truck	360 trips	43 weeks
1	Roller	1 trips	4 weeks
1	Materials delivery	200 trips	43 weeks
1	Fork lift / grade all	2 trips	25 weeks

Construction of the central plant building to support the MCH expansion would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 50 workers would be expected to be on site during peak construction activity periods. Fewer than 50 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking area of MCH (Figure 2.4.8-1D).

2.4.8.4 Miller Children's Hospital—Pediatric Outpatient Building

The MCH pediatric outpatient building would provide approximately 80,000 gross square feet. The outpatient building would consist of a five-story, B-occupancy, medical office building housing an array of pediatric care clinics and support services. Construction of the outpatient building is contingent on the identification of funding, philanthropy, and lease agreements with private physician groups that would be anticipated to be constructed in an 18-month time period initiated for construction no sooner than January 2006.

A list of the type and quantity of equipment that would potentially be used in the construction of Phase I of the pediatric outpatient building is provided in Table 2.4.8.4-1, *Anticipated Equipment for Construction of Pediatric Outpatient Building*.

TABLE 2.4.8.4-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION
OF PEDIATRIC OUTPATIENT BUILDING

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
3	Dozer	15 trips	22 weeks
1	Water truck	20 trips	50 weeks
2	Drill rig	4 trips	20 weeks
1	Man lift	2 trips	60 weeks
3	Front-end loaders	4 trips	22 weeks
2	Grader	4 trips	22 weeks
96	Pick-up truck	59,904 trips	78 weeks
8	Dump truck	450 trips	22 weeks
3	Crane	6 trips	50 weeks
26	Concrete mix truck	1,500 trips	78 weeks
1	Roller	4 trips	20 weeks
24	Materials delivery	500 trips	78 weeks
6	Fork lift / grade all	12 trips	60 weeks

Construction of the pediatric outpatient building would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; building construction; landscaping; and fencing. Approximately 144 workers would be expected to be on site during peak construction activity periods. Fewer than 140 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking area of MCH (Figure 2.4.8-1D).

2.4.8.5 Miller Children's Hospital—Link Building

A new, 20,000-gross-square-foot, mixed-use building connecting the pediatric inpatient tower and the pediatric outpatient building would be located southwest of the intersection of Atlantic Avenue and Patterson Street. Construction of the link building is contingent on the identification of a funding source, and the building would be anticipated to be constructed in a 12-month time period and initiated for construction no sooner than July 2010.

A list of the type and quantity of equipment that would potentially be used in the construction of the MCH link building is provided in Table 2.4.8.5-1, *Anticipated Equipment for Construction of MCH Link Building*.

TABLE 2.4.8.5-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF MCH LINK BUILDING

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
2	Dozer	4 trips	12 weeks
1	Front-end loader	2 trips	12 weeks
1	Water truck	2 trips	50 weeks
1	Grader	2 trips	12 weeks
35	Pick-up truck	21,450 trips	72 weeks
3	Dump truck	100 trips	12 weeks
3	Crane	3 trips	50 weeks
9	Concrete mix truck	465 trips	65 weeks
1	Roller	2 trips	7 weeks
8	Materials delivery	275 trips	72 weeks
2	Fork lift / grade all	4 trips	50 weeks

Construction of the MCH link building would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 55 workers would be expected to be on site during peak construction activity periods. Fewer than 55 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking areas of MCH (Figure 2.4.8-1G).

2.4.8.6 Roadway Realignment

Vehicular and pedestrian circulation patterns would be improved through the realignment of selected internal roadways and a signage and wayfinding program. Specifically, a 520-linear-foot section of the alignment of Patterson Street/Memorial Medical Center Drive as it extends through the Campus would be realigned southward by approximately 300 feet from its current intersection at Atlantic Avenue, near 28th Street on the east side of the Campus, to make a connection with the existing alignment of Patterson Street at Atlantic Avenue. As a result, the intersection of Atlantic Avenue and 28th Street would become a T-intersection. The roadway would consist of three site entry lanes and three site exit lanes, with an automated traffic control gate for each lane. The present roadway is approximately 85 feet wide at Atlantic Avenue. The roadway would narrow to 40 feet where it transitions to the existing

alignment of Patterson Street near Pasadena Avenue. The road curvature uses a radius of approximately 500 feet to transition from Patterson Street to the existing roadway alignment.

A list of the type and quantity of equipment that would potentially be used in the construction of the roadway realignment is provided in Table 2.4.8.6-1, *Anticipated Equipment for Construction of Roadway Realignment*.

TABLE 2.4.8.6-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF ROADWAY REALIGNMENT

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
2	Hydraulic excavator	4 trips	6 weeks
2	Water truck	8 trips	20 weeks
2	Grader	6 trips	9 weeks
8	Pick-up truck	4,160 trips	52 weeks
5	Dump truck	186 trips	20 weeks
2	Asphalt paver	6 trips	3 weeks
7	Concrete mix truck	8,910 trips	22 weeks
1	Roller	6 trips	9 weeks
3	Rubber tire loader	6 trips	12 weeks
6	Materials delivery	380 trips	22 weeks

Construction of the roadway realignment would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 50 workers would be expected to be on site during peak construction activity periods. Fewer than 50 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking areas of the MCH (Figures 2.4.8-1A, 2.4.8-1D, and 2.4.8-1E).

2.4.8.7 Parking Program

A phased parking program would be designed to accommodate up to 2,986 parking stalls in surface parking areas on property owned by LBMMC, which would include demolition of 51 residential units, nearby off-site surface parking areas that could be leased by LBMMC, and possible future construction of one or more parking structures when justified by total demand. If it is determined to be necessary, a multilevel parking structure capable of accommodating several hundred spaces per level would be sited in an area designated for long-term parking. There is sufficient area in Parking Lot K to accommodate a parking structure east of the existing parking structure. For each element of the proposed project, sufficient parking would be constructed to accommodate any existing parking spaces displaced by construction, and sufficient additional parking would also be constructed to accommodate the parking demand generated by the construction of the proposed project element.

A list of the type and quantity of equipment that would potentially be used in construction of the parking facilities is provided in Table 2.4.8.7-1, *Anticipated Equipment for Construction of Parking Facilities*.

TABLE 2.4.8.7-1
ANTICIPATED EQUIPMENT FOR CONSTRUCTION OF PARKING FACILTIES

Quantity (Approximate)	Type	Total Number of Trips to and from Site during Construction	Duration of On-Site Construction Activities
3	Hydraulic excavator	6 trips	9 weeks
3	Water truck	12 trips	20 weeks
3	Grader	6 trips	14 weeks
12	Pick-up truck	6,240 trips	78 weeks
8	Dump truck	278 trips	12 weeks
3	Asphalt paver	6 trips	5 weeks
11	Concrete mix truck	5,200 trips	33 weeks
5	Roller	10 trips	14 weeks
5	Rubber tire loader	10 trips	18 weeks
9	Materials delivery	400 trips	33 weeks

Construction of parking facilities would require connection to existing utilities, sewer facilities, and on-site storm water pollution prevention devices; paving; and possible construction of a parking structure. Approximately 75 workers would be expected to be on site during peak construction activity periods. Fewer than 75 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking area of the MCH (Figures 2.4.8-1A, 2.4.8-1B, and 2.4.8-1F).

2.5 INTENDED USES OF THE EIR

The City of Long Beach is the Lead Agency under CEQA. The Long Beach City Council will take final action on the proposed project. The Planning Commission will consider certification of the Final EIR prior to considering recommendations to the Long Beach City Council. It requires the following related discretionary approvals before the implementation of the proposed project:

- Long-Range Development Plan (Master Plan) Approval
- Site Plan Review
- Zoning District Change
- Standard Variances

Specific project elements may be subject to additional permits as described in Table 2.5-1, *Permit Requirements*.

TABLE 2.5-1
PERMIT REQUIREMENTS

Agency	Permits and Approvals	How to Obtain Permit
U.S. EPA	Asbestos and Lead-Based Paint Abatement	Application
Cal/OSHPD	Plan Approval	Application
Cal/OSHA	Demolition Permit	Application
Cal/OSHA	Asbestos Worker Notification	Application
California EPA, Department of Toxic Substances Control	Asbestos Abatement Notification	Application
California Department of Toxics Substance Control	Health Risk Assessment and Work Plan	Application
State Department of Oil and Gas Resources	Oil Well Abandonment Permits	Application
Regional Water Quality Control Board	NPDES Permit	Application
South Coast Air Quality Management District	Notification	Application
City of Long Beach	Demolition Permit	Application
City of Long Beach	SWPPP Drainage Permit	Application
City of Long Beach	Road Encroachment Permit	Application
City of Long Beach	Truck Haul Permit	Application
City of Long Beach	Grading Permit	Application
City of Long Beach	Building Permit	Application

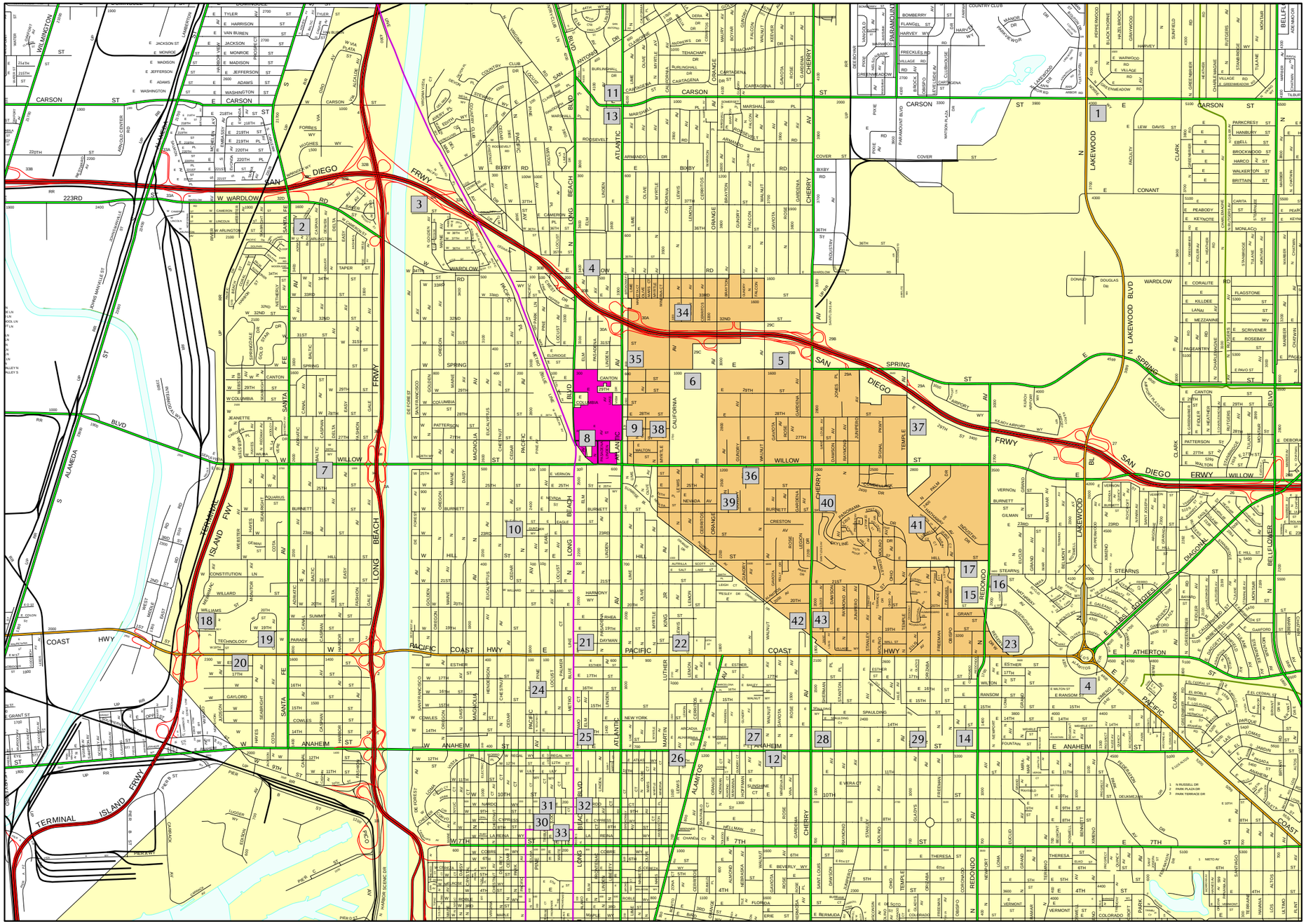
NOTES:
Cal/OSHA = California Division of Occupational Safety and Health
Cal/OSHPD = California Office of Statewide Health Planning and Development
EPA = Environmental Protection Agency
NPDES = National Pollutant Discharge Elimination System
SWPPP = Storm Water Pollution Prevention Plan

Permits and applications needed for specific environmental issues are presented throughout Section 3 of this Draft EIR.

2.6 RELATED PROJECTS

The area surrounding the Campus was examined to determine if there are any projects currently in progress or proposed for the future that could potentially add to the impacts of the proposed project, creating a cumulative significant impact.

Related projects that are anticipated within the next year and that lie within an approximate 1-mile radius of the proposed project site include those shown in Table 2.6-1, *List of Related Projects,* and Figure 2.6-1, *Location of Related Projects*.



1. Douglas Park Project
2. Windward Village Mobile Home Park
3. OOI Self Storage
4. Retail Center
5. Commercial/Industrial Complex
6. Long Beach Sports Park
7. Retail Center
8. Medical Office
9. Medical Office
10. Medical Office
11. North Long Beach Police Station
12. New Comm. Rehab. Industries Building
13. Medical Office
14. Walgreen's
15. Alamitos Ridge Residential
16. Alamitos Green Residential
17. Elementary School
18. Transitional Housing Facility
19. CSULB Technology Park
20. Warehouse
21. Affordable Condominiums
22. Commercial Building
23. Java Lanes Residential
24. Affordable Condominiums
25. Commercial Center
26. Commercial Building
27. Mark Twain Public Library
28. Commercial Building
29. Auto Zone
30. Lofts
31. Locust Avenue Residential
32. Commercial Building
33. Condominiums
34. U.S. Storage
35. Home Improvement/Retail
36. A and A Ready Mix
37. Sixth Building Industrial
38. Gundry Estates
39. Las Brisas Phase II (Low-Income Housing)
40. Hilltop Specific Plan
41. Hathaway Estates
42. LBUSD Middle School
43. Cherry St./19th Ave. Condominiums

0 0.5 1 Miles

N

Source: Thomas Brothers, LLC

LBMMC Campus

City of Long Beach

City of Signal Hill

FIGURE 2.6-1

Location of Related Projects

TABLE 2.6-1
LIST OF RELATED PROJECTS

No.	Cumulative Project	Location	Description
City of Long Beach			
1.	Douglass Park Project (Case # 0404-13)	3855 North Lakewood Boulevard	349-lot subdivision, 1,400 DU, 400-room hotel, 3,300,000-SF commercial, and general light industrial 11-acre parkland
2.	Windward Village Mobile Home Park (Case # 0308-19)	3595 Santa Fe Avenue	Subdivide the existing Windward Village Mobile Home Park
3.	OOI Self Storage (Case # 0110-07)	712 West Baker Street	519,135-SF self-storage
4.	Retail Center (Case # 0104-19)	3400 Long Beach Boulevard	7,000-SF retail and 1,500-SF fast-food restaurant
5.	Commercial/Industrial Complex (Case # 0308-02)	1825 East Spring Street	101,000-SF industrial
6.	Long Beach Sports Park (Case # 0211-03)	1000 East Spring Street	Youth golf center, 30,000-SF office building, athletic fields and courts, batting cages, and 23,000-SF skate park
7.	Retail Center (Case # 0208-04)	1422 West Willow Street	5,750-SF retail
8.	Medical Office (Case # 0102-02)	2702 Long Beach Boulevard	105,800-SF medical office building
9.	Medical Office (Case # 0208-15)	2760 Atlantic Avenue	7,200-SF medical office building
10.	Medical Office (Case # 0301-18)	2299 Pacific Avenue	2,000-SF medical office building
11.	North Long Beach Police Station (Case # 0012-14)	4891 Atlantic Avenue	20,000-SF police station
12.	New Comm. Rehab. Industries Building (Case # 0306-10)	1546 Anaheim Street	6,000-SF industrial building
13.	Medical Office (Case # 0405-21)	3932 Long Beach Boulevard	7,000-SF medical office building
14.	Walgreen's (Case # 0302-24)	3339 East Anaheim Street	11,656-SF drug store/pharmacy
15.	Alamitos Ridge Residential (Case # 9809-02)*	2080 Obispo Avenue	106 single-family detached
16.	Alamitos Green Residential*	East of Redondo Avenue, between Stearns Street and Hathaway Avenue	15 single-family detached
17.	Elementary School*	South of Hill Street, between Redondo Avenue and Obispo Avenue	1,450 students
18.	Transitional Housing Facility (Case # 0206-12)	2001 River Avenue	201-room transitional housing facility
19.	Cal State University, Long Beach Technology Park (Case # 9811-05 and 0003-19)	2000 West 19th Street	200,000-SF industrial and 200,000-SF research and development

TABLE 2.6-1
LIST OF RELATED PROJECTS, Continued

No.	Cumulative Project	Location	Description
City of Long Beach (continued)			
20.	Warehouse (Case # 0301-08)	2200 West Pacific Coast Highway	22,653-SF warehouse
21.	Affordable Condominiums (Case # 0304-06)	1856 Long Beach Boulevard	60 condominiums
22.	Commercial Building (Case # 0307-19)	1075 East Pacific Coast Highway	10,400-SF commercial building
23.	Java Lanes Residential (Case # 0306-02)	3738–3800 East Pacific Coast Highway	79 condominiums
24.	Affordable Condominiums (Case # 0301-16)	1593–1643 Pacific Avenue	43 condominiums
25.	Commercial Center (Case # 0207-17)	325 East Anaheim Street	6,700-SF commercial center
26.	Commercial Building (Case # 0210-19)	100–108 East Anaheim Street	4,000-SF commercial building
27.	Mark Twain Public Library (Case # 0207-22)	1401 East Anaheim Street	16,000-SF public library
28.	Commercial Building (Case # 0304-31 and 0310-06)	2215 East Anaheim Street	11,300-SF commercial building
29.	Auto Zone (Case # 0401-27)	2923–2933 East Anaheim Street	5,400-SF auto parts store
30.	Lofts (Case # 0105-10)	829 Pine Avenue	Convert existing commercial building to 16 lofts
31.	Locust Avenue Residential (Case # 0110-05)	835 Locust Avenue	82 condominiums/townhouses
32.	Commercial Building (Case # 0402-11)	940 Long Beach Boulevard	5,000-SF commercial building
33.	Condominiums (Case # 0405-18)	838 Pine Avenue	Convert 83 apartments to 83 condominiums/townhouses
City of Signal Hill**			
34.	U.S. Storage	Northeast corner of California Avenue and 32nd Street	130,000-SF self-storage facility
35.	Home Improvement/Retail	North of Spring Street, between Atlantic Avenue and California Avenue	138,708-SF home improvement, 23,700-SF garden center, 56,890-SF retail, 6,000-SF restaurant, and two 2,500-SF fast-food restaurants
36.	A and A Ready Mix	Northwest Corner of 27th Street and California Avenue	25 truck cement ready mix plant
37.	Sixth Building Industrial	2700 Temple Avenue	60,000-SF industrial
38.	Gundry Estates	Southeast Corner of Willow Street and Gundry Avenue	11 DU single-family detached
39.	Las Brisas Phase II (Low-Income Housing)	Northeast Corner of California Avenue and Burnett Street	60 apartments

TABLE 2.6-1
LIST OF RELATED PROJECTS, Continued

No.	Cumulative Project	Location	Description
City of Signal Hill (continued)**			
40.	Hilltop Specific Plan	Skyline Drive, east of Cherry Avenue	100 single-family detached, 194 multi-family attached
41.	Hathaway Estates	Southwest Corner of Temple Avenue and Hathaway Avenue	20 single-family detached
42.	Long Beach Unified School District Middle School	West of Cherry Avenue, south of 20th Street	850 student middle school
43.	Cherry Avenue / 19th Street Condominiums	East of Cherry, between 19th Street and 20th Street	30 DU condominiums

NOTES:
DU = Dwelling unit
SF = Square foot
* Based on Traffic Impact Study for Alamitos Ridge prepared by LLG Pasadena, December 9, 2002.
** Based on conversation with Gary Jones, City of Signal Hill, September 24, 2004.
SOURCE: City of Long Beach. 30 June 2004. "Major Projects List." Contact: 333 West Ocean Boulevard, Long Beach, CA 90802.

2.7 PROJECT ALTERNATIVES

As a result of the project formulation process, the City of Long Beach explored two alternatives to the proposed project to assess their ability to meet most of the proposed project objectives. The Technical Advisory Committee met on August 11, 2004, to review this proposed project, which resulted in three alternatives, including the No Project Alternative required under CEQA, being carried forward for detailed analysis in this Draft EIR. The alternatives included the following:

- No Project Alternative
- Alternative A, consisting of a delayed start for the TCI until adequate on-site or off-site parking can be secured
- Alternative B, consisting of expedited commitment to construct an on-site parking structure with a 1,700-car capacity

These alternatives are describes and analyzed in Section 4.0 of this Draft EIR.