

## **SECTION 4.0**

### **ALTERNATIVES TO THE PROPOSED PROJECT**

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This section of the Environmental Impact Report (EIR) describes alternatives to the Long Beach Memorial Medical Center Expansion (proposed project). Alternatives have been analyzed in a manner that is consistent with the recommendations of Section 15126.6 of the State of California Environmental Quality Act (CEQA) Guidelines, which require a comparative evaluation of a range of reasonable alternatives to the proposed project, or to alternative locations for the proposed project that would feasibly attain most of the basic objectives of the proposed project but would avoid or substantially lessen any of the significant effects of the proposed project. The discussion of alternatives is intended to address four requirements pursuant to CEQA:

- The provision of alternatives to the proposed project or its location that may be capable of avoiding or substantially reducing any significant effects that a proposed project may have on the environment
- The provisions of alternatives capable of accomplishing most of the basic objectives of the proposed project and potentially avoiding or substantially lessening one or more of the significant effects
- The provision of sufficient information about each alternative to allow meaningful evaluation, analysis, and comparison with the proposed project
- The No Project Alternative analysis of what would be reasonably expected to occur in the foreseeable future if the proposed project were not approved

Pursuant to Section 15126.6(e)(2) of the State CEQA Guidelines, if the environmentally superior alternative is the No Project Alternative, the EIR shall also identify an environmentally superior alternative among the feasible action alternatives. The analysis of alternatives should be limited to those that the City of Long Beach (City), the Lead Agency, determines could feasibly attain most of the basic objectives of the proposed project. Section 15364 of the State CEQA Guidelines defines feasibility as “capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental legal, social, and technological factors.”

Alternatives addressed in this EIR were derived from comments received in response to the Notice of Preparation (NOP), comments provided at EIR scoping meetings and other community meetings, and information derived from the technical analysis. During the year 2030 visioning process to meet the requirements of the Office of Statewide Health Planning and Development (OSHPD), the Long Beach Memorial Medical Center (LBMMC) and Miller Children’s Hospital (MCH) evaluated the feasibility of using off-site properties to accommodate anticipated demands for services.<sup>1</sup> There are several properties, located north, south, and east of the existing LBMMC campus (Campus) that are available for development. However, these properties were determined to be socially and economically unacceptable for the expansion of the MCH and the consolidation and relocation of the Todd Cancer Institute (TCI) for two key reasons: (1) the properties are separated from the existing licensed hospitals by major thoroughfares, and (2) the cost of property acquisition would significantly increase the cost of

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<sup>1</sup> K. McLaughlin Diaz. 28 May 2004. *Memorial Care, Memorial Health Services, Master Plan: Long Beach Memorial Medical Center, Miller Children’s Hospital*. Prepared for: Memorial Health Services, Long Beach Memorial Medical Center and Miller Children’s Hospital, 2801 Atlantic Avenue, Long Beach, CA90806-1737. Contact: 222 Vallejo Street, San Francisco, CA 94111.

each improvement. Therefore, LBMHC and MCH determined that the proposed project objectives would be best achieved through a more effective utilization of properties currently owned by Memorial Health Services.

The alternatives analysis is directed toward parking. The proposed project seeks a variance to accommodate parking through the leasing of off-site parking. In addition to the No Project Alternative required to be analyzed pursuant to CEQA, this EIR considers two other alternatives that avoid the reliance on off-site parking, thus providing a reasonable range of alternatives:

- No Project Alternative
- Alternative A—Consists of delaying the construction start for TCI Phase I for one year to accomplish the development of six on-site surface parking areas (Lot N, Lot P, Lot Q, Lot R, Lot S, and Lot T)
- Alternative B—Consists of expedited construction of the 1,700-space parking structure to be operational by January 2007

A summary inventory of the proposed land areas under Alternatives A and B is presented in Table 4.0-1, *Summary of Proposed Land Areas under Alternatives A and B*.

**TABLE 4.0-1  
SUMMARY OF PROPOSED LAND AREAS UNDER ALTERNATIVES A AND B**

	TCI Phase I	TCI Phase II	MCH Pediatric Inpatient Tower Phase I	MCH Pediatric Inpatient Tower Phase II	MCH Utility Trench	MCH Central Plant Building	MCH Pediatric Outpatient Building	MCH Link Building	Roadway Realignment	Parking Program
<b>Alternative A</b>										
Number of required parking spaces	418	212	144	184	0	10	400	50	0	1,730
Height of building (feet)	54	33	84	148	0	20	84	54	0	84
Building space (gross square feet)	83,360	42,360	129,220	86,030	1,000 linear feet .	3,500	80,000	20,000	N/A	N/A
Building levels	3 stories	2 stories	4 stories + basement	3 stories	0	1 story	5 stories + basement	3 stories	N/A	4 stories
Number of employees	122 <sup>1</sup>	60	310	100	0	0	138 <sup>2</sup>	20	0	0
<b>Alternative B</b>										
Number of required parking spaces	360	282	124	204	0	10	400	50	0	1,730
Height of building (feet)	54	33	84	148	0	20	84	54	0	84
Building space (gross square feet)	71,690	54,030	111,129	104,121	1,000 linear feet	3,500	80,000	20,000	N/A	N/A
Building levels	3 stories	2 stories	4 stories + basement	3 stories	0	1 story	5 stories + basement	3 stories	N/A	4 stories
Number of employees	105*	77	267	143	0	0	138**	20	0	0

**NOTES:**

\* Existing employees who would be consolidated from other locations on and off the Campus.

\*\* Existing employees who would be consolidated from other locations on the Campus

The effectiveness of each of the alternatives in achieving the basic objectives of the proposed project has been evaluated with regard to each of the proposed alternative's ability to meet the statement of project objectives. A summary of the ability of the proposed project and alternatives under consideration to meet the objectives of the proposed project is presented in Table 4.0-2, *Summary of Ability of Proposed Project and Alternatives to Attain Project Objectives*. As shown in the table, the proposed project would meet all of the basic objectives of the project. Although the No Project Alternative is not capable of meeting any of the basic objectives of the proposed project, it has been included in this EIR and analyzed as required by CEQA.

**TABLE 4.0-2  
SUMMARY OF ABILITY OF PROPOSED PROJECT AND ALTERNATIVES  
TO ATTAIN PROJECT OBJECTIVES**

Proposed Project	No Project Alternative	Delayed Start of TCI	Expedited Construction of Parking Structure
<b>Objectives</b>			
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.			
Yes	No	No	Yes
2. Expand and reorganize the existing approximately 1,000,000 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.			
Yes	No	Yes	Yes
3. Comply with the regulations developed by OSHPD as mandated by Senate Bill (SB) 1953 (Chapter 740, 1994), an amendment to and furtherance of the Alfred E. Alquist Hospital Seismic Safety Act of 1983.			
Yes	No	Yes	Yes
4. Consolidate and relocate the 24 diverse outpatient treatment modalities of the 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.			
Yes	No	No	Yes
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 year 2007, and to accommodate approximately 500 patients per day to meet anticipated needs through 2020.			
Yes	No	No	No
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.			
Yes	No	Yes	No
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 year 2020. The increase in capacity would require 72 additional beds by year 2008 and another 92 additional beds between years 2008 and 2015 to meet anticipated demand through year 2020.			
Yes	No	Yes	Yes
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.			
Yes	No	Yes	Yes
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.			
Yes	No	Yes	Yes
10. Provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.			
Yes	Yes	Yes	Yes
11. Provide adequate infrastructure to support circulation within the Campus.			
Yes	Yes	Yes	Yes
12. Provide sufficient parking capacity to comply with the City of Long Beach parking ordinance.			
Yes	Yes	Yes	Yes

As a result of the analysis undertaken in this EIR, it was determined that the No Project Alternative would not be capable of meeting most of the basic objectives of the proposed project. Although the No Project Alternative would avoid significant impacts to air quality and traffic and transportation through avoiding construction of new facilities, it would fail to address the existing and anticipated demand for expanded inpatient and outpatient health care services in the community. Alternatives A and B were identified as means of addressing feasible engineering solutions to avoiding the reliance on the use of parking spaces leased at off-site locations to meet City of Long Beach Code requirements for parking. Although Alternatives A and B would be feasible in relation to engineering, the alternatives would create social and economic issues that would compromise the overall feasibility of the proposed project. Specifically, the TCI has a compelling existing need for a new facility. In Alternative A, the delay of construction by a year to accommodate development of Lots N, P, Q, R, S, and T would exacerbate the existing logistical and operational concerns for the approximately 375 patients per day served by that institution within the LBMMC. In Alternative B, the need to initiate construction of the parking structure in year 2005 would increase the cost to provide sufficient parking in the initial phases of construction from \$5.94 million (estimated cost to support development of off-site parking lots that would be leased to LBMMC and MCH) to \$23.8 million to construct an on-site parking structure (Table 2.4-1, *Estimated Capital Improvement Costs*).

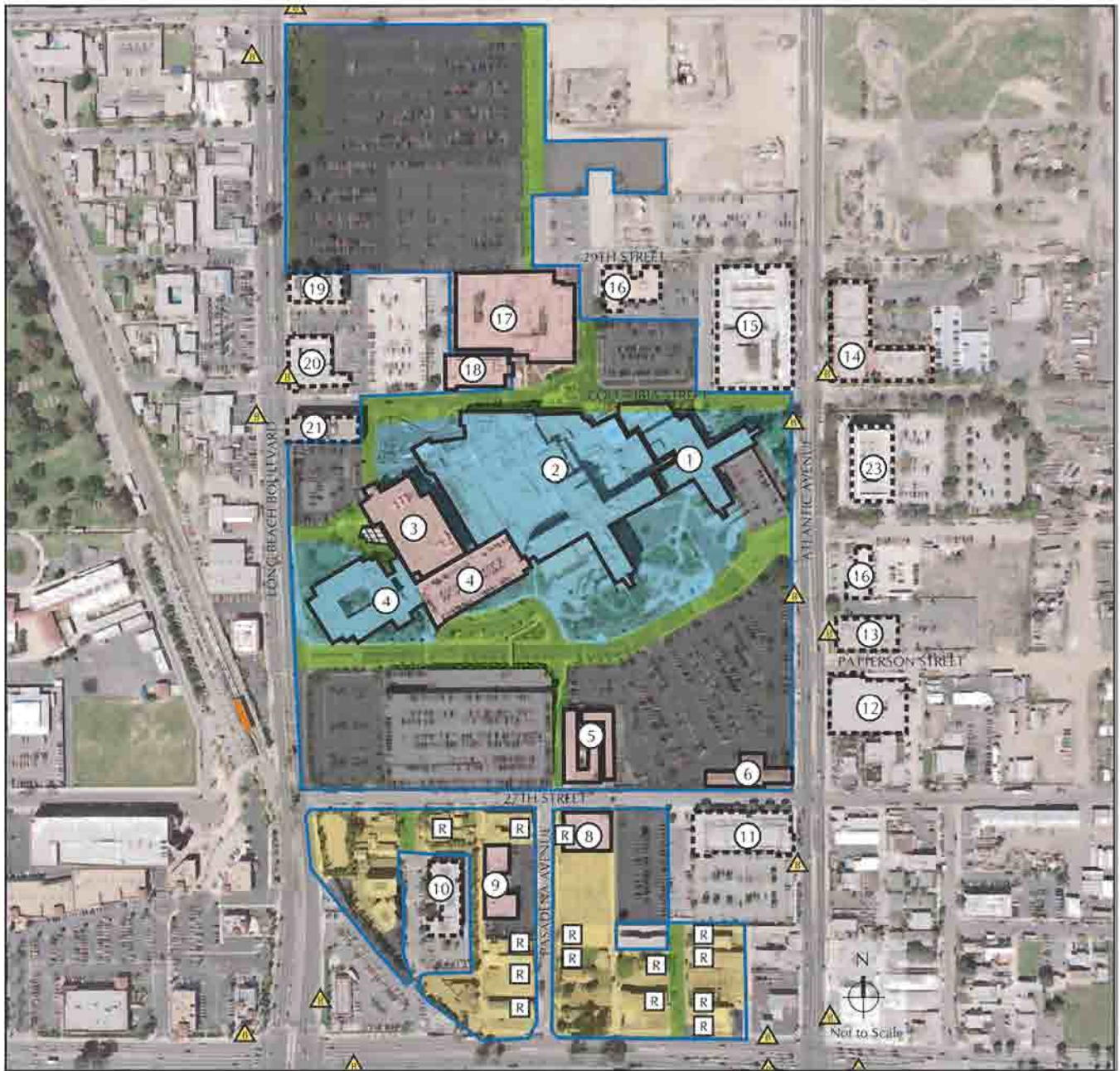
Like many projects, the No Project Alternative is an environmentally superior alternative in that it does not involve significant impacts to air quality and traffic and transportation. Of the action alternatives, the significant impacts are comparable; however, the proposed project would reduce peak-quarter construction impacts to air quality from heavy equipment emissions by better distributing the use of heavy equipment on the Campus over a longer construction period.

#### **4.1 NO PROJECT ALTERNATIVE**

Under the No Project Alternative, the Campus would continue to function with the approximately 1,213,945 gross square feet of existing conditioned on-site facilities (Figure 4.1-1, *No Project Alternative*). As in the existing condition, the demand for space would be augmented through the lease of off-site facilities. The Master Plan of Land Uses would remain in its existing configuration and distribution of six general land uses: inpatient medical facilities, outpatient medical facilities, mixed use, utilities, circulation, and parking. The two licensed hospitals, LBMMC and MCH, would remain in their existing configuration. However, MCH would not be able to conform to licensing requirements by January 2008.

The No Project Alternative fails to meet most of the basic objectives of the proposed project:

- **Objective 1.** Although the existing programs and facilities would 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 needs, the No Project Alternative would not provide additional space to support the growth of 6 to 9 percent expected through year 2020.
- **Objective 2.** The No Project Alternative would not provide the combined 500,000 square feet of additional space anticipated to be needed to accommodate inpatient, outpatient, and appurtenant facilities required by year 2020.
- **Objective 3.** The No Project Alternative would not allow MCH to comply with OSHPD regulations by year 2008.



LEGEND			
	Inpatient		Buildings Controlled by Others
	Outpatient		Blue Line (Willow Station)
	Mixed Use		Bus Stop (Long Beach Transit)
	Utilities		Miller Children's Hospital
	Circulation		Long Beach Memorial Medical Center
	Parking		Administration Building
	LBMMC Boundary		West Facility/Rehabilitation Building
	Buildings Controlled by LBMMC		Rehabilitation Gym/Parking
			Miller House
			Ranch House / WIC Medical Center
			Memorial Guest Residence
			Research Building
			Elm Medical Plaza
			3-Story Medical Office Building
			Convalescent Home
			MOB with CT & MRI Orthopedics
			Hillside Medical Plaza
			2-Story Atlantic MOB
			Medical Office Building - 1 Story
			Buttums Plaza - 1 Story
			CT & MRI Center
			Medical Office Building
			Aloha Motel
			Medical Office Building
			4-Story Atlantic MOB
			Residential Buildings



**FIGURE 4.1-1**  
No Project Alternative

- **Objective 4.** The No Project Alternative would fail to provide a dedicated facility to accommodate the diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites located on and off the Campus.
- **Objective 5.** The No Project Alternative fails to 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 year 2007, and to accommodate approximately 500 patients per day to meet anticipated needs through year 2020.
- **Objective 6.** The No Project Alternative fails to provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases in accordance with the California Department of Health Services licensing specification to provide dedicated pediatric operating rooms by January 2008.
- **Objective 7.** The No Project Alternative fails to provide a pediatric inpatient tower with the required capacity to accommodate the anticipated 1 percent per year increase in demand for newborn intensive care services and general pediatric patients under the age of 15, through year 2020.
- **Objective 8.** The No Project Alternative fails to 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.
- **Objective 9.** The No Project Alternative fails to 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.
- **Objective 10.** The No Project Alternative would maintain the existing pattern of internal traffic and circulation, which provides adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.
- **Objective 11.** The No Project Alternative would maintain the existing network of public streets and private driveways, which provides adequate infrastructure to support circulation within the Campus.
- **Objective 12.** The No Project Alternative would maintain the use of existing surface parking lots and parking structures, which provide sufficient parking supplies and 259 parking spaces in excess of City of Long Beach Code requirements.

#### **4.1.1 Design, Architecture, and Setting**

The No Project Alternative would retain the design, architecture, and setting of the existing Campus (Figure 4.1-1).

#### **4.1.2 No Project Alternative Elements**

The visioning process undertaken by LBMMC and MCH to develop facilities strategies meeting the mandates of SB 1953 (Chapter 740, 1994), as well as for the modernization of the existing facilities to meet current and projected need and to anticipate the future growth demonstrated that these goals

would not be met by the existing Campus facilities. In the No Project Alternative, the two licensed hospitals, LBMMC and MCH, would continue functioning within the existing hospitals on the Campus. The screening, treatment, and monitoring modalities offered by the TCI would remain dispersed at 11 locations on and off the Campus. Pediatric outpatient, including a child care center, nutrition programs, and outpatient clinics, would remain housed in various structures located on and off the Campus. Memorial Medical Campus Drive, as it extends through the Campus, would remain curved as it is now to meet Atlantic Avenue. Circulation, not including public right-of-ways, within the Campus would generally remain in their existing configuration. A total of 3,452 spaces, including 259 surplus parking spaces, would be expected to remain located in 11 locations throughout the Campus.

#### **4.1.3 Programming**

The combined 726 beds provided by the two existing licensed hospital would be expected to be insufficient to support the full range of health services provided to the community of Long Beach in 2001 for several reasons:

- Existing licensed hospitals are at capacity.
- The City of Long Beach General Plan anticipates 6- to 9-percent growth through year 2020.
- There is more and sometimes larger on-unit equipment.
- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has privacy and confidentiality requirements that have created a need for more space between patient treatment modules, as well as some additional spaces.
- There is increasing recognition of the value of support from family and significant others, creating the need for family zones within patient rooms and additional amenities for families.
- More stringent industry and code standards have created a need for increased space, including around beds, fixtures, and other equipment: Americans with Disabilities Act (ADA) toilet and clearances require greater clearances and larger spaces, and direct observation requirements in intensive care units (ICUs) create a need for additional space.
- Changing patterns of care, such as decentralized nursing and bedside charting, require additional space.
- Infrastructure is growing in areas such as structure, information technology, electrical, and security that would require the utilization of existing space within the two existing licensed hospitals.

#### **4.1.4 Economic Characteristics**

The No Project Alternative would preclude LBMMC and MCH from using the funds allocated by the voters of the State of California, through their November 2004 approval of Proposition 61, Children's Hospital Bond Act of 2004.



#### **4.1.5 Engineering Characteristics**

The year 2030 visioning process resulted in a determination that strengthening of existing facilities is possible to conform to the mandates of SB 1953 (Chapter 740, 1994) through year 2030. However, it is not possible to strengthen all existing acute care facilities to Category IV, the standard required after year 2030. Therefore, the No Project Alternative would compromise efforts to be prepared to conform to the year 2030 standard for acute care facilities.

#### **4.1.6 Construction Scenario**

There would be no construction in the No Project Alternative.

#### **4.1.7 Comparative Impacts**

##### ***Aesthetics***

As with the proposed project, the No Project Alternative would not result in significant impacts related to aesthetics. The operation of the existing structures would continue to remain as they are now. Approximately 1,213,945 gross square feet of structures would likely retain existing facades. As in the existing condition, the buildings would be linked by a series of public roadways, private driveways, sidewalks, lighting, landscaping, and directional signs.

The No Project Alternative would not result in any significant impact to aesthetics, as there would be no anticipated potential to alter existing scenic vistas, state-designated scenic highways, visual character, or light and glare changes. The No Project Alternative would not contribute to the introduction to any new sources of substantial light and glare. However, without the proposed project, the long-term visual character effects would not benefit from improved aesthetic improvement to the proposed project area since it is located in a blighted, physically degraded area designated by the City of Long Beach as the Central Long Beach Redevelopment Area. Furthermore, the existing project area would not be benefited by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities consistent with the existing character of the community.

##### ***Air Quality***

The No Project Alternative would avoid construction of the TCI building; the MCH inpatient tower, utility trench, and central plant building; the MCH pediatric outpatient building; the MCH link building; roadway realignment; and parking elements. The No Project Alternative would not generate construction emissions with the potential to substantially degrade air quality, or contribute to substantial increases in peak-period emissions. Therefore, the No Project Alternative would not be expected to result in significant impacts to air quality and would not require the implementation of mitigation measures Air-1 through Air-13 specified for the proposed project.

##### ***Cultural Resources***

The No Project Alternative avoids potential impacts to cultural resources that would result from the implementation of the proposed project. Unlike the proposed project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures, thus avoiding the potential for disturbance of paleontological resources or the unanticipated discovery of prehistoric archeological resources or human remains. Therefore, the No Project Alternative would not

require implementation of mitigation measures Cultural-1 through Cultural-3 specified for the proposed project.

### ***Geology and Soils***

The No Project Alternative avoids potential impacts to geology and soils that could result from the implementation of the proposed project. Unlike the proposed project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. However, the failure to upgrade existing facilities or construct new facilities to meet the mandates of SB 1953 would ultimately expose people and the existing acute care facilities to potential adverse effects, including the risk of loss, injury, or death. Although the No Project Alternative would not require implementation of mitigation measures Geology-1 through Geology-6 specified for the proposed project, it would preclude LBMMC and MCH from conforming to the mandates of SB 1953 and create a socially unacceptable level of risk to people and property.

### ***Hazards and Hazardous Materials***

The No Project Alternative would avoid potential impacts from exposure of people to hazards and hazardous materials (asbestos-containing materials, lead-based paints, and mold). Unlike the proposed project, this alternative would not entail transport, use, emission, or disposal of hazardous materials above the levels currently required for operation of LBMMC, MCH, and appurtenant facilities. Therefore, the No Project Alternative would not require implementation of mitigation measures Hazards-1 through Hazards-15 specified for the proposed project.

### ***Hydrology and Water Quality***

The No Project Alternative would avoid potential impacts to hydrology and water quality that could result from the implementation of the proposed project. Unlike the proposed project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. Therefore, the No Project Alternative would not require implementation of mitigation measures Hydro-1 through Hydro-7 specified for the proposed project.

### ***Land Use and Planning***

As with the proposed project, the No Project Alternative would not result in significant impacts related to land use and planning. The operation of the two licensed hospitals, LBMMC and MCH, and related facilities and infrastructure, would not conflict with land use designation and adopted goals and policies of the City of Long Beach General Plan Land Use element,<sup>2</sup> which designates the Campus as Land Use Designation (LUD) No. 7 Mixed-Use District. Unlike the proposed project, which would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from Regional Highway (CHW) to Planning Development (PD-29) District, Subarea 1, the No Project Alternative would retain the existing zoning designations for the Campus: Institutional (I), PD-29, CHW, and Community Automobile-Oriented (CCA) Districts.<sup>3</sup>

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<sup>2</sup> City of Long Beach, Department of Planning and Building, July 1991. *Land Use Element of the Long Beach General Plan*. Prepared by: City of Long Beach, Department of Planning and Building, City Hall, 333 West Ocean Boulevard, Long Beach, CA 90802.

<sup>3</sup> 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>

### ***National Pollution Discharge Elimination System***

The No Project Alternative would avoid potential impacts related to surface water quality and the need for a National Pollution Discharge Elimination System (NPDES) permit. Unlike the proposed project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. Therefore, the No Project Alternative would not be expected to generate new sources of storm water runoff or contributed pollutants to existing surface waters. Thus the No Project Alternative would not be required to develop a Standard Urban Storm Water Management Plan or implement mitigation measure NPDES-1 specified for the proposed project.

### ***Noise***

The No Project Alternative would avoid impacts to the ambient noise that would be expected during the construction phases of the proposed project. Unlike the proposed project, this alternative would entail no demolition of existing buildings, grading, modification of existing structures, or construction of new structures. Thus, there would be no need to operate heavy equipment within 500 feet of sensitive receptors, particularly the existing MCH. Therefore, the No Project Alternative would not require implementation of mitigation measures Noise-1 through Noise-3 specified for the proposed project.

### ***Public Services***

As with the proposed project, the No Project Alternative would not result in significant impacts related to public services. The No Project Alternative would continue operation of existing acute and outpatient facilities. Therefore, there would be no need for the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. However, the No Project Alternative would fail to provide adequate capacity to meet the existing and anticipated demand within the City of Long Beach for health care services, which is projected to increase by 6 to 9 percent through year 2020.

### ***Traffic and Transportation***

The No Project Alternative would avoid potential impacts to traffic and transportation that could result from the implementation of the proposed project. Unlike the proposed project, this alternative would not accommodate additional capacity to provide health care services; therefore, there would be no anticipated increase in trips and the related contribution to the loads placed on surrounding intersections. The existing 3,452 parking spaces would be sufficient to support ongoing operation of LBMMC, MCH, and appurtenant facilities. Therefore, the No Project Alternative would not require implementation of mitigation measures Transportation-1 through Transportation-3.

### ***Utilities and Service Systems***

The No Project Alternative would avoid potential impacts to utilities and service systems that could result from the implementation of the proposed project. Unlike the proposed project, this alternative would not entail major site grading (excavation and fill), demolition of existing structures, or construction of new structures; therefore, the No Project Alternative would not generate solid waste from construction. In addition, the hospital would continue to operate at its existing capacity; therefore, the No Project Alternative would not generate increased levels of solid waste from operations such as that anticipated for the proposed project. Therefore, the No Project Alternative does

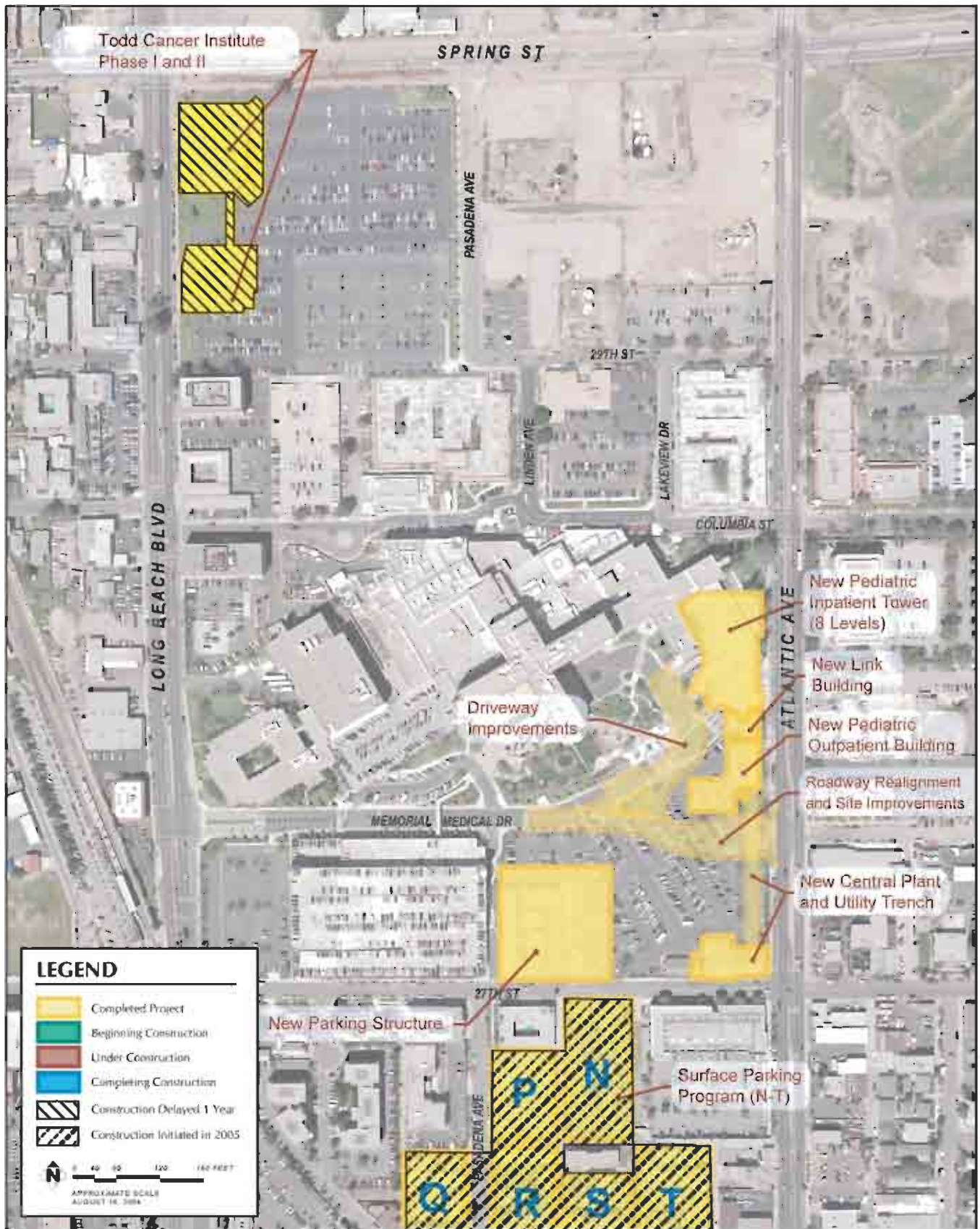
not require implementation of mitigation measures Utilities-1 and Utilities-4 specified for the proposed project.

## 4.2 ALTERNATIVE A

Alternative A differs from the proposed project in that Alternative A delays construction of the TCI until the development of on-site parking (Lots N, P, Q, R, S, and T) is completed (Figure 4.2-1, *Alternative A Site Plan*). All the other elements of the proposed project would be constructed as planned in the proposed project. The delayed construction of the TCI would delay the consolidation and relocation of cancer facilities to a single building dedicated to cancer treatment from the 11 existing locations on and off Campus for a period of approximately one year.

Alternative A meets 11 of the 12 basic objectives of the proposed project:

- **Objective 1.** Alternative A would allow LBMMC and MCH to 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 needs. Alternative A would provide additional space to support the 6- to 9-percent population growth in the City of Long Beach expected through year 2020.
- **Objective 2.** Alternative A would provide the combined 500,000 square feet of additional space required to accommodate inpatient, outpatient, and appurtenant facilities required by year 2020.
- **Objective 3.** Alternative A would allow MCH to comply with the regulations developed by OSHPD by year 2008.
- **Objective 4.** Alternative A would provide a dedicated facility, in close proximity to the inpatient services provided at the LBMMC, to accommodate the diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites on and off the Campus.
- **Objective 5.** Alternative A would fail to 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 year 2007. In this alternative, construction of TCI Phase I would be delayed by a year; thus, the facility would not be available until year 2008. There would be no change in the ability to complete Phase II to accommodate approximately 500 patients per day to meet anticipated needs through year 2020.
- **Objective 6.** Alternative A would provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases, in accordance with the California Department of Health Services licensing specification to provide dedicated pediatric operating rooms by January 2008, through construction of the MCH pediatric inpatient tower Phase I, utility trench, and central plant building. Construction of the MCH pediatric inpatient tower Phase II would be sufficient to accommodate anticipated demand for services through year 2020.



**FIGURE 4.2-1**  
Alternative A Site Plan

- **Objective 7.** Alternative A would provide a pediatric inpatient tower with the required capacity to accommodate the anticipated 1 percent per year increase in demand for newborn intensive care services and general pediatric patients under the age of 15, through year 2020.
- **Objective 8.** Alternative A would allow for consolidation and relocation of the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building, the MCH pediatric outpatient building, in close proximity to the MCH.
- **Objective 9.** Alternative A would provide a building designated for mixed uses, the MCH link building, to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.
- **Objective 10.** Alternative A would provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue, through the realignment of Patterson Street.
- **Objective 11.** Alternative A would provide adequate infrastructure to support circulation within the Campus through various improvements to roadways, driveways, sidewalks, security lighting, and landscaping.
- **Objective 12.** Alternative A would provide sufficient parking capacity to comply with the City of Long Beach parking ordinance through use of existing excess parking spaces, development of additional on-site surface parking (Lots N, P, Q, R, S, and T), short-term (10 year) lease of adjacent off-site parking, and construction of a 1,700-car parking structure.

#### **4.2.1 Design, Architecture, and Setting**

As with the proposed project, Alternative A would be developed in accordance with the Master Plan and related design guidelines, including standards for landscape, lighting, security, and wayfinding. As with the proposed project, mature trees, pleasant vistas, and the creative use of surface materials would create a sense of wellness and define Campus boundaries and reinforce pedestrian and vehicular entry points. Each building would be designed to reflect its intended use, thus facilitating wayfinding within the 54-acre Campus.

#### **4.2.2 Alternative A Elements**

Alternative A would include the same elements as the proposed project, with the same building spaces and characteristics (Table 4.0-1). However, Alternative A would delay the initiation of construction of TCI Phase I until July 2006. Alternative A would also require that the development of on-site parking lots (Lots N, P, Q, R, S, and T) be initiated immediately in July 2005.

### 4.2.3 Programming

Upon build-out, Alternative A would accommodate the same programming for health care services provided by the proposed project (Table 4.0-1). However, the associated one-year delay in the initiation of construction would delay the benefits intended to be achieved through relocation and consolidation of cancer treatment modalities to a single location:

- Provision of adequate space to serve the approximately 375 patients per day currently seen by the various entities within the TCI
- Provision of a safer and more “user friendly” environment for patients, employees, medical staff, and volunteers
- Accessibility of multiple services at a single location
- Proximity to LBMCC for care required to be provided in an acute care facility
- Operational efficiency
- Quality of care

### 4.2.4 Economic Characteristics

As with the proposed project, the total estimated construction cost for Alternative A would likely be in excess of \$200 million (Table 4.0-3). However, a one-year delay in the initiation of construction of TCI Phase I could increase construction cost by 4 to 7 percent, thus requiring identification of additional funds to augment the increased cost of construction or a reduction in the size of the facility to stay within the existing identified construction funds.<sup>4</sup>

### 4.2.5 Engineering Characteristics

As with the proposed project, Alternative A facilitates year 2008 and year 2030 compliance with the mandates of SB 1953 (Chapter 740, 1994) by relocating health care services from LBMCC and MCH, acute care facilities, to new inpatient and outpatient structures conforming to the requirements of the OSHPD and the City of Long Beach Department of Public Works. This relocation would allow more effective utilization of the two existing acute care facilities within the Campus.

### 4.2.6 Construction Scenario

The construction scenario for Alternative A would conform to that described for the proposed project for all but two elements: TCI Phase I and development of on-site parking (Lots N, P, Q, R, S, and T). The initiation of construction of TCI Phase I would be delayed by one year, pending development of on-site parking. As such, the development of on-site parking Lots N, P, Q, R, S, and T would be required to be initiated in July 2005, concurrent with mobilization for the MCH pediatric inpatient tower, utility trench, and central plant building.

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<sup>4</sup> Davis Langdon Adamson. 2004. “California Construction Industry Market Escalation Report, 2004 Mid-Year Update.” Contact: 301 Arizona Avenue, Suite 301, Santa Monica, CA 90401. Available at: [http://www.aaaesc.com/\\_news/2004](http://www.aaaesc.com/_news/2004)

## 4.2.7 Comparative Impacts

### *Aesthetics*

As with the proposed project, Alternative A would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative A would not impact any viewsheds or scenic highways. Due to the delayed construction for the TCI, short-term impacts from demolition and construction activities would also be delayed. Upon build-out, Alternative A would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.

### *Air Quality*

As with the proposed project, Alternative A results in significant impacts to air quality. The one-year delay in construction of TCI Phase I would be concurrent with the later phase of construction of the MCH pediatric inpatient tower. However, it is anticipated that the utility trench and central plant building would be completed prior to the initiation of TCI Phase I. However, development of the six on-site parking areas (Lots N, P, Q, R, S, and T) would need to be undertaken concurrent with the first year of construction for the MCH pediatric inpatient building, utility trench, and central plant building.

As with the proposed project, Alternative A would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative A would require more concurrent demolition work and more trucks to transport demolition debris at one time, and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the proposed project and would remain significant for carbon monoxide (CO), nitrogen oxides (NO<sub>x</sub>), reactive organic gases (ROGs), and particulate matter less than 10 microns in aerodynamic diameter (PM<sub>10</sub>).

As with the proposed project, Alternative A would require implementation of mitigation measures Air-1 through Air-13 to minimize to the extent feasible the amount of pollutants emitted by construction activities. As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative A related to fugitive dust emissions to below the level of significance. The specified measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NO<sub>x</sub>, and ROGs to a less than significant level.

As with the proposed project, there would be anticipated impacts to air quality related to odors during construction of Alternative A.

As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative A related to the conformance to the current air quality standard to below the level of significance.

As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative A related to the cumulatively considerable net increase of any criteria pollutant for which the proposed project region is in nonattainment under an applicable



federal or state ambient air quality standard (including release in emissions that exceed quantitative thresholds for ozone precursor) to below the level of significance.

### ***Cultural Resources***

As with the proposed project, Alternative A would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remain, thus requiring the consideration of mitigation measures. As with the proposed project, potential impacts to the cultural resources from the potential to encounter prehistoric and historic archaeological resources and paleontological resources would be reduced to below the level of significance with the incorporation of mitigation measures Cultural-1 through Cultural-3.

### ***Geology and Soils***

As with the proposed project, Alternative A would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, MCH link building, roadway realignment, surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with best management practices (BMPs) as part of compliance with the required NPDES permit and associated Urban Storm Water Management Plan. As with the proposed project, impacts related to geology and soils would be reduced to below the threshold of significance through the incorporation of mitigation measures Geology-1 through Geology-6.

### ***Hazards and Hazardous Materials***

As with the proposed project, Alternative A would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities:

- Demolition of buildings with the potential to contain asbestos-containing materials and lead-based paints
- Excavation and transport of petroleum hydrocarbon–contaminated soil and water
- Construction near former oil wells that have not been abandoned to current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources
- Placement of structures at locations that have the potential accumulate methane, hydrogen sulfide, or other petroleum-related gases into underground areas or buildings
- Potential to encounter previously unrecorded underground storage tanks during excavation and grading activities

- Routine transport and disposal of construction debris and solid waste that have the potential to contain hazardous waste
- Construction in proximity to areas necessary to emergency response and evacuation plans
- Excavation and grading activities in soils with the potential to contain chemicals of potential concern, including volatile organic compounds

As with the proposed projects, impacts related to hazards and hazardous materials from construction and operation of Alternative A would be expected to be mitigated to below the threshold of significance through the incorporation of mitigation measures Hazards-1 through Hazards-15.

### ***Hydrology and Water Quality***

As with the proposed project, Alternative A delays construction of the TCI until adequate on-site or off-site parking is secured. The other five elements of the proposed project would be constructed as planned in the proposed project; thus, Alternative A would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. As with the proposed project, potential impacts to water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMPs. The BMPs in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. As with the proposed project, significant impacts related to hydrology and water quality resulting from Alternative A would be mitigated to a less than significant level through the incorporation of mitigation measures Hydro-1 through Hydro-7.

### ***Land Use and Planning***

As with the proposed project, Alternative A would not result in significant impacts related to land use and planning. As with the proposed project, the land uses specified in the Master Plan of Land Uses are consistent with LUD No. 7 Mixed-Use District. As with the proposed project, Alternative A would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from CHW to PD-29 District, Subarea 1. As with the proposed project, Alternative A would not result in any significant impact to land use and planning.

### ***National Pollution Discharge Elimination System***

As with the proposed project, Alternative A would involve concurrent grading and excavation in an area of sufficient size to require compliance with the NPDES permit, thus requiring the development and incorporation of BMPs for reducing discharge of the pollutants into the storm drain and waterway system. As with the proposed project, significant impacts related to NPDES resulting from Alternative A would be mitigated to below the threshold of significance through the incorporation of mitigation measure NPDES-1.

### ***Noise***

As with the proposed project, Alternative A would result in significant impacts to ambient noise levels during construction. As with the proposed project, Alternative A requires the use of heavy construction equipment in close proximity to sensitive receptors: pediatric patients in the existing MCH. In addition,

as with the proposed project, Alternative A would generate additional trips to and from the Campus as a result of the increase in the medical staff, employees, patients, and corresponding increase in visitors. As with the proposed project, construction impacts to ambient noise levels would be reduced to the maximum extent practicable through the incorporation of mitigation measures Noise-1 through Noise-3.

### ***Public Services***

As with the proposed project, Alternative A would not result in significant impacts related to public services. As with the proposed project, the Alternative A would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. As with the proposed project, Alternative A would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; and surface parking lots, leased off-site parking lots, and parking structure. As with the proposed project, impacts related to security and vandalism from Alternative A would be reduced to below the threshold of significance through mitigation measures Public Services-1 and Public Services-2.

### ***Traffic and Transportation***

#### *Future Traffic Operations*

Alternative A provides delayed consolidation of outpatient treatment modalities of the TCI until adequate on-site or off-site parking is secured (Figure 4.2-1). This alternative would have traffic and transportation impacts similar to the proposed project because projected construction and mitigation measures are expected to continue once on-site or off-site parking is secured. A Congestion Management Program (CMP) deficiency would not be anticipated with the implementation of the mitigation measures specified for the proposed project. Contributions to intersection loads from construction and operation of Phase I would be delayed by one year. This would reduce the daily two-way project traffic generation forecast from 6,762 to 3,740 daily trips, eliminating the 3,022 daily trips projected from the Phase I construction of TCI. However, these daily trips are expected to be added once Phase I starts. As with the proposed project, impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

#### *Parking Impacts*

As with the proposed project, construction and operation of Alternative A would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures (Table 4.2.7-1, *Alternative A Construction Parking Program*, and Table 4.2.7-2, *Alternative A Operation Parking Program*). Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. As with the proposed project, implementation of mitigation measure Transportation-3 would be expected to reduce impacts on parking to below the threshold of

significance. The parking program specified in measure Transportation-3 would need to be modified in accordance with Table 4.2.7-1 and Table 4.2.7-2.

**TABLE 4.2.7-1  
ALTERNATIVE A CONSTRUCTION PARKING PROGRAM**

	Period	Parking Required	Parking Program
<b>Step A</b>	Roadway realignment: July 2005 to October 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, central plant building, and utility trench: October 2005 to January 2008	155	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		91
	TCI Phase I: July 2006 to December 2007	306	
	On-site Parking Lot N (121)		30
	On-site Parking Lot P (68)		68
	On-site Parking Lot Q (71)		71
	On-site Parking Lot R (96)		96
On-site Parking Lot S (72)		41	
<b>Step B</b>	MCH pediatric outpatient building: October 2005 to May 2007	43	
	On-site Parking Lot S (72)		31
	On-site Parking Lot T (87)		12
<b>Step C</b>	TCI Phase II: July 2010 to June 2011	275	
	Parking structure at Lot K (1,404)		275
<b>Step D</b>	MCH link building: July 2010 June 2011	0	
	MCH pediatric inpatient tower Phase II: January 2012 to June 2013	20	
	Parking structure at Lot K (1,404)		20

**TABLE 4.2.7-2  
ALTERNATIVE A OPERATION PARKING PROGRAM**

	Period	Parking Required	Parking Program
<b>Step A</b>	Roadway realignment: November 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, central plant building, and utility trench: January 2008	254	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		121
	On-site Parking Lot P (68)		59
	Central plant building parking (10)		10
	TCI Phase I: January 2008	589	
	On-site Parking Lot P (68)		9
	On-site Parking Lot Q (71)		71
	On-site Parking Lot R (96)		96
	On-site Parking Lot S (72)		72
	On-site Parking Lot T (87)		87
Off-site Parking Lot L (296)		254	
<b>Step B</b>	MCH pediatric outpatient building: June 2007	443	
	Lot L (296)		42
	Lot M (238)		238
	Parking structure at Lot K (1,404)		163
<b>Step C</b>	TCI Phase II: July 2011	280	
	Parking structure at Lot K (1,404)		280
	MCH link building: July 2011	50	
	Parking structure at Lot K (1,404)		50
<b>Step D</b>	MCH pediatric inpatient tower, Phase II: July 2013	184	
	Parking structure at Lot K (1,404)		184

**Utilities and Service Systems**

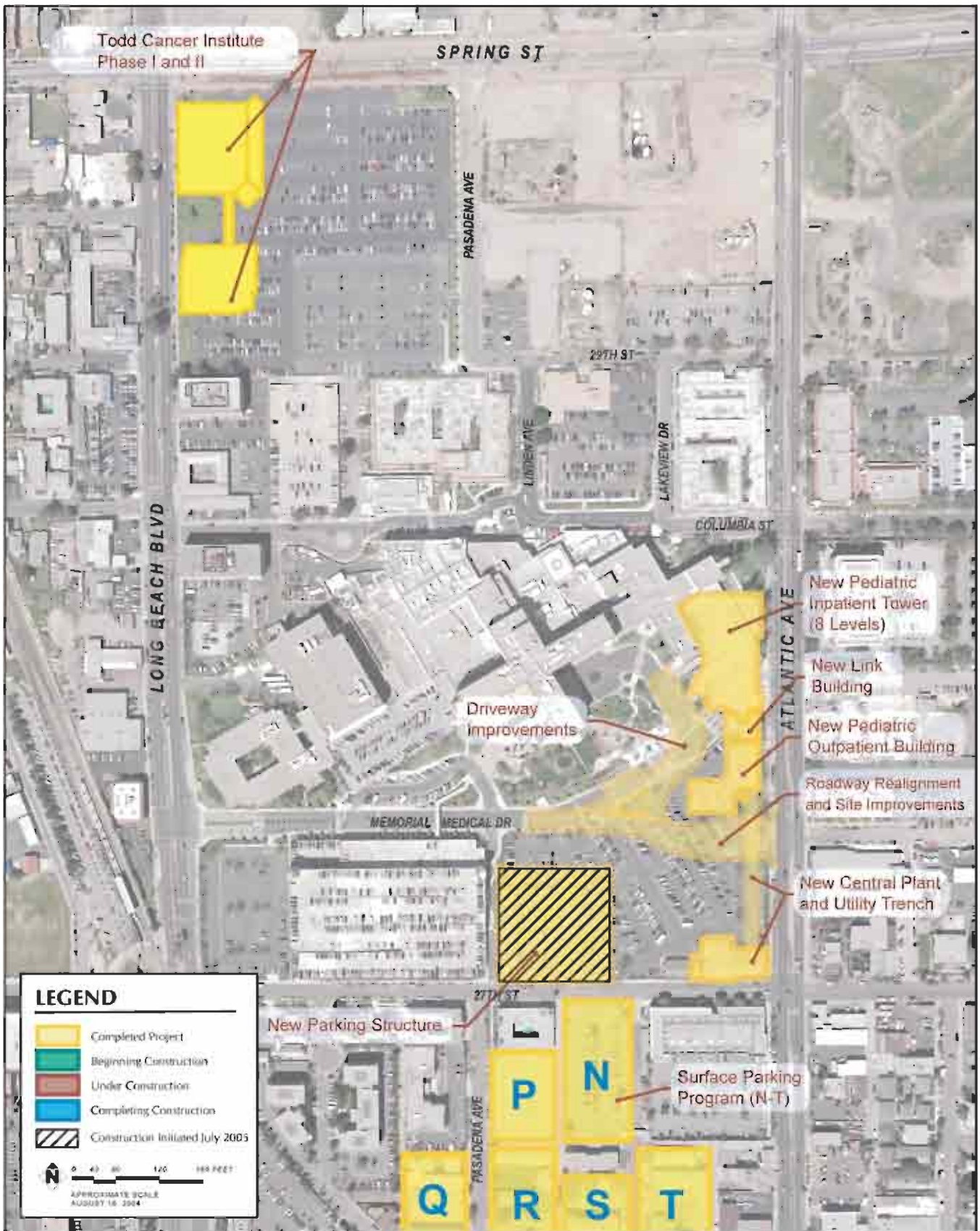
As with the proposed project, Alternative A would generate solid waste during construction from the demolition of the WIC Building (4,500 square feet [SF]) and parking structure (50,216 SF) Operation of the capital improvements recommended as elements of the proposed project would increase the generation of solid waste. As with the proposed project, impacts to utilities from solid waste generated during construction and operation of Alternative A would be reduced to below the threshold for significance with the implementation of mitigation measures Utilities-1 and Utilities-4.

### 4.3 ALTERNATIVE B

Alternative B differs from the proposed project in that Alternative B expedites the commitment to construct an on-site parking structure with a 1,700-car capacity (Figure 4.3-1, *Alternative B Site Plan*). Alternative B would expedite construction of a multilevel parking structure on the Campus capable of accommodating 1,700 car spaces with up to 400 spaces per level and sited in an area designated for interim or permanent use of parking in the Master Plan of Land Uses. The parking structure would provide sufficient parking to accommodate any existing parking spaces displaced by construction and sufficient additional parking to accommodate the parking demand generated by the construction of the proposed project element. The need to initiate construction of the parking structure in year 2005 would increase the cost to provide sufficient parking in the initial phases of construction from \$5.94 million (estimated cost to support development of off-site parking lots that would be leased to LBMMC and MCH) to \$23.8 million to construct an on-site parking structure (*Table 2.4-1, Estimated Capital Improvement Costs*). The additional \$17.86 million required to construct the parking structure would likely be taken from the funds allocated for construction of Phase I of the TCI and Phase I of the MCH pediatric inpatient building, thus reducing the available funds by approximately 14 percent. The reduction in construction funding would likely result in a comparable downsizing of the proposed facilities and their capacity to provide service.

Alternative B meets most of the basic objectives of the proposed project:

- **Objective 1.** Alternative B would allow LBMMC and MCH to 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 needs. Alternative B would provide additional space to support the 6- to 9-percent population growth in the City of Long Beach expected through year 2020.
- **Objective 2.** Alternative B would provide the combined 500,000 square feet of additional space required to accommodate inpatient, outpatient, and appurtenant facilities required by year 2020.
- **Objective 3.** Alternative B would allow MCH to comply with OSHPD regulations by year 2008.
- **Objective 4.** Alternative B would provide a dedicated facility, in close proximity to the inpatient services provided at the LBMMC, to accommodate the diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites on and off the Campus.
- **Objective 5.** Alternative B would provide a dedicated facility, TCI Phase I, for the outpatient well care, screening, imaging, diagnosis, treatment, and monitoring of cancer and non-cancer patients. However, the required downsizing of Phase I to divert funding for construction of the parking structure would allow the facility to accommodate 323 patients rather than the anticipated need for 375 patients to be served per day by year 2007. TCI Phase II would provide sufficient capacity to accommodate approximately 500 patients per day to meet anticipated needs through year 2020.



**FIGURE 4.3-1**  
Alternative B Site Plan

- **Objective 6.** Alternative B would provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases. However, the diversion of funds to construct a parking structure would compromise the ability of the MCH pediatric inpatient tower to fully comply with the California Department of Health Services licensing specifications to provide dedicated pediatric operating rooms by January 2008. Construction of the MCH pediatric inpatient tower Phase II would be sufficient to accommodate anticipated demand for services through year 2020.
- **Objective 7.** Alternative B would provide a pediatric inpatient tower with the required capacity to accommodate the anticipated 1 percent per year increase in demand for newborn intensive care services and general pediatric patients under the age of 15, through year 2020.
- **Objective 8.** Alternative B would allow for consolidation and relocation of the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building, the MCH pediatric outpatient building, in close proximity to the MCH.
- **Objective 9.** Alternative B would provide a building designated for mixed uses, the MCH link building, to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.
- **Objective 10.** Alternative B would provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue, through the realignment of Patterson Street.
- **Objective 11.** Alternative B would provide adequate infrastructure to support circulation within the Campus through various improvements to roadways, driveways, sidewalks, security lighting, and landscaping.
- **Objective 12.** Alternative B would provide sufficient parking capacity to comply with the City of Long Beach parking ordinance through the use of existing excess parking spaces, development of additional on-site surface parking (Lots N, P, Q, R, S, and T), short-term (10 year) lease of adjacent off-site parking, and construction of a 1,700-car parking structure.

#### 4.3.1 Design, Architecture, and Setting

As with the proposed project, Alternative B would be developed in accordance with the Master Plan and related design guidelines, including standards for landscape, lighting, security, and wayfinding. As with the proposed project, mature trees, pleasant vistas, and the creative use of surface materials would create a sense of wellness and define Campus boundaries and reinforce pedestrian and vehicular entry points. Each building would be designed to reflect its intended use, thus facilitating wayfinding within the 54-acre Campus.

#### 4.3.2 Alternative B Elements

Alternative B would include the same elements as the proposed project, with the same building spaces and characteristics (Table 4.0-1). However, Alternative B would expedite construction of the 1,700-space parking structure to begin in July 2005, thus avoiding the interim use of leased parking in off-site



locations immediately adjacent to the Campus. However, the need to dedicate \$23.8 million to the construction of a parking structure at the beginning of the expansion effort would likely reduce the size of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower by 14 percent and increase Phase II of the TCI and Phase II of the MCH pediatric inpatient tower by 14 percent to offset the reduction in space in Phase I.

#### **4.3.3 Programming**

Upon build-out, Alternative B would accommodate the same programming for health care services provided by the proposed project (Table 4.0-1). However, the anticipated reduction in the sizing of Phase I facilities for the TCI and MCH pediatric inpatient tower would not delay the accommodation of anticipated demand from year 2008 to year 2013 and the related benefits:

- Provision of a safer and more “user friendly” environment for patients, employees, medical staff, and volunteers
- Accessibility of multiple services at a single location
- Proximity to MCH for care required to be provided in an acute care facility
- Operational efficiency
- Quality of care

#### **4.3.4 Economic Characteristics**

As with the proposed project, the total estimated construction cost for Alternative B would likely be in excess of \$200 million (Table 4.0-3). The need for immediate construction of parking facility would result in a corresponding reduction of approximately 14 percent of the sizing of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower. The anticipated increase of 4 to 7 percent per year in construction cost would then be expected to result in a corresponding increase of \$2.5 to \$4.4 million, when applied to the upsizing of Phase II of the TCI and Phase II of the MCH pediatric inpatient tower.<sup>5</sup>

#### **4.3.5 Engineering Characteristics**

As with the proposed project, Alternative B facilitates year 2030 compliance with the mandates of SB 1953 (Chapter 740, 1994) by relocating health care services from LBMCC and MCH, acute care facilities, to new inpatient and outpatient structures conforming to the requirements of the OSHPD and the City of Long Beach Department of Public Works. This relocation would allow more effective utilization of the two existing acute care facilities within the Campus. However, the reduction in Phase I of the MCH pediatric inpatient tower may compromise the ability to fully comply with year 2008 licensing requirements of the California Department of Health Services.

#### **4.3.6 Construction Scenario**

The construction scenario for Alternative B would conform to that described for the proposed project for all but two elements: parking and the MCH pediatric outpatient building. In this scenario, the

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<sup>5</sup> Davis Langdon Adamson. 2004. “California Construction Industry Market Escalation Report, 2004 Mid-Year Update.” Contact: 301 Arizona Avenue, Suite 301, Santa Monica, CA 90401. Available at: [http://www.aaaesc.com/\\_news/2004](http://www.aaaesc.com/_news/2004)

construction of the 1,700-space parking structure would begin in July 2005, thus eliminating the need for the interim lease of off-site parking. As such, the development of the on-site parking structure would be required to be initiated in July 2005, concurrent with mobilization for the MCH pediatric inpatient tower, utility trench, and central plant building, and TCI Phase I. The capital outlay required to initiate construction of the 1,700-space parking structure would likely require a 14 percent reduction in Phase I of the TCI and Phase I of the MCH inpatient tower. Phase II of the TCI and Phase II of the MCH pediatric inpatient tower would be upsized by 14 percent to compensate for the Phase I reduction.

#### **4.3.7 Comparative Impacts**

##### ***Aesthetics***

As with the proposed project, Alternative B would not result in significant impacts to aesthetics. Since the proposed project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative B would not impact any viewsheds or scenic highways. Upon build-out, Alternative B would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.

##### ***Air Quality***

As with the proposed project, Alternative B results in significant impacts to air quality. Expedited construction of the parking structure would be concurrent with construction of the TCI Phase I and the MCH pediatric inpatient tower, utility trench, and central plant building. As with the proposed project, Alternative B would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative B would require more concurrent demolition work and more trucks to transport demolition debris at one time and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the proposed project and would remain significant for CO, NO<sub>x</sub>, ROG<sub>s</sub>, and PM<sub>10</sub>.

As with the proposed project, Alternative B would require implementation of mitigation measures Air-1 through Air-13 to minimize to the maximum extent feasible the amount of pollutants emitted by construction activities. As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative B, related to fugitive dust emissions, to below the level of significance. The specified mitigation measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NO<sub>x</sub>, and ROG<sub>s</sub> to a less than significant level.

As with the proposed project, there would be anticipated impacts to air quality related to odors during the construction of Alternative B.

As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative B, related to the conformance to the current air quality standard, to below the level of significance.

As with the proposed project, implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative B related to the cumulatively considerable net increase of any criteria pollutant for which the proposed project region is in nonattainment under an applicable federal or state ambient air quality standard (including release in emissions that exceed quantitative thresholds for ozone precursor) to below the level of significance.

### ***Cultural Resources***

As with the proposed project, Alternative B would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remain, thus requiring the consideration of mitigation measures. As with the proposed project, potential impacts to the cultural resources from the potential to encounter prehistoric and historic archaeological resources and paleontological resources would be reduced to below the level of significance with the incorporation of mitigation measures Cultural-1 through Cultural-3.

### ***Geology and Soils***

As with the proposed project, Alternative B would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, MCH pediatric inpatient tower Phases I and II and central plant building, MCH pediatric outpatient building, MCH link building, roadway realignment, surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with BMPs as part of compliance with the required NPDES permit and associated Urban Storm Water Management Plan.

As with the proposed project, impacts related to geology and soils would be reduced to below the threshold of significance through the incorporation of mitigation measures Geology-1 through Geology-6.

### ***Hazards and Hazardous Materials***

As with the proposed project, Alternative B would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities:

- Demolition of buildings with the potential to contain asbestos-containing materials and lead-based paints
- Excavation and transport of petroleum hydrocarbon–contaminated soil and water
- Construction near former oil wells that have not been abandoned to current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources

- Placement of structures at locations that have the potential accumulate methane, hydrogen sulfide, or other petroleum-related gases into underground areas or buildings
- Potential to encounter previously unrecorded underground storage tanks during excavation and grading activities
- Routine transport and disposal of construction debris and solid waste that have the potential to contain hazardous waste
- Construction in proximity to areas necessary to emergency response and evacuation plans
- Excavation and grading activities in soils with the potential to contain chemicals of potential concern, including volatile organic compounds

As with the proposed projects, impacts related to hazards and hazardous materials from construction and operation of Alternative B would be expected to be mitigated to below the threshold of significance through the incorporation of mitigation measures Hazards-1 through Hazards-15.

### ***Hydrology and Water Quality***

As with the proposed project, Alternative B would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. As with the proposed project, potential impacts to the water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMPs. The BMPs specified in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. As with the proposed project, significant impacts related to hydrology and water quality resulting from Alternative B would be mitigated to below the level of significance through the incorporation of mitigation measures Hydro-1 through Hydro-7.

### ***Land Use and Planning***

As with the proposed project, Alternative B would not result in significant impacts related to land use and planning. As with the proposed project, the land uses specified in the Master Plan of Land Uses are consistent with LUD No. 7 Mixed-Use District. As with the proposed project, Alternative B would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from CHW to PD-29 District, Subarea 1. As with the proposed project, Alternative B would not result in any significant impact to land use and planning.

### ***National Pollution Discharge Elimination System***

As with the proposed project, Alternative B would involve concurrent grading and excavation in an area of sufficient size to require compliance with the NPDES permit, thus requiring the development and incorporation of BMPs for reducing discharge of the pollutants into the storm drain and waterway system. As with the proposed project, significant impacts related to NPDES resulting from Alternative B would be mitigated to below the threshold for significance through the incorporation of mitigation measure NPDES-1.

## **Noise**

As with the proposed project, Alternative B would result in significant impacts to ambient noise levels during construction. As with the proposed project, Alternative B requires the use of heavy construction equipment in close proximity to sensitive receptors: pediatric patients in the existing MCH. In addition, as with the proposed project, Alternative B would generate additional trips to and from the Campus as a result of the increase in the medical staff, employees, patients, and corresponding increase in visitors. As with the proposed project, construction impacts to ambient noise levels would be reduced to the maximum extent practicable through the incorporation of mitigation measures Noise-1 through Noise-3.

## **Public Services**

As with the proposed project, Alternative B would not result in significant impacts related to public services. As with the proposed project, Alternative B would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. As with the proposed project, Alternative B would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; surface parking lots; and parking structure. As with the proposed project, impacts related to security and vandalism from Alternative B would be reduced to below the threshold for significance through mitigation measures Public Services-1 and Public Services-2.

## **Traffic and Transportation**

### *Future Traffic Operations*

Alternative B would expedite construction of the parking structure concurrent with construction of the MCH pediatric inpatient tower Phase I, utility trench, and central plant building (Figure 4.3-1), thus creating significant impacts to local intersections during peak hours when considered in conjunction with ambient growth, related projects, and Alternative B construction- and operation-generated trips. As with the proposed project, Alternative B would require implementation of the same mitigation measures because it takes into account increased traffic due to construction activities and additional parking provided by the expedited parking structure. A CMP deficiency would not be anticipated with implementation of the mitigation measures specified for the proposed project. As with the proposed project, impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

### *Parking Impacts*

As with the proposed project, construction and operation of Alternative B would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures (Table 4.3.7-1 *Alternative B Construction Parking Program*, and Table 4.3.7-2, *Alternative B Operation Parking Program*). Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through

provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. As with the proposed project, implementation of mitigation measure Transportation-3 would be expected to reduce impacts on parking to below the threshold of significance. The parking program specified in mitigation measure Transportation-3 would need to be modified in accordance with Tables 4.3.7-1 and 4.3.7-2.

**TABLE 4.3.7-1  
ALTERNATIVE B CONSTRUCTION PARKING PROGRAM**

	<b>Period</b>	<b>Parking Required</b>	<b>Parking Program</b>
<b>Step A</b>	Roadway realignment: July 2005 to October 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, central plant building, and utility trench: October 2005 to January 2008	155	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		91
	TCI Phase I: July 2006 to December 2007	306	
	On-site Parking Lot N (121)		30
	On-site Parking Lot P (68)		68
	On-site Parking Lot Q (71)		71
	On-site Parking Lot R (96)		96
On-site Parking Lot S (72)		41	
<b>Step B</b>	MCH pediatric outpatient building: October 2005 to May 2007	43	
	On-site Parking Lot S (72)		31
	On-site Parking Lot T (87)		12
<b>Step C</b>	TCI Phase II: July 2010 to June 2011	275	
	Parking structure at Lot K (1,404)		275
<b>Step D</b>	MCH link building: July 2010 June 2011	0	
	MCH pediatric inpatient tower Phase II: January 2012 to June 2013	20	
	Parking structure at Lot K (1,404)		20

**TABLE 4.3.7-2  
ALTERNATIVE B OPERATION PARKING PROGRAM**

	Period	Parking Required	Parking Program
<b>Step A</b>	Roadway realignment: November 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, central plant building, and utility trench: January 2008	234	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		121
	On-site Parking Lot P (68)		39
	Central plant building parking (10)		10
	TCI Phase I: January 2008	531	
	On-site Parking Lot P (68)		29
	On-site Parking Lot Q (71)		71
	On-site Parking Lot R (96)		96
	On-site Parking Lot S (72)		72
	On-site Parking Lot T (87)		87
Parking structure at Lot K (1,404)		176	
<b>Step B</b>	MCH pediatric outpatient building: June 2007	443	
	Parking structure at Lot K (1,404)		443
<b>Step C</b>	TCI Phase II: July 2011	338	
	Parking structure at Lot K (1,404)		338
	MCH link building: July 2011	50	
	Parking structure at Lot K (1,404)		50
<b>Step D</b>	MCH pediatric inpatient tower Phase II: July 2013	204	
	Parking structure at Lot K (1,404)		204

**Utilities and Service Systems**

As with the proposed project, Alternative B would generate solid waste during construction from the demolition of the WIC Building (4,500 SF) and parking structure (50,216 SF). Operation of the capital improvements recommended as elements of the proposed project would increase the generation of solid waste. As with the proposed project, impacts to utilities from solid waste generated during construction and operation of Alternative B would be reduced to below the threshold of significance with the implementation of mitigation measures Utilities-1 and Utilities-4.

## **SECTION 5.0**

### **SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROPOSED PROJECT IS IMPLEMENTED**

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This section of the Environmental Impact Report (EIR) summarizes an analysis of the potential for implementation of the Long Beach Memorial Medical Center Expansion (proposed project) to result in significant environmental effects that cannot be reduced to below the level of significance. The analysis of the potential for the proposed Master Plan of Land Uses and construction, operation, and maintenance of the capital improvements recommended as elements of the proposed project to result in direct, indirect, and cumulative significant impacts on the environment is presented in Section 3 of this EIR.

Consistent with the requirements of Section 15126.2(b) of the State of California Environmental Quality Act (CEQA) Guidelines, any significant impacts, including those that can be mitigated but not reduced to below the level of significance, are described in this section of the EIR. Where there are impacts that cannot be alleviated without imposing an alternative design, their implications and the reasons why the project is being proposed, notwithstanding their effect, are also described.

This EIR concludes that the proposed project has the potential to result in unavoidable significant environmental effects related to air quality and traffic and transportation during construction. Although mitigation measures have been identified to avoid and minimize operational impacts to traffic and circulation to intersections in the vicinity of the Long Beach Memorial Medical Center campus (Campus), impacts to some intersections would remain significant. The analysis contained in this EIR demonstrates that the proposed project would not be expected to result in unavoidable significant environmental effects related to aesthetics, cultural resources, geology and soils, hazards and hazardous materials, hydrology and water quality, land use and planning, National Pollution Discharge Elimination System (NPDES), public services, or utilities and service systems.

#### **AESTHETICS**

Implementation of the proposed project would have a potentially significant impact on daytime and nighttime views in the area due to the introduction of a new source of substantial light or glare from the construction of large, multistoried structures with reflective exterior surfaces. In addition, the security lighting around the facility would have the potential to create an aesthetic impact. The potential impacts from daytime and nighttime light and glare on aesthetics would be mitigated to below the level of significance through the incorporation of mitigation measures Aesthetics-1 and Aesthetics-2.

#### **AIR QUALITY**

Operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to air quality. However, temporary impacts to air quality during construction, including airborne dust from grading, demolition, and dirt hauling; and gaseous emissions from heavy equipment, delivery and dirt-hauling trucks, employee vehicles, and paints and coatings would result in impacts to air quality from emissions of carbon monoxide (CO), nitrogen oxides (NO<sub>x</sub>), and reactive organic gases (ROGs). Implementation of mitigation measures Air-1 through Air-13 would reduce impacts to air quality from construction and operation of the proposed project to the maximum extent feasible, in accordance with the guidance provided by the South Coast Air



Quality Management District. However, impacts to air quality from construction emissions of NO<sub>x</sub> would remain significant.

## **CULTURAL RESOURCES**

The proposed project has the potential to result in significant impacts to cultural resources related to ground-disturbing activities in a geologic unit known to have a moderate-to-high probability to contain unique paleontological resources and related directly or indirectly to the destruction of a unique archaeological resource, therefore requiring the consideration of mitigation measures. In addition, the proposed project may result in the unanticipated discovery of human remains buried outside of formal cemeteries or Native American sacred sites. These potential impacts related to cultural resources would be mitigated to below the level of significance through the incorporation of mitigation measures Cultural-1 through Cultural-3.

## **GEOLOGY AND SOILS**

Operation and construction of the proposed project would result in the potential for significant environmental effects related to geology and soils from the exposures of people and property to risk in the event of seismic ground shaking. All new construction would be designed to the current life safety standard specified by the Uniform Building Code and the Office of Statewide Health Planning and Development; therefore, risks related to seismic hazards would be reduced to the maximum extent practicable.

The proposed project would be expected to result in less than significant impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with best management practices (BMPs) as part of compliance with the required NPDES permit and associated Urban Storm Water Management Plan.

Impacts related to geology and soils would be reduced to below the level of significance through the incorporation of mitigation measures Geology-1 and Geology-6.

## **HAZARDS AND HAZARDOUS MATERIALS**

Operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to hazards and hazardous materials. The proposed project has the potential to release hazardous materials during the demolition and construction phase of the proposed project related to the routine transport, use, or disposal of hazardous materials or through reasonably foreseeable upset and accident conditions. In addition, elements of the proposed project are located over contaminated soils and a buried landfill. The potential impacts related to the potential to encounter hazards and hazardous materials during construction would be mitigated to below the level of significance through incorporation of mitigation measures Hazards-1 through Hazards-15.

## **HYDROLOGY AND WATER QUALITY**

Operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to hydrology and water quality. Construction of the proposed project would require grading that would have the potential to violate water quality standards. Direct impacts would result from the degradation of surface water quality within the proposed project area, and indirect impacts would result from the influence of polluted storm water runoff flowing off site. These potential impacts related to hydrology and water quality would be mitigated to below the level of significance through incorporation of mitigation measures Hydro-1 through Hydro-7.

## **LAND USE AND PLANNING**

There would be no anticipated significant impacts to land use and planning as a result of the proposed project. The land use and planning analysis undertaken for this proposed project determined that no significant impacts to land use and planning would arise from the proposed project.

## **NPDES**

Implementation of the proposed project would not be expected to result in significant unavoidable environmental effects related to NPDES. The total area affected by grading required to construct the elements of the proposed project makes it subject to NPDES; therefore, the proposed project is required to prepare a Standard Urban Storm Water Mitigation Plan consistent with the requirements of State of California Regional Water Quality Control Board, Los Angeles Region, Resolution No. R-00-02. This EIR has identified feasible BMPs for reducing discharge of the pollutants into the storm drain and waterway system. Implementation of mitigation measure NPDES-1 would reduce impacts to NPDES to below the level of significance.

## **NOISE**

Operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to noise. The proposed project has the potential to impact ambient noise levels during construction. The construction of the central plant building would have an impact on ambient noise levels during the excavation and the finishing phases of the proposed project. A noise reduction of 4 dB during construction would be required to reduce impacts to below the level of significance. The construction of the Miller Children's Hospital pediatric inpatient tower Phase I has the potential to result in significant impacts to ambient noise levels to sensitive receptors in the existing Miller Children's Hospital, particularly during demolition of the parking structure. Noise reduction of 1 to 11 dB would be required to reduce impacts to below the level of significance. The incorporation of mitigation measures Noise-1 through Noise-3 would be expected to reduce impacts to the ambient noise environment to the maximum extent practicable.

## **PUBLIC SERVICES**

Operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to public services. The public services analysis undertaken for this proposed project determined that no significant public services impacts would arise from the proposed project. However, exposure of people or property to security-related issues and vandalism and of people to safety hazards from the operation of the Miller Children's Hospital pediatric inpatient tower Phases I and II, central plant building, outpatient building, and link building; the Todd Cancer Institute Phases I and II; and all new parking facilities within the Campus would be minimized through amendments of the existing security plan and the existing lighting plan prior to the operation of each proposed project element. These potential impacts would be mitigated to below the level of significance through the incorporation of mitigation measures Public Services-1 and Public Services-2.

## **TRAFFIC AND TRANSPORTATION**

Construction of the proposed project would be expected to result in significant unavoidable environmental effects related to traffic and transportation. These impacts occur where no physical mitigation measure was feasible because the additional turn lanes needed would require widening and additional right-of-way. These impacts include 3 of the 28 intersections analyzed: Atlantic Avenue/Willow Street, Long Beach Boulevard/Willow Street, and Long Beach Boulevard/Wardlow Road. Operation of the structural elements of the proposed project would reduce the level of service at nine intersections by year 2008. The level of service at two additional intersections, Atlantic Avenue/Wardlow Road and I-405 SB Ramps/Crest Drive, would be further reduced by the proposed project in year 2014. The impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. In addition, the proposed project creates a total demand for 1,404 parking spaces. Potential operation impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

## **UTILITIES AND SERVICE SYSTEMS**

Construction and operation of the proposed project would not be expected to result in significant unavoidable environmental effects related to utilities and service systems. The proposed project has the potential to impact solid waste disposal due to solid waste generated from building debris during demolition and construction. Operation of the capital improvements recommended as elements of the proposed project would be expected to increase the solid waste generated on the Campus. These potential impacts related to solid waste would be mitigated to below the level of significance through the incorporation of mitigation measures Utilities-1 and Utilities-4.

**SECTION 6.0**

**SIGNIFICANT IRREVERSIBLE ENVIRONMENTAL CHANGES  
RELATED TO IMPLEMENTATION OF THE PROPOSED PROJECT**

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This section of the Environmental Impact Report (EIR) summarizes an analysis of the potential for implementation of the Long Beach Memorial Medical Center Expansion (proposed project) to result in significant irreversible environmental changes. Such a change refers to an irretrievable commitment of nonrenewable resources, or other environmental changes that commit future generations to similar uses. Irreversible environmental changes can also result from potential accidents associated with the proposed project.

The proposed project consists of redevelopment of existing developed areas for medical uses within a medical campus that is currently dedicated to such uses. Although the Long Beach Memorial Medical Center (LBMMC) has requested a modification to the existing zoning boundaries in the northeastern area of the LBMMC campus, the anticipated uses are consistent with the existing land use designation in the City of Long Beach General Plan and the zoning designations. The analysis provided in Section 3, Existing Conditions, Impacts, Mitigation, and Level of Significance after Mitigation, demonstrates that the unavoidable significant impacts regarding air quality and traffic and transportation would not be reduced to below the level of significance. There would be anticipated significant irreversible environmental changes related to air quality and traffic and transportation as a result of implementation of the proposed project.

## **SECTION 7.0**

### **GROWTH-INDUCING IMPACTS**

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This section of the Environmental Impact Report (EIR) analyzes the potential for the proposed Long Beach Memorial Medical Center Expansion (proposed project) to result in growth-inducing impacts. Such impacts normally occur when a proposed project fosters economic or population growth, or when there is construction of additional housing, either directly or indirectly, within the surrounding environment. The types of projects that are normally considered to result in growth-inducing impacts are those that provide infrastructure that would be suitable to support additional growth or remove an existing barrier to growth.

The proposed project would serve as a high-quality medical facility to meet the existing and anticipated needs of the Long Beach community for health care services through the year 2015. The goal of the proposed project is to improve the health and well-being of individuals, families, and communities of the City of Long Beach through innovation and the pursuit of excellence and to make the Long Beach Memorial Medical Center (LBMMC) into Southern California's preferred, operationally excellent, fiscally sound provider of comprehensive, high-quality health services.

There is a sufficient construction work force in the City of Long Beach area to provide the labor for the proposed project. Construction employment accounts for 137,900 jobs in the Los Angeles–Long Beach Metropolitan Statistical Area as of October 2004.<sup>1</sup> Construction employment increased 2.5 percent in year 2004 and would be expected to continue to increase.<sup>2</sup> Thus, construction employment required for the proposed project constitutes less than 1 percent of the available labor pool. For the Todd Cancer Institute (TCI) Phase I, approximately 90 workers would be expected to be on site during peak construction activity, and fewer than 90 workers would be expected on site during non-peak construction activity. For the TCI Phase II, approximately 55 workers would be expected to be on site during peak construction activity, and fewer than 55 workers would be expected on site during non-peak construction activity. For the Miller Children's Hospital (MCH) pediatric inpatient tower Phase I, approximately 144 workers would be expected to be on site during peak construction, and fewer than 140 workers would be expected on site during non-peak construction activity. For the MCH pediatric inpatient tower Phase II, approximately 85 workers would be expected to be on site during peak construction activity, and fewer than 85 workers would be expected on site during non-peak construction activity. For the MCH utility trench, approximately 20 workers would be expected to be on site during peak construction activity, and fewer than 20 workers would be expected on site during non-peak construction activity. For the MCH central plant building, approximately 50 workers would be expected to be on site during peak construction activity, and fewer than 50 workers would be expected on site during non-peak construction activity. For the MCH pediatric outpatient building, approximately 144 workers would be expected to be on site during peak construction activity, and fewer than 140 workers would be expected on site during non-peak construction activity. For the MCH link building, approximately 55 workers would be expected to be on site during peak construction activity, and fewer than 55 workers would be expected on site during non-peak construction activity. For the roadway realignment, approximately 50 workers would be expected to be on site during peak construction activity, and fewer than 50 workers would be expected on site during non-peak construction activity. For parking program, approximately 50 workers would be expected to be on site during peak construction activity, and fewer than 50 workers would be expected on site during non-

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<sup>1</sup> State of California, Employment Development Department. 15 November 2004. Labor Market Information. Available at: <http://www.calmis.ca.gov>

<sup>2</sup> State of California, Employment Development Department. 15 November 2004. Labor Market Information. Available at: <http://www.calmis.ca.gov>

peak construction activity. Therefore, the temporary employment opportunities generated by the proposed project would not be considered to be growth-inducing.

The increase in medical staff and employees required to operate the proposed project would be consistent with the projected population growth. The Southern California Association of Governments<sup>3</sup> and the Housing element of the City of Long Beach General Plan<sup>4</sup> forecast a 6- to 9-percent growth rate to the year 2020, adding approximately 65,000 people to the City of Long Beach. The total number of existing jobs provided by LBMMC is 6,358. The proposed expansion of the LBMMC would generate approximately 500 to 630 potential permanent new jobs after the completion of construction for the maintenance and operation of both inpatient and outpatient health facilities, maintenance activities, security, childcare services, retail, and emergency activities. This employment number includes 122 existing employees of the TCI who work in dispersed locations throughout the LBMMC campus that would be consolidated into a single location as a result of the proposed project. Therefore, the net increase in employment would be 378 to 498, or a 6- to 8-percent increase, which is consistent with the growth rate specified by the General Plan. The operations labor force would be recruited from the existing population in the City of Long Beach area and, therefore, is not considered to be growth-inducing for the proposed project.

The proposed project would not include the construction of housing either directly or indirectly in the surrounding environment. The employment opportunities generated by the proposed project are minimal and do not exceed the projected growth stipulated in the Southern California Association of Governments 2004 Regional Transportation Plan.<sup>5</sup> The existing utilities and service systems currently in operation, such as the wastewater treatment, storm drain system, and water supply and solid waste systems, have the capacity to meet the future growth anticipated in the area of the proposed project. The existing public services, such as fire protection, police protection, parks, and other public services (e.g., libraries), would not be significantly impacted by the proposed project and have the capacity to meet future anticipated growth in the area of the proposed project. Because the proposed project does not include constructing housing on the proposed project site, no impact to schools is anticipated; therefore, it is not considered to be subject to growth-inducing impacts from the proposed project.

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<sup>3</sup> Southern California Association of Governments. January 1995. *Regional Comprehensive Plan and Guide*. Contact: 818 West Seventh Street, 12th Floor, Los Angeles, CA 90017.

<sup>4</sup> City of Long Beach, Department of Planning and Building. April 2001. *Housing Element (2000–2005) of the Long Beach General Plan*. Prepared by: Cotton/Bridges/Associates. Contact: City of Long Beach, Department of Planning and Building, City Hall, 333 West Ocean Boulevard, Long Beach, CA 90802.

<sup>5</sup> Southern California Association of Governments. 2004. *2004 Regional Transportation Plan*. Contact: 818 West Seventh Street, 12th Floor, Los Angeles, CA 90017. Available at: <http://www.scag.ca.gov/rtp2001/2004draft/FinalPlan.htm>

**SECTION 8.0**  
**ORGANIZATIONS AND PERSONS CONSULTED**

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Biologist.....Mike Bianchi

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Chieftain ..... Jim Velasques

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**GABRIELINO/TONGVA**

Tribal Member ..... Craig Torres

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Tribal Chair/Cultural Resources ..... Robert Dorame

Tribal Administrator ..... Mercedes Dorame

Vice Chair/Environmental ..... John Tomy Rosas

**GABRIELINO/TONGVA TRIBAL COUNCIL**

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Transportation Engineer III ..... Trissa Allen

Transportation Engineer II ..... Daniel Kloos

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Senior Vice President ..... Tamera Florio

Senior Vice President of Operations ..... Richard DeCarlo  
Medical Director, Miller Children’s Hospital ..... Mel Marks  
Executive Director, Todd Cancer Institute..... Cathy Kopy  
Marketing Public Relations Manager ..... Joni Ramirez

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AIA Architect..... Damon Barda

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**VSA N ASSOCIATES**

Chief Executive Officer..... Mahabir Atwal

**SECTION 9.0**  
**REPORT PREPARATION PERSONNEL**

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The following individuals contributed to the preparation of this document:

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## **9.2 LONG BEACH MEMORIAL MEDICAL CENTER**

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Tamera Florio	Senior Vice President	EIR Review, Project Description

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### **Todd Cancer Institute**

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Joni Ramirez	Marketing Public Relations Manager	Scoping Meeting Community Meeting

## **9.3 LONG BEACH MEMORIAL MEDICAL CENTER CONSULTANTS**

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### **9.4 SAPPHOS ENVIRONMENTAL, INC. CONSULTANT EIR TEAM**

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Jessica Rappaport	Environmental Analyst II	Hydrology and Water Quality, Transportation and Traffic
Juliana Prosperi	Environmental Analyst IV	Aesthetics, Traffic and Transportation
Laurie Solis	Environmental Analyst IV, Cultural Resources Specialist	Cultural Resources
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Christina Poon	Assistant Editor	Editing/Word Processing

#### 9.4.1 EIR SUBCONSULTANTS

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Mark Leonard	Senior Technical Manager	Air Quality, Hazards and Hazardous Materials, Geology
Mark Beizer	Office Director	Air Quality, Hazards and Hazardous Materials, Geology
Leonard Long	Vice President	EIR Review
Heather Tomley	Project Professional	Air Quality Analysis

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Trissa Allen	Transportation Engineer III	Traffic Impact Analysis
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##### Moffatt & Nichol

Jim Faul	Chief Civil Engineer	Hydrology and Water Quality
Ed Reyes	Civil Engineer	Hydrology and Water Quality

##### VSA N Associates

Mahabir Atwal	Chief Executive Officer	Noise Analysis
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## **SECTION 11.0 DISTRIBUTION LIST**

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This section of the Environmental Impact Report (EIR) contains a list of those entities to which a copy of the Notice of Availability (NOA) of this EIR or a copy of the EIR has been distributed. Organizations or individuals listed below with a superscript <sup>(EIR)</sup> received a hard copy of Volume I of the EIR. Organizations or individuals listed below with a superscript <sup>(EIR+)</sup> received a hard copy of Volume I and Volume II, Technical Appendices, of the EIR. Organizations or individuals listed below with a superscript <sup>(EIR/CD)</sup> received a hard copy of Volume I of the EIR and an electronic copy (CD) of Volume II, Technical Appendices. Organizations or individuals listed below with a superscript <sup>(CD+)</sup> received an electronic copy (CD) of Volume I and Volume II, Technical Appendices, of the EIR. Organizations or individuals listed below without any superscripted notation received a copy of the NOA only.

Copies of the EIR are available during the 45-day public review period, from January 25, 2005, to March 10, 2005, at three libraries:

Long Beach Main Public Library<sup>EIR+</sup>  
101 Pacific Avenue, Long Beach, CA 90022  
Telephone Number: (562) 570-7500

Burnett Public Library<sup>EIR+</sup>  
560 East Hill Street, Long Beach, CA 90806  
Telephone Number: (562) 570-1041

Dana Public Library<sup>EIR+</sup>  
3680 Atlantic Avenue, Long Beach, CA 90807  
Telephone Number: (562) 570-1042

The Draft EIR is also available for review at the City of Long Beach:

City of Long Beach Department of Planning and Building<sup>EIR+</sup>  
333 West Ocean Boulevard, Long Beach, CA 90802  
Telephone Number: (562) 570-6193

### **11.1 PUBLIC AGENCIES**

#### **11.1.1 Federal Agencies**

Federal Aviation Administration (FAA)<sup>EIR/CD</sup>  
William C. Withycombe  
Regional Administrator  
15000 Aviation Boulevard  
Hawthorne, CA 90250  
Tel: (310) 725-3550

### 11.1.2 State Agencies

Governor's Office of Planning and Research  
State Clearinghouse <sup>CD+ (15), EIR Executive Summaries only (15)</sup>  
Ms. Terry Roberts  
P.O. Box 3044  
Sacramento, CA 95812-3044  
Tel: (916) 445-0613

California Department of Transportation <sup>EIR/CD</sup>  
Division of Aeronautics  
Mr. R. Austin Wiswell  
Division Chief  
P.O. Box 942874  
Sacramento, CA 94274-001  
Tel: (916) 654.4959

California Coastal Commission <sup>CD+</sup>  
Chuck Damm, Sr.  
Deputy Director  
200 Oceangate, 10th Floor  
Long Beach, CA 90802  
Tel: (562) 590-5071  
Fax: (562) 590-5084

California Environmental Protection Agency,  
Department of Toxic Substances Control <sup>EIR+</sup>  
Ms. Gloria Conti  
5796 Corporate Avenue  
Cypress, CA 90630-4732  
Tel: (714) 484-5300  
Fax: (714) 484-5302

California Department of Parks and Recreation  
Office of Historic Preservation <sup>CD+</sup>  
Mr. Wayne Donaldson  
State Historic Preservation Officer  
P.O. Box 94296  
Sacramento, CA 94296  
Tel: (916) 653-6624

California Native American  
Heritage Commission <sup>EIR+</sup>  
Mr. Robert Wood  
915 Capitol Mall, Suite 364  
Sacramento, CA 95814  
Tel: (916) 653-4082

Caltrans (District 7) <sup>EIR+</sup>  
Office of Advance Planning  
Ms. Rose Casey  
IGR Office 1-10C  
120 South Spring Street, Suite 1-8A  
Los Angeles, CA 90012  
Tel: (213) 897-4429

California Regional Water Quality Control Board,  
Los Angeles Region (Region 4) <sup>EIR+</sup>  
Mr. David Bacharowski  
320 West Fourth Street, Suite 200  
Los Angeles, CA 90013  
Tel: (213) 576-6600

California Integrated Waste  
Management Board <sup>EIR/CD</sup>  
Ms. Peggy Farrell  
1001 I Street  
Sacramento, CA 95814  
Tel: (916) 341-6000

Office of Statewide Health, Planning, and  
Development <sup>EIR+</sup>  
Mr. Ted Teshima  
Senior Architect  
311 South Spring Street, 10th Floor  
Los Angeles, CA 90013-4413  
Tel: (213) 897-0177

### 11.1.3 Regional Agencies

South Coast Air Quality Management District<sup>EIR+</sup>  
Dr. Barry R. Wallerstein  
21865 East Copley Drive  
Diamond Bar, CA 91765-4182  
Tel: (909) 396-2000

Southern California Association of  
Governments<sup>EIR+</sup>  
Mr. Mark A. Pisano  
818 West Seventh Street, 12th Floor  
Los Angeles, CA 90017  
Tel: (213) 236-1800

County of Los Angeles Department of  
Public Works<sup>CD+</sup>  
Land Development Division  
Ms. Suk Chong  
P.O. Box 1460  
Alhambra, CA 91802-1460  
Tel: (626) 458-5100

Greater Los Angeles County Vector  
Control District<sup>CD+</sup>  
Mr. Jack Hazelrigg  
12545 Florence Avenue  
Santa Fe Springs, CA 90670  
Tel: (562) 944-9656

Los Angeles County Consolidated<sup>CD+</sup>  
Protection District  
Mr. P. Michael Freeman  
1320 North Eastern Avenue  
Los Angeles, CA 90063  
Tel: (323) 881-2401

Los Angeles County Tax Assessor<sup>CD+</sup>  
Mr. Rick Auerbach  
1401 East Willow Street  
Signal Hill, CA 90755  
Tel: (562) 256-1701

Office of the County Clerk—  
Environmental Filings<sup>EIR+</sup>  
Ms. Conny B. McCormack  
12400 East Imperial Highway  
Second Floor, Room 2001  
Norwalk, CA 90650  
Tel: (562) 462-2060

County of Los Angeles Fire Department<sup>CD+</sup>  
Ms. Lily Cusick  
5823 Rickenbacher Road  
Forestry Division, Room 123  
Commerce, CA 90040  
Tel: (323) 890-4330

County Sanitation Districts of  
Los Angeles County<sup>CD+</sup>  
Mr. James Stahl  
1955 Workman Mill Road  
Whittier, CA 90607  
Tel: (562) 699-7411

County Sanitation Districts of  
Los Angeles County<sup>EIR/CD</sup>  
Ms. Suzanne Wienke  
Supervising Civil Engineer  
1955 Workman Mill Road  
Whittier, CA 90607  
Tel: (562) 699-7411

County of Los Angeles Metropolitan  
Transportation Authority<sup>CD+</sup>  
Mr. Art Cuerto  
1 Gateway Plaza  
Mail Stop 99-22-29  
Los Angeles, CA 90012-2952  
Tel: (213) 922-2000

County of Los Angeles Department  
of Health Services<sup>EIR+</sup>  
Mr. Pete Oda  
1449 West Temple Street, Room 202  
Los Angeles, CA 90026  
Tel: (626) 430-5540

#### 11.1.4 Local Agencies

Long Beach Transit <sup>EIR/CD</sup>  
Mr. John Carlson  
1300 Gardenia Avenue  
Long Beach, CA 90813  
Tel: (562) 591-2301

Long Beach Community College District  
Dr. E. Jan Kehoe  
President  
4901 East Carson Street  
Long Beach, CA 90808  
Tel: (562) 938-4121

Long Beach Unified School District  
Mr. Christopher Steinhauser  
Superintendent  
1515 Hughes Way  
Long Beach, CA 90810  
Tel: (562) 997-8000

Compton Community College  
Mr. Ullis Williams  
1111 East Artesia Boulevard  
Compton, CA 90021  
Tel: (310) 900-1600

Environmental & Project Planning  
Services Division  
Mr. George Britton  
Manager  
P.O. Box 4048  
Santa Ana, CA 92702-4048  
Tel: (714) 834-5312

Board of Directors Water Replenishment District  
of Southern California  
Mr. Norm Ryan  
12621 East 166th Street  
Cerritos, CA 90703  
Tel: (562) 921-5521

Compton Creek Mosquito Abatement District  
Mr. Mitchel R. Weinbaum  
District Manager  
1224 South Santa Fe Avenue  
Compton, CA 90021-4339  
Tel: (310) 639-7375

Paramount Unified School District  
Mr. Jay Wilbur  
Superintendent  
15110 South California Avenue  
Paramount, CA 90723  
Tel: (562) 602-6011

Compton Unified School District  
Dr. Jessie L. Gonzales  
Superintendent  
604 South Tamarind Avenue  
Compton, CA 90020  
Tel: (310) 639-4321

ABC Unified School District  
Dr. Ron Barnes  
16700 Norwalk Boulevard  
Cerritos, CA 90701  
Tel: (562) 926-5566

### 11.1.5 City of Long Beach

City of Long Beach Fire Department <sup>EIR/CD</sup>  
Chief Terry L. Harbour  
925 Harbor Plaza Drive  
Long Beach, CA 90802  
Tel: (562) 570-2500

City of Long Beach <sup>CD+</sup>  
Redevelopment  
Ms. Barbara Kaiser  
333 West Ocean Boulevard, 3rd Floor  
Long Beach, CA 90802  
Tel: (562) 570-6615

City of Long Beach <sup>CD+</sup>  
Mr. Gerald Miller  
City Manager  
333 West Ocean Boulevard, 13th Floor  
Long Beach, CA 90802  
Tel: (562) 570-6861

Long Beach Water Department <sup>EIR/CD</sup>  
Mr. Kevin Wattier  
1800 East Wardlow Road  
Long Beach, CA 90807  
Tel: (562) 570-2300

City of Long Beach Parks, Recreation and  
Marine <sup>CD+</sup>  
Mr. Phil Hester  
Director  
2760 Studebaker Road  
Long Beach, CA 90815  
Tel: (562) 570-3170

City of Long Beach Zoning Division <sup>EIR+</sup>  
Ms. Carolyne Bihn  
Zoning Administrator  
333 West Ocean Boulevard, 7th Floor  
Long Beach, CA 90802  
Tel: (562) 570-6223

City of Long Beach Police Department <sup>EIR/CD</sup>  
Chief Anthony W. Batts  
100 Long Beach Boulevard  
Long Beach, CA 90802  
Tel: (562) 570-7301

Long Beach Airport Bureau <sup>CD+</sup>  
Mr. Chris Kunze  
Airport Manager  
4100 Donald Douglas Drive  
Long Beach, CA 90808-1798  
Tel: (562) 570-2619

City of Long Beach <sup>EIR/CD</sup>  
Administration, Planning and Facilities Bureau  
Ms. Christine F. Andersen  
Director of Public Works  
333 West Ocean Boulevard, 9th Floor  
Long Beach, CA 90802  
Tel: (562) 570-6383

Long Beach Department of Health and Human  
Services <sup>EIR/CD</sup>  
Mr. Ronald Arias  
2525 Grand Avenue  
Long Beach, CA 90815  
Tel: (562) 570-4499

Long Beach Department of Planning and  
Building <sup>EIR+</sup>  
Ms. Angela Reynolds  
333 West Ocean Boulevard, 7th Floor  
Long Beach, CA 90802  
Tel: (562) 570-3170

City of Long Beach Energy Department <sup>CD+</sup>  
Mr. Jerry Wolfe  
2400 East Spring Street  
Long Beach, CA 90807  
Tel: 562-570-2000

City of Long Beach  
City Attorney's Office  
Mr. Michael Mais  
333 West Ocean Boulevard, 11th Floor  
Long Beach, CA 90802  
Tel: (562) 570-2230

City of Long Beach<sup>EIR/CD</sup>  
Department of Public Works, Traffic  
Mr. Edward Norris  
Transportation Bureau  
333 West Ocean Boulevard, 10th Floor  
Long Beach, CA 90802  
Tel: (562) 570-5209

City of Long Beach  
Ms. Laura Richardson  
Council Person, 6th District  
333 West Ocean Boulevard, 14th Floor  
Long Beach, CA 90802  
Tel: (562) 570-6816

### **11.1.6 Adjacent Cities**

City of Lakewood  
Mr. Charles Ebner  
5050 North Clark  
Lakewood, CA 90712  
Tel: (562) 866-9771

City of Carson  
Ms. Sheri Repp  
701 East Carson Street  
Carson, CA 90745  
Tel: (310) 830-7600

City of Signal Hill<sup>EIR/CD</sup>  
Mr. Gary Jones  
2175 Cherry Avenue  
Signal Hill, CA 90806  
Tel: (562) 989-7300

City of Paramount  
Mr. John Carver  
16400 Colorado Avenue  
Paramount, CA 90723  
Tel: (562) 220-2225

City of Seal Beach  
Ms. Kathleen McGlynn  
211 Eighth Street  
Seal Beach, CA 90746  
Tel: (562) 431-2527

City of Bellflower  
Mr. Brian Smith  
16600 Civic Center Drive  
Bellflower, CA 90706  
Tel: (562) 804-1424

City of Cerritos  
Mr. Ryan Carey  
18125 South Bloomfield Avenue  
Cerritos, CA 90703  
Tel: (562) 860-0311

City of Hawaiian Gardens  
Mr. Joe Colombo  
21815 South Pioneer Boulevard  
Hawaiian Gardens, CA 90716  
Tel: (562) 420-2641

City of Los Alamitos  
Mr. John Godoewski  
3191 Katella Avenue  
Los Alamitos, CA 90720  
Tel: (562) 431-3538

City of Compton  
Ms. Gloria Falls  
205 South Willowbrook Avenue  
Compton, CA 90220  
Tel: (310) 605-5500

City of Los Angeles Planning & Building  
Department  
Mr. Michael Davies  
City Hall—Environmental Review Section  
200 North Spring Street, Suite 763  
Los Angeles, CA 90012  
Tel: (213) 978-1366

## 11.2 OTHER PARTIES

Ms. Diana Mann  
P.O. Box 30165  
Long Beach, CA 90853

California Earth Corporation  
Mr. Don May  
4927 Minturn Avenue  
Lakewood, CA 90712

Ms. Ann Cantrell  
3106 Claremont  
Long Beach, CA 90808

Southern California Edison  
Mr. Steven Bradford  
1924 East Cashdan Street  
Compton, CA 90220

El Dorado Audubon Society  
Ms. Carolyn Vance  
President  
P.O. Box 90713  
Long Beach, CA 90809

Long Beach Memorial Medical Center<sup>EIR+</sup>  
Mr. Pat Johner  
2801 Atlantic Avenue  
Long Beach, CA 90801  
Tel: (213) 933-0567

Miller Children's Hospital<sup>EIR+</sup>  
Mr. Richard DeCarlo  
2801 Atlantic Avenue  
Long Beach, CA 90801  
Tel: (562) 933-1126

Miller Children's Hospital<sup>EIR+</sup>  
Dr. Mel Marks  
2801 Atlantic Avenue  
Long Beach, CA 90801  
Tel: (562) 933-8001

Todd Cancer Institute<sup>EIR+</sup>  
Ms. Cathy Kopy  
2801 Atlantic Avenue  
Long Beach, CA 90801  
Tel: (562) 933-0970

ADAMS Project Management  
Consulting, LLC<sup>EIR+</sup>  
Mr. Jerry Oksner  
1601 Cloverfield Boulevard  
Second Floor, South Tower  
Santa Monica, CA 90404  
Tel: (310) 460-3366

Taylor<sup>CD+</sup>  
Mr. Rick Savely, AIA  
2220 North University Drive  
Newport Beach, CA 92660-3319  
Tel: (949) 574-1325

Turner Construction Company<sup>CD+</sup>  
Mr. Bruce Nelson  
555 West Fifth Street  
Suite 3700  
Los Angeles, CA 90013  
Tel: (213) 891-3044



Cannon Design<sup>CD+</sup>  
Mr. Marc Davidson  
1901 Avenue of the Stars, Suite 175  
Los Angeles, CA 90067  
Tel: (310) 229-2700

SCS Engineers<sup>CD+</sup>  
Mr. Ray Huff  
3711 Long Beach Boulevard, 9th Floor  
Long Beach, CA 90807  
Tel: (562) 426-9544

Linscott, Law & Greenspan Engineers<sup>CD+</sup>  
Mr. Richard Barretto  
1580 Corporate, Suite 122  
Costa Mesa, CA 92626  
Tel: (714) 641-1587

Moffatt & Nichol<sup>CD+</sup>  
Mr. Jim Faul  
250 West Wardlow Road  
Long Beach, CA 90807  
Tel: (562) 810-3389

VSA n Associates<sup>CD+</sup>  
Dr. Mahabir Atwal  
12525 Lambert Road  
Whittier, CA 90606  
Tel: (562) 698-2648

Wrigley Association  
Ms. Maria Norvell  
P.O. Box 16192  
Long Beach, CA 90806  
Tel: (562) 427-5021

Memorial Heights  
Ms. Maurice Knowles  
3095 Elm Avenue  
Long Beach, CA 90807  
Tel: (562) 424-3678

Sunrise Boulevard Historic District  
Ms. Polly Johnson  
735 Sunrise Boulevard  
Long Beach, CA 90806  
Tel: (562) 427-6865

### **11.3 ADJACENT PROPERTY OWNERS**

Patel Ishwarbhai & Maniben & Family Trust  
2860 Long Beach Boulevard  
Long Beach, CA 90806-1591

Elliott Steven Y. & Family Trust  
2865 Atlantic Avenue  
Long Beach, CA 90806-1740

Arthur & Eleanor R. Howard  
2789 Long Beach Boulevard  
Long Beach, CA 90806-1519

Ferraco Eric A. & Andrea V. & Family Trust  
2933 Long Beach Boulevard  
Long Beach, CA 90806-1517

Severance Stephen R. & Family Trust  
1750 East Ocean Boulevard, Unit 1209  
Long Beach, CA 90802-6020

Health Services Memorial  
2801 Atlantic Avenue, #214  
Long Beach, CA 90806-1737

Edward C. & Charmay B. Allred  
3050 East Airport Way  
Long Beach, CA 90806-2404

Atlantic Medical Center, LLC  
3450 Wilshire Boulevard, Suite 400  
Los Angeles, CA 90010-2212

Blinn George & Patricia & Trust  
1647 West Richard Place  
Anaheim, CA 92802-1507

David C. & D. & S. Barden  
12535 Seal Beach Boulevard, Suite 100  
Seal Beach, CA 90740-2746

American Stores Properties, Inc.  
P.O. Box 20  
Boise, ID 83726-0020

Joseph Grana  
1657 Candlewood Drive  
Upland, CA 91784-9176

Diane L. Horwood  
P.O. Box 17656  
Tucson, AZ 85731-7656

Phyllis L. Mckinney  
1208 South Lemon Avenue  
Walnut, CA 91789-4822

Gidden Family Trust  
2808 Flangel Street  
Lakewood, CA 90712-3733

L & B Real Estate  
P.O. Box 1380  
Los Angeles, CA 90078-1380

JCDS Properties, LLC  
2690 Atlantic Avenue  
Long Beach, CA 90806-2711

RMA Land, LLC  
2750 Atlantic Avenue  
Long Beach, CA 90806-2713

Schwartz D. N. & Family Trust  
2650 Elm Avenue  
Long Beach, CA 90806-1651

Patton James J. & Family Trust  
2640 Colt Road  
Ranch Palos Verdes, CA 90275-6505

Mitchwil Investments, LLC  
2919 Gardena Avenue  
Signal Hill, CA 90755-1914

Beachside Investments, LLC  
4543 East Anaheim Street  
Long Beach, CA 90804-3119

Brakin Family Trust  
733 North Double Tree Lane  
Long Beach, CA 90815-4712

Nancy N. Nguyen  
500 East Willow Street  
Long Beach, CA 90806-3115

Martha M. Arvey  
1070 Parkview Avenue  
Pasadena, CA 91103-2356

Two Willow Partners, LLC  
P.O. Box 5034  
Los Alamitos, CA 90721-5034

Desoto Natural Resources, Inc.  
P.O. Box 2767  
Long Beach, CA 90801-2767

Janich Properties, LLC  
3939 Pacific Avenue  
Long Beach, CA 90807-3229

S & P Investments  
2650 Elm Avenue, Suite 205  
Long Beach, CA 90806-1600

Salvation Army  
30840 Hawthorne Boulevard  
Rancho Palos Verdes, CA 90275-5301

CREE Oil Limited  
3250 Cherry Avenue  
Long Beach, CA 90807-5214

#### 11.4 OCCUPANTS OF THE PROPERTIES TO BE DEMOLISHED

Resident  
2617 Pasadena Avenue  
Long Beach, CA 90806

Residents  
2609 Pasadena Avenue, Apartments #1-10  
Long Beach, CA 90806

Resident  
2632 Pasadena Avenue  
Long Beach, CA 90806

Residents  
2630 Linden Avenue, Apartments #1-9  
Long Beach, CA 90806

Residents  
2620 Linden Avenue, Apartments #1-4  
Long Beach, CA 90806

Property Owner<sup>EIR</sup>  
2641 Linden Avenue, Apartments #1-8  
Long Beach, CA 90806

Resident  
2633 Linden Avenue  
Long Beach, CA 90806

Residents  
2615 Pasadena Avenue, Apartments #1-4  
Long Beach, CA 90806

Residents  
2624 Pasadena Avenue  
Long Beach, CA 90806

Residents  
2638 Linden Avenue, Apartments #1-6  
Long Beach, CA 90806

Residents  
2622 Linden Avenue  
Long Beach, CA 90806

Residents  
2624 Linden Avenue  
Long Beach, CA 90806

Residents  
2641 Linden Avenue, Apartments #1-8  
Long Beach, CA 90806

Residents  
2613 Linden Avenue, Apartments #1-9  
Long Beach, CA 90806

## 11.5 OWNERS OF THE PROPERTIES WITHIN A 300-FOOT RADIUS

27th Elm Equipment, LLC  
320 East 27th Street  
Long Beach, CA 90806

Property Owner  
192 North Marina Drive  
Long Beach, CA 90803

28th Street Leasing, LLC  
2760 Atlantic Avenue  
Long Beach, CA 90806

ACH  
192 North Marina Drive  
Long Beach, CA 90803

Edward and Charmay Allred  
3050 East Airport Way  
Long Beach, CA 90806

Glenn Almoite  
214 East Columbia Street  
Long Beach, CA 90806

American Stores Properties, Inc.  
3146 Red Hill Avenue, #150  
Costa Mesa, CA 92626

American Stores Properties, Inc.  
P.O. Box 4349  
Anaheim, CA 92803

Arnold and Pamela Anderson  
3620 Claremore Avenue  
Long Beach, CA 90808

Apro, LLC  
17311 South Main Street  
Gardena, CA 90248

Martha Arvey  
1070 Parkview Avenue  
Pasadena, CA 91103

Atlantic Medical Center, LLC  
3450 Wilshire Boulevard, #400  
Los Angeles, CA 90010

Bancap Medical Properties  
192 North Marina Drive  
Long Beach, CA 90803

David Barden  
12535 Seal Beach Boulevard, Suite 100  
Seal Beach, CA 90740

Donald and Bette Barden  
12535 Seal Beach Boulevard, Suite 100  
Seal Beach, CA 90740

Arturo and Juanita Barrera  
P.O. Box 92228  
City Industry, CA 91715

Justin and Louise Bartlow  
1880 North College Circle  
Long Beach, CA 90815

Clyde Bergendahl  
2666 Elm Avenue  
Long Beach, CA 90806

George and Paicia Blinn  
1647 West Richard Place  
Anaheim, CA 92802

Mario and Clara Brakin  
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Janich Properties, LLC  
3939 Pacific Avenue  
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JCDS Properties, LLC  
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