DRAFT ENVIRONMENTAL IMPACT REPORT

835-845 JACKSON STREET CHINESE HOSPITAL REPLACEMENT PROJECT

CITY AND COUNTY OF SAN FRANCISCO
PLANNING DEPARTMENT: CASE NO. 2008.0762E

STATE CLEARINGHOUSE NO. 2011052051

DRAFT EIR PUBLICATION DATE: APRIL 16, 2012

DRAFT EIR PUBLIC HEARING DATE: MAY 17, 2012

DRAFT EIR PUBLIC COMMENT PERIOD: APRIL 17, 2012 - MAY 31, 2012

Written comments should be sent to:

Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

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PUBLIC NOTICE

Availability of Draft Environmental Impact Report for 835-845 Jackson Street - Chinese Hospital Replacement Project

Planning Department Case File No. 2008.0762E

State Clearinghouse No. 2011052051

A Draft Environmental Impact Report (DEIR) has been prepared by the San Francisco Planning Department in connection with this project. The report is available for public review and comment on the Planning Department's webpage (http://tinyurl.com/sfceqadocs). CDs and paper copies are also available at the Planning Information Center (PIC) at 1660 Mission Street, 1st Floor. Referenced materials are available for review at the Planning Department's office at 1650 Mission Street, Suite 400, as part of Case File No. 2008.0762E. (Call 575-9051 for more information.)

Project Description: The proposed project is located at 835-845 Jackson Street [Assessor's Block/Lot or APN 192/41]. The Chinese Hospital property, located in the Chinatown neighborhood at Jackson Street between Stockton and Powell Streets, consists of the approximately 43,368-gross-square-foot (gsf), 54-bed Chinese Hospital at 845 Jackson Street, built in 1979; the approximately 29,793-gsf Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital, built in 1924); and the approximately 15,000-gsf Chinese Hospital Parking Garage, located directly behind the 1924 MAB. These three buildings constitute the project site, an approximately 22,516-square-foot lot. The Chinese Hospital Association is the project sponsor for this project.

The proposed project includes: 1) demolition of the 1924 MAB and the 41-space Chinese Hospital Parking Garage on the project site; 2) construction of a 54-bed, acute-care, 101,545-gsf, seven-story-plus-basement, 90.5-foot-tall (excluding 30-foot-tall mechanical penthouse above the roof) Replacement Hospital building with a new 22-bed skilled nursing facility on the sites of the demolished buildings on the eastern portion of the project site (an approximately 11, 526-square-foot area); 3) renovation of the existing on-site 1979 Chinese Hospital building at 845 Jackson Street to serve as a Medical Administration and Outpatient Center (MAOC); and 4) a proposal to create a Special Use District (SUD) for the proposed project to support the expansion of medical services on the project site (835-845 Jackson Street, APN 192/41) in the Chinatown Residential Neighborhood Commercial Zoning District. The proposed Replacement Hospital building would be designed and constructed to fully comply with the requirements of Senate Bill 1953 for seismic safety of acute-care facilities. The existing 1979 Chinese Hospital would remain in operation until the proposed Replacement Hospital is fully functional. The proposed project would be completed in two development phases over a four-year period between fall 2012 and winter 2015.

In addition to the proposed project, two variants are being considered by the project sponsor: (1) The Off-Street Parking Variant would include the same development on the 835-845 Jackson Street project site as the proposed project; in addition, it would include off-street parking and an expanded engineering shop and storage space for Chinese Hospital at the existing Powell Street Parking Garage at 1140 Powell Street (APN 192/14). The Powell Street Parking Garage is located on Powell Street between Washington and Jackson Streets to the west of the project site. Under the Off-Street Parking Variant (i.e. garage variant), Chinese Hospital Association (the project sponsor)

may either purchase the Powell Street Parking Garage or lease space in the garage on a long-term basis; and (2) The Hospital Façade Design Variant would have a different design for the Replacement Hospital's façade, compared to the proposed project; this variant would otherwise be identical in terms of development and building envelope to the proposed project.

The project site is in the Chinatown Residential and Neighborhood Commercial (CRNC) Zoning District and a 65-N Height and Bulk District. The proposed project would require General Plan referral, General Plan amendments, Planning Code text and Zoning Map amendments to reclassify height and bulk limits and establish SUD boundaries, among other project approvals.

Draft EIR Findings: The Draft EIR for this project found that implementation of the proposed project and its two variants would result in the following project-level and cumulative significant unavoidable environmental impacts: (1) Demolition of the original 1924 Chinese Hospital Building at 835 Jackson Street (i.e. 1924 MAB) under the proposed project would result in significant and unavoidable historic architectural resources impacts on an individual historic resource (the 1924 MAB) and on the NRHP/CRHR-eligible Chinatown historic district, both of which were identified as historic resources under CEQA; (2) Construction (i.e. design and development) of the proposed Replacement Hospital on the project site would result in a significant unavoidable historic architectural resources impact on the NRHP/CRHR-eligible Chinatown historic district; (3) Demolition of the 1924 MAB and construction of the Replacement Hospital under the proposed project would also result in a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district; and (4) Construction of the proposed project would generate substantial levels of $PM_{2.5}$ and other toxic air contaminants (TACs), including diesel particulate matter (DPM), that could substantially affect sensitive receptors and this would be a significant and unavoidable air quality-related health risk impact.

A **public hearing** on this Draft EIR and other matters has been scheduled by the Planning Commission for **May 17, 2012,** in Room 400, City Hall, 1 Dr. Carlton B. Goodlett Place, beginning at 12:00 p.m. or later. (Call 558-6422 the week of the hearing for a recorded message giving a more specific time.)

Public comments will be accepted from **April 16, 2012** to 5:00 p.m. on **May 31, 2012**. Written comments should be addressed to Bill Wycko, Environmental Review Officer, San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103. Comments received at the public hearing and in writing will be responded to in a Comments and Responses document. If you have any questions about the **environmental review** of the proposed project, please contact **Devyani Jain** at **415-575-9051** or **Devyani.Jain@sfgov.org**.

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DATE: April 16, 2012

TO: Distribution List for the 835-845 Jackson Street - Chinese Hospital Replacement Project Draft Environmental Impact Report

FROM: Bill Wycko, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report for the Chinese Hospital Replacement Project (Planning Department File No. 2008.0762E)

This is the Draft of the Environmental Impact Report (Draft EIR) for the 835-845 Jackson Street - Chinese Hospital Replacement Project. A public hearing will be held on the adequacy and accuracy of this document. After the public hearing, our office will prepare and publish a document titled "Comments and Responses," which will contain a summary of all relevant comments on this Draft EIR and our responses to those comments, along with copies of the comment letters received and a transcript of the Draft EIR public hearing. The Comments and Responses document may also specify changes to this Draft EIR. Public agencies and members of the public who testify at the hearing on the Draft EIR will automatically receive a copy of the Comments and Responses document, along with notice of the date reserved for certification; others may receive a copy of the Comments and Responses document and notice by request or by visiting our office. This Draft EIR, together with the Comments and Responses document, will be considered by the Planning Commission in an advertised public meeting and then certified as a Final EIR if deemed adequate.

After certification, we will modify the Draft EIR as specified by the Comments and Responses document and print both documents in a single publication called the Final Environmental Impact Report. The Final EIR will add no new information to the combination of the two documents except to reproduce the certification resolution. It will simply provide the information in one, rather than two documents. Therefore, if you receive a copy of the Comments and Responses document in addition to this copy of the Draft EIR, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and Comments and Responses have no interest in receiving virtually the same information after the EIR has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR, in Adobe Acrobat format on a compact disk (CD), to private individuals only if they request them. Therefore, if you would like a copy of the Final EIR, please fill out and mail the postcard provided inside the back cover to the Environmental Planning division of the Planning Department within two weeks after certification of the EIR. Any private party not requesting a Final EIR by that time will not be mailed a copy.

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835-845 JACKSON STREET
DRAFT ENVIRONMENTAL IMPACT REPORT

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LIST OF ACRONYMS AND ABBREVIATIONS

ABAG	Association of Bay Area Governments
AC Transit	Alameda-Contra Costa County Transit District
ADA	Americans with Disabilities Act
APN	Assessor's Parcel Number
AQTR	Air Quality Technical Report
ATCM	Airborne Toxic Control Measure
ATHS program	Air Toxics Hot Spots program
B	"Business Occupancy" structure
BAAQMD	Bay Area Air Quality Management District
BACT	best available control technology
BART	Bay Area Rapid Transit
BMPs	Best Management Practices
CAA	Clean Air Act
CAAA	CAA Amendments of 1990
CAAQS	California ambient air quality standards
Cal/EPA	State Environmental Protection Agency
CAN	Code Application Notice
CAP	*Bay Area 2010 Clean Air Plan*
CARB	California Air Resources Board
CBC	California Building Code
CCAA	California Clean Air Act
CCDC	Chinatown Community Development Center
CCHP	Chinese Community Health Plan
Commodore Stockton CDC	Commodore Stockton Child Development Center
CDHS	California Department of Health Services
CEQA	California Environmental Quality Act
CO	carbon monoxide
CO_2	carbon dioxide
CRAF	Cancer Risk Adjustment Factor
CRHR	California Register of Historical Resources
CRNC	Chinatown Residential Neighborhood Commercial (zoning district)
CT	Computed Axial Tomography scan
CU	Conditional Use authorization
CVR	Chinatown Visitor Retail (zoning district)
DBI	Department of Building Inspection
DOE	determination of eligibility
DPH	Department of Public Health
DPM	diesel particulate matter
DPW	San Francisco Department of Public Works
EE application	Environmental Evaluation application
EIR	Environmental Impact Report
ERO	Environmental Review Officer

E.S.	Elementary School
FAR	floor area ratio
ft.	feet
ft^2/pedestrian	square feet per pedestrian
FY	Fiscal Year
GHG	greenhouse gas
gsf	gross square feet
HABS	Historic American Building Survey
HAER	Historic American Engineering Record
HAP	hazardous air pollutants
HALS	Historic American Landscape Survey
HI	Hazard Index
HPC	Historic Preservation Commission
HRA	health risk assessment
HRE	Historic Resource Evaluation
HRER	Historic Resource Evaluation Report
HT01	Height and Bulk Map Sheet HT01
HUD	Department of Housing and Urban Development
HVAC	heating, ventilation, and air conditioning
H_2S	hydrogen sulfide
I-80	Interstate 80
I-280	Interstate 280
IB	inbound
ICU	intensive care unit
IMP	Institutional Master Plan
ISCOTT	Interdepartmental Staff Committee on Traffic and Transportation
kW	kilowatt
lbs/day	pounds per day
LOS	Level of Service
MAB	Medical Administration Building
MAOC	Medical Administration and Outpatient Center
MEI	maximally exposed individual
MEISR	maximally exposed individual sensitive receptor
MEP	mechanical, electrical and plumbing
MLP	maximum load point
MMRP	Mitigation Monitoring and Reporting Plan
MRI	magnetic resonance imaging
MEISR	maximally exposed individual sensitive receptors
MTC	Metropolitan Transportation Commission
Muni	San Francisco Municipal Railway
NA	not applicable
NAAQS	national ambient air quality standards
NESHAP	National Emissions Standards for Hazardous Air Pollutants
N_2O	nitrous oxide
NOx	nitrogen oxides
NO_2	nitrogen dioxide

NOP/IS	Notice of Preparation/Initial Study
NRHP	National Register of Historic Places
NSR	New Source Review
O_3	ozone
OB	outbound
OPR	(State) Office of Planning and Research
OR	operating room
OSHA	Occupational Safety and Health Administration
OSHPD	Office of Statewide Health Planning and Development
P District	Public District
p/min	persons/minute
PCBs	polychlorinated biphenyls
PG&E	Pacific Gas and Electric
PM	particulate matter
PMP	Pedestrian Transportation Master Plan
PM_{10}	particulate matter, 10 microns
$PM_{2.5}$	particulate matter, 2.5 microns
Pb	lead
ppb	parts per billion
pphm	parts per hundred million
ppi	pixels per inch
ppm	parts per million
PSD	prevention of significant deterioration
PVC	polyvinyl chloride
RC-4	Residential Commercial Combined, High Density (zoning district)
RC-3	Residential Commercial Combined, Medium Density (zoning district)
REL	Reference Exposure Levels
RH-3	Residential House, Three-Family (zoning district)
RM-4	Residential, Mixed, High Density (zoning district)
RM-3	Residential, Mixed, Medium Density (zoning district)
ROG	reactive organic gases
RWQCB	Regional Water Quality Control Board
SAAQS	State ambient air quality standards
SamTrans	San Mateo County Transit District
SB	Senate Bill
SDG	Stormwater Design Guidelines
SF-CHAMP	SFCTA San Francisco Chained Activity Model Process
SF Guidelines	*2002 Transportation Impact Analysis Guidelines for Environmental Review*
SF Heritage	San Francisco Architectural Heritage
SFBAAB	San Francisco Bay Area Air Basin
SFCTA	San Francisco County Transportation Authority
SFDPH	San Francisco Department of Public Health
SFMTA	San Francisco Municipal Transportation Agency
SFPUC	San Francisco Public Utilities Commission

SFUSD	San Francisco Unified School District
SIP	State Implementation Plan
SMO	Stormwater Management Ordinance
SMP	Streetscape Master Plan
SNF	Skilled Nursing Facility
SO_2	sulfur dioxide
SO_4	sulfates
SOx	oxides of sulfur
SPC-1	Structural Performance Category 1
SPC-3	Structural Performance Category 3
SPC-5	Structural Performance Category 5
sq. ft.	square feet
SS	LEED® Sustainable Sites
SUD	Special Use District
SU01	Special Use District Sheet 01
SWPPP	Stormwater Pollution Prevention Plan
TACs	Toxic Air Contaminants
TASC	Transportation Advisory Staff Committee
TCM	Transportation Control Measure
TDM	Transportation Demand Management
TEP	Transit Effectiveness Project
TIS	Transportation Impact Study
TMP	Transportation Management Plan
TRIP	Chinatown Transportation Research and Improvement Project
2000 HCM	*2000 Highway Capacity Manual*
U.S. 101	U.S. Highway 101
USEPA	United States Environmental Protection Agency
VDEC	Verified Diesel Emission Control Strategies
VOCs	volatile organic compounds
VOR	vehicle occupancy rate
WETA	San Francisco Bay Area Water Emergency Transportation Authority
ng/m^3	nanograms per cubic meter
$\mu g/m^3$	micrograms per cubic meter

GLOSSARY

Term	Definition
acute care	Treatment necessary for a short period of time, when a patient is treated for a brief but severe episode of illness. Many hospitals are acute-care facilities. The term is also associated with care rendered in an emergency department or other short-term stay facility.
acute-care beds	The total number of beds that are licensed based on available space and that conform to State Hospital Code requirements.
Administration	Hospital administration and nursing administration office space within a hospital building or outpatient care center building.
ambulatory care	Health care services provided to patients on an outpatient basis (e.g., practitioner consultations, counseling, care for patients staying less than 24 hours), rather than by admission to a hospital or other health care facility. The services may be in a hospital, augmenting inpatient services, or may be provided at a separate facility.
capitated	A healthcare system in which a medical provider is given a set fee per patient regardless of treatment required.
CT scan	The use of computerized axial tomography to examine body organs by scanning them with X-rays and using a computer to construct a series of cross-sectional scans along a single axis.
clinic	Usually an outpatient department of a hospital where patients are treated.
diagnostic and treatment	Diagnostic and treatment (D&T) space, in either inpatient and ambulatory care settings, and ancillary to medical office care, including within procedure rooms and associated spaces. Emergency Department space is not included in D&T space. D&T services include surgery; imaging, including radiology and MRI; gastrointestinal/endoscopy; cardiac catheterization; cardio-diagnostics; neuro-diagnostics; pulmonary function testing; rehabilitation/physical therapy/occupational therapy/speech therapy; nuclear medicine; dialysis.
garage variant site	In the case of the Off-Site Parking Variant, the Powell Street Parking Garage at 1140 Powell Street.
infusion clinic	Outpatient service typically providing chemotherapy, hydration/IV fluids, infusion of blood/blood products, medication infusions, and medication injections.
inpatient care	Women's and children's and adult acute-care space, including beds, nursing stations, family rooms, and other associated spaces. Involves care of patients staying longer than 24 hours.
Intensive care unit (ICU)	Facility within a hospital where inpatients are more closely monitored and which has a higher ratio of nurses to patients.
loading	Space for delivery of materials, trash and recycling pickup, etc.
mechanical and electrical	Dedicated floors or significant space on a floor of a building for distribution of mechanical, electrical, and other building services.
Magnetic Resonance Imaging (MRI)	Magnetic Resonance Imaging uses magnetic to examine internal organs and structure of the body.

Term	Definition
main project site	The main project site is at 835-845 Jackson Street, including the 1924 MAB, 1979 Chinese Hospital, and Chinese Hospital Parking Garage. It is the location of the construction and renovation work.
Medicare	A Federal insurance program covering hospitals, skilled nursing, and physician-related costs incurred by 1) most citizens over 65 years old, 2) the physically disabled for two years or longer and 3) certain citizens needing treatment for end of stage renal disease.
Medi-Cal	Medi-Cal is California's Medicaid program. It is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.
medical office building (MOB)	Office and laboratory facilities constructed for the use of physicians and other health personnel.
medical office space	Practitioners' offices and associated spaces within a medical office building.
nuclear medicine	A medical specialty involving the application of radioactive substances in the diagnosis and treatment of disease.
outpatient	A person who visits a clinic, emergency room, or similar facility attached to or affiliated with a healthcare institution and receives health care without being admitted to that facility.
primary care	Care that provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
Same Day Surgery Unit	A unit in a hospital wherein surgery is performed on patients who do not require admission to the hospital.
secondary care	Care provided by medical specialists who generally do not have first contact with patients (e.g., cardiologists, urologists, dermatologists).
Skilled Nursing Facility	Skilled nursing care is available 24 hours a day for non-acute-care patients and includes rehabilitation and various medical and nursing procedures conducted under the supervision of a physician.
support	Space for uses such as the pharmacy, pathology, laboratory, food service, materials management, and chapels.
transitional space	Space for existing administrative and outpatient services in the 1924 MAB that would have to be temporarily relocated to available lease spaces as close as feasible to the main project site to support the continuing provision of health care services at the 1979 Chinese Hospital.
urgent	Immediate but not emergency.
urgent care center	A hospital or free-standing facility that provides healthcare services to patients in need of immediate care, but not requiring services of an emergency room.

SUMMARY

This summary is intended to highlight major areas of importance in the environmental analysis as required by Section 15123 of the California Environmental Quality Act Guidelines (State CEQA Guidelines). This chapter briefly summarizes the Chinese Hospital Replacement Project (referred to in this environmental impact report [EIR] as "the proposed project") and its variants, and the potential environmental impacts of the proposed project and its variants. This chapter provides a synopsis of the proposed project and its variants; a description of the alternatives to the proposed project that are addressed in this EIR and a comparison of the impacts of those alternatives to those of the proposed project; and a summary of environmental issues to be resolved and areas of controversy. Unless stated otherwise, the conclusions for the variants are the same as those for the proposed project.

In addition, the summary table for this EIR (Table S.1: Summary of Significant Impacts and Mitigation Measures Identified in the EIR, beginning on p. S.4) provides an overview of:

- Environmental impacts with the potential to occur as a result of the proposed project;
- The level of significance of the environmental impacts before implementation of any applicable mitigation measures;
- The recommended mitigation measures that would avoid or reduce significant environmental impacts; and
- The level of significance for each impact after the mitigation measures are implemented.

A. PROJECT SYNOPSIS

Chinese Hospital at 835-845 Jackson Street, located in San Francisco's Chinatown neighborhood at Jackson Street between Stockton and Powell Streets, consists of the approximately 43,368-gross-square-foot (gsf) Chinese Hospital at 845 Jackson Street, built in 1979; the approximately 29,793-gsf Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital, built in 1924); and the approximately 15,000-gsf Chinese Hospital Parking Garage, located directly behind the 1924 MAB. These three buildings comprise the main project site.

The Chinese Hospital Association (the project sponsor) proposes to demolish the 1924 MAB and the Chinese Hospital Parking Garage and construct a Replacement Hospital building in their place on the eastern half of the main project site. The proposed 101,545-gsf Replacement Hospital would include an acute-care hospital with 54 acute-care beds and a new skilled nursing facility with 22 beds. The Replacement Hospital would be seven stories tall and have a basement level. The Replacement Hospital would be approximately 90.5 feet tall as measured from the

center of the building's Jackson Street frontage, excluding a 30-foot-tall mechanical penthouse above the roof level.

The 1979 Chinese Hospital building would remain in operation as a hospital until the proposed Replacement Hospital is fully functional. The 1979 Chinese Hospital building would then be renovated and serve a new use as Chinese Hospital's Medical Administration and Outpatient Center (MAOC), providing diagnostic and treatment services, ambulatory services, public and administrative services, hospital support, and building support.

The proposed project includes proposed legislative land use amendments that would include: (1) the creation of a Special Use District (SUD) on Assessor's Parcel Number 192/41 (835-845 Jackson Street) to identify and support the expansion of the existing medical uses and proposed new medical uses on the main project site in the Chinatown Residential Neighborhood Commercial Zoning District (CRNC District); and (2) certain other amendments to the applicable zoning and to the *Chinatown Area Plan.*

In addition to the proposed project, two variants to the project are being considered by the project sponsor, an Off-Street Parking Variant[1] and a Hospital Façade Design Variant.

The Off-Street Parking Variant would be the same development as under the proposed project on the main project site, but, in addition it would also have off-street parking and expanded engineering shop and storage space at the existing Powell Street Parking Garage at 1140 Powell Street (the garage variant site) to the west of the main project site. Under this variant, this garage would be bought or leased on a long-term basis by the project sponsor for the hospital's exclusive use.

Under the Hospital Façade Design Variant, exterior design refinements would be made to the façade of the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings. It would be otherwise identical in terms of development and building envelope to the proposed project. The Hospital Façade Design Variant could be combined with the Off-Street Parking Variant because the characteristics of one variant do not conflict with the other variant's characteristics, and thus it is possible to implement a project incorporating both the Hospital Façade Design Variant and the Off-Street Parking Variant.

[1] The proposed project as analyzed in the NOP/IS included Chinese Hospital's exclusive use of the Powell Street Parking Garage. Under the proposed project as analyzed in this EIR, no off-street parking would be provided for the proposed project, and the hospital's use of the garage is considered as a project variant. See "Changes to the Proposed Project After Publication of the NOP/IS" in Chapter I, Introduction and Background, p. I.4, for further discussion.

B. SUMMARY OF IMPACTS AND MITIGATION MEASURES

This EIR provides information on the potential impacts of the proposed project and its variants related to land use and land use planning; historic architectural resources; aesthetics; transportation and circulation; and air quality. All impacts of the proposed project and its variants and associated mitigation measures identified in this draft EIR are summarized in Table S.1: Summary of Significant Impacts and Mitigation Measures Identified in the EIR, beginning on p. S.4. This table identifies the potential impacts that the proposed Chinese Hospital Replacement Project and its variants would have on the physical environment. Where applicable, this table identifies project revisions or conditions, expressed as mitigation measures, which would reduce the identified impact(s) to less-than-significant levels. All of the project-related impacts identified in this table have been identified as significant. The impact's level of significance after implementation of the required Mitigation Measure is provided in the column labeled, "Significance with Mitigation." All measures that are applicable to the proposed project are also applicable to both variants.

The impacts are listed in the same order as they appear in the text of Chapter IV, Environmental Setting, Impacts, and Mitigation, of this document. Where no significant impacts were identified in the environmental analysis of this project, those topics were not included on this table.

Table S.2: Summary of Significant Impacts and Mitigation Measures and Improvement Measures Identified in the NOP/Initial Study, summarizes the significant impacts identified in the NOP/Initial Study for which mitigation measures also identified in the NOP/Initial Study would reduce impacts to less-than-significant levels.

Table S.3: Summary of Improvement Measures Identified in the EIR, summarizes the improvement measures in the EIR. Where an improvement measure is applicable only to a variant, this is clearly stated.

These tables should not be relied upon for a thorough understanding of the proposed project and its impacts and associated mitigation measures, but are presented for the reader's reference as a simplified overview of project impacts and mitigation measures. Please see the relevant topic sections in Chapter IV, Environmental Setting, Impacts, and Mitigation, for a thorough discussion and analysis of the impacts of the proposed project and its variants, and the mitigation measures identified to address those impacts.

Table S.1: Summary of Significant Impacts and Mitigation Measures Identified in the EIR

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
C. Cultural Resources and Archeological Paleontological Resources			
CR-1: The proposed demolition of the existing 1924 MAB would have a substantial adverse effect on an individual historical resource and on the NRHP/CRHR-eligible Chinatown historic district.	S	**Mitigation Measure M-CR-1a: Documentation** The project sponsor shall retain a professional who meets the Secretary of the Interior's Professional Qualifications Standards for Architectural History to prepare written and photographic documentation of the 1924 MAB. The documentation for the property shall be prepared based on the National Park Service's Historic American Building Survey (HABS) / Historic American Engineering Record (HAER) Historical Report Guidelines. This type of documentation is based on a combination of both HABS/HAER standards (Levels I, II and III) and the National Park Service's policy for photographic documentation as outlined in the National Register of Historic Places (NR) and National Historic Landmarks (NHL) Survey Photo Policy Expansion. The measured drawings for this documentation shall follow HABS/HAER Level I standards. To determine the number of the measured drawings, the professional shall consult with the San Francisco Planning Department's Preservation Coordinator. The written historical data for this documentation shall follow HABS / HAER Level II standards. The written data shall be accompanied by a sketch plan of the property. Efforts should also be made to locate original construction drawings or plans of the property during the period of significance. If located, these drawings should be photographed, reproduced, and included in the dataset. If construction drawings or plans cannot be located, as-built drawings shall be produced. Either HABS/HAER standard large format or digital photography shall be used. If digital photography is used, the ink and paper combinations for printing photographs must be in compliance with NR-NHL Photo Policy Expansion and have a permanency rating of approximately 115 years. Digital photographs will be taken as	**SU**

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		uncompressed, TIF file format. The size of each image will be 1600x1200 pixels at 330 ppi (pixels per inch) or larger, color format, and printed in black and white. The file name for each electronic image shall correspond with the index of photographs and photograph label. Photograph views for the dataset shall include (a) contextual views; (b) views of each side of each building and interior views, where possible; (c) oblique views of buildings; and (d) detail views of character-defining features, including features on the interiors of some buildings. All views shall be referenced on a photographic key. This photographic key shall be on a map of the property and shall show the photograph number with an arrow to indicate the direction of the view. Historic photographs shall also be collected, reproduced, and included in the dataset. The project sponsor shall transmit such documentation, in both printed and electronic form, to the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical Information Resource System. All documentation will be reviewed and approved by the San Francisco Planning Department's Preservation Coordinator prior to granting any demolition permit. **Mitigation Measure M-CR-1b: Interpretation** The project sponsor shall provide a permanent display of interpretive materials concerning the history and architectural features of the original 1924 MAB and its historic and architectural relationship to the larger Chinatown community. Interpretation of the site's history shall be supervised by an architectural historian or historian who meets the Secretary of the Interior's Professional Qualification Standards, and shall be conducted in coordination with an exhibit designer. The interpretative materials (which may include, but are not limited to, a display of photographs, news articles, memorabilia, video) shall be placed in a prominent public setting within the	

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		Replacement Hospital building or MAOC. A proposal describing the general parameters of the interpretive program shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Site Permit. The substance, media and other characteristics of such interpretive display shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Temporary Certificate of Occupancy.	
CR-2: The proposed Replacement Hospital building would have a substantial adverse effect on the NRHP/CRHR-eligible Chinatown historic district.	S	See Mitigation Measure M-CR-1, above.	**SU**
C-CR-1: The proposed project in combination with other past, present and reasonably foreseeable future projects in the project vicinity would result in a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district**.**	S	See Mitigation Measure M-CR-1, above.	**SU**
IV. D. Transportation			
C-TR-2: Construction-related transportation impacts of the proposed project would be temporary and limited in duration; however, in combination with past, present, and reasonably foreseeable future projects, these impacts would be considered significant due to the potential for overlapping construction projects in the vicinity of the project site and its location in a high traffic area.	S	**Mitigation Measure C-M-TR-2** The project sponsor and/or contractor shall develop and implement a Construction Transportation Management Plan ("TMP") in order to anticipate and minimize potential impacts of various construction activities associated with the proposed project. The Construction TMP shall disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation in the project area is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity.	**LTS**

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		The Construction TMP shall supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by SFMTA, Department of Public Works, or other City departments and agencies. Specifically, the Construction TMP should: • Identify construction traffic management and a cohesive program of operational and demand management strategies designed to maintain acceptable levels of travel flow during periods of construction activities. These include, but are not limited to, construction strategies, demand management activities, alternative route strategies, and public information strategies consistent with best practices in San Francisco, as well as other cities or agencies that, although not being implemented in the City, could provide valuable management practices for the project. Management practices include, but are not limited to: - Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands; - Consider alternative routes and vehicle types for construction vehicles, and work further with DPW to identify the best traffic detours during each construction phase; - Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways; - Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility; and - Identifying best practices for managing traffic flows on surrounding streets. • Develop a public information plan to provide adjacent residents and businesses with regularly-updated information regarding project construction, including construction activities, durations, peak construction vehicle activities (e.g., concrete pours), travel lane closures,	

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		and other lane closures. • Hire a transportation manager to actively manage the construction vehicle, truck loading, passenger loading and emergency vehicle access to the project site through at least the most intense phases of construction. The Construction TMP shall be submitted to SFMTA, SFDPW, TASC, and the Planning Department for review and approval.	
E. Air Quality			
AQ-3: Construction of the proposed project would generate substantial levels of $PM_{2.5}$ and other toxic air contaminants, including diesel particulate matter, that could significantly affect nearby sensitive receptors.	S	**Mitigation M-AQ-3: Construction Emissions Minimization Plan** To reduce the potential health risk resulting from project construction activities, the project sponsor shall prepare a Construction Emissions Minimization Plan designed to reduce construction-related diesel particulate matter emissions from off-road construction equipment used at the site by at least 79 percent, or by as much as feasible if the 79 percent reduction cannot be met, compared to the construction equipment list, schedule, and inventory provided by the project sponsor. The project sponsor shall include all requirements identified in the Construction Emissions Minimization Plan in contract specifications for the entire duration of construction activities. The Construction Emissions Minimization Plan may include the following requirements: • limiting idling times by either shutting equipment off when not in use or reducing the maximum idling time to two minutes; • prohibiting use of diesel generators for electric power because on-site distribution of electricity is available; • requiring construction contractors to use electric powered devices for the	**SU**

Impacts in EIR	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		following types of equipment: - Tower Crane - Grout Pumps; • requiring construction contractors to use compressors that are either electric powered or engines compliant with Tier 4 standards; • requiring the use of Interim Tier 4 or Tier 4 equipment where such equipment is available and feasible for use; and • requiring use of Tier 2/Tier 3 equipment retrofitted with CARB Level 3 Verified Diesel Emissions Control System (VDECS, which includes diesel particulate filters). The following types of equipment are identified as candidates for retrofitting with CARB-certified Level 3 VDECS, (which are capable of reducing DPM emissions by 85 percent or more), due to their expected operating modes (i.e., fairly constant use at high revolutions per minute): - Excavators - Concrete Boom Pumps If a 79 percent reduction cannot be met, the Construction Emissions Minimization Plan shall demonstrate that all feasible mitigation has been incorporated and shall substantiate why additional mitigation measures are not feasible. The project sponsor shall submit the Construction Emissions Minimization Plan to the Environmental Review Officer (ERO) for review and approval by an Environmental Planning Air Quality Specialist prior to the commencement of construction activities.	

Table S.2: Summary of Significant Impacts and Mitigation Measures and Improvement Measures Identified in the NOP/Initial Study

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
Cultural Resources and Archeological Paleontological Resources			
CP-2: The proposed project could result in an adverse effect to an archeological resource and/or human remains, should such remains exist beneath the main project site.	S	**Mitigation Measure M-CP-2: Subsurface Archaeological Resources** Based on a reasonable presumption that archaeological resources may be present within the project site, the following measures shall be undertaken to avoid any potentially significant adverse effect from the proposed project on buried or submerged archaeological resources. The project sponsor shall retain the services of an archaeological consultant from the pool of qualified archaeological consultants maintained by the Planning Department archaeologist. The archaeological consultant shall undertake an archaeological testing program as specified below. In addition, the consultant shall be available to conduct an archaeological monitoring and/or data recovery program if required pursuant to this measure. The archaeological consultant's work shall be conducted in accordance with this measure and with the requirements of the project archaeological research design and treatment plan (Archeo-Tec, *Archaeological Research Design and Treatment Plan for the Chinese Hospital Replacement Project*, April 2011) at the direction of the Environmental Review Officer (ERO). In instances of inconsistency between the requirement of the project archaeological research design and treatment plan and of this archaeological mitigation measure, the requirement of this archaeological mitigation measure shall prevail. All plans and reports prepared by the consultant as specified herein shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Archaeological monitoring and/or data recovery programs required by this measure could suspend construction of the project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to	**LTS**

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		reduce to a less-than-significant level potential effects on a significant archaeological resource as defined in *CEQA Guidelines* Sect. 15064.5(a)(c). Consultation with Descendant Communities: On discovery of an archeological site [fn: The term "archeological site" is intended here to minimally include any archeological deposit, feature, burial, or evidence of burial.] associated with descendant Native Americans or the Overseas Chinese an appropriate representative [fn: An "appropriate representative" of the descendant group is here defined to mean, in the case of Native Americans, any individual listed in the current Native American Contact List for the City and County of San Francisco maintained by the California Native American Heritage Commission and in the case of the Overseas Chinese, the Chinese Historical Society of America.] of the descendant group and the ERO shall be contacted. The representative of the descendant group shall be given the opportunity to monitor archeological field investigations of the site and to consult with the ERO regarding appropriate archeological treatment of the site, of recovered data from the site, and, if applicable, any interpretative treatment of the associated archeological site. A copy of the Final Archaeological Resources Report shall be provided to the representative of the descendant group. *Archaeological Testing Program.* The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that potentially could be adversely affected by the proposed project, the testing method to be used, and the locations recommended for testing. The purpose of the archaeological testing program will be to determine to the extent possible the presence or absence of archaeological resources and to identify and to evaluate whether any archaeological resource encountered on the site	

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		constitutes an historical resource under CEQA. At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the archaeological consultant finds that significant archaeological resources may be present, the ERO in consultation with the archaeological consultant shall determine if additional measures are warranted. Additional measures that may be undertaken include additional archaeological testing, archaeological monitoring, and/or an archaeological data recovery program. If the ERO determines that a significant archaeological resource is present and that the resource could be adversely affected by the proposed project, at the discretion of the project sponsor either: A)The proposed project shall be re-designed so as to avoid any adverse effect on the significant archaeological resource; or B)A data recovery program shall be implemented, unless the ERO determines that the archaeological resource is of greater interpretive than research significance and that interpretive use of the resource is feasible. *Archaeological Monitoring Program (AMP).* If the ERO in consultation with the archaeological consultant determines that an archaeological monitoring program shall be implemented, the archaeological monitoring program shall minimally include the following provisions: • The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the AMP reasonably prior to any project-related soils-disturbing activities commencing. The ERO in consultation with the archaeological consultant shall determine what project activities shall be archaeologically monitored. In most cases, any soils-disturbing activities, such as demolition, foundation removal, excavation, grading, utilities installation, foundation work, driving of	

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		piles (foundation, shoring, etc.), site remediation, etc., shall require archaeological monitoring because of the risk these activities pose to potential archaeological resources and to their depositional context; • The archaeological consultant shall advise all project contractors to be on the alert for evidence of the presence of the expected resource(s), of how to identify the evidence of the expected resource(s), and of the appropriate protocol in the event of apparent discovery of an archaeological resource; • The archaeological monitor(s) shall be present on the project site according to a schedule agreed upon by the archaeological consultant and the ERO until the ERO has, in consultation with the project archaeological consultant, determined that project construction activities could have no effects on significant archaeological deposits; • The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis; • If an intact archaeological deposit is encountered, all soils-disturbing activities in the vicinity of the deposit shall cease. The archaeological monitor shall be empowered to temporarily redirect demolition/excavation/pile-driving/ construction activities and equipment until the deposit is evaluated. If, in the case of pile-driving activity (foundation, shoring, etc.), the archaeological monitor has cause to believe that the pile-driving activity may affect an archaeological resource, the pile-driving activity shall be terminated until an appropriate evaluation of the resource has been made in consultation with the ERO. The archaeological consultant shall immediately notify the ERO of the encountered archaeological deposit. The archaeological consultant shall make a reasonable effort to assess the identity, integrity, and significance of the encountered	

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		archaeological deposit, and present the findings of this assessment to the ERO. Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of the monitoring program to the ERO. *Archaeological Data Recovery Program.* The archaeological data recovery program shall be conducted in accord with an archaeological data recovery plan (ADRP). The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the ADRP prior to preparation of a draft ADRP. The archaeological consultant shall submit a draft ADRP to the ERO. The ADRP shall identify how the proposed data recovery program will preserve the significant information the archaeological resource is expected to contain. That is, the ADRP will identify what scientific/historical research questions are applicable to the expected resource, what data classes the resource is expected to possess, and how the expected data classes would address the applicable research questions. Data recovery, in general, should be limited to the portions of the historical property that could be adversely affected by the proposed project. Destructive data recovery methods shall not be applied to portions of the archaeological resources if nondestructive methods are practical. The scope of the ADRP shall include the following elements: • *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations. • *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis procedures. • *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies. • *Interpretive Program.* Consideration of an on-site/off-site public	

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		interpretive program during the course of the archaeological data recovery program. • *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and non-intentionally damaging activities. • *Final Report*. Description of proposed report format and distribution of results. • *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value, identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities. *Human Remains and Associated or Unassociated Funerary Objects*. The treatment of human remains and of associated or unassociated funerary objects discovered during any soils-disturbing activity shall comply with applicable state and federal laws. This shall include immediate notification of the Coroner of the City and County of San Francisco and in the event of the Coroner's determination that the human remains are Native American remains, notification of the California State Native American Heritage Commission (NAHC) who shall appoint a Most Likely Descendant (MLD) (Pub. Res. Code Sec. 5097.98). The archaeological consultant, project sponsor, and MLD shall make all reasonable efforts to develop an agreement for the treatment of, with appropriate dignity, human remains and associated or unassociated funerary objects (CEQA Guidelines. Sec. 15064.5(d)). The agreement should take into consideration the appropriate excavation, removal, recordation, analysis, custodianship, curation, and final disposition of the human remains and associated or unassociated funerary objects. *Final Archaeological Resources Report*. The archaeological consultant shall submit a Draft Final Archaeological Resources Report (FARR) to the	

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put at risk any archaeological resource shall be provided in a separate removable insert within the final report. Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information Center (NWIC) shall receive one (1) copy and the ERO shall receive a copy of the transmittal of the FARR to the NWIC. The Environmental Planning division of the Planning Department shall receive three copies of the FARR along with copies of any formal site recordation forms (CA DPR 523 series) and/or documentation for nomination to the National Register of Historic Places/California Register of Historical Resources. In instances of high public interest in or the high interpretive value of the resource, the ERO may require a different final report content, format, and distribution than that presented above.	
Impact CP-3: The proposed project could result in damage to, or destruction of, as-yet unknown paleontological resources, should such remains exist beneath the main project site.	S	**Mitigation Measure M-CP-3: Paleontological Resources Monitoring and Mitigation Program** The project sponsor shall retain the services of a qualified paleontological consultant having expertise in California paleontology to design and implement a Paleontological Resources Monitoring and Mitigation Program (PRMMP). The PRMMP shall include a description of when and where construction monitoring would be required; emergency discovery procedures; sampling and data recovery procedures; procedure for the preparation, identification, analysis, and curation of fossil specimens and data recovered; preconstruction coordination procedures; and procedures for reporting the results of the monitoring program.	**LTS**

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		The PRMMP shall be consistent with the Society for Vertebrate Paleontology (SVP) Standard Guidelines for the mitigation of construction–related adverse impacts to paleontological resources and the requirements of the designated repository for any fossils collected. During construction, earth-moving activities shall be monitored by a qualified paleontological consultant having expertise in California paleontology in the areas where these activities have the potential to disturb previously undisturbed native sediment or sedimentary rocks. Monitoring need not be conducted in areas where the ground has been previously disturbed, in areas of artificial fill, in areas underlain by nonsedimentary rocks, or in areas where exposed sediment would be buried, but otherwise undisturbed. The consultant's work shall be conducted in accordance with this measure and at the direction of the City's ERO. Plans and reports prepared by the consultant shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Paleontological monitoring and/or data recovery programs required by this measure could suspend construction of the Proposed Project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce potential effects on a significant paleontological resource as previously defined to a less-than-significant level.	
Impact C-CP-4: The proposed project, in combination with past, present, and reasonably foreseeable future projects in the site vicinity, could result in cumulative impacts to cultural resources.	**S**	See Mitigation Measures M-CP-2 and M-CP-3, above.	**LTS**

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
Noise			
Impact NO-1: The proposed project would not result in the exposure of persons to or generation of noise levels in excess of established standards; would not result in a substantial permanent increase in ambient noise levels or otherwise be substantially affected by existing noise; would not result in the exposure of persons to or generation of groundborne vibration or groundborne noise levels; and would not be substantially affected by existing noise levels.	**S**	**Mitigation Measure M-NO-1a** To ensure that operational noise generated by the proposed stationary noise sources, specifically the emergency generator does not exceed the City' noise standards resulting in a substantial increase in ambient noise levels, the project sponsor shall undertake the following: • The project sponsor, Chinese Hospital, shall retain the services of a qualified acoustical consultant to measure the noise levels of operating exterior mechanical equipment, such as emergency generators among other mechanical equipment, after installation of such equipment on the project site. If such exterior mechanical equipment is below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), no further action is required. If such mechanical exterior equipment is not below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), the project sponsor, Chinese Hospital, shall replace and/or redesign the exterior mechanical equipment to meet the City's established noise standards. Results of the mechanical noise measurements shall be provided to Hospital Facilities Management/Engineering and the appropriate City agencies (Planning Department, Department of Building Inspection and Department of Public Health) to show compliance with Noise Ordinance mechanical noise standards.	**LTS**
	S	**Mitigation Measure M-NO-1b** To ensure that the proposed Replacement Hospital building would be designed with appropriate noise-insulating features to achieve interior traffic noise levels below 45 dB (Ldn), the project sponsor shall undertake the following:	**LTS**

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		• The project sponsor, Chinese Hospital, shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Replacement Hospital building that would reduce the interior traffic-noise level inside the hospital to 45 dB (Ldn). Interior spaces of the Replacement Hospital building shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB (Ldn) or lower.	
Impact NO-2: During construction, the proposed project would result in a temporary or periodic increase in ambient noise levels and vibration in the project vicinity above levels existing without the project.	**S**	**Mitigation Measure M-NO-2: General Construction Noise Control Measures** To ensure that project noise from construction activities is minimized to the maximum extent feasible, the project sponsor shall undertake the following: • The project sponsor shall require the general contractor to ensure that equipment and trucks used for project construction utilize the best available noise control techniques (e.g., improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures and acoustically-attenuating shields or shrouds, wherever feasible). • The project sponsor shall require the general contractor to locate stationary noise sources (such as compressors) as far from adjacent or nearby sensitive receptors as possible, to muffle such noise sources, and to construct barriers around such sources and/or the construction site, which could reduce construction noise by as much as 5 dBA. To further reduce noise, the contractor shall locate stationary equipment in pit areas or excavated areas, if feasible. • The project sponsor shall require the general contractor to use impact tools (e.g., jack hammers, pavement breakers, and rock drills) that are hydraulically or electrically powered wherever possible to avoid noise associated with compressed air exhaust from pneumatically powered	**LTS**

Impacts in IS	Impact Significance Without Mitigation	Mitigation Measures	Impact Significance With Mitigation
		tools. Where use of pneumatic tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used, along with external noise jackets on the tools, which could reduce noise levels by as much as 10 dBA. • The project sponsor shall include noise control requirements in specifications provided to construction contractors. Such requirements could include, but not be limited to, performing all work in a manner that minimizes noise to the extent feasible; use of equipment with effective mufflers; undertaking the most noisy activities during times of least disturbance to surrounding residents and occupants, as feasible; and selecting haul routes that avoid residential buildings inasmuch as such routes are otherwise feasible. • Prior to the issuance of building permits, along with the submission of construction documents, the project sponsor shall submit to the Planning Department and Department of Building Inspection (DBI) a list of measures to respond to and track complaints pertaining to construction noise. These measures shall include (1) a procedure and phone numbers for notifying DBI, the Department of Public Health, and the Police Department (during regular construction hours and off-hours); (2) a sign posted on-site describing noise complaint procedures and a complaint hotline number that shall be answered at all times during construction; (3) designation of an on-site construction complaint and enforcement manager for the project; and (4) notification of neighboring residents and non-residential building managers within 300 feet of the project construction area at least 30 days in advance of extreme noise generating activities (defined as activities generating noise levels of 90 dBA or greater) about the estimated duration of the activity.	

Table S.3: Summary of Improvement Measures Identified in the EIR

IMPROVEMENT MEASURES	TOPIC
Improvement Measure I-TR-1a: Chinese Hospital has agreed to designate a person to coordinate the TDM [Transportation Demand Management] program, including the following elements: • Monitor and update the TDM program using the results of the Employee and Patient and Visitor Travel Behavior Surveys; • Create and update a dedicated web page and newsletter providing relevant transit information and related links; • Coordinate with 511.org to establish rideshare matching program; • Organize a Transportation Day Fair; • Coordinate parking management; • Develop an information package of transportation services and benefits offered by Chinese Hospital, and participate in employee orientation training; and • Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and GG Transit). Chinese Hospital has agreed to promote the TDM Program, including the following elements: • Organize and conduct an annual Transportation Day Fair to include representatives from local and regional transportation agencies, the San Francisco Bicycle Coalition, 511.org, and car-share companies, and provide information about transit, ridesharing, and bicycling; • The TDM Coordinator would promote attendance at these events by providing incentives for employees to attend the Fair, such as free transit passes and free bicycles as prizes, and food and drink; • Create a dedicated web page and newsletter; and • Set up an information center with computer terminals for accessing transit and ride sharing information via a dedicated web page. Chinese Hospital has agreed to promote transit use, including the following elements: • Provide public transit information to Chinese Hospital employees, patients, and visitors on a dedicated web page; • Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and Golden Gate Transit); and • Promote commuter checks, which allow employees to deduct up to $120 per person per month on a pre-tax basis	Transportation

IMPROVEMENT MEASURES	TOPIC
for transit passes. Chinese Hospital has agreed to promote ride share/car share/carpool/vanpool, including the following elements: • Establish a rideshare matching program through the 511.org database; • Join a car-share company as a corporate member, allowing employees to use car-share services without an initiation fee; and • Provide a bonus for carpools and vanpools that last 3 months or more.	
Improvement Measure I-TR-1b: Under the Off-Street Parking Variant, the project sponsor has agreed to coordinate with SFMTA Operations to monitor the number of conflicts observed between turning vehicles and transit operations during peak periods. If warranted to further reduce this less-than-significant impact, and upon the determination of SFMTA, the project sponsor has agreed to limit access in and out of the Powell Street Parking Garage to right-turn-only movements.	Transportation
Improvement Measure I-TR-3a: The project sponsor has agreed to improvements for Stone Street, such as raised crosswalk at the intersection of Jackson Street and Stone Street, and pedestrian-scale street lights or lighting along Stone Street.	Transportation
Improvement Measure I-TR-3b: Under the Off-Street Parking Variant, the project sponsor has agreed to install an audible and visible electronic warning sign at the access point of the Powell Street Parking Garage driveway to alert pedestrians to exiting vehicles.	Transportation
Improvement Measure I-TR-5.1a: The project sponsor has agreed to schedule truck loading activities for off-peak hours to minimize the potential for conflicts between truck loading activities, passenger loading activities, and peak hour traffic on Jackson Street. Additionally, delivery trucks less than 20 feet long could be assigned to the existing off-street loading area on Stone Street.	Transportation
Improvement Measure I-TR-5.1b: The project sponsor has agreed to work with the SFMTA to determine whether a section of the proposed 153-foot-long white zone in front of the main project site could be converted to a yellow loading space if the loading demand became a concern in the future.	Transportation
Improvement Measure I-TR-5.1c: The project sponsor has agreed to work with the SFMTA to post signs along Jackson Street to inform motorists that the white zone is for passenger loading of no more than 5 minutes and to train its security guards to enforce proper use of the white zone and direct motorists to nearby parking garages, if necessary.	Transportation

IMPROVEMENT MEASURES	TOPIC
Improvement Measure I-TR-Parking 1: Under the Off-Street Parking Variant, the project sponsor has agreed to develop a parking management program that reserves a maximum of 50 parking spaces for physicians and employees to ensure that a sufficient number of parking spaces are available for patient and visitor parking.	Transportation
Improvement Measure I-TR-Parking 2: Under the Off-Street Parking Variant, the project sponsor has agreed that the operator of the Powell Street Parking Garage will monitor conditions to ensure that vehicle queues do not occur on a regular basis in the public right-of-way, including adjacent sidewalks. The project sponsor has agreed to install an electronic FULL sign at its entrance above the sidewalk that is clearly visible to drivers. The project sponsor has agreed to close the Powell Street Parking Garage for a period of time when it is full until a sufficient number of vacant spaces become available. Additionally, other measures to address any queuing that is found to occur could be an increase in the travel demand management strategies; and/or parking demand management strategies such as parking time limits, parking pricing or validated parking.	Transportation

C. SUMMARY OF PROJECT ALTERNATIVES

This section summarizes the four alternatives evaluated in this EIR and their environmental effects. These four alternatives are described in detail in Chapter VI. Alternatives. The alternatives are as follows:

- Alternative A: No Project Alternative;
- Alternative B: Full Preservation Alternative;
- Alternative C: Partial Preservation Alternative;
- Alternative D: Compatible Replacement Hospital Alternative.

See Table S.4: Summary Impacts of the Proposed Project Compared to Alternatives A, B, C, and D.

The No Project Alternative continues the existing uses in the 1924 MAB, the 1979 Chinese Hospital building, and the Chinese Hospital Parking Garage beyond January 1, 2030. Under the No Project Alternative, the existing, 43,368-gsf 1979 Chinese Hospital building would continue to operate as a hospital with 54 acute-care beds, and would not include a skilled nursing facility such as is proposed by the project. The existing 29,793-gsf 1924 MAB would continue to include office and administrative uses. The existing 15,000-gsf Chinese Hospital Parking Garage would continue to include 41 parking spaces for use by Chinese Hospital. This alternative would not require any of the project approvals required by the proposed project.

The Full Preservation Alternative would retain and reuse the 1924 MAB, which is a historical resource, enhance the utility of the 1924 MAB for hospital use, and minimize impacts on the 1924 MAB individual historical resource and the surrounding NRHP/CRHR-eligible Chinatown historic district. The Full Preservation Alternative calls for seismic retrofit of the existing 1924 MAB and demolition of the 41-space Chinese Hospital Parking Garage. A rooftop addition to the 1924 MAB and a rear addition to the 1924 MAB on the site of the Chinese Hospital Parking Garage would be constructed. The 1924 MAB with these additions would be reused as a replacement hospital. During demolition and construction on the site of the 1924 MAB and Chinese Hospital Parking Garage, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of construction work on the 1924 MAB, the 1979 Chinese Hospital would undergo seismic retrofit for hospital use.

The Partial Preservation Alternative retains and seismically retrofits the most architecturally significant portion of the 1924 MAB (its front), in order to reduce significant impacts of the proposed project on the 1924 MAB individual historical resource and on the surrounding NRHP/CRHR-eligible Chinatown historic district. A new hospital tower would be constructed

Table S.4: Summary of Impacts of the Proposed Project Compared to Alternatives A, B, C, and D

	Proposed Project	Alternative A: No Project	Alternative B: Full Preservation	Alternative C: Partial Preservation	Alternative D: Compatible Replacement Hospital
Land Use and Land Use Planning	144,641 gsf total 54 Acute Care Beds 22 Skilled Nursing Beds 0 Parking Spaces Less than Significant	88,161 gsf total 54 Acute Care Beds 0 Skilled Nursing Beds 41 Parking Spaces No Impact	94,270 gsf total 50 Acute Care Beds 0 Skilled Nursing Beds 0 Parking Spaces Less than Significant	154,493 gsf total 22 Acute Care Beds 0 Skilled Nursing Beds 0 Parking Spaces Less than Significant	162,002 gsf total 54 Acute Care Beds 21 Skilled Nursing Beds 0 Parking Spaces Less than Significant
Aesthetics	Demolishes 1924 MAB; constructs new replacement hospital. 7 stories. Less than Significant	No demolition or construction. Existing 1924 MAB is 5 stories. No Impact	Retains 1924 MAB; constructs rooftop and rear additions to 1924 MAB. 5 stories. Less than Significant	Retains front of 1924 MAB; demolishes rear; constructs new tower behind. 10 stories. Less than Significant	Demolishes 1924 MAB constructs new compatible hospital. 9 stories. Less than Significant
Historic Architectural Resources	Demolishes 1924 MAB; constructs new replacement hospital. 7 stories.	No demolition or construction. Existing 1924 MAB is 5 stories.	Retains 1924 MAB; constructs rooftop and rear additions to 1924 MAB. 5 stories.	Retains front of 1924 MAB; demolishes rear; constructs new tower behind. 10 stories.	Demolishes 1924 MAB constructs new compatible hospital. 9 stories.
Impact on 1924 MAB	Significant and Unavoidable with Mitigation	No Impact	Less than Significant	Significant and Unavoidable with Mitigation (although lessened by retention of 1924 MAB front)	Significant and Unavoidable with Mitigation
Impact on Historic District	Significant and Unavoidable with Mitigation	No Impact	Less than Significant	Less than Significant	Significant and Unavoidable with Mitigation (although lessened by more compatible design)
Transportation & Circulation	Cumulative construction-related traffic impacts. Less than Significant with Mitigation	Existing transportation conditions continue. No Impact	Similar to proposed project, although fewer trips. Less than Significant with Mitigation	Similar to proposed project, although fewer trips. Less than Significant with Mitigation	Similar to proposed project. Less than Significant with Mitigation
Air Quality	Construction air quality health risks. Significant and Unavoidable with Mitigation	Existing air quality conditions continue. No Impact	Similar to proposed project, although slightly less. Significant and Unavoidable with Mitigation	Similar to proposed project, although slightly less. Significant and Unavoidable with Mitigation	Similar to proposed project. Significant and Unavoidable with Mitigation
Wind	No Impact Less than Significant	Existing wind conditions continue. No Impact	5-story altered 1924 MAB; impact similar to proposed project, although slightly less. Less than Significant	10-story hospital tower; impact similar to proposed project, although slightly more. Less than Significant	10-story hospital tower; impact similar to proposed project, although slightly more. Less than Significant
Shadow	No Impact Less than Significant	Existing shadow conditions continue. No Impact	5-story altered 1924 MAB; less shadow than the proposed project. Less than Significant	10-story hospital tower; more shadow than the proposed project. Potentially Significant	9-story compatible replacement hospital; more shadow than the proposed project. Potentially Significant

Source: Turnstone Consulting

behind the retained front portion of the 1924 MAB on the site of the demolished rear portion of the 1924 MAB and the demolished 41-space-Chinese Hospital Parking Garage. During demolition and construction on the sites of the 1924 MAB and Chinese Hospital Parking Garage, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of construction work, as with the proposed project, the 1979 Chinese Hospital would undergo remodeling for reuse as an MAOC.

The Compatible Replacement Hospital Alternative considers a massing and design for a Replacement Hospital building, containing the same development program as the proposed Replacement Hospital under the proposed project, that would lessen, if not avoid, significant impacts of new construction under the proposed project on the surrounding NRHP/CRHR-eligible Chinatown historic district. During demolition and construction on the site of the 1924 MAB and Chinese Hospital Parking Garage, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of construction work, as with the proposed project, the 1979 Chinese Hospital would undergo remodeling for reuse as an MAOC. The 118,634-gsf compatible replacement hospital building under this alternative would house a new hospital that would include 54 acute-care beds and 21 skilled nursing beds.

The variants to the proposed project could be combined with Alternatives B, C, or D. The conclusions for each alternative would remain the same as described for each alternative. The mitigation measures and improvement measures identified for the proposed project and the Off-Street Parking Variant would remain the same if that variant were applied to any of these three alternatives. The Hospital Façade Design Variant is not applicable to these alternatives because the massing of the replacement hospital building in the variant relates specifically to the massing and floor plates of the project as proposed.

ENVIRONMENTALLY SUPERIOR ALTERNATIVE

An EIR is required to identify the environmentally superior alternative that has the fewest significant environmental impacts from among the alternatives evaluated. If the No Project Alternative is environmentally superior, CEQA requires selection of the "environmentally superior alternative other than the no project alternative" from among the proposed project and the alternatives evaluated. The No Project Alternative is considered the overall environmentally superior alternative, because the impacts associated with implementation of the proposed project would not occur under the No Project Alternative. The No Project Alternative would not meet any of the project sponsor's objectives. Pursuant to the CEQA Guidelines, the Full Preservation Alternative would be the environmentally superior alternative (other than the No Project Alternative) because it would avoid significant impacts of the proposed project on historical resources resulting from demolition of the 1924 MAB, and new construction of the Replacement Hospital. Retention of the 1924 MAB, demolition of its interior, seismic retrofit, and additions

under the Full Preservation Alternative would result in a less-than-significant impact on the 1924 MAB as an individual resource and on the NRHP/CRHR-eligible Chinatown historic district to which it contributes. This alternative would not make a considerable contribution to a significant cumulative impact on historical resources.

D. AREAS OF CONTROVERSY AND ISSUES TO BE RESOLVED

The Notice of Preparation/Initial Study (NOP/IS) for this project was published on May 18, 2011, announcing the intent to prepare and distribute an EIR. Individuals and agencies that received these notices included owners of properties within 300 feet of the main project site, and potentially interested parties, including regional and state agencies. The public review period began on May 18, 2011 and ended on June 20, 2011. During the public review period, five comment letters were submitted to the Planning Department by public agencies and other interested parties. Three additional letters were received requesting to be placed on the EIR distribution list.

Environmental issues of concern raised in the comments include:

- Shadows on parks;
- Open space requirements;
- Preservation alternatives; and
- Use of the Powell Street Parking Garage (under the Off-Street Parking Variant).

Other issues such as merits of the project design and potential discretionary approvals granted by the City are not environmental issues and will be considered by decision-makers during the project approval process.

I. INTRODUCTION AND BACKGROUND

A. PURPOSE AND FUNCTION OF THIS ENVIRONMENTAL IMPACT REPORT

This Environmental Impact Report (EIR) analyzes potential physical environmental effects associated with implementation of the Chinese Hospital Replacement Project (also referred to in this EIR as the "proposed project"). The proposed project includes 1) demolishing the Medical Administration Building at 835 Jackson Street, built in 1924,[1] and the Chinese Hospital Parking Garage, built in 1992; 2) constructing on the site of the demolished buildings a 101,545-gross-square-foot, seven-story, 90.5-foot-tall,[2] 54-bed acute-care Replacement Hospital and a 22-bed skilled nursing facility; 3) renovating the existing Chinese Hospital building at 845 Jackson Street, built in 1979, to serve as a Medical Administration and Outpatient Center (MAOC);[3] and 4) creating a Special Use District (SUD) for the proposed project to support this expansion of medical services in Chinatown. The 1979 Chinese Hospital would remain in operation until the proposed Replacement Hospital is fully functional. The background of Chinese Hospital and the purpose of this project are discussed on pp. I.10-I.14.

This EIR has been prepared by the San Francisco Planning Department, the Lead Agency for the proposed Chinese Hospital Replacement Project (835-845 Jackson Street, also referred to as the main project site), in conformance with the provisions of the California Environmental Quality Act (CEQA) and the CEQA Guidelines (California Public Resources Code Sections 21000 et seq., and California Code of Regulations Title 14, Section 15000 et seq., "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code. The lead agency is the public agency that has the principal responsibility for carrying out or approving a project. As defined in CEQA Guidelines Section 15382, a "significant effect on the environment" is:

> . . . a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment. A social or economic change related to a physical change may be considered in determining whether the physical change is significant.

[1] The Medical Administration Building is referred to as the "1924 MAB" in this EIR.
[2] Above this height there would be a 30-foot-tall mechanical penthouse on the roof.
[3] The existing Chinese Hospital building is referred to as the "1979 Chinese Hospital" in this EIR.

This project-level EIR is a focused EIR and assesses potentially significant impacts in the areas of Land Use and Land Use Planning (compatibility with existing plans and policies), Aesthetics, Historic Architectural Resources, Transportation and Circulation, and Air Quality. Sufficient information was provided by the project sponsor, the Chinese Hospital Association, to conduct a project-level impact analysis for both the Notice of Preparation / Initial Study, completed on May 18, 2011 and described in more detail on pp. I.3-I.6, below, and this focused EIR.

As stated in the CEQA Guidelines,[4] an EIR is an informational document intended to inform public agency decision-makers and the public of the significant environmental effects of a project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project. CEQA provides that public agencies should not approve projects until all feasible means available have been employed to substantially lessen the significant environmental effects of such projects.[5] City decision-makers will use the certified EIR, along with other information and public processes, to determine whether to approve, modify, or disapprove the proposed project, and to specify any applicable environmental conditions as part of project approvals.

B. ENVIRONMENTAL REVIEW PROCESS

Under the San Francisco Administrative Code, Chapter 31, the Planning Department is responsible for CEQA review for all City and County of San Francisco projects and serves as the Lead Agency. The EIR process as implemented by the Planning Department includes several steps: preparation and circulation of a Notice of Preparation / Initial Study, a public scoping period to receive public comments on the scope and content of the Draft EIR, publication of a Draft EIR for public review and comment,[6] Historic Preservation Commission hearing for the Commission to provide comment on the Draft EIR, Planning Commission Draft EIR hearing, preparation of responses to public comments on the Draft EIR, and Planning Commission certification of the Final EIR. Following certification of the EIR, a public hearing to consider approval of the project will be conducted by the Planning Commission.

[4] California Environmental Quality Act, Statutes and Guidelines as amended January 1, 2010, published by the Governor's Office of Planning and Research.

[5] "Feasible" means capable of being accomplished in a successful manner within a reasonable period of time taking into account economic, environmental, social, and technological factors (Public Resources Code Section 21061.1).

[6] The Draft EIR distribution list is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

ENVIRONMENTAL EVALUATION APPLICATION

An Environmental Evaluation application (EE application) for the proposed project was submitted to the Planning Department on June 24, 2008. A Revised EE application was subsequently submitted on September 24, 2009. The filing of the Revised EE application initiated the environmental review process outlined below.

NOTICE OF PREPARATION / INITIAL STUDY

The Planning Department published and distributed a Notice of Preparation of an EIR/Initial Study (NOP/IS) for the proposed project on May 18, 2011, announcing its intent to prepare and distribute an EIR (see Planning Department Case File No. 2008.0762E). The NOP/IS is included as Appendix A of this Draft EIR. Publication of the NOP/IS initiated a 30-day public comment period (May 19, 2011 to June 20, 2011), and during this time the Planning Department received comment letters from the Department of Recreation and Park; the San Francisco Architectural Heritage; Rodney C. Chew, D.D.S. (818 Jackson Street business); and Victor, Dewey, and Warren Seeto (Gold Hill Enterprises, LLC, owners of the 1140 Powell Street Garage commercial building). No other public agencies or other interested parties submitted comments to the Planning Department during the 30-day public comment period.[7] The Planning Department has reviewed and considered in the process of preparing this EIR the substantive comments provided in all comment letters received.

Comments on the NOP/IS raised the following issues about the proposed project:

- Shadows on parks;
- Open space requirements; and
- Historic Architectural Preservation alternatives.

Other comments on the NOP/IS focused on Chinese Hospital Association's then-proposed long-term lease of the Powell Street Parking Garage, at 1140 Powell Street, to provide off-street parking exclusively for hospital physicians, staff, patients, and visitors, as well as bicycle parking and space for hospital storage and engineering shops.[8] Comments raised issues about how exclusive use of the Powell Street Parking Garage by Chinese Hospital would be provided and how current users of the garage would be affected by this change. After publication of the

[7] In early 2012, several months after the close of the public comment period on the NOP/IS, the Planning Department received letters regarding the proposed demolition of the 1924 MAB and associated historic preservation issues. All the letters received are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 2008.0762E.

[8] The proposed project is exempt from off-street parking requirements (Planning Code Section 161(c)).

NOP/IS, the proposed project changed in regard to the hospital's exclusive use of this garage, as described below.

Changes to the Proposed Project After Publication of the NOP/IS

The following revisions and refinements to the proposed Chinese Hospital Replacement Project have occurred since the NOP/IS was published in May 2011:

- The Powell Street Parking Garage at 1140 Powell Street (Assessor's Parcel Number [APN] 192/14) is no longer included as part of the proposed project, and the proposed project would not provide off-street parking.[9] In the project analyzed in the NOP/IS, the garage was to be leased on a long-term basis by the project sponsor for Chinese Hospital's exclusive use.
- Engineering shop and hospital storage space, which was to be relocated from the 1924 MAB to the Powell Street Parking Garage in the project analyzed in the NOP/IS, would, under the proposed project, be permanently relocated to leased space close to the main project site in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods.
- 827 Pacific Avenue (APN 179/39) is no longer part of the proposed Chinese Hospital Replacement Hospital Project and is now a separate project. See the discussion in Chapter II, Project Description, pp. II.41-II.42, for more information.

In addition to the proposed project, two variants are under consideration by the project sponsor and are evaluated in this EIR: the Off-Street Parking Variant, and the Hospital Façade Design Variant.

- The Off-Street Parking Variant is the same as the proposed project on the main project site. In addition, under the Off-Street Parking Variant, the project sponsor would purchase the Powell Street Parking Garage or lease it on a long-term basis, and use the space for off-street parking for the exclusive use of Chinese Hospital, bicycle parking, and expanded engineering shop and hospital storage space.
- The Hospital Façade Design Variant is the same as the proposed project on the main project site in terms of development and building envelope. In addition, the Hospital Façade Design Variant includes exterior design refinements to the proposed Replacement Hospital intended to improve the visual relationship of the proposed Replacement with its surroundings.

For more detail on the variants, see Chapter II, Project Description, pp. II.42-II.45.

[9] The proposed project is exempt from off-street parking requirements because it is in the Chinatown Residential Neighborhood Commercial District (Planning Code Section 161 (c)).

Environmental Effects Found to Be Less than Significant in the NOP/IS

The NOP/IS found that the following potential individual and cumulative environmental effects of the project, as analyzed in the NOP/IS, would be either less than significant or reduced to a less-than-significant level with implementation of the mitigation measures included in the NOP/IS and agreed to by the project sponsor:

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

Although the proposed project has changed since publication of the NOP/IS with regard to Chinese Hospital's exclusive use of the Powell Street Parking Garage and elimination of 827 Pacific Avenue from the proposed project, as noted above, it remains the same as the project analyzed in the NOP/IS in all other aspects; that is, it would be the same or smaller in level of impact. Therefore, the conclusions in the NOP/IS for each of the topics listed above continue to be applicable to the proposed project and the Off-Street Parking Variant, as well as the Hospital Façade Design Variant, which is also under consideration by the project sponsor. No further study of the topics listed above is therefore required in the EIR for the proposed project or its variants.

Environmental Effects Requiring Further Study in the EIR

The NOP/IS determined that the project analyzed in the NOP/IS (now the Off-Street Parking Variant without 827 Pacific Avenue) may result in potentially significant environmental impacts related to the following environmental topics: Land Use and Land Use Planning (conflict with plans and policies); Aesthetics; Historic Architectural Resources; Transportation and Circulation; and Air Quality. This determination applies to the proposed project as well because the proposed project is identical to the project as analyzed in the NOP/IS, except for the exclusive use of off-street parking, which is not required by the Planning Code, and elimination of 827 Pacific Avenue, as explained above. Therefore, these environmental topics are analyzed in this EIR. In addition, the topic of Land Use and Land Use Planning (i.e., community division and neighborhood character) is presented in this EIR for informational purposes.

CHINESE HOSPITAL INSITUTIONAL MASTER PLAN

Section 304.5 of the San Francisco Planning Code requires postsecondary institutions and medical institutions to prepare an Institutional Master Plan (IMP) every 10 years, detailing current facilities and operations, and outlining development plans and other information. The purpose of the IMP is to provide this information to the Planning Commission and the public and receive comments at a public hearing. This enables the institution to modify its master plan before seeking entitlements. IMPs are nonaction items and do not require CEQA review. Rather, the IMPs are reviewed to determine whether Section 304.5 requirements are satisfied. Pursuant to Planning Code Section 304.5(f), an IMP must be considered by the Planning Commission at least 6 months before considering any approval actions for specific developments described in the IMP.

The *Chinese Hospital Institutional Master Plan* (Chinese Hospital IMP)[10] prepared by the project sponsor for all existing and proposed Chinese Hospital facilities, including its satellite clinics, was considered by the Planning Commission on May 19, 2011. The Planning Commission raised issues related to preservation alternatives. The Planning Commission officially closed the Chinese Hospital IMP hearing, thus accepting the Chinese Hospital IMP. Consistent with the Chinese Hospital IMP, potential environmental impacts that could result from project entitlements and subsequent construction and operation of the proposed Chinese Hospital Replacement Project development described in the IMP are evaluated in this EIR.

[10] Chinese Hospital Association, *Chinese Hospital Institutional Master Plan*, September 2010 (hereinafter "Chinese Hospital IMP"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

DRAFT EIR

This Draft EIR has been prepared in accordance with CEQA and the CEQA Guidelines. It provides an analysis of the physical environmental impacts of construction and operation of the proposed project. The CEQA Guidelines define the environmental effects of a project as physical changes in the environmental setting (existing conditions) that are attributable to the project. It also evaluates the project's contribution to any physical environmental impacts of reasonably foreseeable cumulative development.

This Draft EIR is being circulated to local, State, and Federal agencies and to interested organizations and individuals that may wish to review and comment on the document. CEQA Guidelines Sections 15086(c) and 15096(d) call for responsible agencies and/or other public agencies to provide comment on those project activities within their respective agency's area of expertise or project activities that are required to be carried out or approved by the agency. The responsible agencies and/or other public agencies should support those comments with either oral or written documentation.

Copies of the Draft EIR are available at the Planning Information Counter, San Francisco Planning Department, 1660 Mission Street, 1st Floor, San Francisco, CA 94103. The Draft EIR is available for viewing or downloading at the Planning Department website, http://tinyurl.com/meacases, by choosing the link for Negative Declarations and EIRs under Plans & Programs and searching for Case File No. 2008.0762E. All documents referenced in this Draft EIR, as well as the distribution list for the Draft EIR, are available for review at the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, as part of Case File No. 2008.0762E.

This Draft EIR was published on April 16, 2012. There will be a public hearing before the Planning Commission during a minimum 45-day public review and comment period for this EIR to solicit public comment on the adequacy and accuracy of information presented in this Draft EIR. The public comment period for this EIR is April 17 to May 31, 2012. The public hearing on this Draft EIR has been scheduled before the Planning Commission for May 17, 2012 in Room 400, City Hall, 1 Dr. Carlton B. Goodlett Place beginning at 12:00 PM or later. Please call (415) 558-6422 the week of the public hearing for a recorded message giving a more specific time. A public hearing has also been scheduled before the Historic Preservation Commission for May 2, 2012 in Room 400, City Hall, 1 Dr. Carlton B. Goodlett Place. Please call (415) 558-6320 the week of the hearing for a recorded message giving a more specific time.

How to Comment on the Draft EIR

Readers are invited to submit written comments on the adequacy of the document, that is, whether this Draft EIR identifies and analyzes the possible environmental impacts and identifies appropriate mitigation measures. CEQA Guidelines Section 15096(d) calls for responsible agencies to provide comments on project activities within the agencies' areas of expertise and to support comments with either oral or written documentation.[11]

Written comments should be submitted to:

Bill Wycko, Environmental Review Officer
Re: Chinese Hospital Replacement Project Draft EIR
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Comments must be received by 5:00 PM on May 31, 2012.

FINAL EIR

After the close of the Draft EIR public review and comment period, the Planning Department will prepare and publish a document titled "Comments and Responses," which will contain a copy of all comments received on this Draft EIR and the City's responses to those comments, along with copies of the comment letters received and transcript of the Planning Commission public hearing on the Draft EIR. This Draft EIR, together with the Comments and Responses document, will be considered by the Planning Commission in an advertised public meeting, and then certified as a Final EIR, if deemed adequate.

The Planning Commission and Board of Supervisors will use the information in the Final EIR in their deliberations on whether to approve, modify, or deny the proposed project, including the SUD. If the Commission decides to approve the proposed project, it must include in its approval action findings that identify significant project-related impacts that would result; discuss mitigation measures or alternatives that have been adopted to reduce significant impacts to less-than-significant levels; determine whether mitigation measures or alternatives are within the jurisdiction of other public agencies; and explain reasons for rejecting mitigation measures or alternatives if any are infeasible for legal, social, economic, technological, or other reasons.

A Mitigation Monitoring and Reporting Plan (MMRP) must be adopted by the Planning Commission and Board of Supervisors as part of the adoption of the CEQA findings and project approvals by those bodies to the extent that mitigation measures are made part of the proposed

[11] CEQA Section 21069 defines a responsible agency as a "public agency, other than the lead agency, which has responsibility for carrying out or approving a project."

project. The MMRP identifies the measures included in the proposed project, the entities responsible for carrying out the measures, and timing of implementation. If significant unavoidable impacts remain after all feasible mitigation measures are included, the approving body, if it elects to approve the proposed project, must adopt a statement of overriding considerations explaining how the benefits of the proposed project outweigh the significant impacts.

C. ORGANIZATION OF THIS EIR

This EIR is organized into a summary and seven chapters, plus an appendix. This Introduction is preceded by the Summary and followed by Chapters II through VII.

The Summary provides a concise overview of the EIR analysis for the proposed project and its Off-Street Parking Variant and Hospital Façade Design Variant, including associated approvals; the environmental impacts that would result from the proposed project and variants; mitigation measures identified to reduce or eliminate these impacts; and project alternatives.

Chapter I, Introduction and Background, includes a discussion of the environmental review process; a summary of the comments received on the scope of the EIR; a discussion of the organization of the EIR; and a discussion of the background of Chinese Hospital and the purpose of the proposed project.

Chapter II, Project Description, presents details about the proposed project, the Off-Street Parking Variant, and the Hospital Façade Design Variant, and the approvals required for implementation.

Chapter III, Plans and Policies, describes Federal, State, regional, and local plans and policies applicable to the proposed project and variants.

Chapter IV, Environmental Setting, Impacts, and Mitigation, addresses the following topics: Land Use and Land Use Planning, Aesthetics, Historic Architectural Resources, Transportation and Circulation, and Air Quality. Each topical section includes the environmental setting; regulatory framework, if applicable; significance criteria and approach to analysis; project-specific and cumulative impacts; and mitigation and improvement measures, when appropriate.

Chapter V, Other CEQA Considerations, addresses potential growth-inducing impacts of the proposed project and identifies significant effects that cannot be avoided if the proposed project is implemented, as well as significant irreversible impacts of the proposed project; and areas of known controversy and project-related issues that have not been resolved.

Chapter VI, Alternatives, presents and analyzes a range of alternatives to the proposed project: No Project Alternative; Full Preservation Alternative; Partial Preservation Alternative; and

Compatible Replacement Hospital Alternative. This chapter also identifies the environmentally superior alternative and discusses alternatives considered but rejected.

Chapter VII, Authors and Persons Consulted, identifies the EIR authors and the agencies, organizations, and individuals who were contacted during preparation of the Draft EIR. In addition, the project sponsor, their attorneys, and consultants working on their behalf are listed.

Appendix A: Notice of Preparation of an EIR / Initial Study.

D. BACKGROUND OF CHINESE HOSPITAL AND PURPOSE OF THE PROPOSED PROJECT

EXISTING CHINESE HOSPITAL PATIENT POPULATION AND SERVICE AREA

Chinese Hospital is owned and operated by the Chinese Hospital Association, a community-owned, not-for-profit organization. Community access to healthcare and provision of a unique bilingual health care program to serve the elderly and indigent monolingual Asian population of Chinatown are key components of Chinese Hospital's organizational mission. Over 90 percent of the staff who work at Chinese Hospital are bilingual and therefore able to communicate with the patients in their own language. According to Chinese Hospital Association's vision statement, Chinese Hospital is committed to improving community access to a high-quality, culturally sensitive, and affordable healthcare delivery system and is dedicated to improving community health by promoting preventive practices and wellness and by providing and coordinating appropriate healthcare services.[12] Chinese Hospital is also committed to physician, employee, patient, and visitor safety during and after a catastrophic event such as an earthquake, and uninterrupted service to its community and the City in a post-catastrophe setting. To this end Chinese Hospital, through its Emergency Preparedness Plan, plays a significant role in various City emergency response plans such as the San Francisco Chinatown Disaster Response Plan and the Emergency Operations Plan.

Chinese Hospital is open to all residents of the greater Bay Area. More than 95 percent of its patients are residents of San Francisco. Historically, Chinese Hospital's primary service area has been the Chinatown, North Beach, and Nob Hill neighborhoods, and this continues to be the case. According to the Chinese Hospital IMP, an average of 40 to 45 percent of its acute-care patients come from zip codes in these neighborhoods.[13] Chinese Hospital continues to serve a large Asian

[12] Chinese Hospital IMP, p. 41.

[13] Chinese Hospital IMP, Chinese Hospital Acute-Care Patient Discharge Data, 2006-2008, p. 11 (derived from Office of Statewide Hospital Planning and Development (OSHPD)-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html). Accessed March 30, 2012.

and Pacific Islander population from throughout San Francisco County[14] (almost 98 percent of its acute-care patients). In addition, about 89 percent of Chinese Hospital's acute-care patients are 60 years of age or older.[15] Chinese Hospital inpatient visits have been increasing, as have outpatient and urgent care visits.[16,17] By 2030, the project sponsor expects that the number of hospital employees will increase by approximately 50 percent (from approximately 313 employees to 464 employees) to serve anticipated growth in the demand for the services of Chinese Hospital.

THE CHINESE COMMUNITY HEALTH CARE ASSOCIATION

In the mid-1980s, the Chinese Hospital Association, through a collaborative program with Blue Shield of California and its partner physician organization, Chinese Community Health Care Association, created the Chinese Community Health Plan (CCHP), a managed care health insurance plan, to improve community access to healthcare services. The Chinese Community Health Care Association is a not-for-profit Independent Practice Association with over 180 physician providers. In 1987, when Chinese Hospital received its own Knox-Keen license[18] from the State of California, ownership of the CCHP was transferred from Blue Shield of California to Chinese Hospital. The health plan offers a capitated[19] commercial (non-Medicare) health insurance plan for over 6,000 individuals and employer groups. Many of the employer group members are small Asian businesses located in San Francisco.

The CCHP serves over 7,500 seniors in the community with Medicare and Medi-Cal coverage. In addition, Chinese Hospital and the Chinese Community Health Care Association serve over 18,000 Medicare, Medi-Cal and commercial enrollees under capitated contracts with several other managed care insurance plans such as the San Francisco Health Plan. More than 10,000 of the 18,000 Medicare, Medi-Cal and commercial capitated enrollees who receive healthcare

[14] Chinese Hospital IMP, Chinese Hospital Acute-Care Patient Discharge Data, 2009, p. 9 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html). Accessed March 30, 2012.

[15] Chinese Hospital IMP, Chinese Hospital Patient Discharge Data, 2009, p. 9 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html). Accessed March 30, 2012.

[16] Inpatient visits increased by over 30 percent and outpatient visits increased by about 42 percent between 2000 and 2008. Chinese Hospital Association, Chinese Hospital IMP, Chinese Hospital Utilization Report, 2000-2008, p. 18 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html). Accessed March 30, 2012.

[17] Chinese Hospital experienced an approximately 32 percent increase in urgent care visits, from about 4,750 in 2000 to 6,250 in 2008. Chinese Hospital IMP, p. 18.

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

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

services at Chinese Hospital or one of its three off-site community clinics (Sunset Health Services, in the Sunset District; Excelsior Health Services, in the Excelsior District; and Daly City Health Services, off Skyline Boulevard in Daly City) are covered under the San Francisco Health Plan, which makes affordable health coverage available to low- and moderate-income San Francisco families. In total, Chinese Hospital, through the CCHP and its participation in Medicare, Medi-Cal, the San Francisco Health Plan, and other managed-care insurance plans, operates a healthcare delivery system with over 31,000 enrollees in San Francisco. According to the Chinese Hospital IMP, an average of 90 to 92 percent of its acute-care patients and 60 to 66 percent of its outpatient visits are covered under Medicare and/or Medical.[20] These percentages are significantly higher than those at other San Francisco hospitals.

PURPOSE OF THE CHINESE HOSPITAL REPLACEMENT PROJECT

There are two primary purposes driving the Chinese Hospital Association to propose the construction of a replacement hospital. The first purpose is to fulfill its role as an essential facility in the event of a major disaster in the City by building a Replacement Hospital that meets the seismic safety requirements for acute-care facilities as defined in Senate Bill 1953[21] and as regulated by the Office of Statewide Hospital Planning and Development (OSHPD). The existing 1979 Chinese Hospital building is rated under OSHPD standards as a Structural Performance Category-3 (SPC-3) structure, which means that it can remain in operation beyond January 1, 2030. However, an SPC-3 rating under Senate Bill 1953 indicates that the structure "may experience structural damage that does not significantly jeopardize life, but may not be repairable or functional following strong ground motion." The proposed Replacement Hospital is designed to meet OSHPD requirements under the California Building Code and to meet hospital industry standards for patient safety, patient privacy and infection control. The Replacement Hospital would be designed to be a SPC-5 structure to provide greater assurance that the Chinatown community, and the City at large, would be effectively served by a functional hospital after strong ground motion related to a major earthquake.

[20] Chinese Hospital IMP, San Francisco and Chinese Hospital Annual Financial Data Profile, 2006-2008, p. 17 (derived from OSHPD-reported Chinese Hospital data accessible on the web at http://www.oshpd.ca.gov/HID/DataFlow/HospRptsTables.html). Accessed March 30, 2012.

[21] In 1994, the California State Legislature enacted Senate Bill (SB) 1953, which amended the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (Alquist Act). SB 1953 requires hospitals to evaluate and rate their hospital buildings for seismic performance and to submit these ratings to the Office of Statewide Health Planning and Development. SB 1953 extended the seismic safety mandates of the Hospital Facilities Seismic Safety Act by establishing standards that all acute-care facilities in California must meet before specified deadlines. One of these standards is that by 2030 all general acute-care facilities are required to be classified at a high seismic rating and be operational after a major earthquake.

The second primary purpose is to respond to the anticipated healthcare needs of the community; the demands of physicians and patients for higher quality medical facilities and services; the advancements in healthcare services, equipment, and technology; the healthcare industry's adoption of improved or remodeled physical facilities to implement "best" healthcare practices for patient care and safety. In siting, sizing, and designing the proposed facility, the project sponsor took into consideration the licensing requirements for acute-care hospitals under the California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3: Basic Services. Under these requirements, a hospital must provide all eight basic services (Medical Staff, Nursing Services, Surgical Services, Anesthesia, Clinical Laboratory, Radiological, Pharmaceutical and Dietetic Services) within the hospital building to be considered an acute-care hospital and provide care to inpatients.

According to the project sponsor, in order to promote the efficient functioning of the hospital, the project sponsor designed the Replacement Hospital to include skilled nursing facility beds. The average of age of inpatients at Chinese Hospital is 76 years of age. Many of these patients require skilled level of care after discharge from the hospital and cannot be safely discharged to their homes. The number of skilled nursing beds is limited in San Francisco, so placing discharged patients is challenging for Chinese Hospital. These patients often stay longer than necessary in the higher cost, acute-care setting when they could be safely discharged to a skilled level of care, freeing up the acute-care bed for another patient who needs a higher level of care.[22]

The proposed project is subject to the following requirements: Section 12 of the California Building Code, Section 1224.14.2 Service Areas, identifies the following required elements for a nursing unit serving acute-care patients that shall be in or readily available to each nursing unit: nurses' station, a nursing supervisor office, staff toilets, a multi-purpose room, clean utility, soiled utility, a medication room, clean linen storage, nourishment area, an ice machine, equipment storage, gurney and wheelchair storage or alcove, emergency equipment storage, a housekeeping room and isolation rooms with anterooms. These spaces must be reproduced in each nursing unit. Other critical adjacencies include the location of the Stage 2 recovery area to the Operating Rooms and Post Anesthesia Care Unit (Stage 1 recovery), travel distances for ancillary services such as the laboratory, respiratory and pharmacy staff and adequate space for Central Sterile Processing. Under Title 22, Division 5, Chapter 1, Article 7, Code 70739, a hospital is required to have a written Infection Control Program for the surveillance, prevention and control of infections. California Building Code requirements in Section 1224.22 require hospitals to have a

[22] Linda Schumacher, Chief Operating Officer of Chinese Hospital, Memo re: Case File No. 2008.0762E: Chinese Hospital Replacement Project – Title 22 of the California Code of Regulations and Section 12 of the California Building Code Impacts on Operational and Programmatic Aspects of the Proposed Project, April 9, 2012 (hereinafter "Schumacher Memo, April 9, 2012"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Central Sterile Supply area; this stipulates the clear separation of soiled work areas, clean work areas, sterilizing space and the storage of clean and sterile supplies and equipment. Additionally, Section 1224.23.2.4 requires sterile and non-sterile supplies to be stored separately to avoid risk of cross-contamination. The proposed design for the replacement hospital floor plans is intended to provide additional space for these required functions, provide a better working environment for physicians and staff members, and enhance the efficiency of hospital operations.

According to the project sponsor, there were several key design challenges with the proposed hospital replacement project, however. The small footprint of the proposed project limited the number of patient rooms on each floor to a number that is below the optimal and efficient number of patient beds per nursing unit. Section 12 of the California Building Code defines the minimum requirements for hospital facilities. Most inpatient units designed in hospitals today have at least 20 beds per nursing unit to efficiently manage staffing and effectively use the support spaces required under Section 12 of the California Building Code. The Replacement Hospital in the proposed project would be able to fit only 18 beds per floor. Due to the December 2007 commencement of OSHPD review for the Replacement Hospital, the 2001 California Building Code requirements are applicable to the project and incorporated in its design. The proposed replacement hospital project design has other limitations in that there would be no space on the Chinese Hospital campus for a permanent storeroom or engineering shop, both of which would have to be provided within nearby leased space. In addition, due to space constraints in the Replacement Hospital, dietary services and laboratory services, both of which are considered basic services under Title 22, must be located in the adjacent 1979 Chinese Hospital building (MAOC) instead of in the Replacement Hospital building.[23]

Existing inpatient and outpatient healthcare services are currently provided at the 1979 Chinese Hospital at 845 Jackson Street and the 1924 MAB at 835 Jackson Street. The project sponsor investigated various site plan configurations, space allocations for required hospital functions, and hospital building designs for development of a new hospital on the existing Chinese Hospital main project site. The project sponsor also evaluated other potential sites within Chinatown for the potential relocation of its inpatient and outpatient healthcare services, but none were deemed suitable.

[23] Schumacher Memo, April 9, 2012.

II. PROJECT DESCRIPTION

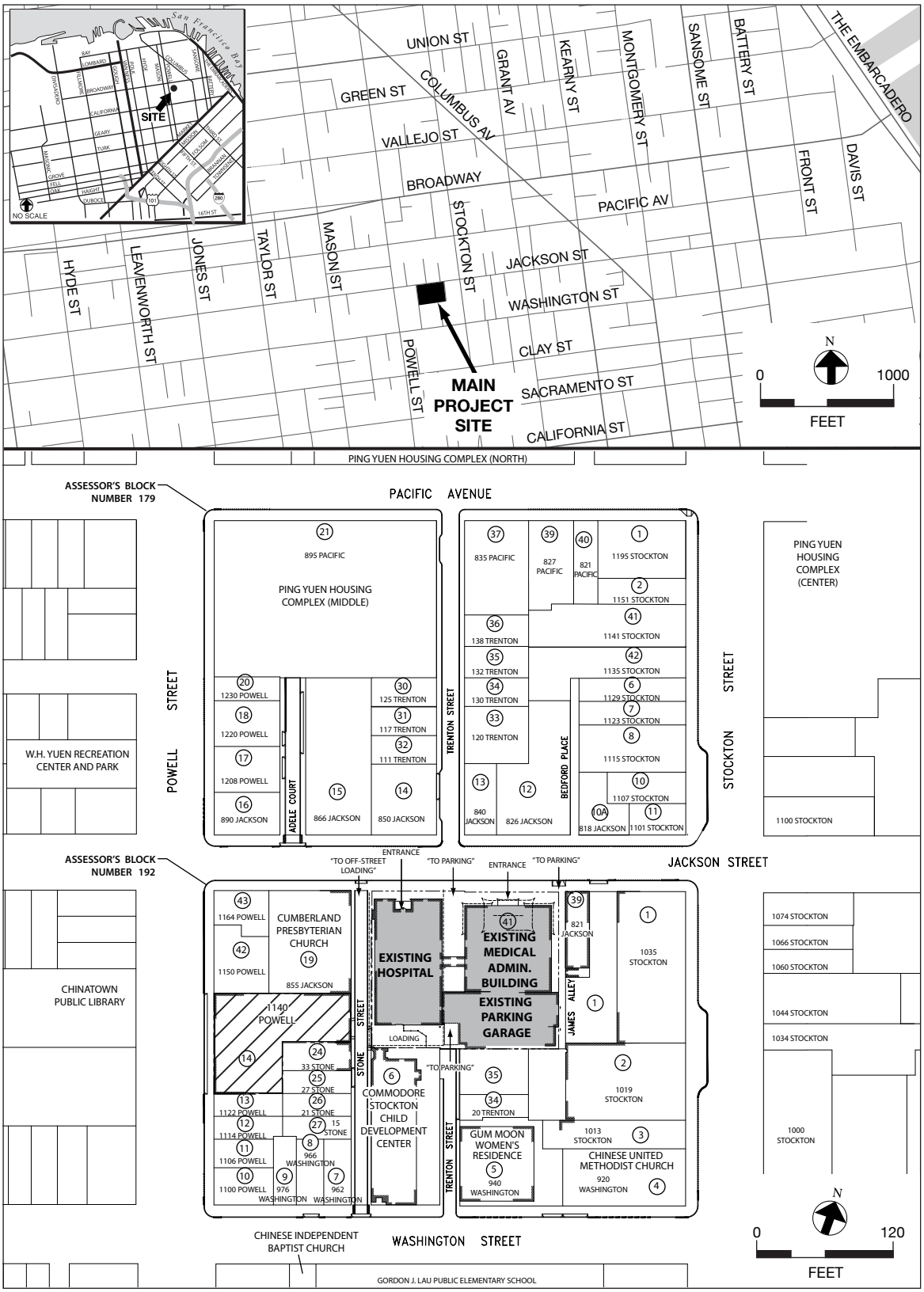
A. PROJECT OVERVIEW

Chinese Hospital at 835-845 Jackson Street, located in San Francisco's Chinatown neighborhood at Jackson Street between Stockton and Powell Streets, consists of the approximately 43,368-gross-square-foot (gsf) Chinese Hospital at 845 Jackson Street, built in 1979; the approximately 29,793-gsf Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital, built in 1924); and the approximately 15,000-gsf Chinese Hospital Parking Garage (built in 1992), located directly behind the 1924 MAB.[1] These three buildings constitute the main project site. The main project site is an approximately 22,516-square-foot (sq. ft.) lot identified as Assessor's Parcel Number (APN) 192/41. (See Figure II.1: Project Location.)

The Chinese Hospital Association (the project sponsor) proposes to demolish the 1924 MAB and the Chinese Hospital Parking Garage and construct a Replacement Hospital building in their place on the eastern half (approximately 11,526 sq. ft.) of the main project site. The proposed 101,545-gsf Replacement Hospital would be an acute-care hospital with 54 acute-care beds (the same number of acute-care beds as in the 1979 Chinese Hospital) and a new skilled nursing facility with 22 beds. The Replacement Hospital would be seven stories tall and have a basement level. The Replacement Hospital would be approximately 90.5 feet tall as measured from the center of the building's Jackson Street frontage, excluding a 30-foot-tall mechanical penthouse above the roof level. It would be taller than the 1979 Chinese Hospital building, which is approximately 81.5 feet tall, excluding a 14-foot-tall mechanical penthouse above the roof level.

The 1979 Chinese Hospital would remain in operation until the proposed Replacement Hospital is fully functional. It would then be renovated and serve a new use as Chinese Hospital's Medical Administration and Outpatient Center (MAOC), providing diagnostic and treatment services, ambulatory services, dietetic services, clinic services, public and administrative services, hospital support, and building support. Interior circulation space connecting the new Replacement Hospital building and the renovated MAOC would be provided at the ground through fifth floors of these buildings.

[1] In this EIR, the existing Chinese Hospital building is referred to as the "1979 Chinese Hospital" and the Medical Administration Building is referred to as the "1924 MAB."



SOURCE: Turnstone Consulting, KCA Engineers

(X) LOT NUMBER

MAIN PROJECT SITE

GARAGE VARIANT SITE

FIGURE II.1: PROJECT LOCATION

In order to keep the 1979 Chinese Hospital operational during construction, the proposed project would be completed in two development phases over a four-year period between fall 2012 and winter 2016. Phase 1 includes the following:

- Improvements to the 1979 Chinese Hospital building; and
- Construction of the Replacement Hospital.

Phase 2 includes the following:

- Relocation of patients to the completed Replacement Hospital; and
- Conversion/remodeling of the vacated portions of the 1979 Chinese Hospital building to serve its new use as a MAOC.

The proposed project includes proposed legislative land use amendments that would include: (1) the creation of a Special Use District (SUD) to identify and support the expansion of the existing medical uses and proposed new medical uses on the main project site in the Chinatown Residential Neighborhood Commercial Zoning District (CRNC District); and (2) certain other amendments to the applicable zoning and to the *Chinatown Area Plan*.

In addition to the proposed project, the following two variants are being considered by the project sponsor:

- Off-Street Parking Variant[2]: This variant would be the same as the proposed project on the main project site; in addition, it would have off-street parking and expanded engineering shop and storage space at the existing Powell Street Parking Garage at 1140 Powell Street (APN 192/14), to the west of the main project site. Under this variant, this garage would be bought or leased on a long-term basis by the project sponsor for the hospital's exclusive use.
- Hospital Façade Design Variant: This variant would call for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings. It would be otherwise identical in terms of development and building envelope to the proposed project.

The project sponsor is also considering combining the features of the Hospital Façade Design Variant with those of the Off-Street Parking Variant. (See Section II.E, Variants, pp. II.42-II.45, for more details about the variants.)

[2] The proposed project as analyzed in the NOP/IS included Chinese Hospital's exclusive use of the Powell Street Parking Garage. Under the proposed project as analyzed in this EIR, no off-street parking would be provided for the proposed project, and the hospital's use of the Powell Street Parking Garage is considered and analyzed as a project variant. See "Changes to the Proposed Project After Publication of the NOP/IS" in Chapter I, Introduction and Background, p. I.4, for further discussion.

B. PROJECT OBJECTIVES

PROJECT SPONSOR'S OBJECTIVES

Since 1899, the Chinese Hospital Association has provided healthcare services to generations of Chinatown residents, as well as to residents of other parts of San Francisco and the greater Bay Area. The Chinatown community has an established need for modern healthcare services and an up-to-date, modernized facility that is seismically safe, as described in "Purpose of the Chinese Hospital Replacement Project" in Chapter I, Introduction and Background, pp. I.12-I.14. The project sponsor's objectives are to design and build a hospital that:

- Honors the history and continuum of healthcare provided by Chinese Hospital in Chinatown;
- Respects the architectural context of the surrounding buildings while meeting the hospital's mission to provide modern healthcare facilities for its community;
- Can physically satisfy the current and future requirements for the delivery of quality healthcare to patients;
- Provides a seismically safe environment for its patients, visitors, physicians, and employees;
- Is economically cost efficient and improves the operation of the hospital;
- Furthers Chinese Hospital's mission to serve the healthcare needs of its community through the use of advanced medical practices, technology, and equipment;
- Minimally disrupts the current hospital's acute-care services and outpatient operations, to ensure that the healthcare services for the community continue to be provided during project implementation;
- Provides space for existing hospital functions in a new hospital that meets the requirements of SB 1953, other state agencies, and hospital industry associations;
- Provides sufficient space to replace the existing 54 acute-care hospital beds and upgrade and modernize them; and
- Provides a 22-bed skilled nursing facility to improve the transition of patients from the acute-care setting to home.

C. PROJECT LOCATION AND EXISTING CONDITIONS

The main project site is a 22,516-sq.-ft. lot on APN 192/41 (835-845 Jackson Street) in the CRNC District in the Chinatown neighborhood (see Figure II.1 on p. II.2). Assessor's Block 192 is bounded on the west by Powell Street, on the south by Washington Street, on the east by Stockton Street, and on the north by Jackson Street. The interior of the main project site block has several alleyways that run north-south: Stone Street, James Alley, and the southern segment of Trenton Street. The main project site is located on the south side of Jackson Street between Stone Street (on the west) and James Alley (on the east) and is close to the intersections of Jackson and Powell Streets to the west and Jackson and Stockton Streets to the east. There are three structures on this site: the 1979 Chinese Hospital at 845 Jackson Street, the 1924 MAB at 835 Jackson Street (the original Chinese Hospital), and the Chinese Hospital Parking Garage.

The 1924 MAB has a street frontage along Jackson Street of approximately 76 feet, while the 1979 Chinese Hospital has an approximately 60-foot-wide street frontage along the same street. A 20-foot-wide north-south driveway between the 1924 MAB and the 1979 Chinese Hospital extends from Jackson Street to the Chinese Hospital Parking Garage and provides vehicular access to the first level of the garage. James Alley provides vehicular access to the below-grade level of the parking garage, and Washington and Trenton Streets provide vehicular access to the second level. There are no other driveways on the main project site.

Primary pedestrian access to the 1924 MAB and the 1979 Chinese Hospital is from Jackson Street. A second-story pedestrian bridge over the Chinese Hospital Parking Garage's north-south driveway connects the two buildings. Two white zones along the main project site frontage on Jackson Street, a 60-foot-long white zone in front of the 1924 MAB and a 58-foot-long white zone in front of 1979 Chinese Hospital, provide space for on-street loading.[3] An off-street loading space at the southwest corner of the 1979 Chinese Hospital on Stone Street is reserved for trash and medical waste pickup and for liquefied/compressed gas tank service.[4] Trucks for recycling and compost pickup use the white zone in front of the 1924 MAB. Ambulances use the white zones and the off-street loading space off Stone Street.

The main project site is completely covered with impervious surfaces (buildings and paving). The Chinatown area is located in a combined stormwater-sewer area of the City. The main project site slopes up from east to west, with approximately 16 feet of difference in grade across the site. Due to the east-west slope, the basement level of the 1924 MAB is approximately 2 feet

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

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

below grade at the north-south driveway between the 1924 MAB and the 1979 Chinese Hospital and approximately 10 feet below grade at James Alley. At the main project site, the north-south grade along Stone Street and James Alley is relatively flat.

TRAFFIC AND TRANSIT ACCESS TO THE MAIN PROJECT SITE

The main project site on Jackson Street is accessed via Stockton and Powell Streets; these two streets are important transportation corridors. Stockton Street, in the vicinity of the main project site, is a two-way, north-south roadway with one travel lane in the northbound direction and two travel lanes in the southbound direction with 10-foot-wide sidewalks on both sides of the street. Powell Street, in the vicinity of the main project site, is a two-way, north-south roadway with one travel lane in the northbound direction, one travel lane in the southbound direction, and 12-foot-wide sidewalks on both sides of the street. Jackson Street, which forms the northern edge of the main project site, is a one-way, eastbound roadway in front of the main project site with on-street parking on both sides of the roadway and 10-foot-wide sidewalks. James Alley, which forms the eastern edge of the main project site, is a discontinuous north-south alleyway. Stone Street, which forms the western edge of the main project site, is a one-way southbound alleyway between Washington and Jackson Streets. South of the main project site, Trenton Street is a discontinuous alleyway between Washington Street and Pacific Avenue. This portion of Trenton Street is a two-way street that provides vehicular access from Washington Street to the second level of the Chinese Hospital Parking Garage. North of the main project site, Trenton Street is a one-way northbound alleyway between Jackson Street and Pacific Avenue.

The main project site is served by local and regional public transit systems. San Francisco Municipal Railway (Muni) bus lines with stops near the main project site are the 1 California (on Sacramento and Clay Streets); the 10 Townsend (on Pacific Avenue and Stockton Street); the 12 Folsom (on Pacific Avenue and Stockton Street); and the 30 Stockton, 45 Stockton/Union, and 8X, 8AX, and 8BX Bayshore Express lines (on Stockton Street between Washington and Jackson Streets). Powell Street includes center-running tracks for the Powell-Hyde and Powell-Mason cable car lines, which have a stop between Washington and Jackson Streets.

Bay Area Rapid Transit District (BART) riders at the Montgomery Street and Powell Street stations, located approximately 1 mile south of the main project site, can take the 30 Stockton, 45 Stockton/Union, and 8X, 8AX and 8BX Bayshore Express Muni bus lines, as well as the Powell-Hyde and Powell-Mason cable car lines, to reach the main project site. Caltrain riders at the Caltrain Station, at Fourth and King Streets, located approximately 2 miles south of Chinese Hospital, can take the 10 Townsend, 30 Stockton, and 45 Stockton/Union Muni bus lines to reach the main project site.

CHINESE HOSPITAL FACILITIES

Chinese Hospital currently provides primary[5] and secondary[6] inpatient care and outpatient services from the 1979 Chinese Hospital building at 845 Jackson Street and the 1924 MAB at 835 Jackson Street.[7] These buildings and the Chinese Hospital Parking Garage are described below.

1979 Chinese Hospital

The 43,368-gsf 1979 Chinese Hospital building is approximately 81.5 feet tall (excluding a screened 14-foot-tall mechanical penthouse on the roof) and has five stories plus a basement level. At the Jackson Street frontage, the building is set back approximately 7 feet from the property line. The basement level extends under the Jackson Street sidewalk and, due to the east-west slope, is approximately 10 feet below grade at the northeastern edge of the property and approximately 15 feet below grade at the northwestern edge of the property.

The 1979 Chinese Hospital building was constructed using a steel moment frame structural system. It is rated as a Structural Performance Category-3 (SPC-3) building by the Office of Statewide Health Planning and Development (OSHPD) in accordance with the requirements of the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (Alquist Act). This rating indicates that the 1979 Chinese Hospital may not be repairable and/or may not be functional as a hospital after an earthquake with strong ground motion. The building is categorized under the California Building Code, for purposes of occupancy, as an "I-1" or "Institutional Group I-1" building.

Chinese Hospital has 54 licensed acute-care beds including an intensive care unit, 2 surgical suites, a 24-hour treatment center, and a same-day surgery unit with endoscopy. Diagnostic and therapeutic services include a laboratory (clinical and anatomical pathology), an imaging services department (radiology, nuclear medicine, computed axial tomography [CT] scan, ultrasound, mammography, and dexa/bone scan), a cardiopulmonary unit (cardiology, pulmonary function, respiratory therapy, and neurology), and a pharmacy. The acute-care beds are configured as 10 single-bed private patient rooms, 8 two-bed rooms, 8 three-bed rooms, and 1 four-bed room, all located on the third and fourth floors of the 1979 Chinese Hospital.

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[5] Care that provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

[6] Care provided by medical specialists who generally do not have first contact with patients (e.g., cardiologists, urologists, dermatologists).

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

1924 MAB

The MAB occupies the original Chinese Hospital building, constructed in 1924. The approximately 29,793-gsf building is 78 feet tall (excluding a 14-foot-tall mechanical penthouse on the roof) and has five stories plus a basement level. At the Jackson Street frontage, the 1924 MAB is set back at the ground floor approximately 10 feet from the property line and has two outdoor seating areas, each approximately 350 sq. ft. (700 sq. ft. in total), on either side of the primary entrance to the building. Due to the east-west slope, the basement level is approximately 2 feet below grade at the property's northeastern edge and approximately 10 feet below grade at the northwestern edge.

The 1924 MAB has not undergone any substantial structural alterations since its construction and has been noted as a "Significant" building on Map 2: Architectural Ratings of Structures, of the *Chinatown Area Plan*, which is part of the *San Francisco General Plan*. The 1924 MAB is also rated by San Francisco Architectural Heritage (SF Heritage) as a "B – Major Importance" building. This building is not located within the boundaries of a nearby Chinatown historic district that is eligible for inclusion in the National Register of Historic Places (NRHP). For purposes of evaluating potential impacts of the proposed project on historic architectural resources under CEQA, Section IV.C, Historic Architectural Resources, studies the 1924 MAB and its surroundings. That section concludes that the 1924 MAB is individually eligible for inclusion in the NRHP and the California Register of Historical Resources (CRHR), and is also a contributing resource to a Chinatown historic district that is eligible for inclusion in the NRHP and the CRHR.

The 1924 MAB provides space for hospital administration and community service program offices; outpatient services such as radiology, infusion, and clinical services; medical records; engineering; materials handling; building support; and storage. (See Table II.2, on p. II.13, for square footage by use.)

Chinese Hospital Parking Garage

The Chinese Hospital Parking Garage, built in 1992, is located directly behind the 1924 MAB. The approximately 15,000-gsf building has three above-ground levels and is approximately 24 feet tall. The garage is accessed by a 20-foot-wide driveway between the 1924 MAB and the 1979 Chinese Hospital, via James Alley and via Washington and Trenton Streets. It has 41 parking stalls, or space for 78 valet-parked vehicles. Pedestrians have direct access to the 1924 MAB from each of the parking garage levels.

SURROUNDING DEVELOPMENT

The main project site is near the northern end of San Francisco's Chinatown neighborhood. The surrounding development consists of a mix of residential, religious, institutional, educational, and commercial uses. Many buildings are mixed-use, with residential or institutional uses on the upper floors and commercial uses on the ground floor. The scale of development in the project vicinity varies widely, with building heights ranging from 1 to 13 stories. Major structures in the project vicinity include the Chinatown Public Library, Gordon J. Lau Public Elementary School, the Ping Yuen Housing Complex, and the Woh Hei Yuen Recreation Center.

ZONING REGULATIONS

The main project site is in the Chinatown Residential Neighborhood Commercial (CRNC) District. According to Planning Code Section 812.1, Chinatown Residential Neighborhood Commercial District, CRNC District controls are designed to:

> "preserve neighborhood-serving uses and protect the residential livability of the area. The controls promote new residential development compatible with the existing small-scale mixed-use character of the area. Consistent with the residential character of the area, commercial development is directed to the ground story. Daytime-oriented use is protected and tourist-related uses, fast-food restaurants and financial services are limited. Housing development in new and existing buildings is encouraged above the ground floor. Institutional uses are also encouraged."

Compact in area and easily traversed on foot, Chinatown is well-served by public transit. In order to encourage pedestrian activity and minimize conflicts between pedestrians and vehicles in Chinatown, public parking facilities are provided on an organized basis at specific locations.

Land uses in the CRNC District are regulated by Articles 1, 2, and 8 of the San Francisco Planning Code. The zoning controls are identified by reference in Planning Code Section 812.1, Table 812: Chinatown Residential Neighborhood Commercial District Zoning Control Table. The base Floor Area Ratio (FAR)[8] in the CRNC District is 1.0 to 1; however, pursuant to Planning Code Section 124.1(c), the base FAR for hospitals and medical centers can be increased to a maximum FAR of 4.8 to 1. The main project site is in a 65-N Height and Bulk District, which means that building heights are limited to 65 feet. Bulk controls reduce the size of a building's floor plates as the building increases in height. Pursuant to Planning Code Section 270(a), the bulk controls in the "N" Bulk District become effective above a height of 40 feet. The maximum plan dimensions for the "N" Bulk District are 50 feet in length and 100 feet on the diagonal.

[8] FAR is the ratio of the gross floor area of all the buildings on a lot to the total area of the lot.

D. PROJECT CHARACTERISTICS

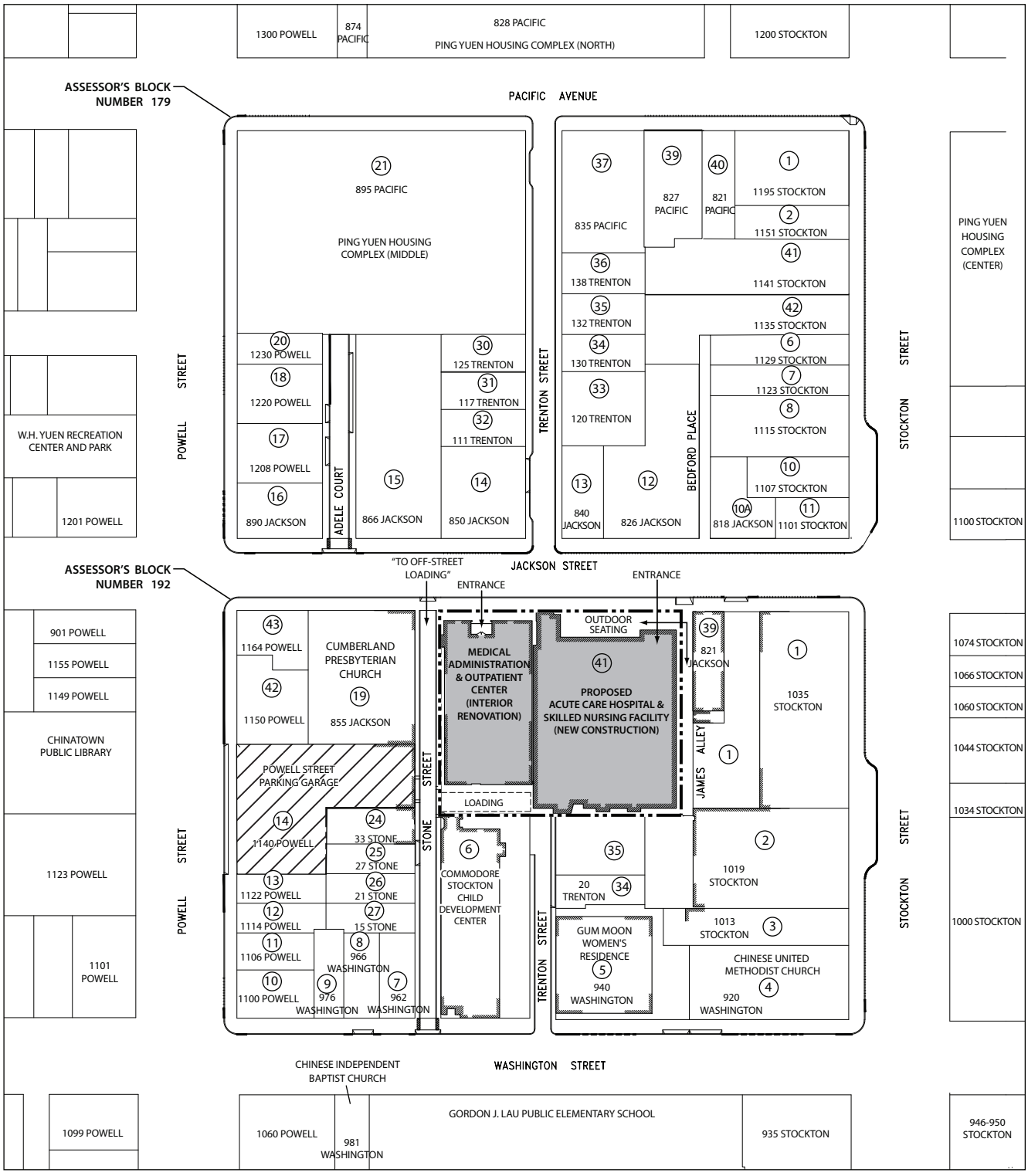
PROPOSED USES

The Chinese Hospital Association proposes to demolish the 1924 MAB and the Chinese Hospital Parking Garage (built in 1992) on the eastern portion of the main project site and construct a 101,545-gsf Replacement Hospital on the 11,526-sq.-ft. portion of the main project site vacated by the demolition. The Replacement Hospital would include a new 22-bed skilled nursing facility, integrated into the hospital building. The proposed Replacement Hospital building would be designed and constructed to fully comply with the requirements of SB 1953 for seismic safety of acute-care facilities. The 1979 Chinese Hospital, on the western portion of the main project site, would continue to operate while the Replacement Hospital building is under construction. Once the Replacement Hospital building is fully operational, expected to be at the end of 2015 or early 2016, the 1979 Chinese Hospital would be renovated to serve as the Medical Administration and Outpatient Center (MAOC). The MAOC is expected to open in late 2016. The project sponsor also proposes to lease approximately 4,500 gsf near the main project site in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods to permanently relocate the engineering shop and hospital storage space.

The layout of the proposed development on the main project site is shown on Figure II.2: Proposed Site Plan. The characteristics of the existing and proposed development on the main project site are summarized in Table II.1: Summary of Existing and Proposed Project Building Characteristics, Main Project Site, on p. II.12; and Table II.2: Summary of Total Existing and Proposed Uses on Main Project Site, by Building, on p. II.13. The main elements of the proposed project are described below.

Site Improvements

The utilities that serve the main project site would possibly be improved as part of the proposed project. Three Pacific Gas & Electric (PG&E) transformer vaults, a PG&E switch vault, and an underground fuel storage tank would be located under the Jackson Street sidewalk. Two underground sewer holding tanks, an underground stormwater pump station, an underground sewer pump station, and an underground stormwater holding tank would possibly be located under James Alley at the southeast corner of the main project site (see Figure II.6, p. II.20).



SOURCE: Turnstone Consulting, KCA Engineers

PROPOSED CHINESE HOSPITAL SPECIAL USE DISTRICT

MAIN PROJECT SITE

(X) LOT NUMBER

GARAGE VARIANT SITE

30 0 15 30 60 120

(IN FEET)

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE II.2: PROPOSED SITE PLAN

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

Characteristic	Demolished		Reused		New
	1924 MAB (835 Jackson Street)	Chinese Hospital Parking Garage	1979 Chinese Hospital (845 Jackson Street)	Renovated as New MAOC[a] (845 Jackson Street)	Replacement Hospital[b]
Building Floor Area (gsf)	29,793	15,000	43,368	Same	101,545
Height (ft.)	78′ (14′ mech.)	24′	81.5′ (14′ mech.)	Same	90.5′ (30′ mech.)
No. of Stories	5 + 1 below grade	3	5 + 1 below grade	Same	7 + 1 below grade
No. of Beds:					
Acute Care	0	NA	54	0	54
Skilled Nursing	0	NA	0	0	22
No. of Parking Spaces	0	41	0	0	0

Notes:
NA – Not Applicable
All floor areas and heights are approximate.
[a] The 1979 Chinese Hospital building would be renovated and reused as an MAOC. The overall dimensions of the building would not change, but the building's interior would be reconfigured.
[b] The Replacement Hospital would be constructed on the 11,526-sq.-ft. portion of the main project site vacated by demolition of the 1924 MAB and the Chinese Hospital Parking Garage.

Source: Chinese Hospital Association, April 2011.

Proposed Replacement Hospital Building

The proposed 101,545-gsf Replacement Hospital building would have 54 acute-care beds, the same number of beds as the 1979 Chinese Hospital, configured as 44 single-bed patient rooms and 5 semi-private patient rooms (with two beds in each room) located on the third, fourth, and sixth floors. The new skilled nursing facility would occupy the second floor of the Replacement Hospital and would have 22 beds, configured as 8 two-bed and 6 one-bed patient rooms. The Replacement Hospital would be designed to comply with OSHPD space requirements, such as patient room size and operating room size, as well as to maximize floor space dedicated to nursing units to efficiently utilize space to meet requirements for nurse-to-patient ratios and life safety issues related to heating, ventilation, and air control. A detailed description of the Replacement Hospital is presented below.

Table II.2: Summary of Total Existing and Proposed Uses on Main Project Site, by Building (gsf)

Use	Demolished		Reused		New
	1924 MAB (835 Jackson Street)	Chinese Hospital Parking Garage	1979 Chinese Hospital (845 Jackson Street)	Renovated as New MAOC	Replacement Hospital
Inpatient [a]	0	NA	7,855	0	27,152
Diagnostic/Treatment [b]	2,085	NA	9,022	5,575	9,271
Ambulatory [c]	0	NA	775	1,188	6,679
Public/Admin [d]	7,369	NA	308	5,678	2,511
Hospital Support [e]	5,093	NA	6,664	9,404	6,786 [e]
Building Support [f]	1,095	NA	2,008 [g]	4,062	4,409 [h]
Circulation [i]	14,151	NA	16,736	17,461	44,737
Parking	0	15,000	0	0 [j]	0 [j]
Total by Building	**29,793**	**15,000**	**43,368** [k]	**43,368** [k]	**101,545** [l]
Total Main Project Site, Existing	1924 MAB + 1979 Chinese Hospital = **73, 161** 1924 MAB + 1979 Chinese Hospital + Chinese Hospital Parking Garage = **88,161**				
Total Main Project Site, Proposed				**144,913** (MAOC plus Replacement Hospital)	

Notes:
All floor area numbers are approximate.
NA – Not Applicable
[a] Inpatient includes Acute Care, ICU, and Skilled Nursing beds.
[b] Diagnostic and Treatment includes Radiology, Surgery, and Satellite Lab.
[c] Ambulatory includes Cardiopulmonary Unit, East West Medicine, Specialty Clinic, and Urgent Medical Services.
[d] Public / Admin includes Meeting and Conference Rooms, Meditation / Wellness, and Lobby, Reception, and Office.
[e] Hospital Support includes Central Sterile, Disaster Storage, Housekeeping, Information Technology, Materials Management, Gas (Oxygen, Nitrogen, Nitrous Oxide), and Pharmacy.
[f] Building Support includes Building Mechanical Electrical and Plumbing Systems and bathrooms.
[g] There are no elevator penthouses or enclosed rooms on the rooftop of the 1979 Chinese Hospital building.
[h] Includes the rooftop elevator control room and the elevator lobby (approximately 819 gsf). The rooftop mechanical room would not be enclosed and would not be included in the proposed Replacement Hospital building's total gsf.
[i] Circulation includes all corridors, elevators, and stairs. The electrical and air supply chases in the proposed Replacement Hospital building are included in the Circulation total.
[j] There would be no off-street parking provided at the main project site. Project-related parking demand would be satisfied at existing parking garages within a 10-minute walk from Chinese Hospital as listed on p. II.36.
[k] Of this amount, 838 gsf of floor area would not be attributable to the calculation of the Floor Area Ratio (FAR). Thus, the total gross floor area for FAR calculation would be 42,530 gsf.
[l] Of this amount, 1,855 gsf of floor area would not be attributable to the calculation of the FAR. Thus, the total gross floor area for FAR calculation would be 99,660 gsf.

Source: Chinese Hospital Association, April 2011.

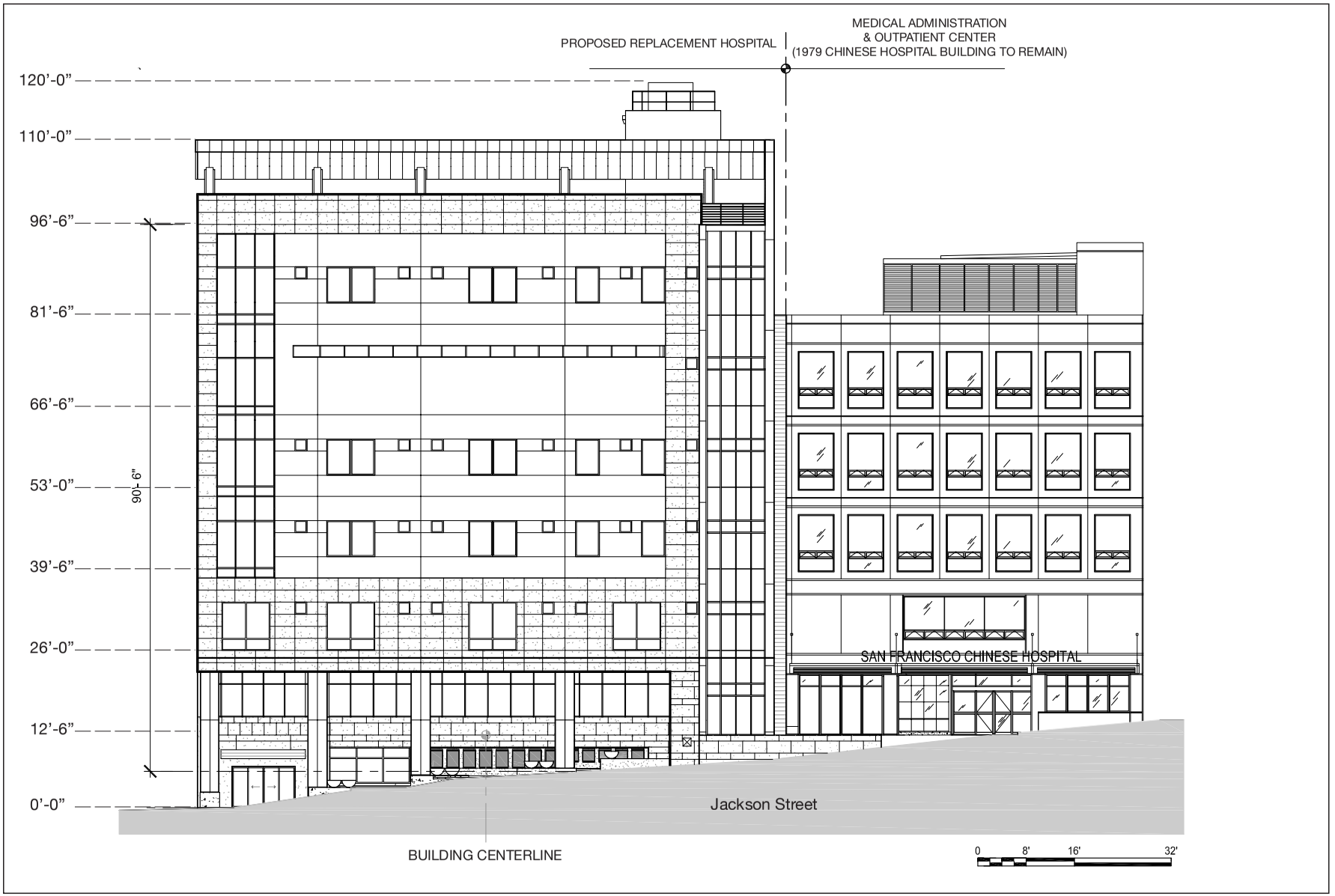
Proposed Replacement Hospital Design

The proposed 101,545-gsf Replacement Hospital would be seven stories tall, plus a full basement level. The Replacement Hospital would be approximately 90.5 feet tall as measured from the center of the building's Jackson Street frontage, with an additional 30-foot-tall mechanical penthouse above the roof level. The basement level would be approximately 15 feet in height. The Replacement Hospital would be set back 17 feet from the property line along Jackson Street at the ground and first floors to provide open space, but not at the upper floors. The entire building would be set back 5 feet from the east property line along James Alley and 5 feet from the south property line. On its west side, the Replacement Hospital would abut the MAOC.

The Replacement Hospital would have an approximately 96-foot-wide street frontage (not typical of buildings in Chinatown), broken up by a new, approximately 890-sq.-ft. landscaped seating area at the ground-floor setback along the Jackson Street frontage (see Figure II.3: Jackson Street – North Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center)). This landscaped seating area would be divided into three terraced setback spaces due to the east-west slope along the Jackson Street frontage (see Figure II.7, p. II.21, for the location of these spaces), and it would be differentiated at every 30-foot interval along Jackson Street by a structural column and associated landscaping such as ornamental flowers and bushes in planters. This 890-sq.-ft. landscaped seating area would be approximately 1,125 sq. ft. less than the proposed project's open space requirement of approximately 2,015 sq. ft., and the project sponsor would satisfy the open space requirement either by possibly providing open space located in James Alley and/or through an exemption from the requirements contained in the SUD, and/or through other means. For more information, please see the discussion of required open space in Chapter III, Plans and Policies, on p. III.10.

The façade of the proposed Replacement Hospital would be composed of various materials, including stone tile, precast concrete panels, aluminum panels and frames, and glass curtain walls to differentiate its exterior, and to incorporate the horizontal design features of the 1979 Chinese Hospital (proposed to be the renovated MAOC) into the new hospital building's design. Interior circulation between the new Replacement Hospital and the renovated MAOC would be provided at every floor, except the basement level and the sixth floor of the proposed Replacement Hospital building (see Table II.3: Building Connections Between the Proposed Replacement Hospital and the Medical Administration and Outpatient Center, on p. II.16, and Figures II.6 through II.13, on pp. II.20-II.22 and II.25-II.31, which show that the west portion of each floor would be dedicated to elevators, interior circulation, and stairwells).

The proposed Replacement Hospital's east façade, punctuated by three access doors, would create a continuous street wall along the west side of James Alley (see Figure II.4: James Alley – East Elevation (Proposed Replacement Hospital), on p. II.17).



SOURCE: Jacobs Global Buildings

FIGURE II.3: JACKSON STREET – NORTH ELEVATION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

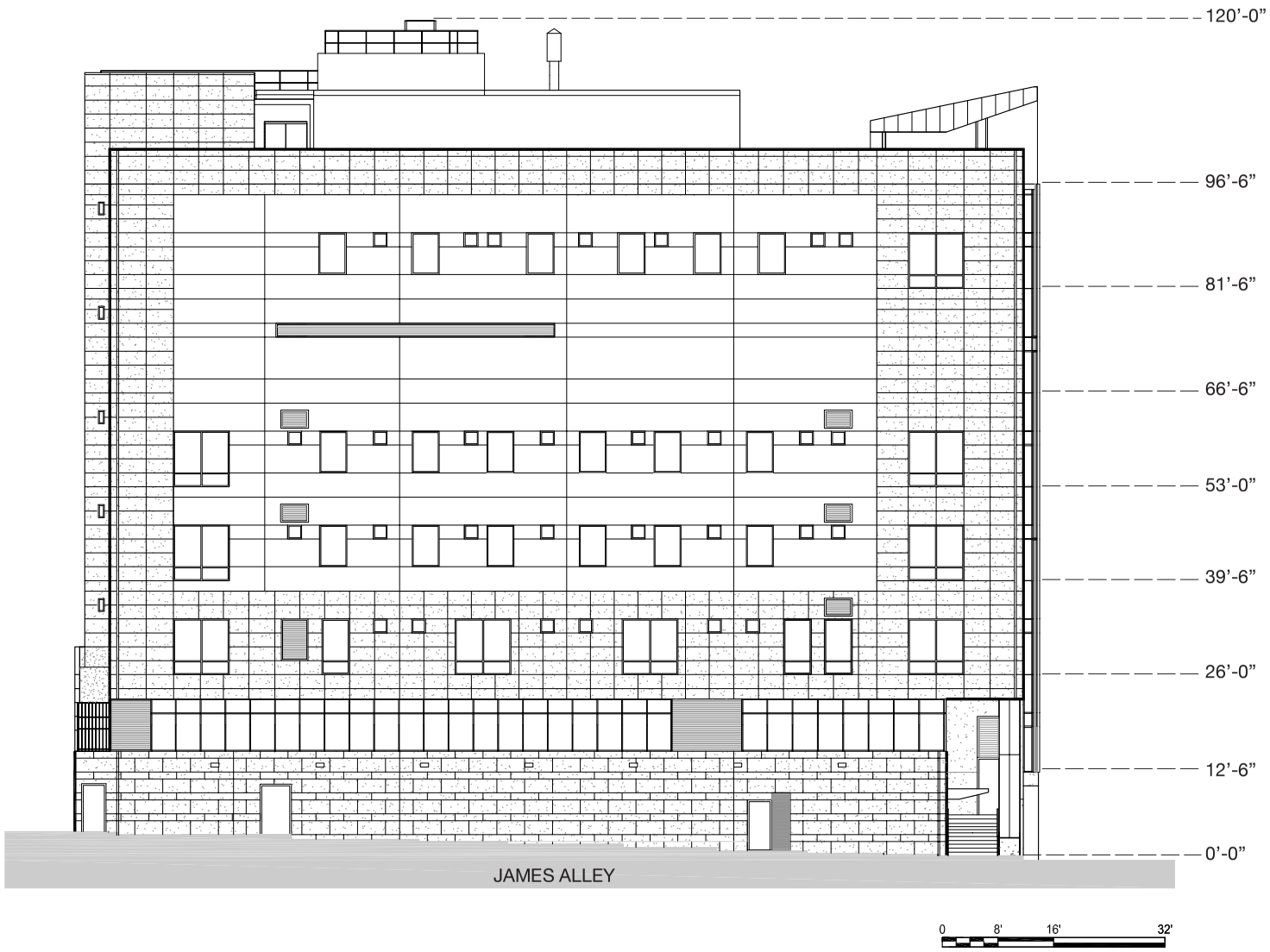
Table II.3: Building Connections Between the Proposed Replacement Hospital and the Medical Administration and Outpatient Center

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

Source: Chinese Hospital Association, 2011.

Proposed Replacement Hospital Floor Layout

The proposed Replacement Hospital building would include space for inpatient services, diagnostic and treatment services, ambulatory services, public and administrative services, hospital support, and building support (see Table II.4: Proposed Replacement Hospital Services by Floor, on p. II.18, and Figure II.5: Jackson Street Cross Section (Proposed Replacement Hospital and Medical Administration and Outpatient Center), on p. II.19). The approximately 12,747-gsf basement level of the proposed Replacement Hospital building would include approximately 3,931 gsf of diagnostic and treatment space for nuclear medicine, radiology/fluoroscopy, CT scan, ultrasound, and magnetic resonance imaging (MRI) services; approximately 1,526 gsf for building support functions; approximately 1,867 gsf for hospital support functions such as materials management, janitorial functions, and staff break rooms; and approximately 5,423 gsf for circulation (see Figure II.6: Basement Level Plan - Proposed Replacement Hospital, on p. II.20).



SOURCE: Jacobs Global Buildings

FIGURE II.4: JAMES ALLEY – EAST ELEVATION (PROPOSED REPLACEMENT HOSPITAL)

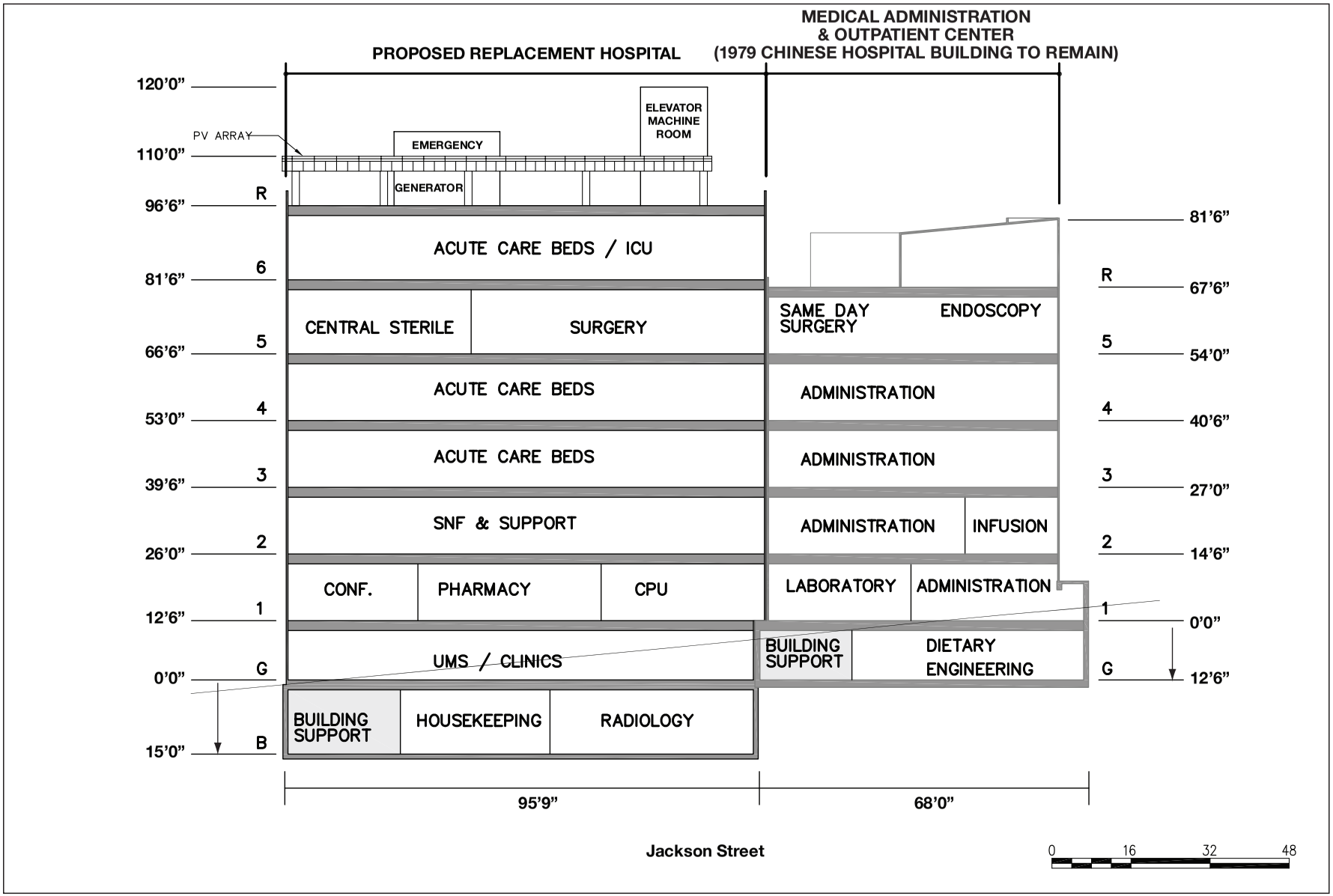
Table II.4: Proposed Replacement Hospital Services by Floor (gsf)

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

Notes:
[a] Inpatient includes Acute Care, ICU, and Skilled Nursing.
[b] Diagnostic and Treatment includes Radiology, Surgery, and Satellite Lab.
[c] Ambulatory includes Cardiopulmonary Unit, East West Medicine, Specialty Clinic, and Urgent Medical Service.
[d] Public / Admin includes Meeting and Conference Rooms, Meditation / Wellness, and Lobby, Reception, and Office.
[e] Hospital Support includes Central Sterile, Disaster Storage, Housekeeping, Information Technology, Materials Management, Gas (Oxygen, Nitrogen, Nitrous Oxide), and Pharmacy.
[f] Building Support includes Building Mechanical Electrical and Plumbing Systems and bathrooms.
[g] Circulation includes all corridors, elevators, and stairs, as well as the electrical and air supply chases.
[h] Of this amount, 1,855 gsf of floor area would not be attributable to the calculation of FAR. Thus, the total gross floor area for FAR calculation would be 99,660 gsf.

Source: Chinese Hospital Association, March 2011.

The approximately 11,597-gsf ground floor of the proposed Replacement Hospital building would include approximately 4,350 gsf of ambulatory and outpatient services space, 688 gsf of public/administration space, 520 gsf of building support space, and 6,039 gsf of circulation space. The ground floor would include the entry lobby and waiting area; outpatient services including a specialty clinic, urgent medical services, and an East-West medicine department; hospital support areas such as staff locker rooms with showers; and building support functions such as the gas meter, fire control center, and oxygen supply room. Two maintenance doors along James Alley would provide access to the ground-floor spaces that would accommodate the gas meter and the oxygen supply room (see Figure II.7: Ground Floor Plan (Proposed Replacement Hospital and Medical Administration and Outpatient Center), on p. II.21). Approximately 2,329 gsf of



SOURCE: Jacobs Global Buildings

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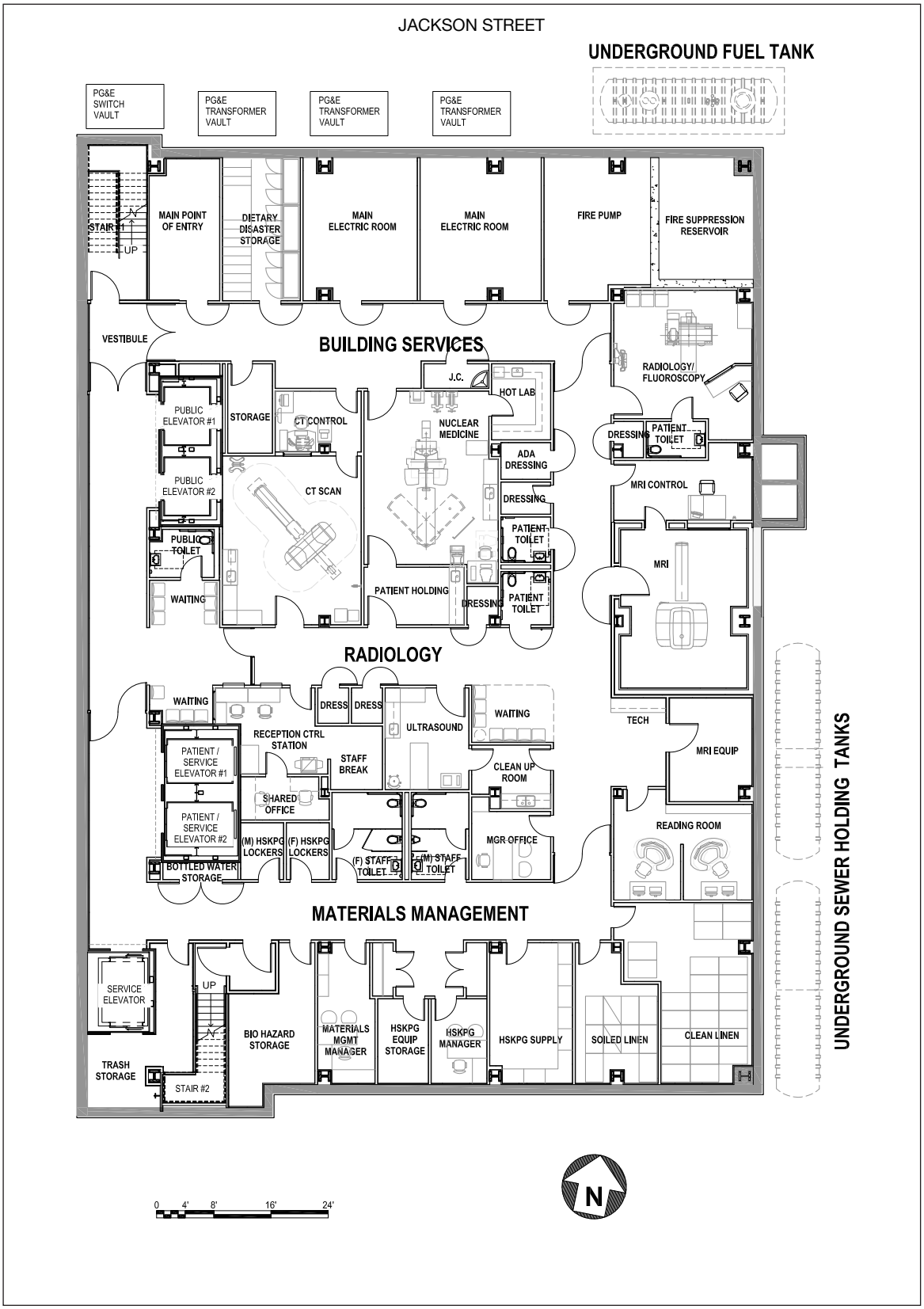
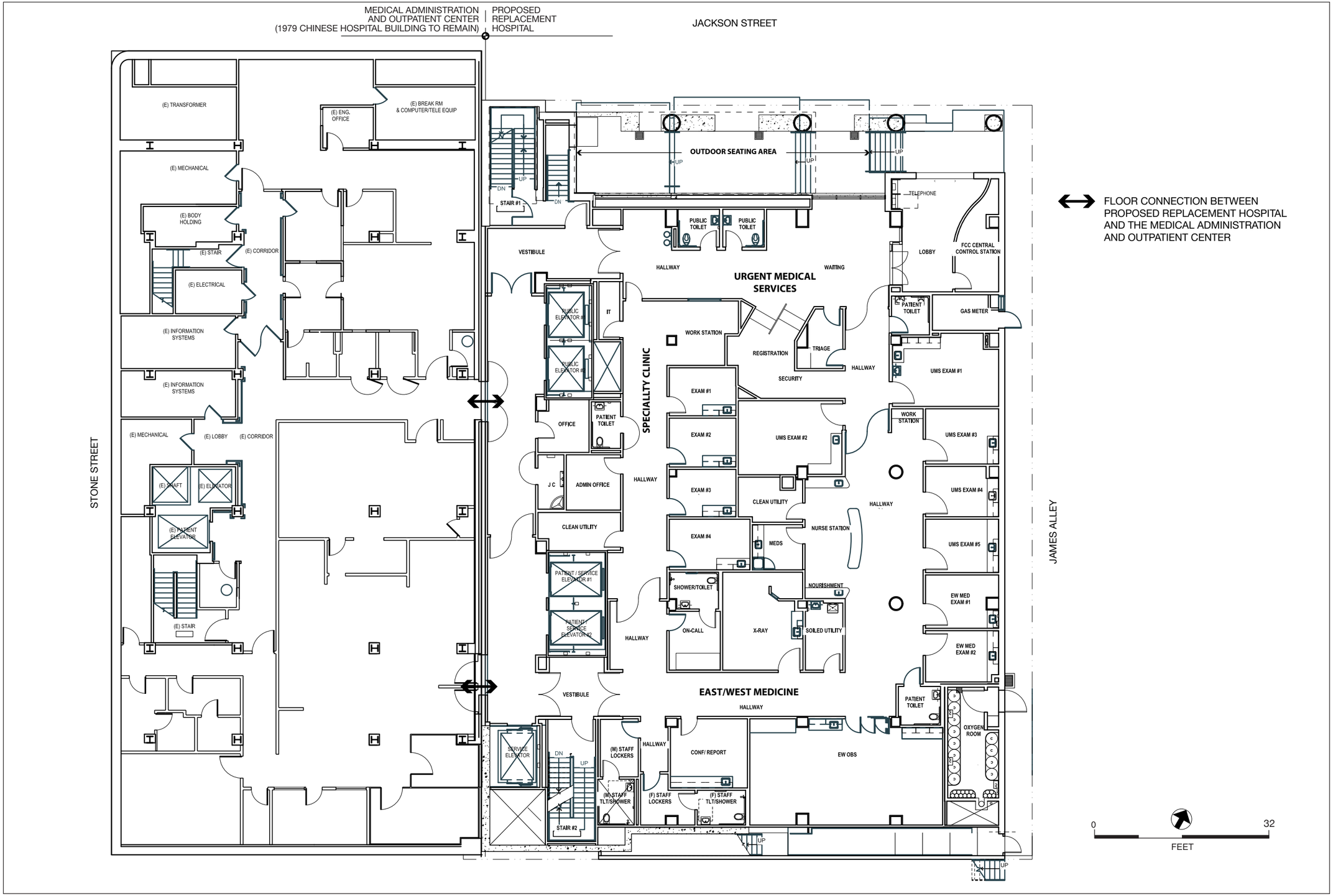
FIGURE II.5: JACKSON STREET CROSS SECTION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)



SOURCE: Jacobs Global Buildings

FIGURE II.6: BASEMENT LEVEL PLAN - PROPOSED REPLACEMENT HOSPITAL



↔ FLOOR CONNECTION BETWEEN PROPOSED REPLACEMENT HOSPITAL AND THE MEDICAL ADMINISTRATION AND OUTPATIENT CENTER

SOURCE: Perkins Eastman Architects, Jacobs Global Buildings

FIGURE II.7: GROUND FLOOR PLAN (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

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ambulatory space (for the cardiopulmonary unit, meeting rooms, and the pharmacy), 1,388 gsf of space for public/administration, 2,027 gsf for hospital support, 153 gsf for building support, and 6,335 gsf for circulation would be located on the 12,232-gsf first floor (see Figure II.8: First Floor Plan - Proposed Replacement Hospital, on p. II.25). The 22-bed skilled nursing facility, information technology support, and building support functions would occupy of space on the second floor (see Figure II.9: Second Floor Plan - Proposed Replacement Hospital, on p. II.27). The approximately 12,872-gsf second floor would include approximately 6,398 gsf of inpatient space, 550 gsf of hospital support space, 186 gsf of building support space, and 5,738 gsf of circulation space.

The approximately 12,872-gsf third floor would have 18 acute-care beds and building support functions and would include approximately 7,079 gsf of inpatient space, 257 gsf of building support space, and 5,536 gsf of circulation space (see Figure II.10: Third Floor Plan - Proposed Replacement Hospital, p. II.28). The approximately 12,872-gsf fourth floor would have 18 acute-care beds and would include approximately 6,996 gsf of inpatient space, 186 gsf of public/administration space, 357 gsf of building support space, and 5,333 gsf of circulation space (Figure II.11: Fourth Floor Plan - Proposed Replacement Hospital, p. II.29). The approximately 12,872-gsf fifth floor would include approximately 5,340 gsf of diagnostic/treatment space, 2,342 gsf of hospital support space, 223 gsf of building support space, and 4,967 gsf of circulation space. The fifth floor would have three operating rooms as part of the surgical suite, with space reserved for a fourth operating room; the post-anesthesia care unit; a satellite lab; and space for central sterile supply and processing (see Figure II.12: Fifth Floor Plan - Proposed Replacement Hospital, p. II.30). The approximately 12,662-gsf sixth floor would include 12 acute-care beds and 6 intensive care beds, and would include approximately 6,679 gsf of inpatient space, 249 gsf of public/administration space, 368 gsf of building support space, and 5,366 gsf of circulation space (see Figure II.13: Sixth Floor Plan - Proposed Replacement Hospital, p. II.31).

The penthouse roof level would include approximately 819 gsf of building support functions, such as an elevator control room and elevator service lobby. There would also be an approximately 18-foot-by-96-foot support structure to accommodate a proposed solar photovoltaic system on the north side of the rooftop; heating, ventilation, and air conditioning (HVAC) equipment in screened-off areas; and a mechanical service perimeter walkway. The emergency generator would be located at this level near the northeast corner and would be housed within a rated sound enclosure, and two water tanks would be located at the southeast corner (see Figure II.14: Penthouse Roof Plan - Proposed Replacement Hospital, p. II.32).

Proposed Rehabilitation of the 1979 Chinese Hospital

The 1979 Chinese Hospital building would continue to operate as a hospital while the Replacement Hospital is under construction, estimated to be from fall 2012 to late winter 2015/early 2016. Once the proposed Replacement Hospital is fully operational, the 1979 Chinese Hospital building would be remodeled to serve as the MAOC, providing diagnostic and treatment services, dietetic services, clinic services, ambulatory services, public and administrative services, hospital support, and building support (see Table II.5: Proposed Services by Floor – Proposed Medical Administration and Outpatient Center). Under Code Application Notice 2-34, OSHPD allows for certain additions, alterations or repairs to a hospital building without requiring the existing building or structure to comply with all the new requirements of the California Building Code, provided the addition, alteration, or repair conforms to the requirements for a new building or structure.[9]

Table II.5: Proposed Services by Floor – Proposed Medical Administration and Outpatient Center (gsf)

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

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

Source: Chinese Hospital Association, March 2011.

[9] Title 24, 2001 California Building Code Section 3403.2.

SOURCE: Perkins Eastman Architects, Jacobs Global Buildings

FIGURE II.8: FIRST FLOOR PLAN (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)

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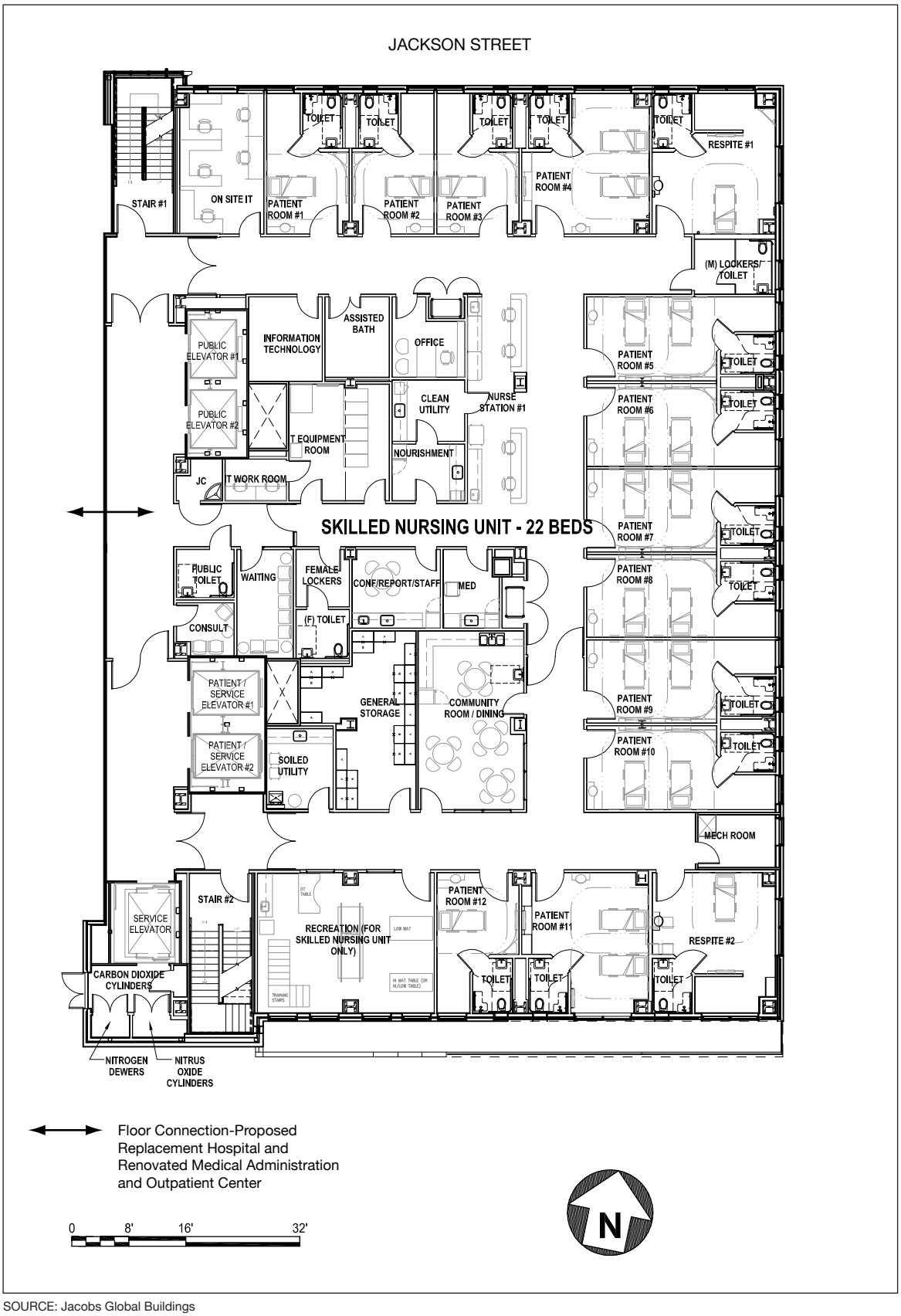

SOURCE: Jacobs Global Buildings

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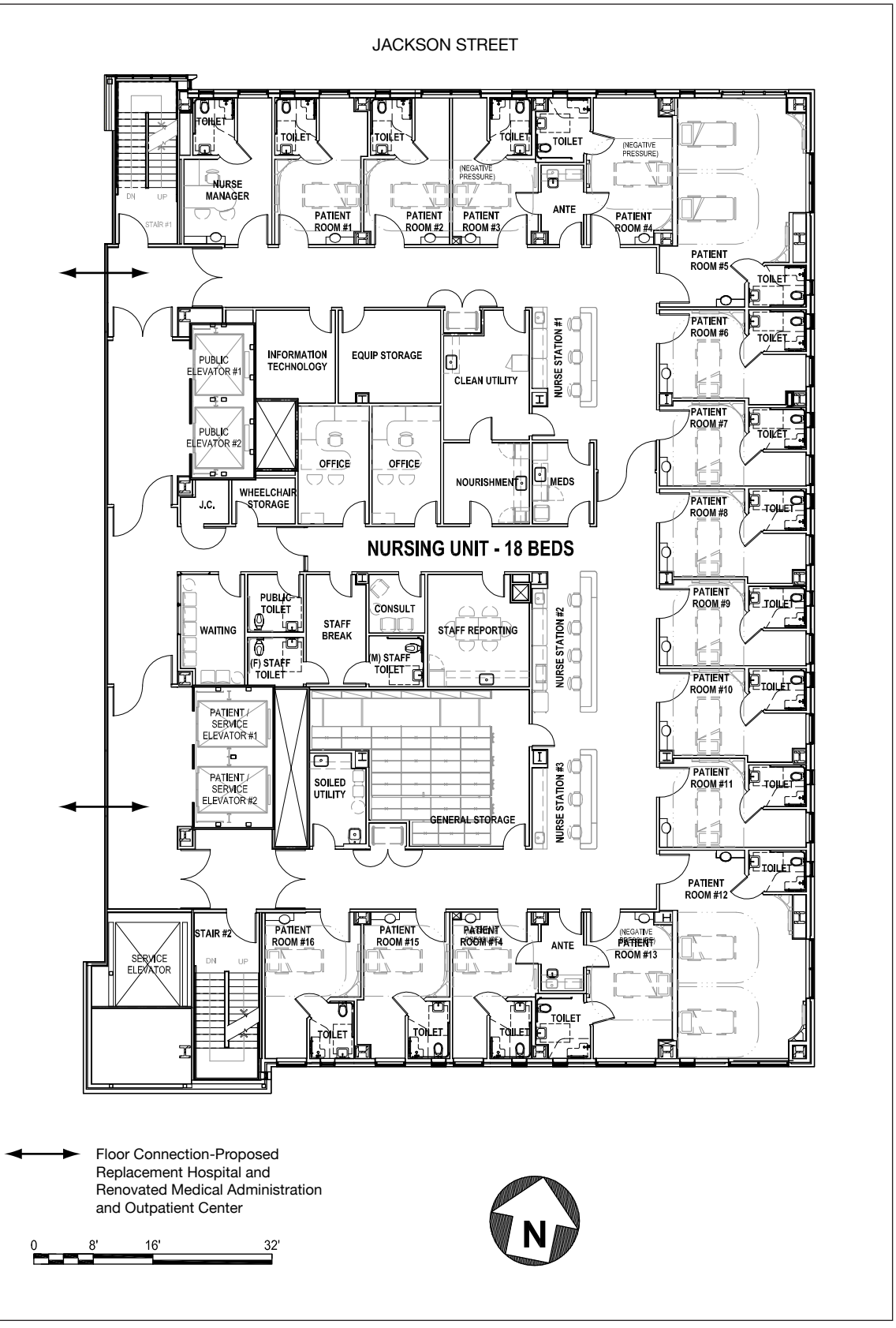
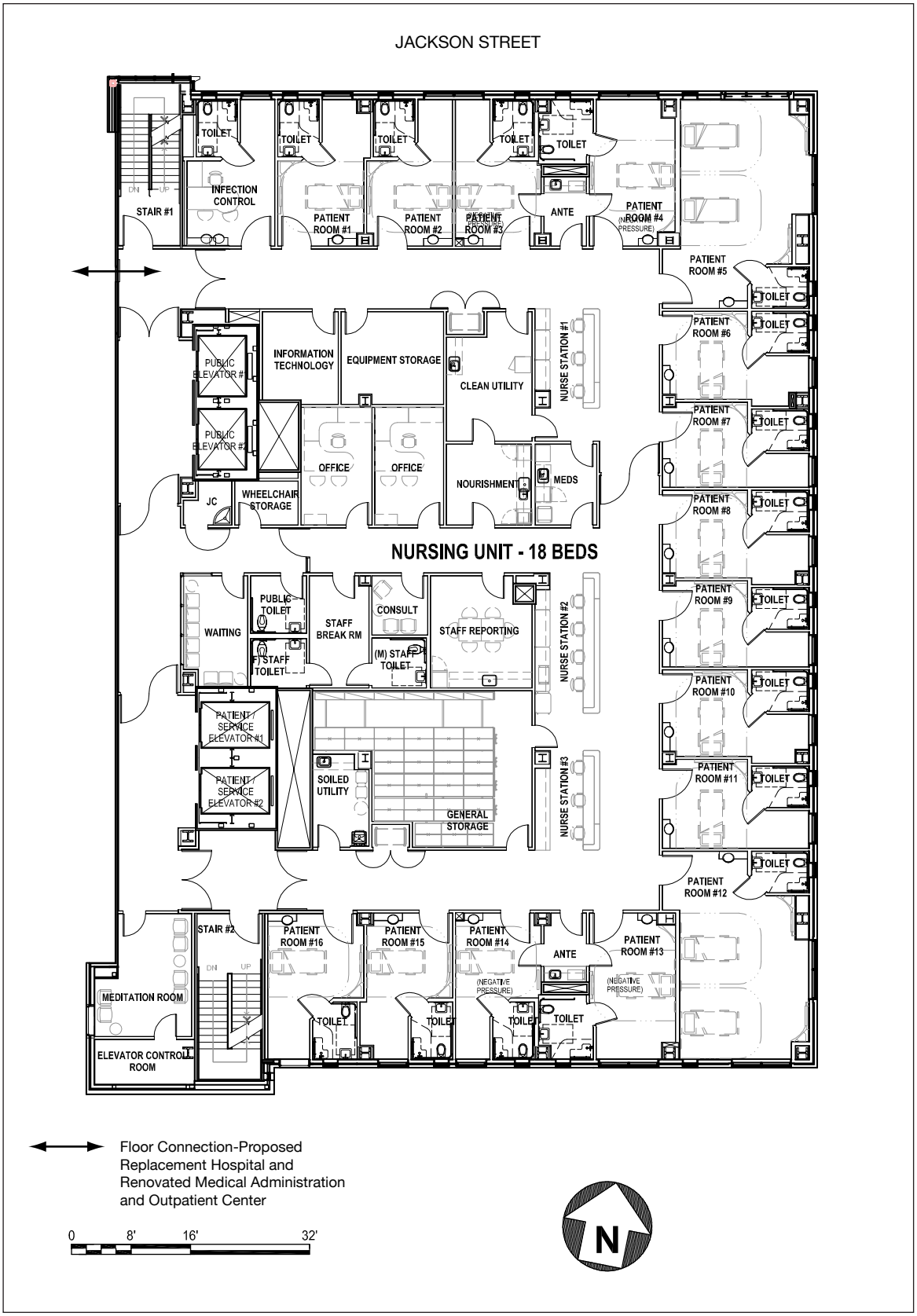
FIGURE II.9: SECOND FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

FIGURE II.10: THIRD FLOOR PLAN – PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

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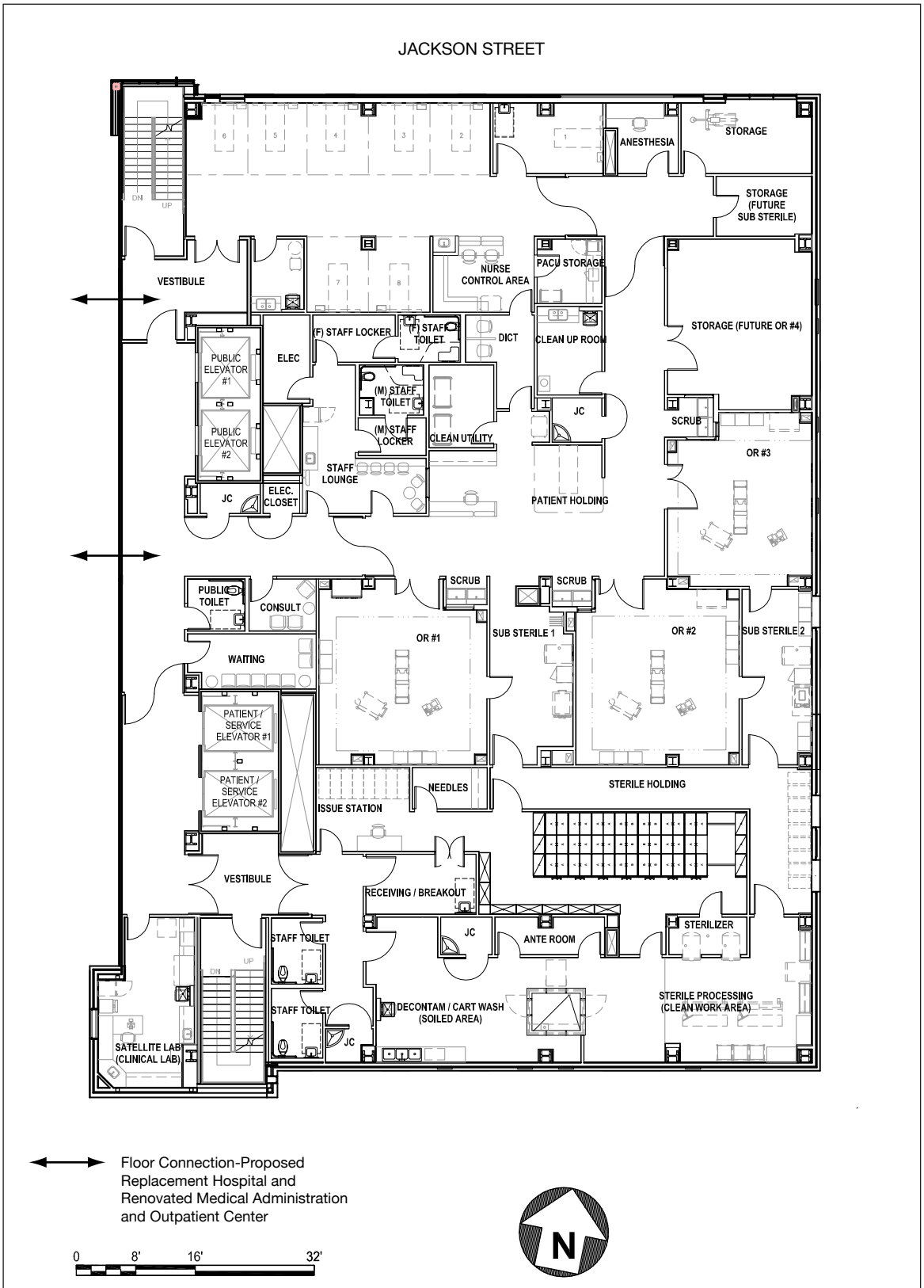
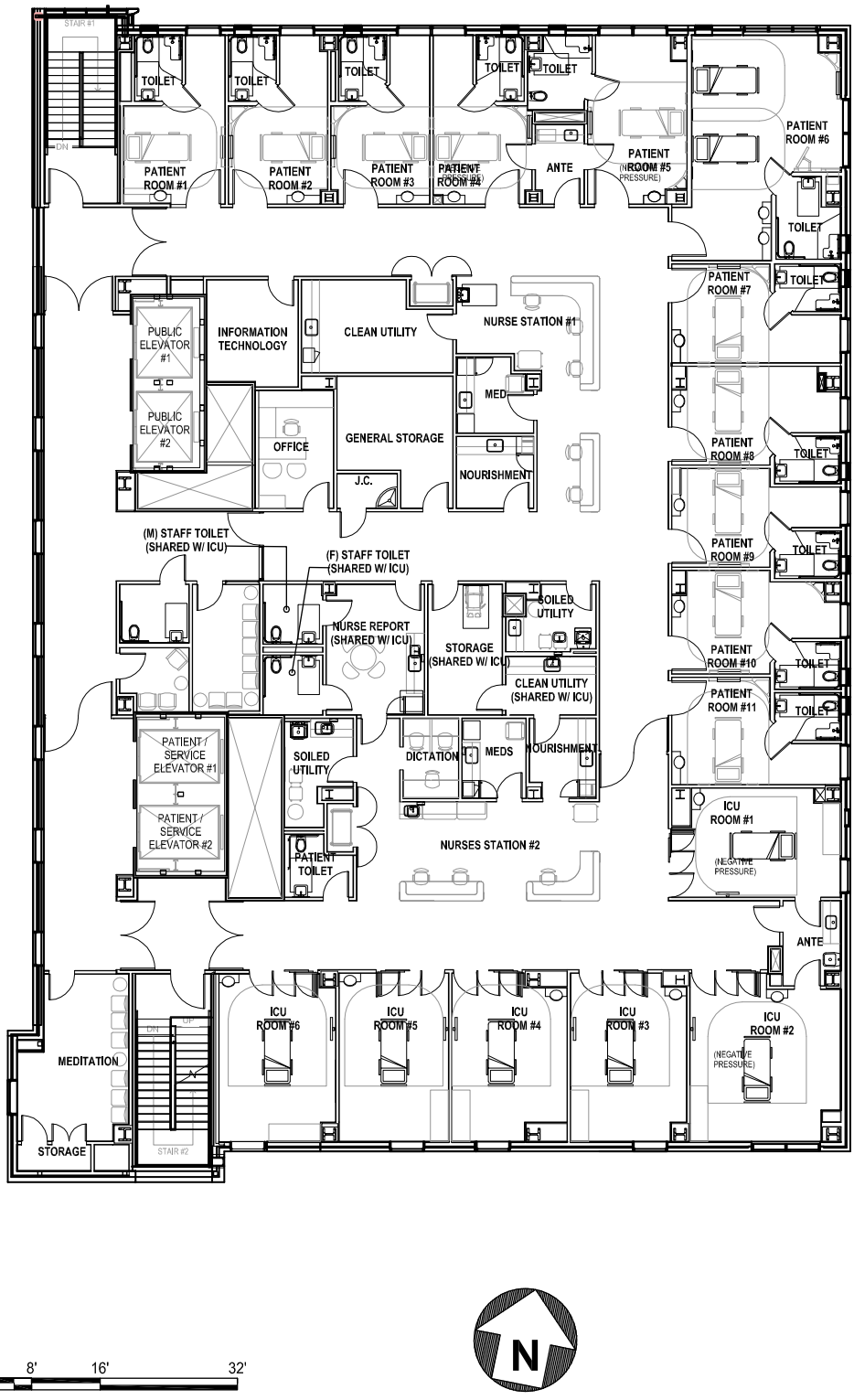
FIGURE II.11: FOURTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



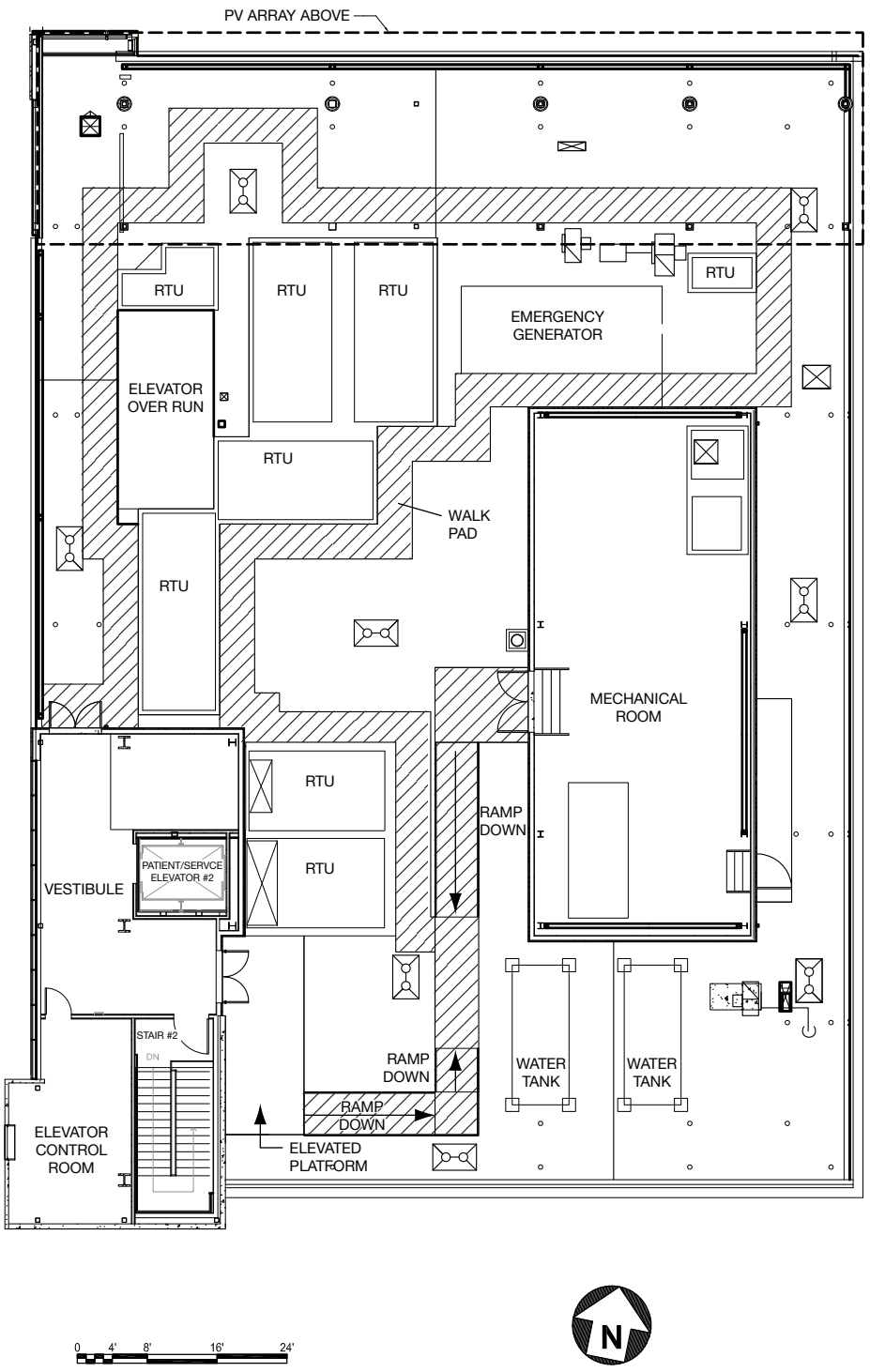
SOURCE: Jacobs Global Buildings

FIGURE 12: FIFTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

FIGURE II.13: SIXTH FLOOR PLAN - PROPOSED REPLACEMENT HOSPITAL



SOURCE: Jacobs Global Buildings

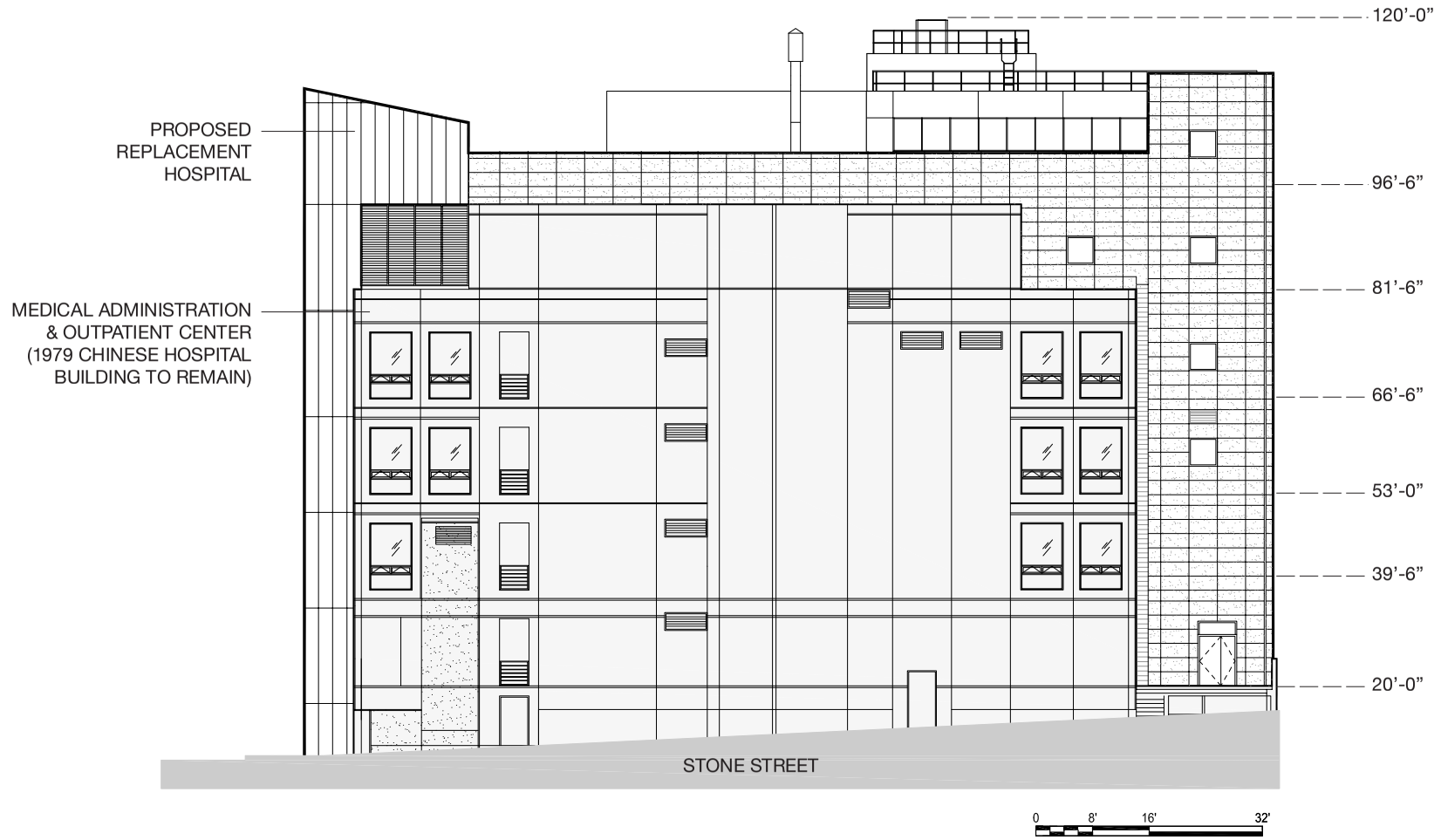
FIGURE II.14: PENTHOUSE ROOF PLAN - PROPOSED REPLACEMENT HOSPITAL

MAOC Design

The majority of renovation work at the MAOC would be limited to the interior and would consist of floor remodels to accommodate changes in space and use allocations and to meet current handicap accessibility requirements. The MAOC's exterior would not change, except where the proposed Replacement Hospital building and the renovated MAOC would abut each other. The existing pedestrian bridge at the second floor that connects the existing 1979 Chinese Hospital building to the MAB would be removed and the proposed Replacement Hospital building and the renovated MAOC would be separated by a seismic joint (see Figure II.15: Stone Street – West Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center) and Figure II.16: South Elevation (Proposed Replacement Hospital and Medical Administration and Outpatient Center), on p. II.34 and p. II.35, respectively). Most of the existing 1979 Chinese Hospital building's concrete east wall would be retained; however, because it is adjacent to the proposed Replacement Hospital building, the project sponsor's construction team would have to remove the existing windows and construct fire-rated wall infill/corridors in their place to provide circulation and connections between the two buildings, pursuant to life and fire safety code requirements for hospital buildings in the California Building Code.

MAOC Floor Layout

After renovation, the ground floor (approximately 9,798 gsf) of the renovated MAOC would retain building engineering, expanded dietary services, and hospital support activities that were previously part of the 1979 Chinese Hospital. The ground floor would have 3,350 gsf of hospital support space, 2,971 gsf of building support space, and 3,477 gsf of circulation space. As with the 1979 Chinese Hospital, the MAOC would have the main lobby, security, admitting, the library, and the laboratory on the first floor (approximately 7,519 gsf). The first floor would have 1,730 gsf of diagnostic/treatment space, 951 gsf of public/administration space, 796 gsf of hospital support space, 292 gsf of building support space, and 3,750 gsf of circulation space. Hospital administrative offices and an infusion clinic would be the primary uses on the second floor of the MAOC (approximately 6,437 gsf); these functions would occupy space that is currently used in the 1979 Chinese Hospital for imaging (radiology, CT scan, treatment center). The second floor would have 1,188 gsf of ambulatory space, 2,328 gsf of public/administration space, 205 gsf of building support space, and 2,716 gsf of circulation space. On the third floor (approximately 6,538 gsf) and fourth floor (approximately 6,538 gsf), space currently used for patient rooms would be occupied by hospital administrative office uses. The third floor would have 2,163 gsf of public/administration space, 1,634 gsf of hospital support space, 172 gsf of building support space, and 2,569 gsf of circulation space. The fourth floor would have 236 gsf of public/administration space, 3,624 gsf of hospital support space, 300 gsf of building support space, and 2,378 gsf of circulation space. The existing surgery facilities on the fifth floor (approximately 6,538 gsf) would remain as they are currently, and would be used for a same-day



SOURCE: Jacobs Global Buildings

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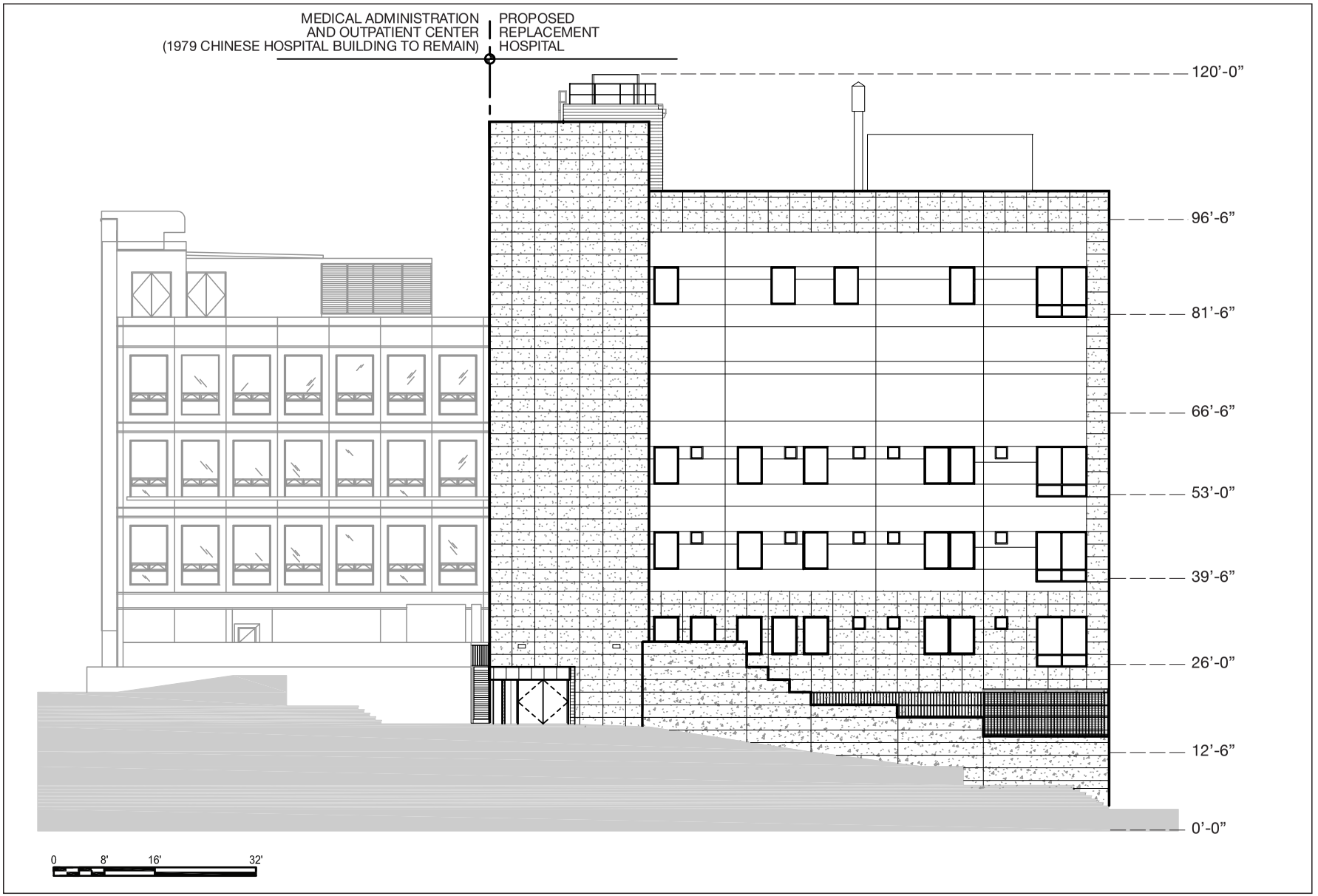
FIGURE II.15: STONE STREET – WEST ELEVATION (PROPOSED REPLACEMENT HOSPITAL AND MEDICAL ADMINISTRATION AND OUTPATIENT CENTER)



SOURCE: Jacobs Global Buildings

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

surgery and an endoscopy clinic under the proposed project. The fifth floor would have 3,845 gsf of diagnostic/treatment space, 122 gsf of building support space, and 2,571 gsf of circulation space. The remodel would increase the amount of work space per employee and would include facility upgrades to meet the Americans with Disabilities Act (ADA) and current healthcare practices.

PROPOSED AMENDMENTS TO CURRENT ZONING REGULATIONS

Development of the proposed project would not be in conformance with certain zoning controls applicable to the main project site at 835-845 Jackson Street, such as the maximum height and bulk limits (Planning Code Sections 254 and 270), and limits on hours of operation (Planning Code Section 890.48). As part of the proposed project, the project sponsor plans to introduce legislative land use amendments to change certain zoning controls applicable to the proposed project as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Chinese Hospital Special Use District (SUD) for the main project site at 835-845 Jackson Street and amending the Zoning Maps and certain aspects of the *Chinatown Area Plan* of the *General Plan*.

The legislative land use amendments would, among other things, include amendments to the *Chinatown Area Plan* Generalized Height Plan (Map 1) and to the Planning Code Height and Bulk District Map (Sheet HT01) and Special Use District Map (Sheet SU01) to provide an overlay for the main project site on APN 192/41.

SITE ACCESS, PARKING, AND LOADING

Under the proposed project, vehicular access to the main project site on Jackson Street would change with off-street parking for physicians, staff, patients, and visitors accommodated at public parking garages within walking distance of the main project site. This is because the Chinese Hospital Parking Garage, which currently provides off-street parking for physicians, staff, patients, and visitors, would be demolished, along with the 1924 MAB, to provide space for the construction of the proposed Replacement Hospital. Chinese Hospital physicians, staff, patients, and visitors would park their vehicles at the public parking garages in Chinatown and North Beach, such as the Powell Street Parking Garage at 1140 Powell Street, Portsmouth Square Garage at 733 Kearny Street, the Chinatown Parking Garage at 728 Pacific Avenue, and the Royal Pacific Inn at 661 Broadway, all less than a 10-minute walk from Chinese Hospital (see Table IV.D.6: Existing Off-Street Parking Supply and Occupancy Conditions, on p. IV.E.21 in Section IV.D, Transportation and Circulation). (The EIR analyzes a project variant related to the proposed provision of off-street parking for the exclusive use of Chinese Hospital. See the discussion presented later in this chapter in "Off-Street Parking Variant," on pp. II.42-II.45.) Pursuant to Planning Code Section 161 (c), Chinese Hospital is exempted from off-street parking

requirements due to its location in the CRNC District. This is "in recognition of the compact and congested nature of portions of Chinatown, the accessibility of this area by public transit, and programs for provision of public parking facilities on an organized basis at specific locations, no off-street parking shall be required for any use other than dwellings units where a requirement is specified, in Chinatown Visitor Retail, or Chinatown Residential Neighborhood Commercial Districts."

Under Planning Code Section 155.4(d)(3), developments over 50,000 sq. ft. are required to provide 12 bicycle parking spaces. The proposed project would provide 12 bicycle parking spaces along James Alley.

Ambulance access to the main project site would remain the same as under existing conditions, i.e., on-street loading would be provided along a proposed 153-foot-long white zone (previously a 58-foot-long white zone in front of the 1979 Chinese Hospital and a 60-foot-long white zone in front of the 1924 MAB) on the south side of Jackson Street and would be shared with truck and passenger loading. Ambulance access would also continue to be provided at the expanded off-street loading space at the southwest corner of the renovated MAOC (the 1979 Chinese Hospital at 845 Jackson Street), accessed via Stone Street.

Transit access to the main project site would remain the same as under existing conditions, with Stockton Street continuing to function as the primary transit corridor.

Loading operations at the main project site would remain the same as under existing conditions, with on-street passenger and truck loading provided at a white zone along the south side of Jackson Street and off-street truck loading provided at the expanded off-street loading space at the southwest corner of the renovated MAOC, accessed via Stone Street. On-street truck and passenger loading space would continue to be shared under the proposed project at the expanded white zone (approximately 153 feet long) in front of the proposed Replacement Hospital and the MAOC. Ambulance operations would continue to share the white zone.

Pedestrians would access the proposed Replacement Hospital from Jackson Street. The primary entrance for the Replacement Hospital would be located at the building's northeast corner. The entrance to the 1979 Chinese Hospital would remain at the center of the building, and would serve as the entrance to the renovated MAOC and as a secondary entrance to the proposed Replacement Hospital via a ground floor connection between the two buildings.

LANDSCAPING AND OPEN SPACE

With the proposed Replacement Hospital, the property line along Jackson Street would be defined by a three-column colonnade and a row of flowering plants and bushes in a series of five concrete planter boxes. There would be an approximately 890-sq.-ft. landscaped seating area, open to the

public, west of the proposed Replacement Hospital's primary entrance. This seating area would take the form of three terraced setbacks defined by the colonnade along the property line (see Figures II.3 and II.7 on p. II.15 and p. II.21, respectively). Columns and associated landscaping would be spaced at approximately 30-foot intervals. The landscaped seating area would have separate access points from the Jackson Street sidewalk. No street trees would be removed as part of the proposed project, because there are none on or adjacent to the main project site.

In order to meet the open space requirements for non-residential uses in Chinatown, as defined in Planning Code Section 135.1, the proposed project would have to provide approximately 2,015 sq. ft. of open space (1 sq. ft. for every 50 sq. ft. of gross floor area of the proposed 101,545-gsf Replacement Hospital). The landscaped seating area along Jackson Street, described above, would provide about 890 square feet of open space. This open space would be approximately 1,125 sq. ft. less than the project's open space requirement of approximately 2,015 sq. ft., and the project sponsor would satisfy the open space requirement either by possibly providing open space located in James Alley and/or through an exemption from the requirements contained in the SUD, and/or through other means. For more information, please see the discussion of required open space and how the project sponsor is considering satisfying this requirement in Chapter III, Plans and Policies, on p. III.10.

The proposed project would cover the main project site with impervious surfaces (buildings and paving), similar to existing conditions. Project landscaping, as described above, would be minimal, with trees and other plantings limited to concrete planters in the ground and first floor setback along Jackson Street. Due to the presence of vaults under the adjacent Jackson Street sidewalk and the James Alley right-of-way, new street trees are not proposed, and the stormwater management control benefits of potted trees and other landscaping plants would be limited. Since the proposed project is located in a combined stormwater-sewer area of the City and would disturb an area over 5,000 sq. ft., the project sponsor must comply with the Stormwater Management Ordinance (Ordinance No. 83-10) and would be required to manage stormwater on site.[10] Per the requirements of the Stormwater Design Guidelines,[11] the proposed project must achieve LEED® Sustainable Sites c6.1, "Stormwater Design: Quantity Control" through implementation of a stormwater management plan that reduces existing stormwater runoff flow rate and volume by 25 percent for a two-year 24-hour design storm. The project sponsor intends to comply with City regulations for stormwater management with the installation of a pervious (permeable) surface treatment on James Alley and the placement of a 1,000-gallon rainwater

[10] San Francisco Public Utilities Commission, *Stormwater Management Ordinance*, May 22, 2010. Available online at: http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/ordinances10/o0083-10.pdf. Accessed March 30, 2012.

[11] San Francisco Public Utilities Commission, *Stormwater Design Guidelines*, November 2009. Available online at: http://sfwater.org/index.aspx?page=446. Accessed March 30, 2012.

holding tank under James Alley (to be used for irrigation); however, the precise type, size, and routing of stormwater management controls have not yet been finalized.[12]

FOUNDATION AND EARTHWORK

The building foundation for the proposed Replacement Hospital would consist of a layered system with a 6-inch-thick topping slab over an 18-inch-thick gravel area that would, in turn, be over a 36-inch-thick mat slab without piles. The bottom of the mat slab would be at approximately Elevation 84.5 feet.[13] The bottom of the mat foundation, a defined area under the western edge of the 1924 MAB and the adjacent concrete driveway to the parking garage, would be at Elevation 78.5 feet, while two defined elevator pits at the southwestern corner of the proposed Replacement Hospital's foundation would be excavated to a depth of Elevation 81.5 feet. Thus, the maximum depth of the proposed excavation would be between 18 and 36 feet below grade, with the greatest depth of excavation beneath the western portion of the proposed Replacement Hospital footprint (see Figure II.5, p. II.19). Based on an excavation depth of 36 feet, the proposed project would generate approximately 14,400 cubic yards of soil that would be removed from the main project site, factoring in the on-site grade differential and the existing basement level of the 1924 MAB (approximately 10 feet below grade) with a finish floor at Elevation 103.0 feet. In addition, during site preparation for construction of the proposed Replacement Hospital, the adjacent 1979 Chinese Hospital (proposed to be renovated to become the MAOC) would be underpinned with slant piles or underpinning piers.

RELOCATION OF 1924 MAB USES DURING AND AFTER CONSTRUCTION

Construction of the proposed project requires relocating existing uses at the 1924 MAB to the 1979 Chinese Hospital and other nearby buildings so that hospital-related services can continue uninterrupted throughout the project demolition and construction period. Some of these 1924 MAB uses would relocate to a permanent location, while others would relocate to transitional space and then move back to the main project site, as described below.

- Permanent Relocation of 1924 MAB Uses to the 1979 Chinese Hospital Building: A portion of the existing administrative and hospital support services in the 1924 MAB (approximately 3,300 gsf) would move permanently to the 1979 Chinese Hospital (the proposed MAOC) before the 1924 MAB is demolished.
- Permanent Relocation of 1924 MAB Uses to 827 Pacific Avenue: The basement level and a portion of the first floor (approximately 5,054 gsf) of the 827 Pacific Avenue

[12] KCA Engineers, Inc., *Chinese Hospital Preliminary Hydrology Calculations*, April 28, 2011. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[13] Elevations are referenced to San Francisco Datum.

building are undergoing renovation to be permanently used for Chinese Hospital's Radiology Center. For further discussion of 827 Pacific Avenue, see pp. II.41-II.42.

- Permanent Relocation of Engineering and Storage Space: The project sponsor would relocate 4,500 sq. ft. of engineering shop and storage space from the 1924 MAB to leased space close to the main project site in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods.
- Transitional Relocation of 1924 MAB Uses to 827 Pacific Avenue, then to the MAOC: Approximately 3,626 sq. ft. of outpatient services (an infusion clinic and support space) and administrative uses would move to the second floor and a portion of the first floor of the 827 Pacific Avenue building,[14] then to the MAOC once MAOC building renovation is completed. For further discussion of 827 Pacific Avenue, see pp. II.41-II.42.
- Transitional Relocation of 1924 MAB Uses to Nearby Buildings, then to the MAOC: Approximately 7,500 sq. ft. of healthcare-related administrative services in the 1924 MAB would move to transitional office space at 445 Grant Avenue and other office space in Chinatown or nearby, then to the MAOC when building renovation is completed.

CONSTRUCTION COST AND SCHEDULE

The project sponsor estimates that construction of the first phase of the proposed project would take approximately 36 months, including 6 months for demolition, excavation, and shoring activities. The second phase is anticipated to take approximately 12 months after completion of the proposed Replacement Hospital.

In order to keep Chinese Hospital operational during construction, the proposed project would be completed in two development phases over a four-year period between fall 2012 and winter 2016. Phase 1 would take approximately three years to complete and would include:

- Demolition of the 1924 MAB and the Chinese Hospital Parking Garage;
- Renovation of the basement level of the 1979 Chinese Hospital for dietetic services;
- Removal and infill of windows along east wall of 1979 Chinese Hospital and construction of fire-rate connecting corridors between the buildings;and
- Construction of the Replacement Hospital building.

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

- Relocation of patients to the completed Replacement Hospital; and
- conversion/remodeling of the vacated floors of the 1979 Chinese Hospital to serve its new use as a MAOC.

[14] After the transitional uses at the 827 Pacific Avenue building move to the MAOC on the main project site, the approximately 3,626 sq. ft. of space would be available for lease to future tenants. The building owner, the Chinese Community Health Care Association, currently has no definitive plans for this space after completion of the proposed project.

The total construction cost is estimated at less than $100 million. If approved, project construction is anticipated to start in fall 2012. For the Off-Street Parking Variant, described below, the construction schedule would be the same, with the addition of minor interior renovation of the Powell Street Garage undertaken during Phase 1 prior to and/or concurrent with the demolition of the 1924 MAB and the Chinese Hospital Parking Garage. For the Hospital Façade Design Variant, described below, the construction schedule would be the same as for the proposed project.

827 PACIFIC AVENUE, FORMER COMPONENT OF PROJECT IN NOP/IS

The 827 Pacific Avenue building was included as a component of the proposed Chinese Hospital Replacement Project in the Notice of Preparation/Initial Study (NOP/IS) for this project, published by the Planning Department on May 18, 2011 (Case No. 2008.0762E: Chinese Hospital Replacement Project); however, the Planning Department has determined that the uses proposed at 827 Pacific Avenue may appropriately be considered a separate project from the project analyzed in this EIR.

The building at 827 Pacific Avenue (APN 179/39) is approximately 8,680 gsf. It is approximately 34 feet tall and has two stories plus a basement level. Although this building was formerly occupied by a furniture retail use, it is currently vacant. The Chinese Community Health Care Association (CCHCA), the 827 Pacific Avenue building owner, obtained a building permit for a seismic upgrade of the existing building, interior demolition and renovations, and tenant improvements on August 8, 2011. The permit number is 201008309805. The project sponsor for the proposed Chinese Hospital Replacement Project (i.e., Chinese Hospital Association) has leased the 827 Pacific Avenue building to locate Chinese Hospital Radiology Center in this building's basement and first floors on a permanent basis, professional services at the first floor on a permanent basis, and an infusion clinic at the second floor on a temporary basis until November 30, 2016. This would constitute a change in land use for the 827 Pacific Avenue building from its former retail use to proposed medical service, professional service, and medical center uses. Medical and professional services at the basement and first floors of this building would be principally permitted uses. The Chinese Hospital Association, as an agent for CCHCA, will, however, seek Conditional Use authorization under Planning Code Section 812.1.80 in order to allow a medical center use (an infusion clinic) on the second floor of the renovated 827 Pacific Avenue building.

These above-noted changes at 827 Pacific Avenue were included as components of the proposed Chinese Hospital Replacement Project in the NOP/IS for the Chinese Hospital Replacement Project (Case No. 2008.0762E). As described there, the proposed Chinese Hospital Special Use District (SUD) legislation would have included the 827 Pacific Avenue property; however, the Planning Department has since determined that the proposed Planning Code amendments are

unnecessary to allow the proposed uses at 827 Pacific Avenue. Additionally, the Planning Department has determined that the proposed project at 827 Pacific Avenue is a separate project with independent utility from the proposed development of the Replacement Chinese Hospital building and the renovation of the existing 1979 Chinese Hospital building on the main project site at 835-845 Jackson Street. The proposed project at 827 Pacific Avenue does not rely on or prompt any of the construction or uses involved in the proposed Chinese Hospital Replacement Project. An application for a Categorical Exemption was submitted by Chinese Hospital Association as agent for CCHCA to the San Francisco Planning Department (Case No. 2012.0354: 827 Pacific Avenue). Therefore, the proposed use of the 827 Pacific Avenue building and the inclusion of APN 179/39 in the proposed SUD legislation have been eliminated as components of the proposed project analyzed in the *Chinese Hospital Replacement Project EIR*.

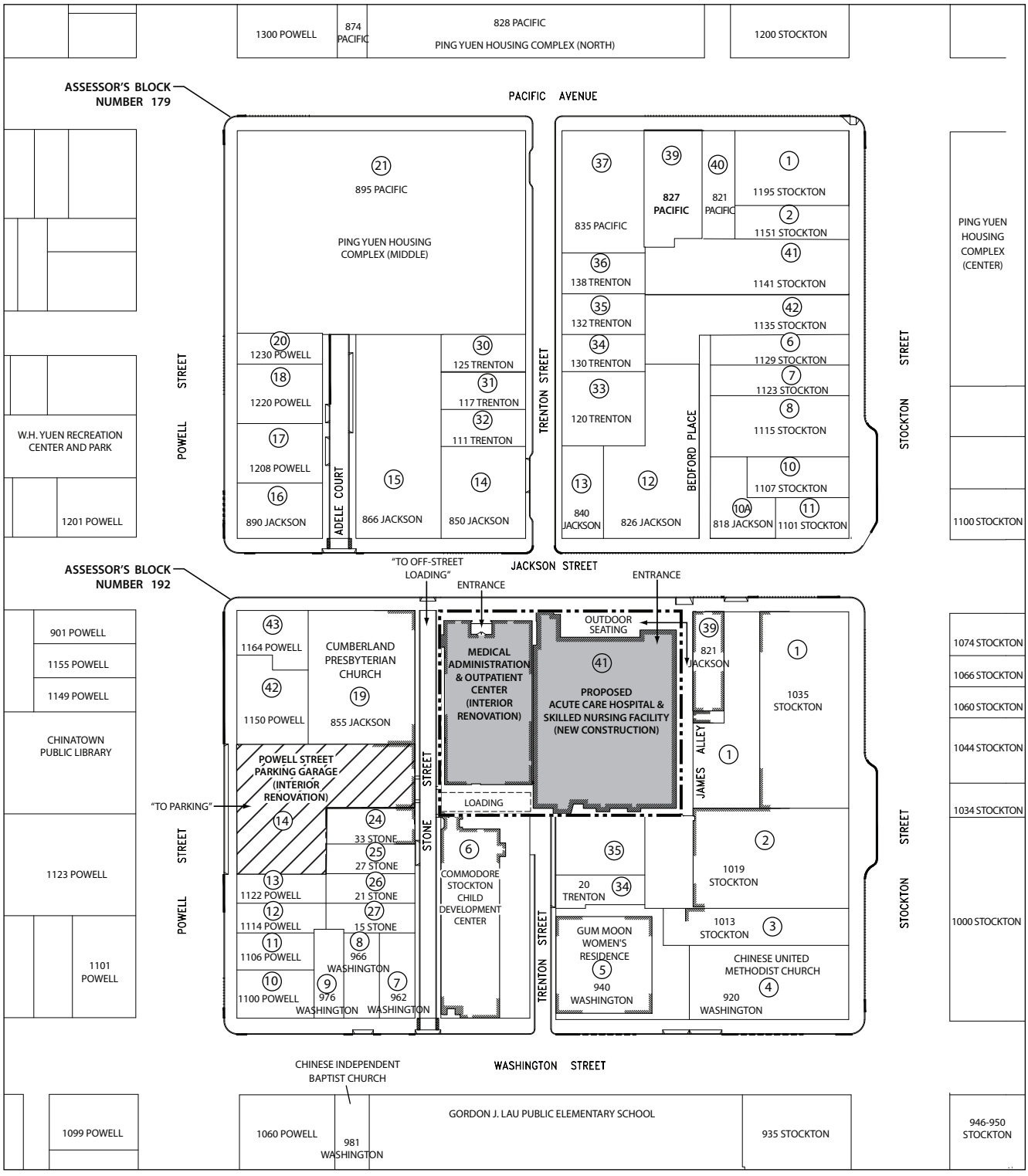
E. VARIANTS

This EIR analyzes two variants to the proposed project: an Off-Street Parking Variant and a Hospital Façade Design Variant. Both variants would be identical to the proposed project, except that the Off-Street Parking Variant would include off-street parking and expanded engineering shop and storage space at the existing Powell Street Parking Garage at 1140 Powell Street, to the west of the main project site, and the Hospital Façade Design Variant would change the design of the Replacement Hospital's façade from the design proposed in the project. The variants are described below.

OFF-STREET PARKING VARIANT

Under the Off-Street Parking Variant, the components of the proposed project on the main project site would remain the same. In addition, the variant includes off-street parking and expanded engineering shop and hospital storage space at the existing Powell Street Parking Garage at 1140 Powell Street (APN 192/14), to the west of the main project site. As with the proposed project, the 1924 MAB and the Chinese Hospital Parking Garage would be demolished and a replacement hospital building would be constructed in their place on the eastern half of the main project site, and the 1979 Chinese Hospital would remain in operation until the replacement hospital is completed in winter 2015 or early 2016, and then it would be renovated and serve as the hospital's MAOC.

Under the Off-Street Parking Variant, the project sponsor would either purchase or lease on a long-term basis the Powell Street Parking Garage at 1140 Powell Street (APN 192/14), between Washington and Jackson Streets (see Figure II.17: Off-Street Parking Variant Site Plan, which shows the garage variant site). (See "Existing Characteristics of the Powell Street Parking Garage" below on p. II.44 for a description of the garage.) Unlike the proposed project, which would not provide off-street parking, the variant would provide dedicated off-street parking for



SOURCE: Turnstone Consulting, KCA Engineers

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE II.17: OFF-STREET PARKING VARIANT SITE PLAN

hospital physicians, staff, patients, and visitors. The 4,500 sq. ft. of engineering shop and storage space for the hospital displaced by demolition of the 1924 MAB would be accommodated in an expanded form in the garage, rather than in leased space close to the main project site in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods as with the proposed project (as discussed on p. II.40). The relocation of storage and engineering shops currently in the 1924 MAB to a larger space (approximately 7,827 gsf) in the Powell Street Garage would be a permanent move under this variant and is intended to provide more functional and expanded space for these uses.

As described in Chapter I, Introduction and Background, p. I.4, the Notice of Preparation/Initial Study, published on May 18, 2011, included the Powell Street Parking Garage in its analysis of the proposed project. Potential physical environmental effects of the Off-Street Parking Variant on the topics considered in this EIR – Land Use and Land Use Planning (presented for informational and analytical purposes), Aesthetics, Historic Architectural Resources, Transportation, and Air Quality – are discussed where they would differ from the proposed project in Chapter IV, Environmental Setting, Impacts and Mitigation.

Existing Characteristics of the Powell Street Parking Garage

The Powell Street Parking Garage, constructed in 1926, is located on the main project block immediately west of the main project site on a 7,827-sq.-ft. lot. The approximately 23,481-gsf garage is approximately 38 feet tall and has three levels. The garage is used by drivers with monthly parking permits and is available for daily parking. Separate access to the basement, first, and second levels of the Powell Street Parking Garage is provided by an approximately 88-foot-wide driveway. There are a total of approximately 52 existing short- and long-term parking spaces (occupying a total of about 15,654 sq. ft.) on the 7,827-sq.-ft. basement level and the 7,825-sq.-ft. second level (approximately 28 spaces on the basement level, and approximately 24 spaces on the second level). An approximately 7,827-sq.-ft. automotive repair center occupies the first level.

The Powell Street Parking Garage is noted as a "Compatible" structure on Map 2: Architectural Ratings of Structures of the *Chinatown Area Plan* and is not located within the boundaries of the NRHP/CRHR-eligible Chinatown historic district.

Changes to the Powell Street Parking Garage Under the Off-Street Parking Variant

Under the Off-Street Parking Variant, renovations would be made to the interior of the Powell Street Parking Garage. The existing 28 parking spaces in the basement level would be removed. The basement level would then be renovated to provide approximately 7,827 sq. ft. of replacement and expansion space for the engineering shop and hospital storage space displaced

by the demolition of the 1924 MAB. The existing automotive repair center on the first level would be removed to provide 32 new parking spaces, and the existing 24 parking spaces at the second level would remain as they are. When the renovations are done, the 23,481-gsf garage would have approximately 15,654 gsf of parking space, or about 56 parking spaces (86 spaces with valet parking), and approximately 7,827 gsf of engineering shop and hospital storage space. With valet parking, approximately 50 spaces would be dedicated to hospital staff and physicians and 36 spaces for patients and visitors. The Powell Street Parking Garage would provide more parking space than is currently available at the Chinese Hospital Parking Garage, which has 41 off-street parking spaces [78 spaces with valet parking].

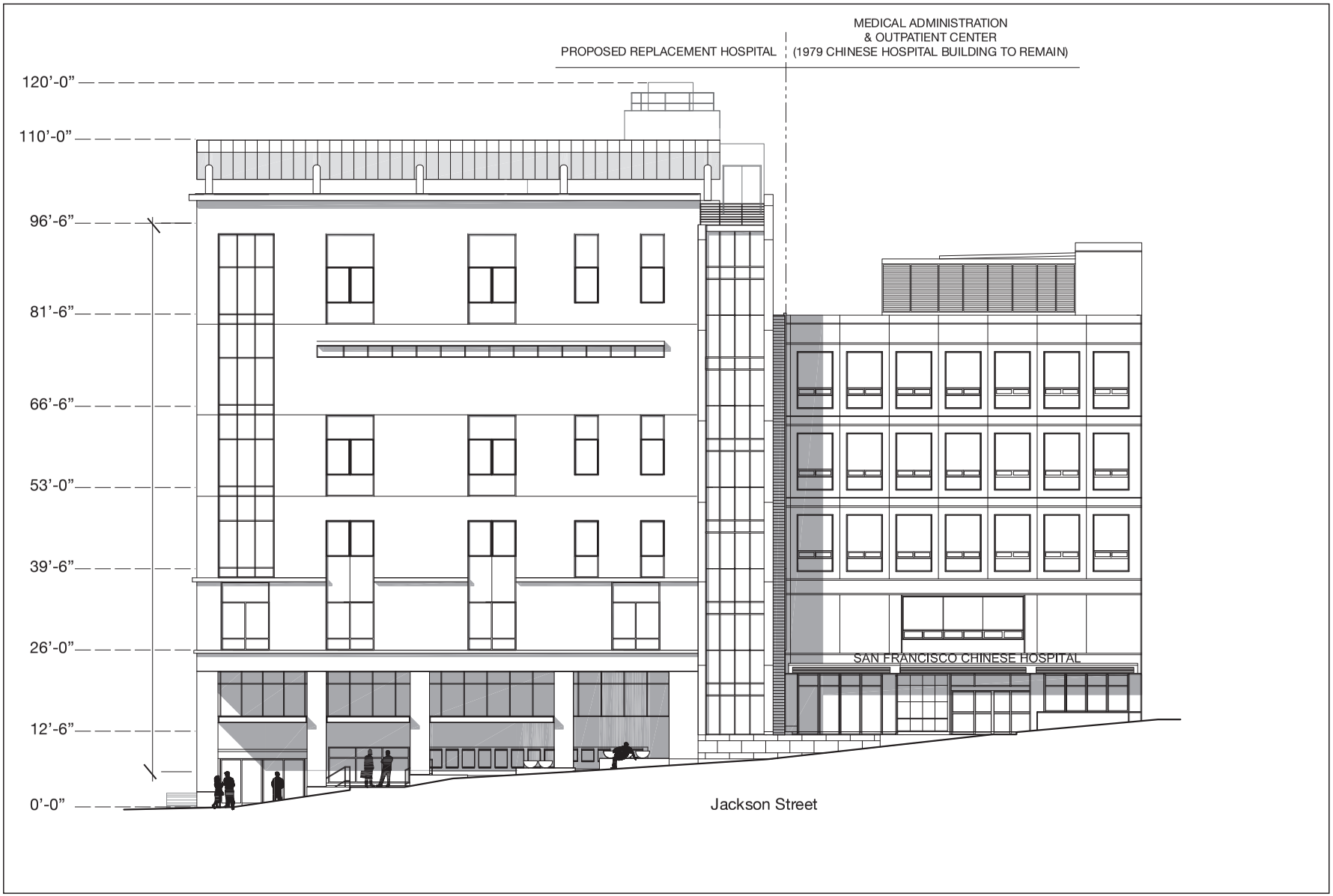
Under Planning Code Section 166 (d)(1), Section 155(i), and Planning Code Section 155.2, this variant would be required to provide one car-share space, two handicapped accessible spaces, and 6 bicycle parking spaces in the garage. Under the variant, all required bicycle parking spaces would be provided within the Powell Street Parking Garage (12 spaces from development of the Replacement Hospital and 6 spaces for the Powell Street Parking Garage), rather than in James Alley as with the proposed project.

HOSPITAL FAÇADE DESIGN VARIANT

Under the Hospital Façade Design Variant, exterior design refinements would be made to the façade of the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings. See Figure II.18: Hospital Façade Design Variant. This variant does not call for any changes in the proposed hospital use program or building envelope. The Hospital Façade Design Variant is intended to provide a more vertical expression to the hospital façade with a more vertically oriented fenestration pattern, and this variant design would eliminate the pattern of contrasting colors that is proposed for the hospital façade under the proposed project. The replacement hospital building's façade design under this variant also includes a horizontal band course that sets off the ground and first stories, as well as projecting canopies suspended between the columns of the arcade. The façade of the replacement hospital under this variant would be capped by a projecting, horizontal cornice-like element along Jackson Street.

F. INTENDED USES OF THE EIR

An EIR is an informational document that is intended to inform the public and the decision-makers of the environmental consequences of a proposed project and to present mitigation measures and feasible alternatives to avoid or reduce the environmental effects of that project. It examines the potential significant physical environmental impacts that could result from the proposed project. This EIR provides the environmental information and evaluation necessary for



SOURCE: Jacobs Global Buildings

FIGURE II.18: JACKSON STREET-NORTH ELEVATION (HOSPITAL FAÇADE DESIGN VARIANT)

decision-makers to adopt and implement the proposed Chinese Hospital Replacement Project. This Draft EIR has been prepared by the City and County of San Francisco, pursuant to the California Environmental Quality Act (California Public Resources Code Sections 21000 et seq. and California Code of Regulations Title 14, Sections 15000 et seq., "CEQA Guidelines").

This EIR is a project-level EIR. That is, it analyzes implementation of the proposed project at a project-specific level. A project-level EIR is warranted, because the project is an individual building. Before any discretionary project approvals may be granted for the project, the San Francisco Planning Commission (Planning Commission) must certify the EIR as adequate, accurate, and objective. This Draft EIR will undergo a public comment period as noted on the cover, during which time the Planning Commission will hold a public hearing on the Draft EIR. Following the close of the public comment period, the San Francisco Planning Department (Planning Department) will prepare and publish a Comments and Responses document, containing all substantive comments received on the Draft EIR and the Planning Department's responses to those comments. It may also contain specific changes to the Draft EIR. The Draft EIR, together with the Comments and Responses document, including revisions to the Draft EIR, if any, will be considered by the Planning Commission at a public hearing for certification and certified as a Final EIR if deemed adequate, accurate, and objective. As noted, no approvals or permits may be issued prior to certification of the Final EIR.

REQUIRED APPROVALS

The Office of Statewide Health Planning and Development (OSHPD) is responsible for overseeing all aspects of hospital construction for California general acute-care hospitals and intermediate-care hospitals. OSHPD's issuance of a building permit for the proposed Chinese Hospital Replacement Project is contingent upon the proposed project's compliance with CEQA and the granting of all of the necessary City approvals for the proposed project's development as described below. As an existing non-conforming hospital use in the CRNC District and in light of OSHPD standards and regulations for the development of new hospitals, the Chinese Hospital Association has proposed legislative land use amendments, including the creation of a Special Use District (SUD) to recognize and support the expansion and development of medical services in the CRNC District. The proposed legislative land use amendments would amend, among other items, the *Chinatown Area Plan* and the Planning Code Height and Bulk and Special Use District Maps to create an overlay to the CRNC District on the site of the proposed Replacement Hospital and MAOC (APN 192/41).

All provisions of the Planning Code that are currently applicable on the main project site on Jackson Street (APN 192/41) would continue to apply, except as otherwise provided for in the proposed legislative land use amendments. Certain controls are contemplated to either: (1) be adjusted, as necessary, to accommodate the proposed project by the implementation of the

proposed legislative land use amendments or (2) be satisfied by obtaining specific project approvals. These controls include:

- Hours of Operation (Planning Code Section 812.27;
- Limitations on Relevant Use Categories on Certain Floors (Planning Code Sections 812.40 through 812.83);
- Maximum Lot Size (Planning Code Section 121.3);
- Use Size Limits (Planning Code Section 121.4);
- Allowable FAR (Planning Code Section 124.1(c));
- Maximum Street Frontages (Planning Code Section 145.3);
- Signage Restrictions (Planning Code Section 607.2);
- Open Space Requirements (Planning Code Section 135.1);
- Street Tree Requirements (Planning Code Section 138.1); and
- 35-Foot Height Limitations (Planning Code Section 254 and Zoning Maps).

The required discretionary approvals for the proposed project include, but are not limited to, the following:

Actions by the Planning Commission

- Certification of a Final Environmental Impact Report pursuant to CEQA;
- Adoption of CEQA findings and a mitigation monitoring and reporting program;
- Approval of the proposed legislative land use amendments, including:
  - Adoption of a Zoning Map amendment to reclassify the height and bulk limits on the main project site (Sheet HT01) and to establish the boundaries of the Chinese Hospital SUD (Sheet SU01);
  - Adoption of a Planning Code text amendment to establish the Chinese Hospital SUD (see below for more information regarding the provisions of the proposed SUD);
  - Adoption of amendments to the *Chinatown Area Plan* of the *General Plan;*
- Approval of a *General Plan* referral to determine project consistency, including the proposed legislative amendments and, if necessary, the proposed vacation of the eastern half of the James Alley right-of-way, with the *General Plan* and the Priority Policies;
- Consideration of an Institutional Master Plan (IMP) prepared by the project sponsor for all existing and proposed Chinese Hospital facilities, including its satellite clinics in Daly City and in San Francisco's Excelsior and Sunset neighborhoods, pursuant to Planning Code Section 304.5, at least 6 months before considering any approval actions for development described in the IMP (Planning Code Section 304.5(f)). (The Chinese Hospital IMP was considered by the Planning Commission on May 19, 2011.)
- Approval of any conditional use authorization and/or other approvals that may continue to apply after full implementation of the proposed legislative land use amendments.

Approvals by the Board of Supervisors

- Adoption of CEQA findings and a mitigation monitoring and reporting program;
- Approval of the proposed legislative land use amendments, including:
  - Adoption of a Zoning Map amendment to reclassify the height and bulk limits on the main project site (Sheet HT01) and to establish the boundaries of the Chinese Hospital SUD (Sheet SU01);
  - Adoption of a Planning Code text amendment to establish the Chinese Hospital SUD (see below for more information regarding the provisions of the proposed SUD);
  - Adoption of amendments to the *Chinatown Area Plan* of the *General Plan*; and
- If necessary, adoption of an ordinance authorizing the vacation of the eastern half of the James Alley right-of-way.

Actions by Other City Departments

- To the extent necessary after the adoption of the legislative land use approvals, approval by the Zoning Administrator of variances or other waivers for any items such as strict compliance with the open space requirements and exemptions from height limits for projections above the height limit and street tree requirements;
- Approval of demolition, grading, and site permits *(Department of Building Inspection)*;
- Approval of encroachment permits for work to be done in public rights-of-way (alleys, streets, and sidewalks) *(Bureau of Street Use and Mapping of the Department of Public Works)*;
- Approval of curb or road modifications *(Department of Parking and Traffic)*;
- Approval of compliance with requirements of the Stormwater Management Ordinance for projects with over 5,000 sq. ft. of disturbed ground area *(the San Francisco Public Utilities Commission Wastewater Enterprise, Urban Watershed Management Program)*; and
- If necessary, recommendation of an ordinance authorizing the vacation of the eastern half of the James Alley right-of-way *(Department of Public Works).*

REVIEW OF THE DRAFT EIR

In addition to these approvals, the Historic Preservation Commission will review and comment on this Draft EIR because the 1924 MAB at 835 Jackson Street is proposed to be demolished, and for purposes of CEQA, this building is considered an historical resource.

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III. PLANS AND POLICIES

In accordance with CEQA Guidelines Section 15125(d), this chapter discusses potential conflicts with applicable local, regional, State, and Federal plans and policies. Policy conflicts do not, in and of themselves, indicate a significant environmental effect within the meaning of CEQA. To the extent that physical environmental impacts may result from such conflicts, such impacts are analyzed in this EIR in the specific topical sections presented in Chapter IV, Environmental Setting, Impacts, and Mitigation and Section E, Evaluation of Environmental Effects, of the NOP/Initial Study, included as Appendix A. In general, the conclusions presented in this chapter are the same for the proposed project, the Off-Street Parking Variant, and the Hospital Façade Design Variant. Where the conclusions are the same, this is noted. Where the conclusions differ, those differences are discussed in more detail.

A. SAN FRANCISCO PLANS AND POLICIES

SAN FRANCISCO GENERAL PLAN

The *San Francisco General Plan*[1] *(General Plan)* is the embodiment of the City's vision for the future of San Francisco. It is comprised of a series of ten elements, each of which deals with a particular topic that applies citywide: Air Quality, Arts, Commerce and Industry, Community Facilities, Community Safety, Environmental Protection, Housing, Recreation and Open Space, Transportation, and Urban Design. Development in San Francisco is subject to the *General Plan*. The *General Plan* provides general policies and objectives to guide land-use decisions and contains some policies that relate to physical environmental issues. The Planning Department, the Zoning Administrator, the Planning Commission, the Board of Supervisors, and other City decision-makers will evaluate the proposed project or a variant, if a variant is proposed for approval, for conformance with the objectives and policies of the *General Plan,* and will consider potential conflicts with *General Plan* policies as part of the decision-making process. The consideration of *General Plan* objectives and policies is carried out independent of the environmental review process, as part of the decision to approve, modify, or disapprove a proposed project.

The *General Plan* contains many objectives and policies. Some of these policies and objectives conflict with each other. Achieving complete consistency with the *General Plan* is not always possible for a proposed project. Consistency with the *General Plan* is typically based on

[1] San Francisco Planning Department, http://www.sf-planning.org/ftp/General_Plan/index.htm, accessed March 23, 2012.

whether, on balance, the proposed project would be consistent with *General Plan* policies. CEQA does not require an analysis of the proposed project in relation to all *General Plan* policies; it asks whether a proposed project would conflict with any plans or policies adopted to protect the environment.

As discussed above, conflicts with plans, policies, or regulations do not, in and of themselves, indicate a significant environmental effect. To the extent that physical environmental impacts may result from such conflicts, these impacts are analyzed in this EIR in the specific topical sections presented in Chapter IV, Environmental Setting, Impacts, and Mitigation, and in Section E, Evaluation of Environmental Effects, of the NOP/Initial Study. The consistency of the proposed project and its variants with plans, policies, and regulations that do not relate to physical environmental issues will be considered by City decision-makers when they determine whether to approve, modify, or disapprove the proposed project or variant that is presented for approval.

This EIR addresses topics identified in the Notice of Preparation/Initial Study (NOP/IS) as having potentially significant impacts that required further analysis (see Appendix A of this EIR). Topics identified in the NOP/IS as having no impact, a less-than-significant impact, or a less-than-significant impact with mitigation are not analyzed in this EIR. Potential conflicts with provisions of the *General Plan* that would cause no impact, a less-than-significant impact, or a less-than-significant impact with mitigation have been evaluated as part of the impacts analysis in the NOP/IS (Checklist Topic E.3, Population and Housing, pp. 72-79, and Checklist Topic E.9, Wind and Shadow, pp. 141-150). Potential conflicts with *General Plan* objectives and policies identified in the EIR that could have potentially significant impacts are discussed in the relevant topical sections of the EIR, such as Section IV.A, Land Use and Land Use Planning, pp. IV.A.14-IV.A.22, Section IV.B, Aesthetics, pp. IV.B.21-IV.B.28, and Section IV.C, Historic Architectural Resources, pp. IV.C.20-IV.C.26.

The proposed project or variant that is presented for approval will be reviewed by the Planning Commission in the context of all applicable objectives and policies of the *General Plan*.

Two *General Plan* elements that are particularly applicable to the proposed project and its variants are the Community Safety and Urban Design elements. In addition, the *Chinatown Area Plan* of the *General Plan* is also applicable to the proposed project and its variants.

Community Safety Element

The Community Safety Element of the *General Plan* is intended to "reduce future loss of life, injuries, property loss, environmental damage, and social and economic disruption from natural or technological disasters, to reduce the social, cultural and economic dislocations of disasters, and to assist and encourage the rapid recovery from disasters." Chinese Hospital is identified as a

"Standby Receiving Hospital" in the City's Emergency Operations Plan, and is a critical facility in maintaining public health and/or safety in the City. Implementation of the proposed project or its variants would result in the replacement of the existing 1979 Chinese Hospital building with a seismically safe hospital structure, built in accordance with Senate Bill 1953, without disruption to current healthcare services. Moreover, as part of the proposed project and its variants, Chinese Hospital's Emergency Preparedness Plan would be updated and would continue to be coordinated with the San Francisco Chinatown Disaster Response Plan and the City's Emergency Operations Plan. As discussed in the NOP/IS, Checklist Topic E.12, Public Services (see Appendix A, pp. 170-174), implementation of the proposed project[2] would not substantially and adversely compromise emergency response times, including the ability of the San Francisco Fire Department and the San Francisco Police Department to respond to emergencies, or result in traffic congestion such that emergency response would be substantially hindered. Therefore, the proposed Chinese Hospital Replacement Project would be generally consistent with the applicable objectives and policies of the Community Safety Element. In addition, both variants would be generally consistent with the applicable objectives and policies of the Community Safety Element.

Urban Design Element

The Urban Design Element of the *General Plan* seeks to protect public views of open space and water bodies, and protect and enhance the aesthetic character of San Francisco. The proposed Chinese Hospital Replacement Project is located within the visual setting of Chinatown and would intensify the height and scale of development on the main project site under the proposed project, the Off-Street Parking Variant, and the Hospital Façade Design Variant. Jackson Street borders the main project site and is considered to provide important street views in the Urban Design Element of the *General Plan*.[3] As discussed in more detail in Section IV.B, Aesthetics, on pp. IV.B.21-IV.B.23, the proposed project and its variants would not adversely affect scenic views from elevated publicly accessible vantage points such as Telegraph Hill. Potential consistency issues of the proposed project and its variants with Urban Design Element policies that may result in physical environmental impacts were analyzed in the appropriate sections of the NOP/IS (Checklist Topic E.3, Population and Housing, pp. 72-79, and Checklist Topic E.9, Wind and Shadow, pp. 141-150) and were found to be less than significant. Additional potential physical environmental effects that could result from potential consistency issues of the proposed project and its variants with Urban Design Element policies are also analyzed in the EIR in

[2] The project described in the NOP/IS, without 827 Pacific Avenue, is the Off-Street Parking Variant, but the proposed project and the Hospital Façade Design Variant described in this EIR would have the same conclusions with respect to Public Services.

[3] San Francisco Planning Department, *San Francisco General Plan* Urban Design Element, "Quality of Street Views", accessed March 23, 2012 at http://www.sf-planning.org/ftp/General_Plan/images/I5.urban_design/URB_Quality_of_Street_Views.pdf.

Section IV.A, Land Use and Land Use Planning, pp. IV.A.14-IV.A.22, Section IV.B, Aesthetics, pp. IV.B.21-IV.B.28, and Section IV.C, Historic Architectural Resources, pp. IV.C.20-IV.C.26. On balance, the proposed project and its variants would not obviously conflict and would be generally consistent with applicable objectives and policies of the Urban Design Element.

Chinatown Area Plan

The main project site, at 835-845 Jackson Street, and the garage variant site at 1140 Powell Street (see Chapter II, Project Description, pp. II.42-II.44, and Figure II.17: Off-Street Parking Variant Site Plan, on p. II.43, for more information) are within the area encompassed by the *Chinatown Area Plan,* which is an element of the *General Plan*. The *Chinatown Area Plan* is a component of the *General Plan* and extends the *General Plan* policy directions to an area of approximately one to three blocks in width and about ten blocks in length on the eastern slopes of Nob Hill, as well as portions of Russian Hill. Chinatown is generally comprised of the area bounded by California Street, Stockton Street, Broadway, and Kearny Street. Map 3: Chinatown Land Use and Density Plan of the *Chinatown Area Plan* defines Chinatown as the area bounded roughly by Powell Street on the west, Broadway to the north, Columbus Avenue to the northeast, and California Street to the south (with a thin leg of the plan area extending along Grant Avenue to Bush Street).[4]

Potential consistency issues of the proposed project and its variants with the objectives and policies of the Chinatown Area Plan that may result in physical environmental effects were analyzed in the appropriate sections of the NOP/IS (Checklist Topic E.3, Population and Housing, pp. 72-79, and Checklist Topic E.9, Wind and Shadow, pp. 141-150) and were found to be less than significant. Additional potential physical environmental effects that could result from potential consistency issues of the proposed project and its variants with *Chinatown Area Plan* policies are also analyzed in the EIR in Section IV.A, Land Use and Land Use Planning, pp. IV.A.14-IV.A.22, Section IV.B, Aesthetics, pp. IV.B.21-IV.B.28, and Section IV.C, Historic Architectural Resources, pp. IV.C.20-IV.C.26.

As part of the proposed project, the project sponsor has proposed legislative land use amendments to resolve potential inconsistency issues between the proposed project and applicable plans and policies such as those from the *General Plan's* Community Safety Element, Urban Design Element, and *Chinatown Area Plan*. City decision-makers could choose to adopt such legislative land use amendments as part of their consideration of the proposed project approvals. If the proposed legislative land use amendments (including the amendments to the applicable plans and policies) are adopted and implemented and other necessary project approvals are granted by City

[4] San Francisco Planning Department, http://www.sf-planning.org/ftp/General_Plan/Chinatown.htm, accessed March 23, 2012.

decision-makers, the potential inconsistencies between the proposed project and applicable local plans and policies would be resolved and, on balance, the project would not obviously conflict and would be generally consistent with applicable objectives and policies of the *General Plan's* Community Safety Element, Urban Design Element, and *Chinatown Area Plan*.

CHINATOWN ALLEYWAY MASTER PLAN

The *Chinatown Alley Master Plan* is a comprehensive plan that identifies 31 alleyways in Chinatown and guides the design, development, and implementation of various improvements to these alleyways. The main objective of the *Chinatown Alleyway Master Plan* is to upgrade the alleyways through physical and/or operational improvements, in order to raise the quality of the alley environments for those who live, work, visit, or play in the alleyways.[5] The 31 alleyways identified in the *Chinatown Alleyway Master Plan* include the following: Stone Street, which is adjacent to and west of the main project site; the southern segment of Trenton Street, which is on the main project site; the northern segment of Trenton Street, which is on the city block north of the main project site; and Bedford Place, which is on the city block north of the main project site.[6] James Alley, which is adjacent to and east of the main project site, and Adele Court, which is on the city block north of the main project site, are not identified among the 31 alleyways in the *Chinatown Alleyway Master Plan*. As described below, the proposed project and its variants would not obviously conflict and would be generally consistent with the *Chinatown Alleyway Master Plan*.

Physical improvements proposed for Stone Street under the *Chinatown Alleyway Master Plan* include reconstructing the roadway, curbs, and sidewalks, installing bollards on both sidewalks to separate pedestrian zones from vehicular traffic, replacing the existing lights with pedestrian-scale lights, and imprinting the name of the alleyway in Chinese and English in the pavement. Operational improvements include ensuring regular enforcement of a no-parking policy and ensuring regular cleaning and sweeping of the alleyway.[7] The proposed project and its variants would not conflict with the physical and operational improvements proposed for Stone Street.

Physical improvements proposed for the southern segment of Trenton Street under the *Chinatown Alleyway Master Plan* include removing the existing light, relocating the overhead wires underground, installing new lights, and installing signs and paving stripes to alert drivers of the

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[5] Chinatown Community Development Center and San Francisco Department of Public Works, *Chinatown Alleyway Master Plan*, January 1998 (hereinafter "*Chinatown Alleyway Master Plan*"), pp. 9-10. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[6] *Chinatown Alleyway Master Plan*, pp. 27-28.

[7] *Chinatown Alleyway Master Plan*, pp. 64-65.

adjacent children's play area.[8] Physical improvements proposed for the northern segment of Trenton Street include removing the existing utility poles and overhead wires, installing pedestrian-scale lights, replanting the existing landscaping, installing bollards on the western sidewalk adjacent to the existing plaza to prevent illegal parking, and imprinting the name of the alleyway in Chinese and English in the pavement.[9] The proposed project and its variants would not conflict with the physical improvements proposed for Trenton Street.

Physical improvements proposed for Bedford Place under the *Chinatown Alleyway Master Plan* include resurfacing the entire alleyway, installing wall-mounted lights, and installing steps to improve pedestrian access to the alleyway, which has a steep grade. Operational improvements include ensuring regular enforcement of the illegal dumping of garbage.[10] The proposed project and its variants would not conflict with the physical and operational improvements proposed for Bedford Place.

B. SAN FRANCISCO PLANNING CODE

PLANNING CODE PROVISIONS

The San Francisco Planning Code (Planning Code), which incorporates by reference the City's Zoning Map, implements the *General Plan* and governs permitted uses, density, and configuration of buildings within the City. Permits to construct new buildings (or to alter or demolish existing ones) may not be issued unless (1) the proposed project complies with the Planning Code, (2) allowable exceptions are granted pursuant to provisions of the Planning Code, or (3) amendments to the Planning Code are included as part of the project.

The main project site and the garage variant site are located in the CRNC District on APN 192/41 and APN 192/14 at 835-845 Jackson Street and 1140 Powell Street, respectively. The CRNC District generally encompasses the east- and west-facing lots along Stockton Street between Broadway and Sacramento Street and along Powell Street between Broadway and Washington Street, as well as the north- and south-facing lots along Pacific Avenue, Jackson Street, Washington Street, and Clay Street, all between Grant Avenue and Powell Street (see Figure IV.A.2: Existing Zoning Districts, on p. IV.A.6). The area surrounding the CRNC District is a mixture of zoning districts, including an RM-4 (Residential, Mixed, High Density) Zoning District to the north and northeast; the Chinatown Visitor Retail (CVR) Zoning District to the east; an RC-4 (Residential Commercial Combined, High Density) Zoning District to the southwest; and RM-3 (Residential, Mixed, Medium Density), RH-3 (Residential House, Three-

[8] *Chinatown Alleyway Master Plan*, pp. 66-67.
[9] *Chinatown Alleyway Master Plan*, pp. 65-66.
[10] *Chinatown Alleyway Master Plan*, pp. 59-60.

Family), and RC-3 (Residential Commercial Combined, Medium Density) Zoning Districts to the west. Within the immediate area of the main project site, there are lots zoned "P" for Public Use, which are occupied by schools, libraries, and fire stations. The main project site is located to the north, east, and southeast of properties or lots occupied by public/institutional uses: the Commodore Stockton Child Development Center, the Gordon J. Lau Public Elementary School, the Chinatown Public Library, the Woh Hei Yuen Recreation Center and Park, and San Francisco Fire Station No. 2.

Planning Code Provisions Addressed in the Proposed SUD

Certain Planning Code provisions would preclude the implementation of the Chinese Hospital Replacement Project as it is currently proposed. As part of the proposed project and its variants, the project sponsor would pursue certain legislative land use amendments, including the establishment of an SUD that would overlay the main project site, which is the site of the proposed Replacement Hospital building and the renovated Chinese Hospital building (to be the Medical Administration and Outpatient Center [MAOC]) at 835-845 Jackson Street (APN 192/41). The garage variant site in the Off-Street Parking Variant is not part of the proposed SUD. The proposed legislative land use amendments and the specific project approvals (e.g. conditional use authorization), would, among other items, allow for the following project features:

- Use of all floors as administrative services, medical services, and professional services (Sections 812.40 through 812.83: Land Uses in the CRNC District);
- Nonresidential use larger than 4,000 sq. ft. (Section 121.4: Use Size Limits (Nonresidential), Mixed Use Districts);
- Development of lots exceeding 5,000 sq. ft. (Section 121.3: Development on Large Lots, Mixed Use Districts);
- FAR for hospitals and medical centers above 4.8:1 (Section 124.1: Floor Area Ratio Exceptions – Chinatown);
- Street frontages in Chinatown of over 50 feet in width (Section 145.3: Maximum Street Frontages – Chinatown);
- Building height of approximately 110 feet (Section 254: Review of Proposed Buildings and Structures Exceeding a Height of 35 Feet in Chinatown Mixed Use Districts, and Height and Bulk District Maps, Sheet HT01);
- Certain signage necessary for the operation of the proposed project (Section 607.2: Signs in Mixed Use Districts);
- 24-hour operation of a hospital (Section 812.27: Hours of Operation in the CRNC District);

- Open space that might be less than the required 1 sq. ft. for every 50 sq. ft. of space for institutional buildings over 10,000 sq. ft. in size (Section 135.1: Open Space Required for Uses Other than Residential in Chinatown); and
- Street trees that might not meet the requirement of one 24-inch box tree for every 20 feet of property frontage along each street (Section 138.1: Streetscape and Pedestrian Improvements).

Planning Code Provisions Applicable to the Proposed Project

The proposed project or variant that is presented for approval will be reviewed by the Planning Commission in the context of all applicable Planning Code requirements, including the following:

Sections 812.40 through 812.83: Land Uses in the CRNC District

The proposed SUD would change some of the zoning controls for the following types of land uses: administrative services, professional services, and medical services. Pursuant to Planning Code Section 812.80, hospitals and medical centers (as defined in Planning Code Section 890.44) are permitted on all floors in the CRNC District with conditional use authorization from the Planning Commission. Pursuant to Planning Code Section 812.51, medical services (as defined in Planning Code Section 890.114) are principally permitted at or below the ground floor but not permitted above the ground floor in the CRNC District. Pursuant to Planning Code Section 812.53, professional services (as defined in Planning Code Section 890.108) are principally permitted at or below the ground floor but not permitted above the ground floor in the CRNC District. Pursuant to Planning Code Section 812.70, administrative services (as defined in Planning Code Section 890.106) are not permitted in the CRNC District. The proposed SUD would allow medical services, professional services, and administrative services as well as hospitals and medical centers as principally or conditionally permitted uses on all floors on the main project site at 835-845 Jackson Street.

Section 121.4: Use Size Limits (Nonresidential), Mixed Use Districts

Pursuant to Planning Code Sections 121.4 and 812.20, nonresidential uses not exceeding 2,500 sq. ft. are principally permitted in the CRNC District, and nonresidential uses between 2,501 and 4,000 sq. ft. are permitted with conditional use authorization from the Planning Commission. Nonresidential uses larger than 4,000 sq. ft. are not permitted. The proposed project and its variants would exceed the maximum use size of 4,000 sq. ft. The proposed SUD would allow uses larger than 4,000 sq. ft. as either principally or conditionally permitted on the proposed main project site at 835-845 Jackson Street.

Section 121.3: Development on Large Lots, Mixed Use Districts

Pursuant to Planning Code Section 121.3, development of lots exceeding 5,000 sq. ft. in the CRNC District requires conditional use authorization from the Planning Commission. There is a possibility that James Alley would be acquired and become a part of the main project site thereby exceeding 5,000 sq. ft. If James Alley were acquired and added to the main project site, the proposed project and its variants would comply with requirements of Planning Code Section 121.3 either through the proposed legislative land use amendments or specific project approvals (e.g. conditional use authorization).

Section 124.1: Floor Area Ratio Exceptions – Chinatown

Planning Code Section 124.1(c) establishes the FAR for hospitals and medical centers in the CRNC District at 4.8:1. Planning Code Section 102.9(b) allows for the exclusion of certain building elements from FAR calculation.[11] Approximately 1,885 gsf of the proposed approximately 101,545-gsf Replacement Hospital and approximately 838 gsf of the renovated 43,368-gsf MAOC would be excluded from FAR calculation for a total of approximately 142,190 gsf. The base floor area for the proposed project is the total land area (22,516 sq. ft.) multiplied by the existing 4.8 FAR, which is equal to 108,077 gsf. With a proposed total built area of approximately 142,190 gsf for the new Replacement Hospital building and the renovated MAOC, the proposed development on the main project site would not be consistent with the existing FAR for hospital and medical center uses in the CRNC District. The proposed legislative land use amendments would permit FAR for hospitals and medical centers in the SUD above 4.8:1.

Section 145.3: Maximum Street Frontages – Chinatown

Planning Code Section 145.3 establishes maximum street frontages in Chinatown of 50 feet in width. The proposed Replacement Hospital building would have an approximately 96-foot-wide street frontage along Jackson Street. The existing Chinese Hospital building frontage is approximately 68 feet wide, which would not change with project development. The proposed legislative land use amendments would permit the proposed project to exceed the maximum street frontage requirements of Planning Code Section 145.3.

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

Section 254: Review of Proposed Buildings and Structures Exceeding a Height of 35 Feet in Chinatown Mixed Use Districts

Planning Code Section 254 requires conditional use authorization from the Planning Commission for any proposed building exceeding a height of 35 feet in a Chinatown Mixed Use District. Through the specific project approvals (e.g. conditional use authorization), the proposed project and its variants would comply with this Section 254.

Section 607.2: Signs in Mixed Use Districts

Planning Code Section 607.2 regulates signs in the Chinatown Mixed Use Districts. The Planning Commission may permit signs that exceed the standards of Section 607.2 to the extent necessary to meet community needs for adequately identified medical institutions with the exception of moving parts, flashing lights, and wind signs, which are prohibited. To the extent the certain signage necessary for the operation of the proposed project do not comply with the standards set forth in Section 607.2, the proposed project will comply with these standards either through the proposed legislative land use amendments or through specific project approvals (e.g. conditional use authorization).

Section 812.27: Hours of Operation in the CRNC District

Planning Code Section 812.27 prohibits 24-hour operations in the CRNC District. The existing Chinese Hospital building operates 24 hours a day, 7 days a week and is a nonconforming use. The proposed legislative land use amendments would allow the proposed project and it variants to operate 24 hours a day, 7 days a week.

Section 135.1: Open Space Required for Uses Other than Residential in Chinatown

Planning Code Section 135.1 requires open space for institutional uses in the CRNC District. Open space is to be provided at the ratio of 1 sq. ft. for every 50 sq. ft. of space for institutional buildings over 10,000 sq. ft. in size. Since the Replacement Hospital building would be approximately 101,545 gsf, the project sponsor would be required to provide approximately 2,015 sq. ft. of usable open space on the site. To the extent the proposed project and its variants do not meet the open space requirements of Section 135.1, the proposed project would either comply with Section 135.1 through specific project approvals (e.g. conditional use authorization) or the proposed legislative land use amendments.

Section 138.1: Streetscape and Pedestrian Improvements

Planning Code Section 138.1(c)(1) requires that one 24-inch box tree be planted for every 20 feet of property frontage along each street, with any remaining fraction of 10 feet or more of frontage requiring an additional tree. Given the 163.75-foot-long Jackson Street frontage, eight street streets would be required. The proposed project and its variants would include four new container-planted street trees along Jackson Street. The proposed project and its variants would not include street trees along portions of Jackson Street and along James Alley due to the presence of an existing underground utility vault under the Jackson Street sidewalk in front of the 1979 Chinese Hospital building, the proposed location of underground vault(s) under the Jackson Street sidewalk in front of the proposed Replacement Hospital building, and the proposed location of a vault under James Alley for utilities and telecommunications. In the event that the proposed project or its variants cannot provide the required number of street trees, the proposed project will comply with the requirements of Section 138.1(c) either through specific project approvals or the proposed legislative land use amendments.

Section 152: Schedule of Required Off-Street Freight Loading Spaces in Districts Other than C-3, Eastern Neighborhoods Mixed Use Districts, or South of Market Mixed Use Districts

Planning Code Section 152, Table 152, requires one off-street loading space for institutional land uses in excess of 100,000 sq. ft. The proposed project and its variants would not provide any new off-street loading spaces, because there is already one existing off-street loading space at the southwest corner of the 1979 Chinese Hospital building. In addition, there are two existing on-street loading zones (white zones) on Jackson Street directly in front of the 1979 Chinese Hospital: a 58-foot-wide white zone and, at the 1924 MAB, a 60-foot-wide white zone. The proposed Replacement Hospital would continue to use the existing off-street loading space and would have a continuous 153-foot-long white zone along Jackson Street for passenger and hospital loading. The white zone would also be used by emergency vehicles such as ambulances. Thus, the proposed project and its variants would comply with Planning Code Section 152.

Section 155.3: Shower Facilities and Lockers Required in New Commercial and Industrial Buildings and Existing Buildings Undergoing Major Renovations

Planning Code Section 155.3 (c)(3) requires developments over 50,000 sq. ft. to provide four showers and eight clothes lockers. The proposed project and its variants would provide two shower stalls and a locker room on the ground floor, a total of seven staff bathrooms with lockers on the second, third, and fourth floors, and two shower stalls at locations to be determined. Thus, the proposed project and its variants would comply with Planning Code Section 155.3(c)(3).

Section 155.4: Bicycle Parking Required in New and Renovated Commercial Buildings

Planning Code Section 155.4(d)(3) requires developments over 50,000 sq. ft. to provide 12 bicycle parking spaces. The proposed project and the Hospital Façade Design Variant would provide 12 bicycle parking spaces along James Alley. The Off-Street Parking Variant would provide 18 bicycle parking spaces in the Powell Street Parking Garage. For these reasons, the proposed project and both variants would comply with Planning Code Section 155.4(d)(3).

EXISTING HEIGHT AND BULK CONTROLS

The project sponsor has proposed legislative land use amendments that would include the reclassification of the height and bulk designations applicable to the main project site; this would permit the development of the Replacement Hospital Building, if City decision-makers decide to grant this amendment during their consideration of the proposed project and project approvals.

The main project site is located at the southern end of a 65-N Height and Bulk District[11] that generally encompasses the east- and west-facing lots along Powell Street between Broadway and Washington Street, as well as the north- and south-facing lots on Broadway, Pacific Avenue, Jackson Street, and Washington Street (south-facing lots only) from the midblock between Powell Street and Mason Street to the midblock between Powell and Stockton Streets (see Figure IV.A.3: Existing Height and Bulk Districts, on p. IV.A.7). The east- and west-facing lots along Stockton Street between Broadway and Sacramento Street are in a 65-85 N Height and Bulk District. Most of the lots to the south and to the west of the main project site block are in a 65-A Height and Bulk District, with exceptions along the west side of Powell Street south of Clay Street where east-facing lots are in various Height and Bulk Districts ranging from 85-D to 320-E. North of the main project site (and the boundaries of the 65-N Height and Bulk District), the majority of the lots north of Broadway are in a 40-X Height and Bulk District. As measured from the center of the proposed Replacement Hospital building's Jackson Street frontage, according to the provisions of the Planning Code, the proposed Replacement Hospital building would be approximately 90.5 feet tall (about 120 feet with rooftop mechanical elements). Exclusion of such mechanical penthouse features from height calculations is permitted by the Planning Code; however, approval of an exemption requested by the project sponsor to exceed the 16-foot height limit for rooftop mechanical equipment on the proposed Replacement Hospital would be required for the proposed project and its variants if it were in the 65-N Height and Bulk District (Planning Code Section 260(b)(1)(B)).

[11] Height and bulk designations generally consist of one number and one letter. The number refers to the maximum building height in feet. The letter refers to the bulk controls, which reduce the size of a building's floor plates as the building increases in height.

Pursuant to Planning Code Section 270(a), the bulk controls in the "N" Bulk District become effective above a building height of 40 feet. Above a building height of 40 feet, the plan dimensions are limited to a maximum length of 50 feet and a maximum diagonal dimension of 100 feet. The upper floor(s) of the proposed Replacement Hospital building would have plan dimensions of approximately 96 feet in length and approximately 167 feet on the diagonal. Both the maximum length of 50 feet and the maximum diagonal dimension of 100 feet under the "N" Bulk District would be exceeded.

In order to develop the proposed Replacement Hospital building, the project sponsor has proposed the legislative land use amendments, which would, among other things, amend the text of the Planning Code and the applicable Zoning Maps (the Special Use and Height and Bulk District Maps [Sheets SU01 and HT01, respectively]) to establish an SUD overlay and reclassify the existing height and bulk limits for the main project site. This reclassification would create a 110-G Height and Bulk District for the main project site at 835-845 Jackson Street. A 110-G Height and Bulk District would allow a maximum building height of 110 feet and plan dimensions with a maximum length of 170 feet and a maximum diagonal dimension of 200 feet.

As discussed above, the proposed project and its variants include a legislative land use amendment that would establish an SUD that would apply to the main project site at 835-845 Jackson Street (APN 192/41). The SUD would address potential inconsistencies of the proposed project and its variants with *Chinatown Area Plan* policies and Planning Code provisions related to FAR, height, and bulk. With the adoption of the proposed Chinese Hospital SUD, the proposed height and bulk reclassification, and the amendments to Map 1 and the applicability of the Design Criteria for Bulk and Massing in the *Chinatown Area Plan*, the proposed project's and its variants' potential inconsistencies with applicable height and bulk limits would be resolved. The physical environmental impacts related to development that could occur under the proposed legislative land use amendments are addressed as appropriate in relevant sections of Chapter IV, Environmental Setting, Impacts, and Mitigation, such as Land Use and Land Use Planning, Aesthetics, and Historic Architectural Resources.

In addition to the proposed amendments to the Planning Code, other reviews and approvals that would be required for the proposed project and its variants include a determination of project consistency with the City's Priority Policies; a determination of project consistency with the policies of the *General Plan*; and demolition, grading and building permits.

PRIORITY POLICIES

In November 1986, the voters of San Francisco approved Proposition M, the Accountable Planning Initiative, which added Section 101.1 to the Planning Code to establish eight Priority Policies. These policies are (1) preservation and enhancement of neighborhood-serving retail

uses; (2) protection of neighborhood character; (3) preservation and enhancement of affordable housing; (4) discouragement of commuter automobiles; (5) protection of industrial and service land uses from commercial office development and enhancement of resident employment and business ownership; (6) maximization of earthquake preparedness; (7) landmark and historic building preservation; and (8) protection of open space.

Prior to issuing a permit for any project that requires an EIR under CEQA, and prior to issuing a permit for any demolition, conversion, or change of use, and prior to taking any action which requires a finding of consistency with the *General Plan*, the City is required to find that the proposed project or legislation is consistent with the Priority Policies. As discussed on p. III.1, conflicts with plans, policies, and regulations do not, in and of themselves, indicate a significant environmental effect. To the extent that physical environmental impacts may result from such conflicts, these impacts are analyzed in this EIR in the specific topical sections presented in Chapter IV, Environmental Setting, Impacts, and Mitigation, and in Section E, Evaluation of Environmental Effects, of the NOP/Initial Study. The consistency of the proposed project and its variants with plans, policies, and regulations that do not relate to physical environmental issues will be considered by City decision-makers when they determine whether to approve, modify, or disapprove the proposed project or variant that is presented for approval.

C. OTHER LOCAL PLANS AND POLICIES

The proposed project and its variants were reviewed for consistency with the following local plans and policies: the *Climate Action Plan*, the *San Francisco Sustainability Plan*, the Transit First Policy, the *San Francisco Bicycle Plan*, and the *San Francisco Better Streets Plan*. The *Climate Action Plan* is discussed in NOP/IS Checklist Topic 8: Greenhouse Gas Emissions (see Appendix A, pp. 127-141). As stated earlier, the conclusions presented in this chapter are the same for the proposed project and the variants unless otherwise described.

SAN FRANCISCO SUSTAINABILITY PLAN

In 1993, the San Francisco Board of Supervisors established the Commission on San Francisco's Environment, charged with, among other things, drafting and implementing a plan for San Francisco's long-term environmental sustainability. The goal of the *San Francisco Sustainability Plan* is to enable the City and its people to meet their present needs without sacrificing the ability of future generations to meet their own needs.

The *San Francisco Sustainability Plan* is divided into 15 topic areas, 10 that address specific environmental issues (air quality; biodiversity; energy, climate change and ozone depletion; food and agriculture; hazardous materials; human health; parks, open spaces, and streetscapes; solid waste; transportation; and water and wastewater), and 5 that are broader in scope and cover many

issues (economy and economic development, environmental justice, municipal expenditures, public information and education, and risk management).

Although the *San Francisco Sustainability Plan* became official City policy in July 1997, the Board of Supervisors has not committed the City to perform all of the actions addressed in the plan. The *San Francisco Sustainability Plan* serves as a blueprint, with many of its individual proposals requiring further development and public comment.

The proposed project and its variants were reviewed against the goals and issues addressed in the *San Francisco Sustainability Plan.* The proposed project and its variants, by intensifying land uses in a neighborhood that are well-served by transit, would incorporate energy efficiency measures, and would not obviously conflict and would be generally consistent with the *San Francisco Sustainability Plan*.

TRANSIT FIRST POLICY

In 1998, the San Francisco voters amended the City Charter to include a Transit First Policy. The Transit First Policy is a set of principles that underscore the City's commitment that travel by transit, bicycle, and on foot be given priority over the private automobile. These principles are embodied in the policies and objectives of the Transportation Element of the *General Plan.* All City boards, commissions, and departments are required, by law, to implement Transit First principles in conducting the City's affairs.

The City's Transit First Policy provides that "parking policies for areas well served by public transit shall be designed to encourage travel by public transportation and alternative transportation" (City Charter, Section 8A.115). The proposed project and the Hospital Façade Design Variant would not provide off-street parking on the main project site. The secondary/indirect physical environmental effects of no off-street parking are discussed in Section IV.D, Transportation and Circulation, and in Section IV.E, Air Quality.

The Planning Department, the Planning Commission, the Board of Supervisors, and other City decision-makers will evaluate the proposed project or variant in accordance with the provisions of the Transit First Policy, and will consider whether the proposed project or variant would, on balance, conform or conflict with the Transit First Policy. This consideration is carried out independent of the environmental review process as part of the decision to approve, modify, or disapprove a proposed project.

The physical impacts of the proposed project and its variants that are related to transportation are discussed in Section IV.D, Transportation and Circulation. The physical impacts related to the provision of dedicated off-street parking for Chinese Hospital under the Off-Street Parking Variant are also addressed in that section.

SAN FRANCISCO BICYCLE PLAN

In August 2009, the Board of Supervisors approved the *San Francisco Bicycle Plan* (*Bicycle Plan*). The *Bicycle Plan* includes a citywide bicycle transportation plan and implementation of specific bicycle improvements identified within the *Bicycle Plan*. The *Bicycle Plan* includes objectives and identifies policy changes that would enhance the City's bicycle environment. It also describes the existing bicycle route network (a series of interconnected streets in which bicycling is encouraged), and identifies gaps within the citywide bicycle route network that require improvement. In the project vicinity, there are five designated bike routes: Routes 10 and 210 along Broadway and Pacific Avenue, Route 310 along Taylor Street, Route 11 along Columbus Avenue, and Route 17 along Stockton Street (this route travels through the Stockton Street Tunnel to Post Street).

The *Bicycle Plan* identifies short-term and long-term bicycle improvement projects. Proposed bicycle improvements in the vicinity of Chinese Hospital include an electronic bicycle warning sign with lighted beacons at the eastbound approach to the Broadway Tunnel (Route 210) to alert motorists when bicyclists are present in the tunnel and sharrows[12] to be added to the existing Class III bicycle route within the Stockton Street tunnel. The proposed project and the Hospital Façade Design Variant would not physically change the travel lanes of streets in the vicinity of the main project site and would not obviously conflict and would be generally consistent with the *Bicycle Plan*. The Off-Street Parking Variant would not physically change the travel lanes of streets in the vicinity of the main project and garage variant sites and would not obviously conflict and would be generally consistent with the *Bicycle Plan* (see Section IV.D, Transportation and Circulation, pp. IV.D.47-IV.D.48, for a discussion of potential operational effects of the proposed project and its variants on bicycle circulation).

SAN FRANCISCO BETTER STREETS PLAN

In December 2010, the *San Francisco Better Streets Plan* (*Better Streets Plan*) was adopted in support of the City's efforts to enhance the streetscape and the pedestrian environment. The *Better Streets Plan* carries out the intent of San Francisco's Better Streets Policy, adopted by the Board of Supervisors on February 6, 2006. The *Better Streets Plan* classifies the City's public streets and rights-of-way and creates a unified set of standards, guidelines, and implementation strategies, which govern how the City designs, builds, and maintains its public streets and rights-of-way. The *Better Streets Plan* consists of two primary elements: the Streetscape Master Plan (SMP) and the Pedestrian Transportation Master Plan (PMP). Major project concepts related to

[12] Sharrows are a traffic control device which consists of pavement markings within the traffic lane. The markings are intended to alert drivers that bicyclists share the traffic lane and also to reduce the chance of bicyclists impacting the open doors of parked vehicles.

streetscape and pedestrian improvements include (1) pedestrian safety and accessibility features, such as enhanced pedestrian crossings, corner or midblock curb extensions, pedestrian countdown and priority signals, and other traffic-calming features; (2) universal pedestrian-oriented streetscape design with incorporation of street trees, sidewalk plantings, streetscape furnishing, street lighting, efficient utility location for unobstructed sidewalks, shared single surface for small streets/alleys, and sidewalk/median pocket parks; (3) integrated pedestrian/transit functions using bus bulb-outs and boarding islands (bus stops located in medians within the street); (4) opportunities for new outdoor seating areas; and (5) improved ecological performance of streets and streetscape greening with incorporation of stormwater management techniques and urban forest maintenance.

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

In the vicinity of Chinese Hospital, Jackson, Stockton, and Powell Streets would be characterized as "Neighborhood Commercial" streets, while Stone Street, James Alley, and Trenton Street would be characterized as "Alleys." The proposed project and its variants would be consistent with the *Better Streets Plan,* because all required *Better Streets Plan* streetscape improvements would be implemented as part of the proposed project and its variants. The proposed project and its variants include the development of an approximately 890-sq.-ft. landscaped seating area along the Jackson Street frontage. The project sponsor would improve Stone Street to standards set by the Department of Public Works as it implements the *Chinatown Alleyway Master Plan*. The proposed project and its variants would not include any streetscape improvements to Stockton or Powell Streets. Street trees would not be planted on the Jackson Street sidewalk due to the existing underground utility vault under the Jackson Street sidewalk in front of the existing Chinese Hospital building, and the proposed development of an underground vault under the portion of the Jackson Street sidewalk in front of the proposed Replacement Hospital building and under James Alley.

The proposed project and its variants were reviewed against the goals and issues addressed in the *San Francisco Better Streets Plan,* and no inconsistencies were found.

D. REGIONAL PLANS AND POLICIES

The principal planning agencies and their policy plans that guide planning for the nine-county Bay Area region and are relevant to the proposed project and its variants are: (1) the Bay Area Air Quality Management District (BAAQMD) and its *Bay Area 2010 Clean Air Plan* and the 2010 *California Environmental Quality Act Air Quality Guidelines;* (2) the Metropolitan Transportation Commission (MTC) and its *Transportation 2035 Plan for the San Francisco Bay Area*; (3) the San Francisco Regional Water Quality Control Board (RWQCB) and its *Water Quality Control Plan for the San Francisco Bay Basin;* and (4) the Association of Bay Area Governments (ABAG) and its regional development and conservation program (FOCUS) and biennial population and employment projections.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT'S PLANS

The most recently adopted air quality plan in the San Francisco Bay Area Air Basin is the *2010 Bay Area Clean Air Plan* (*Clean Air Plan*). In September 2010, the BAAQMD adopted the Clean Air Plan, which updates the *Bay Area 2005 Ozone Strategy*. The *Clean Air Plan* requires implementation of "all feasible measures" to reduce ozone; provide a control strategy to reduce ozone, particulate matter, toxic air contaminants, and greenhouse gases in a single integrated plan; review progress in improving air quality in recent years; and establish emission control measures to be adopted or implemented during the 2010-2012 time frame. The proposed project and its variants would be consistent with the objectives and policies of the *Clean Air Plan*. The physical impacts of the proposed project and its variants related to air quality and compliance with the *Clean Air Plan* are discussed in Section IV.E, Air Quality.

METROPOLITAN TRANSPORTATION COMMISSION'S PLANS

On April 22, 2009, the MTC adopted the *Transportation 2035 Plan for the San Francisco Bay Area*, which specifies how approximately $218 billion in anticipated federal, state, and local transportation funds will be spent in the nine-county Bay Area during the next 25 years. The vision set forth in the plan is to support a prosperous and globally competitive Bay Area economy, provide a healthy and safe environment, and promote equitable mobility opportunities for all residents. Among the cornerstones of the new plan is a joint regional planning initiative known as FOCUS, which provides incentives for cities and counties to promote future growth near transit in already urbanized portions of the Bay Area. The plan also launches a Transportation Climate Action Campaign to reduce transportation-related greenhouse gas emissions. The proposed project and its variants would be consistent with the objectives and policies of the *Transportation 2035 Plan for the San Francisco Bay Area*. The physical impacts of the proposed project and its variants related to transportation are discussed in Section IV.D, Transportation and Circulation.

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD'S PLANS

Water quality control plans (basin plans) provide the basis for protecting water quality in California. Basin Plans are mandated by both the Federal Clean Water Act and the State Porter-Cologne Water Quality Act. Sections 13240-13247 of the Porter-Cologne Water Quality Act specify the required contents of a regional basin plan. Each basin plan must contain water quality objectives, which in the judgment of the Regional Water Board will ensure the reasonable protection of beneficial uses and the prevention of nuisance, and a program of implementation for achieving those objectives, including a description of the nature of actions that are necessary to achieve the objectives, time schedules for the actions to be taken, and a description of surveillance to be undertaken to determine compliance with objectives. The goal of the *Water Quality Control Plan for the San Francisco Bay Basin (San Francisco Basin Plan)* is to provide a definitive program of actions designed to preserve and enhance water quality and to protect beneficial uses of water in San Francisco Bay. The *San Francisco Basin Plan* is used as a regulatory tool by the Regional Water Board's technical staff. Regional Water Board orders cite the *San Francisco Basin Plan's* water quality standards and prohibitions applicable to a particular discharge. The *San Francisco Basin Plan* is also used by other agencies in their permitting and resource management activities. It also serves as an educational and reference document for dischargers and members of the public. The stormwater discharge, wastewater management, drainage plan, and water quality control systems incorporated into the proposed project and its variants would be consistent with the *San Francisco Basin Plan*. The physical impacts of implementing these systems and the permitting requirements of the RWQCB are discussed in the NOP/IS under Checklist Topic 11, Utilities and Service Systems, and Checklist Topic 15, Hydrology and Water Quality, respectively (see Appendix A, pp. 156-169 and 185-191).[13]

ASSOCIATION OF BAY AREA GOVERNMENTS' PLANS

ABAG is the regional planning agency for the San Francisco Bay region. ABAG's mission is to strengthen cooperation and coordination among local governments. In doing so, ABAG addresses social, environmental, and economic issues that affect the region as a whole. ABAG administers various regional programs, including FOCUS, a regional development and conservation strategy that promotes more compact land use patterns in the Bay Area by establishing Priority Development Areas and Priority Conservation Areas. The proposed project and its variants, which would redevelop a compact urban infill site that is accessible by public transit, are consistent with the objectives and policies of FOCUS.

[13] The project described in the NOP/IS, without 827 Pacific Avenue, is the Off-Street Parking Variant; the proposed project and the Hospital Façade Design Variant described in this EIR would have the same conclusions with respect to this topic.

ABAG is also responsible for preparing and developing biennial population and employment projections. ABAG's *Projections 2009* and the proposed project's physical impacts related to population and employment are discussed under NOP/IS Checklist Topic E.3, Population and Housing (see Appendix A, pp. 72-79) and in Section V.A, Growth-Inducing Impacts (see EIR pp. V.1-V.3).[14]

E. SUMMARY

The proposed Chinese Hospital Replacement Project and its variants would, on balance, be generally consistent with the local and regional plans, policies, and regulations described in this chapter. With adoption of the proposed legislative land use amendments (that are part of the proposed project, as described in Chapter II, Project Description, on p. II.36, and in this chapter on pp. III.7-III.13) by City decision-makers, and with the necessary approvals, the proposed project and its variants would be generally consistent with Planning Code regulations. In particular, with the proposed legislative land use amendments, inclusive of the amendments to the *General Plan* and the creation of the SUD, the proposed project and its variants would be generally consistent with the *General Plan* policies and local regulations. As discussed on p. III.2, the potential inconsistencies of the proposed project and its variants with applicable plans, policies, and regulations do not, in and of themselves, indicate a significant environmental effect. To the extent that physical environmental impacts may result from such conflicts, these impacts are analyzed in this EIR in the specific topic sections presented in Chapter IV, Environmental Setting, Impacts, and Mitigation, and in Section E, Evaluation of Environmental Effects, of the NOP/Initial Study. The consistency of the proposed project and its variants with plans, policies, and regulations that do not relate to physical environmental issues or result in physical environmental effects will be considered by City decision-makers as part of their determination on whether to approve, modify, or disapprove the proposed project or variant that is presented for approval.

[14] The project described in the NOP/IS, without 827 Pacific Avenue, is the Off-Street Parking Variant; the proposed project and the Hospital Façade Design Variant described in this EIR would have the same conclusions with respect to this topic.

IV. ENVIRONMENTAL SETTING, IMPACTS, AND MITIGATION

Chapter IV is organized by the following environmental topics and addresses the potentially significant environmental impacts that would be expected to result from implementation of the proposed project or its two variants:[1] Land Use and Land Use Planning; Aesthetics; Cultural and Paleontological Resources (Historic Architectural Resources); Transportation and Circulation; and Air Quality.[2] In each of these topic sections, existing conditions in the vicinity of the main project site are described first, under the heading "Setting." An overview of regulatory considerations that are applicable to the specific environmental topic is also provided, as necessary. The existing conditions, i.e., those that existed at the time of the NOP/IS publication (May 18, 2011), serve as the baseline for analysis of potential environmental impacts, under the heading "Impacts," that would result from implementation of the proposed project or its variants. The significance criteria and approach to analysis are provided for all topics.

Cumulative impacts, presented under a separate heading, are analyzed for each environmental topic at the appropriate level. The City's general approach to a cumulative impacts analysis is primarily a plan-based approach and is reliant on the City's local/regional growth projections, i.e., population, jobs, and number and type of residential units. Except where noted, reasonably foreseeable development proposals under consideration within a one-quarter-mile radius of the main project site are discussed to provide a local context for the assessment of potential cumulative impacts of the proposed project and its variants. The development projects discussed in greater detail in Section IV.A, Land Use and Land Use Planning, on pp. IV.A.9 - IV.A.11, are considered reasonably foreseeable cumulative projects for the purposes of this EIR and are accounted for in the City's local/regional growth projections.

[1] The two variants, the Off-Street Parking Variant and the Hospital Façade Design Variant, are described in detail in Chapter II, Project Description, on pp. II.42-II.45.

[2] On May 18, 2011, the Planning Department distributed an NOP/IS for the proposed project as it was then configured, which identified the following topics as having no impacts, less-than significant impacts, or less-than-significant impacts with mitigation: Population and Housing; Cultural and Paleontological Resources (Archeological Resources); Noise; Greenhouse Gas Emissions; Wind and Shadow; Recreation; Utilities and Service Systems; Public Services; Biological Resources; Geology and Soils; Hydrology and Water Quality; Hazards and Hazardous Materials; Mineral and Energy Resources; and Agricultural and Forest Resources. CEQA does not require further assessment of the proposed project's less-than-significant impacts in this EIR. See Chapter I, Introduction and Background, pp. I.5-I.6.

Mitigation measures are identified to avoid, eliminate, or reduce significant adverse impacts of the proposed project and its variants. Where called for, improvement measures are also identified to reduce the effects of impacts that would be less than significant. Although not required by CEQA, the City decision-makers, including the Planning Commission, may consider imposing additional improvement measures as conditions of approval on the proposed project or its variants, where appropriate.

Since publication of the NOP/IS, the proposed project has changed, as described in Chapter I, Introduction and Background, on p. I.4. In the NOP/IS, the proposed project included use by Chinese Hospital of an existing renovated building at 827 Pacific Avenue. The Planning Department has determined that the uses proposed at 827 Pacific Avenue may appropriately be considered a separate project from the proposed project. As such, the proposed use of 827 Pacific Avenue and its inclusion in the proposed SUD legislation have been eliminated as components of the proposed Chinese Hospital Replacement Project analyzed in this EIR (see "827 Pacific Avenue, Former Component of Project in NOP/IS" in Chapter II, Project Description, on pp. II.41–II.42).

Under the proposed project as analyzed in this EIR, no off-street parking would be provided for the proposed Replacement Hospital project, the Powell Street Parking Garage at 1140 Powell Street is not included as part of the project, and existing engineering and hospital storage space would be relocated from the 1924 MAB to leased space in Chinatown or nearby in the North Beach or North of the Broadway neighborhoods.[3] As analyzed in the NOP/IS, p. 3, the project included the Powell Street Parking Garage, which was to be leased on a long-term basis by the project sponsor, the Chinese Hospital Association, to provide dedicated 56 off-street parking spaces for Chinese Hospital, 18 bicycle parking spaces, and approximately 7,827 gsf of expanded engineering shop and hospital storage space. This configuration is considered in this EIR as the Off-Street Parking Variant.[4] In all other respects, the Off-Street Parking Variant is the same as the proposed project. A second variant is analyzed in this EIR, the Hospital Façade Design Variant. The Hospital Façade Design Variant is the same as the proposed project in all particulars, except for the design of the façade of the proposed Replacement Hospital. For more details on the Off-Street Parking Variant and Hospital Façade Design Variant, see pp. II.42-II.45.

[3] The proposed project is exempt from off-street parking requirements because it is in the CRNC District and is not a residential project (Planning Code Section 161(c)).

[4] For the Off-Street Parking Variant, the project sponsor would purchase the Powell Street Parking Garage or lease it on a long-term basis.

Therefore, for most topic sections, the impact analysis of the proposed project also applies to either the Off-Street Parking Variant or the Hospital Façade Design Variant, as noted in the topic section. Each topic section explains how the variants differ from the proposed project and whether those differences would result in impacts that would be different from the impacts of the proposed project. Unless otherwise stated, the impacts, conclusions, and mitigation measures are the same. Each variant is discussed in each topic section in detail only where the variant's impacts would differ from those of the proposed project.

A detailed discussion and analysis of the Off-Street Parking Variant is provided in Section IV.A, Land Use and Land Use Planning, and in Section IV.D, Transportation and Circulation. A brief discussion of the Off-Street Parking Variant is provided in Section IV.E, Air Quality. Other than those impacts attributable to the proposed project, there would be no new and unique impacts for the Off-Street Parking Variant related to any of the significance criteria under Section IV.B, Aesthetics, and Section IV.C, Historic Architectural Resources, because the Powell Street Parking Garage is not eligible for inclusion in, nor a contributor to, the NRHP/CRHR-eligible Chinatown historic district, and there would be no changes to the exterior of the Powell Street Parking Garage under the Off-Street Parking Variant.

A detailed discussion and analysis of the Hospital Façade Design Variant is provided in Section IV.B, Aesthetics, and in Section IV.C, Historic Architectural Resources. Topic Section IV.A, Land Use and Land Use Planning, Section IV.D, Transportation and Circulation, and Section IV.E, Air Quality, do not discuss the impacts of the Hospital Façade Design Variant separately, because its impacts would be the same as the impacts of the proposed project under all of the significance criteria.

Even though 827 Pacific Avenue is no longer part of the proposed project, its use was analyzed in all the background studies for the proposed project and is in the project-plus-cumulative totals. Therefore, as a reasonably foreseeable future project, 827 Pacific Avenue is considered fully as part of the proposed project's cumulative impact analysis.

A. LAND USE AND LAND USE PLANNING

This section examines the effects of the proposed project related to land use and land use planning. The Setting discussion describes the existing land uses in the vicinity of the main project site. Land uses and zoning on the main project site are described first, followed by nearby land uses and zoning, and an overview of the regulatory framework.

The Impacts discussion identifies significance criteria for land use and land use planning impacts of the project, describes the existing land uses on the main project site, and analyzes the changes in land use that would occur if the proposed project were implemented. Cumulative land use and land use planning effects of the proposed project are discussed subsequently. The Off-Street Parking Variant is analyzed where its impacts would differ from those of the proposed project. The land use and land use planning characteristics of the Hospital Façade Design Variant would not differ from the proposed project and that variant does not require additional analysis in this section.

SETTING

MAIN PROJECT SITE

Chinese Hospital is located in the northeast quadrant of San Francisco in the Chinatown neighborhood. The Russian Hill, North Beach, and Telegraph Hill neighborhoods are located to the northwest, north, and northeast of the Chinatown neighborhood, respectively. The Financial District, Downtown (Union Square), and Nob Hill areas are located to the east, south, and west, respectively. The main project site (Assessor's Parcel Number [APN] 192/41) is located on the south side of Jackson Street between Stone Street (on the west) and James Alley (on the east) and is close to the intersections of Jackson and Powell Streets to the west and Jackson and Stockton Streets to the east. There are three structures on the main project site: the 1979 Chinese Hospital at 845 Jackson Street; the 1924 Medical Administration Building (MAB) at 835 Jackson Street (the original Chinese Hospital, built in 1924); and the Chinese Hospital Parking Garage.

West of the main project site, 1140 Powell Street (the garage variant site), which is a part of the Off-Street Parking Variant (APN 192/14), is located on the east side of Powell Street between Washington and Jackson Streets. The garage variant site is occupied by the Powell Street Parking Garage, which contains an automotive repair shop and parking garage.

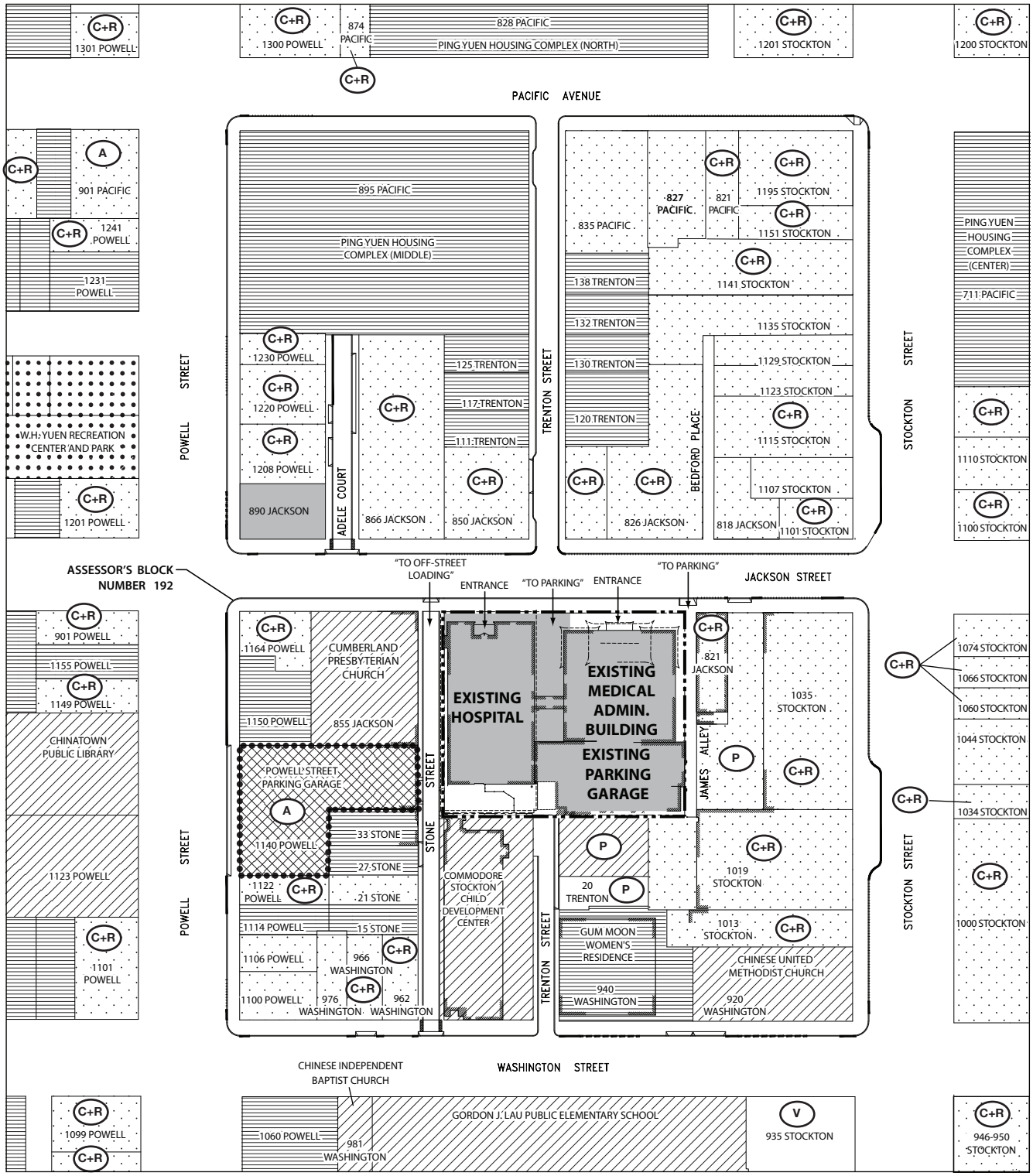
EXISTING NEARBY USES

The main project block is bounded by Jackson Street, Stockton Street, Washington Street, and Powell Street and includes north-south-running interior roads: Stone Street, James Alley, and Trenton Street. Trenton Street and James Alley are discontinuous north-south directional alleys and Stone Street is one-way southbound. On the main project block (Assessor's Block 192) along the south side of Jackson Street between Powell and Stockton Streets and west of Chinese Hospital across Stone Street, there is a three-story mixed-use building with residences above retail and a two-story church building (Cumberland Presbyterian Church) with a day care center (see Figure IV.A.1: Existing Land Uses in Project Vicinity). To the east of the main project site, east of the 1924 MAB and across James Alley, there are two 3-story mixed-use buildings with retail at street level and residences above. Along Stockton Street, there is a three-story mixed-use building with residences above retail, a four-story mixed-use building with residences above retail, and a three-story church building (Chinese United Methodist Church) at the corner of Stockton and Washington Streets. Along Washington Street and immediately south of the main project site are the three-story Gum Moon Women's Residence, the four-story Commodore Stockton Child Development Center (Commodore Stockton CDC)[1] (which includes two playgrounds), two 2- to 3-story residential buildings, and a two-story office building. Along Powell Street, there is a three-story mixed-use building, a single-story office building, a three-story residential building, a two-story parking garage and automotive repair center (the Powell Street Parking Garage, which is included in the Off-Street Parking Variant), and a three-story residential building. Immediately to the southwest of the existing Chinese Hospital building there is one 2-story residential building, two 3-story residential buildings, and one 3-story mixed-use building with residences above that front on Stone Street midblock between Jackson and Washington Streets.

On the block north of the main project site (Assessor's Block 179), 827 Pacific Avenue (formerly a retail furniture store, but currently undergoing renovation)[2] is located on the south side of Pacific Avenue, midblock between Stockton and Powell Streets and just east of the north-south running Trenton Street, an alley that divides the block. On the north side of Jackson Street across from the main project site, there is a four-story medical office building, five 3- to 4-story mixed-use buildings with ground-floor retail and residences above, and a three-story commercial building. The street-level retail spaces include a fish market and a specialty market on each side

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

[2] The Planning Department is reviewing a separate project for this building to convert it to medical center, medical service, and professional service uses. The building has been leased by Chinese Hospital. (Case No. 2012.0354E: 827 Pacific Avenue)



SOURCE: Turnstone Consulting, KCA Engineers

MAIN PROJECT SITE
GARAGE VARIANT SITE
HOSPITAL/MEDICAL USE

RESIDENTIAL
COMMERCIAL/RETAIL
INSTITUTIONAL/PUBLIC USE
OPEN SPACE
STRUCTURED PARKING

GROUND FLOOR COMMERCIAL + RESIDENTIAL ABOVE
SURFACE PARKING
AUTO REPAIR
VACANT

30 0 15 30 60 120
(IN FEET)

CHINESE HOSPITAL REPLACEMENT PROJECT
2008.0762E

FIGURE IV.A.1: EXISTING LAND USES IN PROJECT VICINITY

of Trenton Street directly across from the main project site. On the south side of Pacific Avenue between Stockton and Powell Streets, there is the six-story Ping Yuen Housing Complex (Middle),[3] a one-story restaurant, a two-story single-family residence with retail on the ground floor, and a two-story building with retail on the ground floor and residential uses above. Along the west side of Stockton Street between Jackson Street and Pacific Avenue, there are three 3-story mixed-use buildings with residences above, one 2-story mixed-use building with residences above, two 3-story commercial buildings, and one 4-story commercial building. Along the east side of Trenton Street between Jackson Street and Pacific Avenue, there are four 2- to 3-story residential buildings and, on the west side of Trenton Street, there are three 2-story residential buildings. Along the east side of Powell Street between Jackson Street and Pacific Avenue, there are two 3-story mixed-use buildings with residences above and one 2-story mixed-use building with residences above. On the north side of Pacific Avenue between Stockton and Powell Streets, there is a 3-story building with retail at the ground floor and residential uses above, a 2-story building with retail at the ground floor and residential uses above, the 13-story Ping Yuen Housing Complex (North), and a 2-story building with retail on the ground floor and residential uses above.

On the block east of the main project block (Assessor's Block 193) across Stockton Street between Washington and Jackson Streets, there are five 2- to 4-story mixed-use buildings with residential use above ground-floor retail and a four-story commercial building that front the eastern side of Stockton Street. On the block south of the main project site (Assessor's Block 211) across Washington Street, there is a five-story residential building, a three-story church (Chinese Independent Baptist Church of San Francisco), the Gordon J. Lau Public Elementary School, and a two-story mixed-use building with residences above that front the southern side of Washington Street. On the block west of the main project site (Assessor's Block 191) across Powell Street, between Washington and Jackson Streets, there are three 3- to 4-story mixed-use buildings with residential use above ground-floor retail, a three-story residential building, a two-story Taoist temple (Quong Ming Jade Emperor Palace), and the two-story Chinatown Public Library that front the western side of Powell Street.

EXISTING ZONING DISTRICTS AND HEIGHT AND BULK DISTRICTS

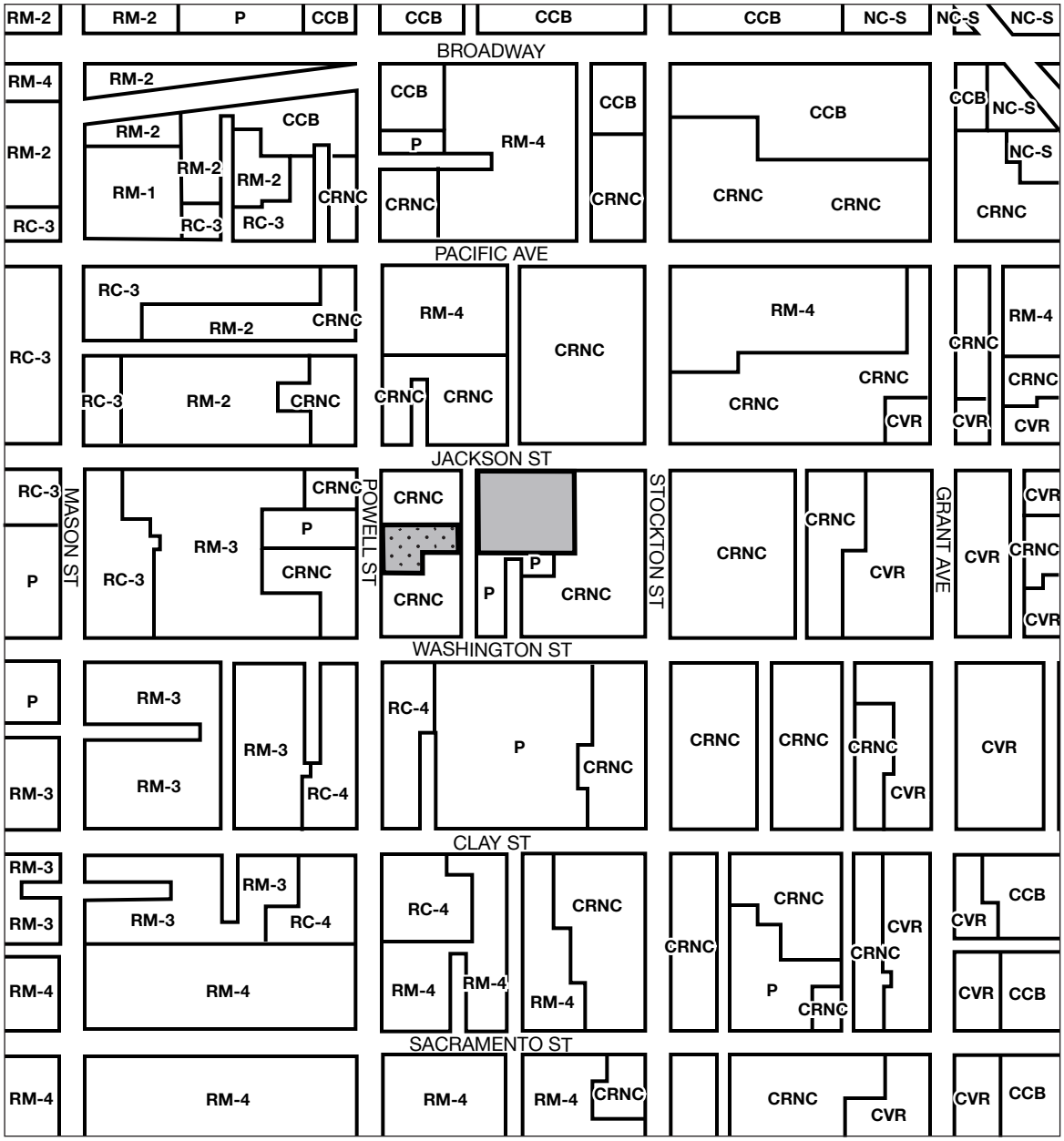
The main project site, the garage variant site (within a block of the main project site), and their immediate surroundings are primarily in the Chinatown Residential Neighborhood Commercial Zoning (CRNC) District with the exception of a few lots to the west and to the south that are in

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

Public (P) Districts. All the lots on the main project block (Assessor's Block 192) are located in the CRNC District, with the exception of the Commodore Stockton CDC, just south of the existing Chinese Hospital, and the surface parking lot, just south of the Chinese Hospital Parking Garage. Both of these lots are in a Public (P) District.[4] The area surrounding the main project site is characterized by a mixture of zoning districts including Residential, Mixed, High Density (RM-4) to the north and northeast; Chinatown Visitor Retail (CVR) along Grant Avenue to the east; Residential-Commercial Combined, High Density (RC-4) to the south; Residential, Mixed, Medium Density (RM-3) to the west; and Residential House, Three-Family (RH-3) and Residential-Commercial Combined, Medium Density (RC-3) to the northwest. The areas to the north of the main project block across Jackson Street, to the west along Powell Street, to the south along Washington Street, and to the east along Stockton Street are all in the CRNC District, with the following exceptions: the San Francisco Housing Authority's Ping Yuen Housing Complex, which is in a Residential, Mixed, High Density (RM-4) District and located to the north along Pacific Avenue, Powell Street, and Trenton Street; the Gordon J. Lau Public Elementary School, which is in a P District and located midblock on the south side of Washington Street between Powell and Stockton Streets; lots on the western portion of the block on the south side of Washington Street between Powell and Stockton Streets, which are in a Residential-Commercial Combined, High Density (RC-4) Zoning District; and the Chinatown Public Library and Woh Hei Yuen Recreation Center and Park, which are in P Districts on the west side of Powell Street between Washington Street and Pacific Avenue. See Figure IV.A.2: Existing Zoning Districts.

The main project site and garage variant site are located at the southern end of a 65-N Height and Bulk District that generally encompasses the east- and west-facing lots along Powell Street between Broadway and Washington Street, as well as the north- and south-facing lots on Broadway, Pacific Avenue, Jackson Street, and Washington Street (south-facing lots only) from the midblock between Powell and Mason Streets to the midblock between Powell and Stockton Streets. The east- and west-facing lots along Stockton Street between Broadway and Sacramento Street are in a 65-85 N Height and Bulk District. The majority of the lots to the south and west of the main project block are in a 65-A Height and Bulk District, with exceptions along the west side of Powell Street, south of Clay Street, where east-facing lots are in various Height and Bulk Districts ranging from 85-D to 320-E. North of the main project site (and the boundaries of the 65-N Height and Bulk District), most of the lots north of Broadway are in a 40-X Height and Bulk District. See Figure IV.A.3: Existing Height and Bulk Districts, on p. IV.A.7.

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



SOURCE: City and County of San Francisco, 2011

N

0 500

FEET

ZONING USE DISTRICTS

RESIDENTIAL, HOUSE DISTRICTS
RH-3

RESIDENTIAL, MIXED (APARTMENTS & HOUSES) DISTRICTS
RM-1 RM-2 RM-3 RM-4

NEIGHBORHOOD COMMERCIAL DISTRICTS
NC-S

COMMERCIAL DISTRICTS
C-3-R

CHINATOWN MIXED USE DISTRICTS
CRNC CVR CCB

RESIDENTIAL-COMMERCIAL DISTRICTS
RC-3 RC-4

PUBLIC DISTRICT
P

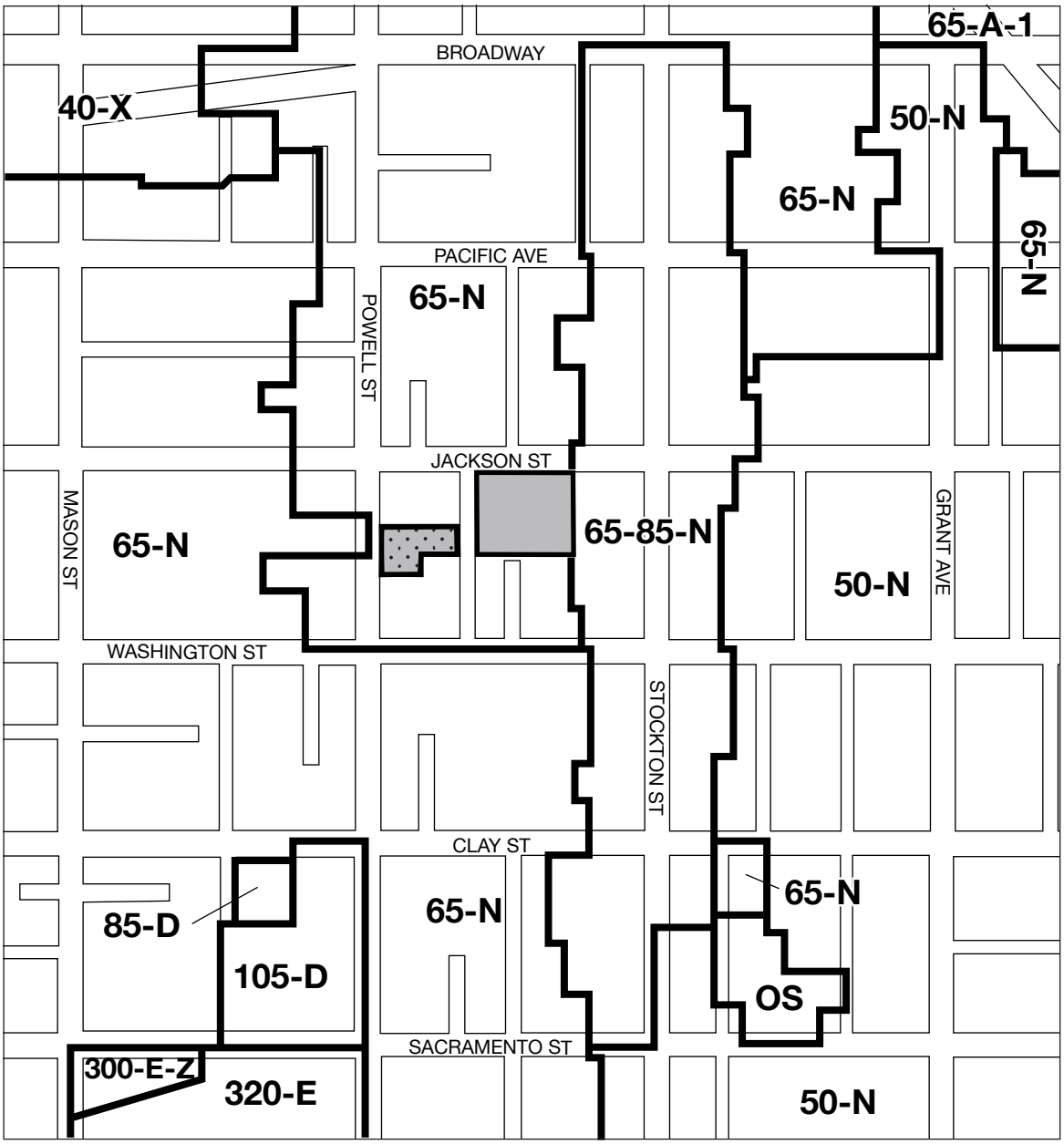
MAIN PROJECT SITE (CRNC ZONING DISTRICT)

GARAGE VARIANT SITE (CRNC ZONING DISTRICT)

CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE IV.A.2: EXISTING ZONING DISTRICTS



SOURCE: City and County of San Francisco

HEIGHT AND BULK DISTRICTS

OS ← *"Open Space"* District

"Numbers" are Height Limits in feet. See Planning Code Section 250 and following.

"Letters" refer to Bulk Limits. See Planning Code Section 270.

00-Z-1 ← *"Suffix Numbers"* identify districts in which special regulations apply. See Planning Code Sections 263 and following.

N

0 500

FEET

Main Project Site

Garage Variant Site

FIGURE IV.A.3: EXISTING HEIGHT AND BULK DISTRICTS

EXISTING CHARACTER

The surrounding areas include the densely populated, predominantly low- to mid-rise residential and commercial Stockton Street corridor, between Broadway and Sacramento Street.[5] Stockton Street is a major commercial corridor for the Chinatown neighborhood and, along with Powell Street, contains a substantial amount of housing, as well as major community institutions that support Chinatown and the larger Chinese community. These institutions include the Chinese Consolidated Benevolent Association, St. Mary's Chinese Catholic Center, the Sun Yat-Sen Memorial Hall, the Chinese American Citizens Alliance, and the Cameron House. Most of the mixed-use buildings throughout the Chinatown neighborhood and in the immediate vicinity of Chinese Hospital have ground-level retail with residential uses above.

Buildings in the blocks surrounding the main project block are tightly spaced, and many of them are architecturally distinct, displaying stylized architectural features recognizable throughout San Francisco's Chinatown. West of Powell Street, the neighborhood becomes more residential, and the buildings do not display the stylized architectural features typical in Chinatown. Most buildings in the vicinity of the main project block have street-level retail, with attached awnings or overhangs and items for sale displayed along the sidewalks. These distinct market frontages, combined with high levels of foot and vehicle traffic, make the project area streets and sidewalks appear narrow. The sidewalk on Jackson Street in front of the main project site is 10 feet wide, and the sidewalk on Powell Street in front of the garage variant site is 8 feet wide. The Stone Street sidewalks are 3.5 feet wide and the Trenton Street sidewalks (between Jackson Street and Pacific Avenue) are 5 feet wide. There is one discontinuous sidewalk on the east side of Trenton Street south of the main project site between Washington Street and the rear entrance of the Chinese Hospital Parking Garage.

The Woh Hei Yuen Recreation Center and Park on Powell Street at John Street (near Jackson Street) is less than a block to the northwest of the main project site. Portsmouth Square is about three blocks southeast of the main project site. There are two playgrounds at the Commodore Stockton CDC, one at ground level off Trenton Street and the other at the roof level, located in the middle of the building roof area. One of the four playgrounds on the Gordon J. Lau Public Elementary School campus participates in the Mayor's Office of Education – Shared Playground

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

Initiative.[6] This playground is accessed by the public via a gate on Clay Street between Stockton and Powell Streets from 9 A.M. until 4 P.M. on weekends.

PLANNED AND APPROVED DEVELOPMENT IN THE PROJECT SITE VICINITY

There are several proposals under consideration within a quarter-mile radius of the main project site, including the Central Subway Project, 1199 Mason Street, 740 Washington Street, 34 Pleasant Street, 414 Vallejo Street, 1020 Broadway, and 1001 California Street, and 827 Pacific Avenue.[7] All of these projects have filed formal applications, and several have received their entitlements. These projects are considered reasonably foreseeable future projects for the purposes of this EIR and are already accounted for in City local/regional growth projections that provide the context for the City's plan-based approach to cumulative impact analyses in this EIR. These projects are described below to provide a local context for the discussion of potential cumulative impacts.

The Central Subway Project, which is the second phase of the San Francisco Municipal Transportation Agency's Third Street Light Rail Project, is a 1.7-mile-long extension of Muni light rail service from its present terminus at Fourth and King Streets to Jackson and Stockton Streets. The Central Subway Project is currently under construction and is scheduled to be completed in 2018.[8] It will provide underground light rail service that connects the Mission Bay and South Beach neighborhoods to the South of Market, Downtown, and Chinatown neighborhoods. Currently, public transit in the vicinity of the Central Subway corridor operates in the form of surface buses. Underground light rail service would reduce travel times on public transit and relieve traffic congestion in the vicinity of the Central Subway corridor. Surface improvements associated with the Central Subway Project include new Muni platforms and stations. In the vicinity of the main project site, excavation would occur along the Stockton Street right-of-way, and an approximately 19,000-square-foot (sq. ft.), two-story building at the southwest corner of Washington and Jackson Streets (933-949 Stockton Street) will be

[6] The Community Hubs Pilot Project opens up the yards of selected schools in each San Francisco Supervisorial District to serve the community's need for more open space. Accessed online at http://www.sfmayor.org/index.aspx?page=198 on February 27, 2012.

[7] A list and a map of the cumulative development projects were provided by the Planning Department on February 27, 2012. Copies of these documents on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 2008.0762E.

[8] Central Subway website, http://centralsubwaysf.com/content/timeline, accessed March 30, 2012.

demolished to create space for a new one-story Chinatown Muni Station,[9] resulting in the loss of 18 dwelling units.

The proposed project at 1199 Mason Street is a replacement of the existing Chinese Recreation Center. The proposed new recreation center would include approximately 21,990 gsf of space for a gymnasium, three multi-purpose rooms, supporting facilities such as offices, restrooms, mechanical and electrical rooms, and storage. The proposed project at 740 Washington Street (the proposed Tom Do Hing Senior Center) would replace an existing vacant three-story building with a four-story, mixed-use building. The proposed new senior center would include approximately 18 dwelling units on the upper floors (approximately 9,578 gsf), approximately 4,450 gsf of institutional uses at the ground floor, and 3,308 gsf of basement building and support space. The proposed project at 34 Pleasant Street would convert an existing residential duplex into a triplex, adding one dwelling unit. The proposed project at 414 Vallejo Street would seismically reinforce the existing building and convert an existing housekeeping unit within the residential structure into a third residential unit, adding one dwelling unit. The proposed project at 1020 Broadway would involve a three-lot subdivision and the construction of three two-unit buildings, one on each newly subdivided lot. The proposed buildings would total approximately 19,000 gsf and would add six new dwelling units. The proposed project at 1001 California Street would convert and renovate the existing partial basement and the first- and second-floor commercial space into residential floors, creating a total of 15 new dwelling units.

The proposed project at 827 Pacific Avenue, which was a part of this proposed project at the time of the NOP/IS as described in Chapter I, Introduction and Background, on p. I.4, and in Chapter II, Project Description, on pp. II.41-II.42, would consist of the conversion of approximately 8,680 gsf of existing retail space with ancillary office and storage spaces to Chinese Hospital's Radiology Center in the building's basement and first floors on a permanent basis, professional services at the first floor on a permanent basis, with an infusion clinic at the second floor on a temporary basis until November 30, 2016.[10]

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[9] The 933-949 Stockton Street location (APN 211/1) was identified in the *Central Subway Project Final SEIS/SEIR* – Volume I, September 2008 as a potential site for construction staging as part of the Central Subway project's underground construction work for development of the Chinatown Station. As analyzed in the SEIR/SEIS the 933-949 Stockton Street building was to be demolished and used for staging. The site was to be developed to its maximum potential under the Planning Code. The analysis in this EIR uses the San Francisco Municipal Transportation Agency's most recent conceptual plan. The *Central Subway Central Subway Project Final SEIS/SEIR* and the latest information from the SFMTA's Central Subway Project website are available for public review at the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project files, in Case File No. 96.281E and Case File No. 2008.0762E, respectively.

[10] Case No. 2012.0354E: 827 Pacific Avenue.

When taken together, these seven projects would add approximately 41 dwelling units and approximately 31,494 gsf of cultural/institutional/educational space to this area.

REGULATORY FRAMEWORK

Chapter III, Plans and Policies, describes in detail the San Francisco land use regulatory framework relevant to the proposed project, including the *San Francisco General Plan*, the San Francisco Planning Code, and the Zoning Maps. Compatibility with existing zoning and plans is discussed in that chapter. Specific *General Plan* policies that are applicable to the proposed project and relevant to land use and land use planning include the following:

- Urban Design Element, Policy 2.8: Maintain a strong presumption against the giving up of street areas for private ownership or use, or for construction of public buildings.
- *Chinatown Area Plan*, Policy 2.2: Base zoning on the generalized land use and density map below.

The physical environmental impacts that could result from potential inconsistencies between the proposed project and these policies are discussed under Impact LU-2 on pp. IV.A.16-IV.A.18.

IMPACTS

SIGNIFICANCE CRITERIA

The City and County of San Francisco has not formally adopted significance thresholds for impacts related to land use and land use planning. The Planning Department's Initial Study Checklist provides a framework of topics to be considered in evaluating a project's impacts under CEQA. Implementation of a project could have a potentially significant impact related to land use and land use planning if the project were to:

A.1 Physically divide an established community;

A.2 Conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (including, but not limited to, the general plan, specific plan, local coastal program, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect; or

A.3 Have a substantial impact upon the existing character of the vicinity.

APPROACH TO ANALYSIS

The analysis compares the changes in land use that would occur under the proposed project with the existing land use environment as of the date of publication of the NOP/Initial Study in May 2011. The analysis considers whether the proposed project would contribute to a physical division of an established community by creating physical barriers or obstacles to circulation that

would restrict existing patterns or movements. The project's contribution to the continuation and intensification of existing land uses is also considered.

The analysis of the project's effects on existing land use character includes consideration of the proposed development relative to the existing land use context. An adverse effect would occur if a new use were placed next to an incompatible existing use. The analysis also discusses whether the project would be consistent with applicable land use plans and policies that were adopted for the purpose of avoiding or mitigating an environmental impact. Land use policies are policies that pertain to the type, location, and physical form of new development.

CEQA Guidelines, Section 15125(d), states that an EIR shall discuss any inconsistencies between a proposed project and applicable general plans and regional plans. Chapter III, Plans and Policies, of this EIR includes a comprehensive discussion of this topic.

The project's contribution to cumulative land use impacts is evaluated in the context of existing, proposed, and reasonably foreseeable future development expected in the vicinity discussed under "Planned and Approved Development in the Project Site Vicinity," on pp. IV.A.9-IV.A.11.

The primary land use and land use planning difference between the proposed project and the Off-Street Parking Variant is that project-related parking demand and Planning Code-required bicycle parking spaces would be accommodated at the existing Powell Street Parking Garage (the garage variant site) rather than at nearby public parking garages. The Powell Street Parking Garage would also accommodate engineering shop and storage space displaced as a result of the demolition of the 1924 MAB. The garage variant site is not part of the proposed SUD. Unless otherwise stated, the conclusions presented are the same for the Off-Street Parking Variant as for the proposed project.

There is no difference in land use and land use planning characteristics between the proposed project and the Hospital Façade Design Variant. For this reason, the land use impact conclusions for the proposed project also apply to the Hospital Façade Design Variant. Therefore, this variant does not require further analysis in this section.

PROJECT FEATURES

Proposed Project

The proposed project would be a continuation and intensification of the existing hospital land use on the main project site. No off-street parking is proposed.

On the main project site the Chinese Hospital Association (the project sponsor) proposes to demolish the 1924 MAB at 835 Jackson Street and the Chinese Hospital Parking Garage, and

construct a 101,545-gsf, seven-story, 90.5-foot-tall[11] Replacement Hospital in their place on the eastern half of the site. There would be an increase in space devoted to hospital uses from approximately 73,161 gsf to 144,913 gsf, a part of which would be the introduction of a new 22-bed skilled nursing facility. There would be 54 acute-care patient beds, the same number of beds as in the 1979 Chinese Hospital; however, acute-care patient beds would be in primarily single-bed private patient rooms, which is the current state of practice. The 1979 Chinese Hospital would remain in operation until the proposed Replacement Hospital is fully functional to provide uninterrupted health care service. It would then be renovated, as part of the proposed project's second phase of construction, to serve as Chinese Hospital's Medical Administration and Outpatient Center (MAOC).

A proposed Special Use District (SUD) would apply to the main project site. The proposed SUD would support the expansion and development on the main project site of medical services in the CRNC District.

Off-Street Parking Variant

With the Off-Street Parking Variant, the project would include the Powell Street Parking Garage at 1140 Powell Street,either as a long-term lease or by purchase as part of the proposed development. An existing automotive repair shop in the Powell Street Parking Garage would be replaced with 32 parking spaces. With minor interior modifications, the Powell Street Parking Garage would provide a total of approximately 56 off-street parking spaces (86 valet-parked spaces) for Chinese Hospital's use, and approximately 7,830 gsf of space for the hospital engineering shop and hospital storage, which under the proposed project would be moved from the 1924 MAB to leased space close to the main project site in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods. For the Off-Street Parking Variant, the building programs and space allocation at the main project site would be the same as for the proposed project (see Table II.1: Summary of Existing and Proposed Building Characteristics, Main Project Site, in Chapter II, Project Description, on p. II.12). The proposed SUD would not apply to this garage variant site.

[11] This height excludes a 30-foot-tall mechanical penthouse above the roof.

IMPACT EVALUATION

The discussion below analyzes the impacts of the proposed project and the Off-Street Parking Variant that are related to land use and land use planning. The Hospital Façade Design Variant is not discussed further as its impacts would be the same as those of the proposed project.

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

Proposed Project

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

The proposed Replacement Hospital building and conversion of the 1979 Chinese Hospital to an MAOC would not introduce a new land use into the project area, but would replace the existing Chinese Hospital building in order to comply with seismic requirements of SB 1953 and continue to deliver healthcare services to the community. Prior to the 1906 earthquake, healthcare services for the Chinatown community had been provided at the Tung Wah Dispensary, built at 828 Sacramento Street in 1899 (about three blocks to the southeast of the main project site). Shortly after the 1906 earthquake, the Tung Wah Dispensary was reconstructed less than a block south from the main project site, near Washington and Trenton Streets. As demand for healthcare services increased, the first Chinese Hospital was constructed in 1924 at 835 Jackson Street. In 1979, all healthcare services were transferred to the newly constructed Chinese Hospital at 845 Jackson Street, immediately to the west of the 1924 building. The historic Chinese Hospital building is now the current 1924 MAB and houses administrative and hospital support functions. The Chinese Hospital Parking Garage was constructed in 1992 at the rear of the 1924 MAB. Thus, development of the project at the main project site is a continuation and intensification of existing hospital and medical uses on the site.

Prominent land uses in the immediate vicinity of the main project site that contribute to the institutional character of the existing established community include the Woh Hei Yuen Recreation Center and Park, the Chinatown Public Library, and a Buddhist Temple on the west side of Powell Street west of Chinese Hospital, the Cumberland Presbyterian Church immediately west of Chinese Hospital (across Stone Street), the Commodore Stockton CDC immediately south of Chinese Hospital at 949 Washington Street, the Gum Moon Women's Residence at 940 Washington Street south of the 1924 MAB on the main project site, the Chinese United Methodist Church at 920 Washington Street south of the 1924 MAB on the main project site, and the Gordon J. Lau Public Elementary School located to the south of the main project site across Washington Street at the midblock. About one block away from the main project site are the Ping Yuen Housing Complex (Middle) at 895 Pacific Avenue to the north, the Ping Yuen Housing Complex (North) at 828 Pacific Avenue to the north, San Francisco Fire Department Station No. 2 at 1367 Powell Street to the northwest, and the Ping Yuen Housing Complex (Central) at 711 Pacific Avenue to the northeast.

The proposed project would involve the demolition of the 1924 MAB and the Chinese Hospital Parking Garage and construction of the proposed Replacement Hospital building on the vacated, approximately 0.25-acre area (approximately 11,526 sq. ft.) of the main project site. The proposed Replacement Hospital building would be incorporated into the established street and block pattern and would create no impediment to the passage of people or vehicles. The proposed Replacement Hospital building would be constructed entirely within the boundaries of the vacated area on the main project site. The main lobby entrance of the existing Chinese Hospital building would continue to provide access to the hospital on the main project site during project construction and operation.

Project-related demolition and construction activities could temporarily disrupt access to and from the main project site. Protected pedestrian walkways would be provided around the main project site during construction. Temporary circulation impacts during construction are described in Impact TR-7 on pp. IV.D.52-IV.D.55, operational pedestrian circulation is discussed in Impact TR-3 on pp. IV.D.45-IV.D.46, and operational traffic circulation is discussed in Impact TR-1 on pp. IV.D.36-IV.D.37, in Section IV.D, Transportation and Circulation.

Once project demolition and construction are complete, the sidewalk and access to the main project site would be fully restored, and would not physically divide the project site or surrounding neighborhood. For these reasons, the proposed project would not physically divide an established community, and its impact related to this issue would be less than significant. No mitigation measures are necessary.

Off-Street Parking Variant

The Off-Street Parking Variant would be the same as the proposed project in all aspects except that it would include the Powell Street Parking Garage at 1140 Powell Street. An existing automotive repair shop in the garage would be replaced with parking for Chinese Hospital's use. In addition to parking, the garage would include space for the hospital engineering shop and storage. These land uses already exist on the garage variant site and elsewhere in the project vicinity. The proposed changes to the interior of the Powell Street Parking Garage would not create any physical barriers to neighborhood access, remove an existing means of access, or introduce any land uses that would disrupt the community's established land use patterns. For these reasons, the Off-Street Parking Variant would not physically divide an established community. As with the proposed project, the Off-Street Parking Variant would have less-than-significant land use impacts. No mitigation measures are necessary.

Impact LU-2: Approval of the proposed project would not conflict with applicable land use plans, policies, or regulations of an agency with jurisdiction over the project (including, but not limited to, a general plan, specific plan, local coastal program, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect. ***(Less than Significant)*** **(Criterion A.2)**

Proposed Project

The City's *Chinatown Area Plan*, which is part of the *General Plan*, would be the guiding policy document for the proposed project. Many of this Plan's objectives and policies relate to the overarching goals of maintaining and/or enhancing the area's livability and preserving the area's historic and aesthetic resources. The *Chinatown Area Plan* contains policies that relate to physical environmental issues, such as land use and land use planning, historic preservation, urban form, sunlight and wind, transportation, and seismic safety. The proposed project is also subject to land use policies in the Urban Design Element of the *General Plan*, certain zoning regulations applicable in the CRNC District, and restrictions imposed by the height and bulk limits applicable to the project site. As discussed in Chapter III, Plans and Policies, pp. III.4-III.5, the proposed project could have potential consistency issues with certain of these objectives, policies and controls.

Also as discussed in Chapter III, on pp. III.7-III.13, as part of the project, the project sponsor has proposed legislative land use amendments, including: (1) the establishment of a Special Use District (SUD) overlay to the CRNC District that would apply to the main project site; (2) an amendment to Zoning Map HT01 to reclassify the height and bulk limits of the main project site from 65-A to 110-G and (iii) amendments to *Chinatown Area Plan* Map 1: Generalized Height Plan and the applicability of the Design Criteria for Bulk and Massing Diagram. These proposed changes and others included in the proposed legislative land use amendments would address the

proposed project's potential inconsistencies with current zoning controls, height and bulk controls, floor area ratio limits, and use size restrictions, among other controls that are applicable to the main project site, and they would allow for the development of the proposed seven-story Replacement Hospital building on the main project site.

Decision-makers could choose to adopt such legislative land use amendments as part of their consideration of the proposed project approvals. If the proposed legislative land use amendments (including the amendments to the applicable plans and policies) are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between the proposed project and applicable local plans and policies would be resolved and, on balance, the project would not obviously conflict with and would be generally consistent with plans, policies, and objectives applicable to the proposed project.

Physical changes to the land use character of the main project site, with the main project site being zoned for taller and bulkier buildings, would increase the intensity of land uses on the main project site, compared to existing conditions. Certain physical environmental effects of the proposed project related to the proposed legislative amendments were analyzed in the appropriate sections of the NOP/IS and were found to be less than significant. See Appendix A, Notice of Preparation of an EIR/Initial Study, for a discussion of employment and housing impacts (Checklist Topic E.3, Population and Housing, pp. 72-79) and wind and shadow impacts (Checklist Topic E.9, Wind and Shadow, pp. 141-150). Additional potential physical environmental impacts are also analyzed in Section IV.B, Aesthetics, pp. IV.B.21-IV.B.28, and Section IV.C, Historic Architectural Resources, pp. IV.C.20-IV.C.26). The physical land use impacts that would result from implementation of the proposed project following the adoption of the proposed legislative amendments are discussed in this section under Impact LU-1, pp. IV.A.14-IV.A.16, and Impact LU-3, pp. IV.A.18-IV.A.20.

In conclusion, if the proposed legislative land use amendments (including the amendments to the applicable plans and policies) are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between the proposed project and applicable local plans and policies would be resolved and, on balance, the project would not obviously conflict with and would generally be consistent with applicable policies and objectives applicable to the project. The revised land use and design controls proposed as part of the proposed legislative land use amendments and the project approvals, as they relate to the development on the main project site, could have secondary or indirect effects on the environment, and these were analyzed in the NOP/IS or are analyzed elsewhere in this EIR, specifically in Section IV.B, Aesthetics, and Section IV.C, Historic Architectural Resources. As stated earlier, the conflict between a project and a *General Plan* policy or Planning Code regulation is not, in and of itself, a significant effect on the environment within the context of CEQA, and the staff report for the Planning Commission will contain the Planning Department's

full analysis of the project's consistency with *General Plan* policies and zoning, and will discuss any exceptions requested or modifications required. The decision-makers will consider potential conflicts between the proposed project and applicable plans, policies, and regulations as part of their deliberations regarding whether or not to approve the proposed project, one of the project variants, or one of its alternatives. As a result, the proposed project would have less-than-significant land use impacts. No mitigation measures are necessary.

Off-Street Parking Variant

Like the proposed project, the Off-Street Parking Variant could have potential consistency issues with certain zoning regulations of the CRNC District and the height and bulk limits applicable to the main project site. The Off-Street Parking Variant would request the same legislative land use amendments being requested under the proposed project, but the proposed SUD overlay would not include the garage variant site at 1140 Powell Street. As with the proposed project, if the proposed legislative land use amendments (including the amendments to the applicable plans and policies) are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between the Off-Street Parking Variant and applicable local plans and policies would be resolved and, on balance, the project would not obviously conflict with and would be generally consistent with applicable policies and objectives applicable to the project. The revised land use and design controls proposed as part of the proposed legislative land use amendments and the project approvals, as it relates to the Off-Street Parking Variant, could have secondary or indirect effects of the on the environment and these were analyzed in the NOP/IS or are analyzed elsewhere in this EIR, specifically in Section IV.B, Aesthetics, and Section IV.C, Historic Architectural Resources. The Off-Street Parking Variant would have less-than-significant land use impacts. No mitigation measures are necessary.

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

Proposed Project

The main project site is located midblock along Jackson Street between Powell and Stockton Streets. Powell Street includes the infrastructure for Muni's Powell-Hyde and Powell-Mason cable car lines, while Stockton Street accommodates multiple Muni bus lines; both are important transportation corridors for Chinatown residents, visitors, and workers. Land uses on the main project block are a mix of educational, religious, residential, and commercial buildings of different size, age, and architectural style, some of which are part of a proposed Chinatown historic district. Building heights vary from 2 to 6 stories on the main project block, and from 11 to 16 stories in the greater project vicinity; e.g., the 16-story Mandarin Tower at 934 Stockton Street to the southeast, the 13-story Ping Yuen Housing Complex (North) at 828 Pacific Avenue to the north, and the 7-story Ping Yuen Housing Complex (Central) at 711 Pacific Avenue to the

east. Low- and mid-rise residential, commercial, religious, and educational buildings contribute to the varied mixed-use character of the immediate area around the main project site. The surrounding area also includes office, ground-floor retail, restaurant and bar, bank, hotel, and parking uses.

The proposed Replacement Hospital building and conversion of the 1979 Chinese Hospital building to an MAOC would not introduce a new land use into the project area, but would replace the existing 1979 Chinese Hospital building in order to comply with seismic requirements of SB 1953 and continue to deliver healthcare services to the community. Healthcare services have been provided on the main project site since 1924, when the first Chinese Hospital was constructed. The original five-story Chinese Hospital (currently the 1924 MAB) operated for over five decades before being replaced by the existing 1979 Chinese Hospital at 845 Jackson Street. Medical uses on the main project site have co-existed with adjacent residential, commercial, educational, and religious land uses for over 100 years. Over this period of time, various physical changes to the main project site have occurred, including the construction of the existing Chinese Hospital in 1979 and the three-level Chinese Hospital Parking Garage in 1992.

The proposed seven-story, 90.5-foot-tall (excluding the 30-foot-tall mechanical penthouse) Replacement Hospital would be constructed on the vacated footprints of the existing five-story, 78-foot-tall (excluding the 14-foot-tall mechanical penthouse) 1924 MAB and three-story, 24-foot-tall Chinese Hospital Parking Garage, and would be comparable in scale, but taller and bulkier, than the existing, five-story, 81.5-foot-tall (excluding the 14-foot-tall mechanical penthouse) 1979 Chinese Hospital building adjacent to it and other buildings in the immediate vicinity.

Among the buildings that contribute to the architecturally distinctive character of the surrounding area are the Commodore Stockton CDC, located immediately south of Chinese Hospital at 949 Washington Street, and the Gum Moon Women's Residence, located south of the 1924 MAB at 940 Washington Street. Additionally, on Map 2 of the *Chinatown Area Plan*, the 1924 MAB at 835 Jackson Street, the 855 Jackson Street building (the Cumberland Presbyterian Church, across Stone Street to the west of the main project site), and the Chinese United Methodist Church at 920 Washington Street are shown as architecturally significant buildings. Most of the remaining buildings on the main project block are identified on this map as architecturally compatible structures.

The proposed design of the Replacement Hospital building would be modern and would more closely resemble the existing 1979 Chinese Hospital building at 845 Jackson, the three-story medical office building at 890 Jackson Street, and the three-story commercial building at 818 Jackson Street, than the 1924 MAB (to be demolished under the proposed project) or other architecturally significant or compatible buildings on the main project block or in the immediate

project vicinity. Development of the proposed Replacement Hospital building and renovations to the existing 1979 Chinese Hospital building, which would become the MAOC, would not introduce new or incompatible land uses into the neighborhood.

The proposed project would result in a densification of uses on-site (particularly an increase in the number of employees, patients, and visitors on the main project site, and in the vicinity) and an associated intensification of uses on this site. The intensification of uses on this site would be consistent with the densely developed character of the project area, which is highly urban with a variety of uses. Development of the proposed project would continue to complement the residential, institutional (including educational and religious), and commercial uses nearby and the overall mixed-use character of the area and would not adversely affect the existing transportation corridors. For these reasons, the proposed project would not substantially alter the existing character of the area near the main project site, and its impact on neighborhood character would be less than significant. No mitigation measures are necessary.

Off-Street Parking Variant

The Off-Street Parking Variant would be the same as the proposed project in all aspects except that it would include the Powell Street Parking Garage at 1140 Powell Street. The proposed changes to the interior of the Powell Street Parking Garage would not introduce any land uses that would be out of character with existing land uses in the project vicinity. The character of the exterior of the building would not change. For these reasons, the Off-Street Parking Variant would not have substantial adverse impacts on the character of the vicinity. As with the proposed project, the Off-Street Parking Variant would have a less-than-significant impact on neighborhood character. No mitigation measures are necessary.

Cumulative Impacts

Impact C-LU-1: The proposed project in combination with past, present, or reasonably foreseeable future projects would result in less-than-significant cumulative land use impacts related to a physical division of an established community; to conflicts with applicable land use plans, policies, or regulations of an agency with jurisdiction over the project (including, but not limited to, a general plan, specific plan, local coastal program, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect; and to the existing character of the vicinity. *(Less than Significant)* (Criteria A.1, A.2, and A.3)

Proposed Project

Muni expects to complete the Central Subway (a 1.7-mile extension of the Third Street Light Rail Project linking Visitacion Valley with Union Square and Chinatown) by 2018. The approved

Central Subway project includes the development of the Chinatown Station at the southwest corner of Washington and Jackson Streets (933-949 Stockton Street), about one block south of the main project site on Jackson Street. The approximately 19,000-sq.-ft., two-story building at 933-949 Stockton Street would be demolished to create space for a new one-story Chinatown Muni Station.

In addition to the Muni Chinatown Station, seven residential and cultural/institutional/educational projects, as described on pp. IV.A.9-IV.A.11, are expected to be developed within an approximately 0.25-mile radius of the main project block. When taken together, these seven projects would add approximately 41 dwelling units and approximately 31,494 gsf of cultural/institutional/educational space to this area.

As discussed under Impact LU-2 above, the proposed project may have potential consistency issues with adopted plans, policies, or regulations of an established agency with jurisdiction over the proposed project; however, legislative land use amendments (including the SUD overlay) would establish height and bulk controls on the main project site that would allow for the development of the proposed seven-story Replacement Hospital building. If the decision-makers choose to approve the proposed legislative land use amendments, the proposed project would not obviously conflict with and would be generally consistent with adopted plans, policies, or regulations. These requested height and bulk controls are specific to the development on the main project site (APN 192/41), any impacts would be project-specific and localized, and the potential for cumulatively considerable impacts is low. Similar to the proposed project, the entitled and proposed reasonably foreseeable future projects that are considered in this cumulative analysis, discussed on pp. IV.A.9-IV.A.11, would be constructed within their respective lot configurations and be incorporated within the established street network. Furthermore, development of the proposed Replacement Hospital building would continue to complement the existing nearby uses in Chinatown and the overall mixed-use character of this part of San Francisco. Thus, the proposed project in combination with reasonably foreseeable future projects would not be expected to cumulatively change the existing neighborhood character or divide an established community. For the reasons discussed above, the proposed project in combination with reasonably foreseeable future projects would have less-than-significant cumulative impacts on land use and land use planning. The proposed project would not make a cumulatively considerable contribution to a significant cumulative land use impact. No mitigation measures are necessary.

Off-Street Parking Variant

The Off-Street Parking Variant would be the same as the proposed project in all aspects except that it would include the Powell Street Parking Garage at 1140 Powell Street. As with the proposed project, the Off-Street Parking Variant, in combination with reasonably foreseeable future projects, would not create any physical barriers to neighborhood access, remove an

existing means of access, or introduce any land uses that would disrupt the community's established land use patterns; would not conflict with any land use plans, policies, or regulations of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect; and would not have a substantial adverse impact on the character of the vicinity. For these reasons, the Off-Street Parking Variant in combination with reasonably foreseeable future projects would have less-than-significant cumulative impacts on land use and land use planning. The Off-Street Parking Variant would not make a cumulatively considerable contribution to a significant cumulative land use impact. No mitigation measures are necessary.

B. AESTHETICS

The Setting discussion in this section describes the existing visual character of the 835-845 Jackson Street project site (the main project site) and its surroundings; presents and describes photographic views of existing conditions of the main project site and its surroundings; and identifies existing visual resources in the project area that could be potentially affected by the proposed project.

The Impacts discussion in this section identifies the considerations applied when evaluating the significance of impacts on visual quality, and describes and evaluates project impacts on existing scenic vistas, scenic resources, and visual character and quality with reference to visual simulations of the proposed project.

As discussed in Chapter II, Project Description, on pp. II.44-II.45, proposed alterations to the Powell Street Parking Garage at 1140 Powell Street under the Off-Street Parking Variant call for interior changes. Minor exterior alterations to the Powell Street Parking Garage would be limited to signage and façade maintenance. Outside of the main project site, there would be no substantial physical changes to building envelopes or exteriors. As such, the Off-Street Parking Variant does not require evaluation in this Aesthetics section.

As presented on p. II.45, a Hospital Façade Design Variant that would call for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings is considered in this EIR. Impacts under the Hospital Façade Design Variant are also analyzed in this section.

SETTING

VISUAL CHARACTER OF THE MAIN PROJECT SITE AND ITS SURROUNDINGS

Main Project Site

The main project site is located on the south side of Jackson Street, midblock between Powell and Stockton Streets. It is bounded by Stone Street on the west and James Alley to the east. The main project site is occupied by three structures: the 1924 Medical Administration Building (1924 MAB) at 835 Jackson Street on the eastern portion of the main project site; the 1979 Chinese Hospital at 845 Jackson Street on the western portion of the main project site; and the Chinese Hospital Parking Garage at the rear (south) of the 1924 MAB. A 20-foot-wide driveway separates the 1979 Chinese Hospital from the 1924 MAB, running north/south from Jackson Street to the parking garage at the rear. Jackson Street slopes upward from east to west, rising approximately 16 feet across the 156-foot width of the main project site's Jackson Street frontage.

The Medical Administration Building

The five-story 1924 MAB was constructed beginning in 1924. It is approximately 78 feet tall (excluding a 14-foot-tall rooftop mechanical penthouse) and has approximately 76 feet of street frontage along the south side of Jackson Street. See Figure IV.B.1: The 1924 MAB – 835 Jackson Street. The Historic Resources Evaluation Report, (HRE), undertaken as part of the environmental review of the proposed project, provides a physical description of the 1924 MAB's visual qualities as follows:

> Chinese Hospital reflects the general trend in the rebuilding of Chinatown to embrace an overtly stylized version of Chinese architecture. While the structure of Chinese Hospital is common among early 20th Century buildings, the decorative and architectural elements denote its connection to the Chinatown community. The stylized pagoda roof, the decorative entrance and the other architectural Chinese elements added to the building create a sense of continuity with the commercial buildings, temples, and other structures associated with Chinatown, although the building is markedly less distinctive than others because these features are relatively limited in scale on a sizeable building…
>
> The exterior of the building is finished with stucco. The building is currently painted an off-white color, with teal, yellow, green and red accents to make the stylized architectural elements more pronounced. The Chinese Hospital is set back from the sidewalk, with a small landscaped area with benches in front of the building to either side of the front entrance. A standing sign in the shape of a stylized Chinese building, with upturned eaves and a red roof marks the hospital…
>
> The Jackson Street elevation is symmetrically organized into three vertical zones, with the slightly recessed central zone being wider than the side bays. The central zone, composed of four window bays at the upper stories, is characterized by the decorative front entrance. The side zones each have two window bays at the first through fourth stories, with a grouping of three windows at the fifth floor. The first story also features a faux-ashlar block design along the Jackson Street elevation. The stylized Chinese architectural elements featured along the roof line and entrance include a pagoda style roof, window decorations, curling eaves and bright colors and are only present at the Jackson Street façade. The second, third, and fourth stories of Chinese Hospital are relatively simple in design at the Jackson Street elevation…
>
> The elaborate front entranceway to Chinese Hospital appears not to have been altered since it was first built. The portico is a combination of Western classical architectural elements and stylized Chinese architecture. A pair of engaged classical columns support an ornamental curly pagoda-style roof over a recessed entrance. The canopy features the same stylized roof tile seen on the pagoda, and is painted the same blues, yellows and reds…[1]

[1] Knapp Architects, *Historic Resource Evaluation: Chinese Hospital* (the HRE), November 2011. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

SOURCE: Kensington Investments, Ltd.

FIGURE IV.B.1: THE 1924 MAB - 835 JACKSON STREET

The 1979 Chinese Hospital

The five-story 1979 Chinese Hospital is approximately 81.5 feet tall (excluding a 14-foot-tall rooftop mechanical penthouse) and has approximately 60 feet of street frontage along the south side of Jackson Street. See Figure IV.B.2: The 1979 Chinese Hospital– 845 Jackson Street. The building presents a regular box-like volume to the street. Above the second floor, a regular grid of vertically oriented window openings punctuates the façade. Glazing is dark-tinted and nearly flush with the façade plane, lending a smooth texture to the façade. The ground floor is transparent and glazed. At the second floor, a band of windows spans the central three bays. This band of windows is deeply recessed, adding some depth to the façade and a play of light and shadow. The building is clad in smooth, light-colored concrete panel. Control joints between panels add visual interest in the play of horizontal and vertical lines on the façade.

The Chinese Hospital Parking Garage

The three-level Chinese Hospital Parking Garage is approximately 24 feet tall. It was built in 1992. Appropriate to its garage function and its location at the rear of the main project site, the parking garage is utilitarian in visual character. It is not a prominent visual element when viewed from the streets and alleyways of the area.

Surrounding Off-Site Visual Context

The scale of existing development on the main project site is considerably larger than the fine-grained scale of development that is typical within the Chinatown area. However, these existing on-site buildings, as well as other large-scaled developments that punctuate the area, do not define the otherwise largely cohesive visual setting of the project area or Chinatown. The *Chinatown Area Plan*, an element of the *San Francisco General Plan*, describes the prevailing scale of Chinatown development as follows:

> The Chinatown area is primarily composed of small-scaled buildings. Most existing buildings are quite low and due to the pattern of the lots, many are relatively short in depth as well. The typical lot size is only 3,500 square feet.
>
> The few large buildings in the area intrude into this fine-scaled texture of development.[2]

[2] San Francisco Planning Department, City and County of San Francisco, *Chinatown Area Plan*, Policy 2.

SOURCE: Kensington Investments, Ltd.

FIGURE IV.B.2: THE 1979 CHINESE HOSPITAL BUILDING - 845 JACKSON STREET

Visual Character of the Main Project Block

The project block is bounded by Powell Street to the west, Jackson Street to the north, Stockton Street to the east, and Washington Street to the south. The project block includes three narrow alleyways running north south within the block (Stone Street, Trenton Street and James Alley). Trenton Street and James Alley are dead-end streets. These alleyways are part of a network of alleyways throughout Chinatown that help to define its fine-grained scale of development, and provide access to interior of blocks and passage through blocks.

Most of the buildings within the main project block were built during the period of reconstruction after the 1906 San Francisco Earthquake and Fire, through the 1920s. Except for the main project site, the scale and visual character of surrounding off-site development within the main project block is generally consistent with the low scale of the Chinatown area described above. Most buildings are three to four stories tall. They generally have a simple, rectangular massing and flat roofs. Façades are characterized by a regular rhythm of vertical bays of punched window openings at the upper floors. Exterior wall finishes are masonry (brick, stucco, or concrete). Most façades are characterized by depth and texture that contribute to a human scale and to a play of light and shadow on building façades. The roofline of the buildings is commonly capped by a cornice or other decorative element at the parapet. A horizontal band course at the floor line of the second story typically sets off a retail ground floor that includes glazed storefronts, awnings and signage.

Buildings fronting the prominent Stockton Street commercial corridor are generally characterized by a larger scale and a greater level of architectural embellishment than that of adjacent sidestreets (the 1924 MAB on the main project site, 940 Washington Street, and 950 Washington Street are notable exceptions to this general pattern). Although some buildings in the vicinity (most notably, the 1924 MAB on the main project site and the Chinese United Methodist Church at 920 Washington Street) incorporate Chinese architectural motifs that are emblematic of Chinatown's visual identity (e.g., tile pagoda roofs, elaborate bracketing, latticed balconies), such features are more prevalent along the more tourist-oriented Grant Avenue commercial corridor, located one block to the west of Stockton Street.

Visual Character of Surrounding Blocks

As with the main project block, the visual character of surrounding blocks to the north, east, and south is generally defined by low-scale, two- to four-story development dating from the period of reconstruction after the 1906 Earthquake. Large-scale residential development within surrounding blocks (like the 6- to 12-story Ping Yuen Housing Complex along Pacific Avenue to the north, and the 16-story Mandarin Tower at 946 Stockton Street to the southwest of the main project block), and large-scale institutional development (like the Gordon J. Lau Elementary

School within the block to the south) punctuate this otherwise largely visually cohesive area. However, the density of intervening development limits visual continuity and interaction between the main project site and these large-scale developments. These large-scale Chinatown developments are not prominent, if visible at all, within close-range and mid-range views of the main project site, and as such, they do not comprise the immediate visual setting of the proposed project.

West of Powell Street, development in the project area takes on a markedly more residential visual character of Nob Hill "Edwardian" flats. In contrast to the simple rectilinear massing and masonry surfaces common to development east of Powell Street, projecting bay windows and wood siding are common to development west of Powell Street. Ground floors are more commonly occupied by residential stoops and garage doors rather than retail storefronts.

Existing Nearby Scenic Vistas

Distant street-level views in densely developed areas of San Francisco (like Chinatown and the project vicinity) are defined, directed, and framed along view corridors created by the streets. A view corridor along Jackson Street looking east from Powell Street directs and frames a scenic view downhill to the terminus of Jackson Street (about 0.75 mile away), the surface of San Francisco Bay, a suspension tower of the Bay Bridge west span (about 2 miles away), and the East Bay Hills beyond (about 12 miles away). The City's *General Plan* identifies the importance of protecting major views in the City, with particular attention to views of open space and water. The Urban Design Element of the *General Plan* includes a map entitled "Quality of Street Views." The map identifies the segment of Jackson Street west of Stockton Street as having "Excellent" views.

The existing buildings on the main project site are also visible within the context of distant scenic vistas of Downtown San Francisco as viewed from elevated publicly accessible locations (like Telegraph Hill to the northeast, and Russian Hill to the northwest), over the rooftops of intervening low-scale development in the Jackson Square, North Beach, and Chinatown neighborhoods.

PHOTOGRAPHIC VIEWS

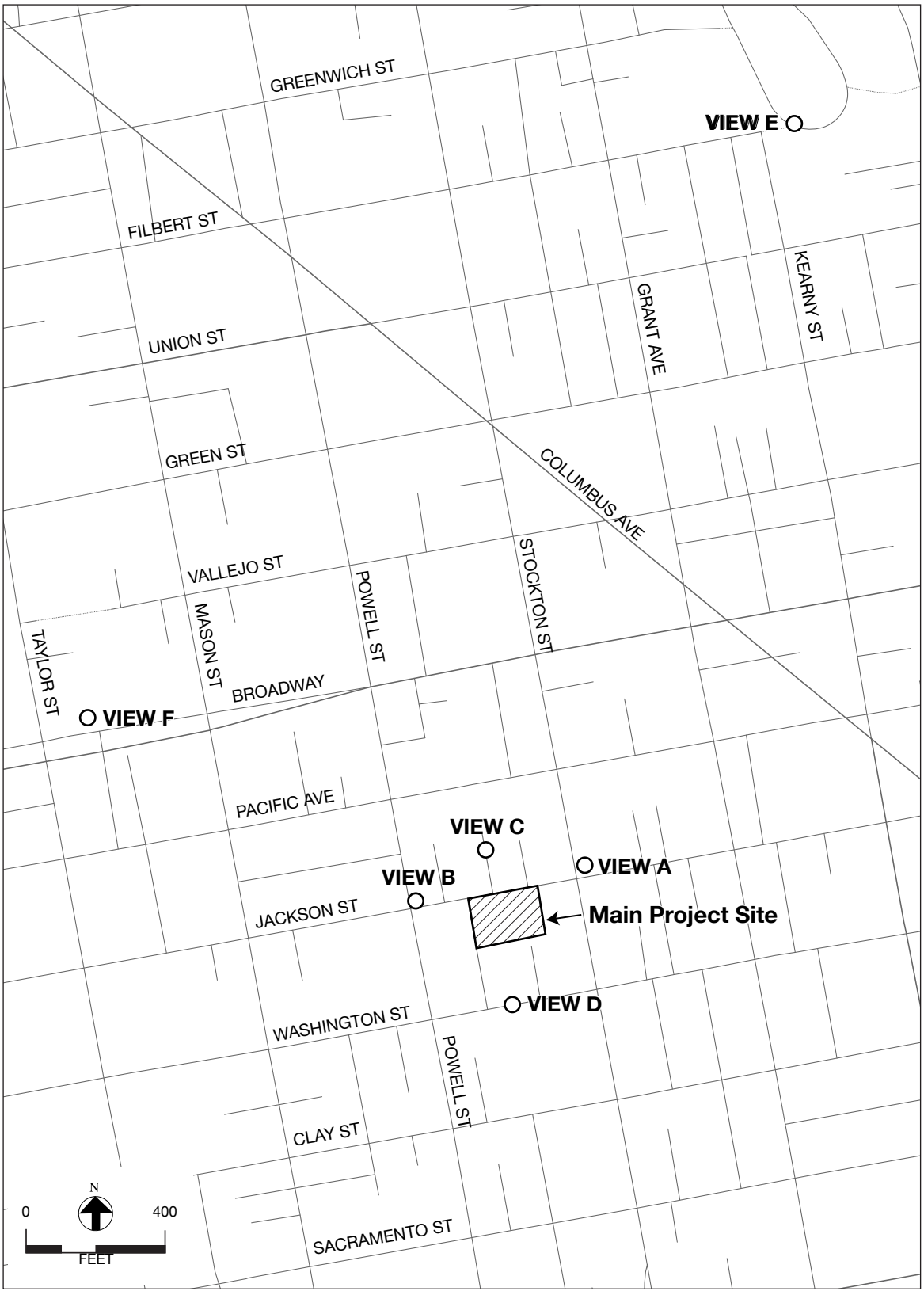
To illustrate existing visual conditions at the main project site and its surroundings in this Setting subsection (and later in this section, to assess the proposed project's aesthetic impact), photographic views from six locations are presented. Figure IV.B.3: Viewpoint Locations, shows the six locations from which photographic views have been taken. These views have been

selected to illustrate existing visual conditions of the main project site and its surroundings when viewed from publicly accessible, pedestrian vantage points around the main project site.[3] In Figures IV.B.4 through IV.B.9, each existing view (denoted as "Existing") is presented along with the same view on which is superimposed a visual simulation of the proposed project for comparison (denoted as "Proposed"), to be discussed later in this section under Impacts.

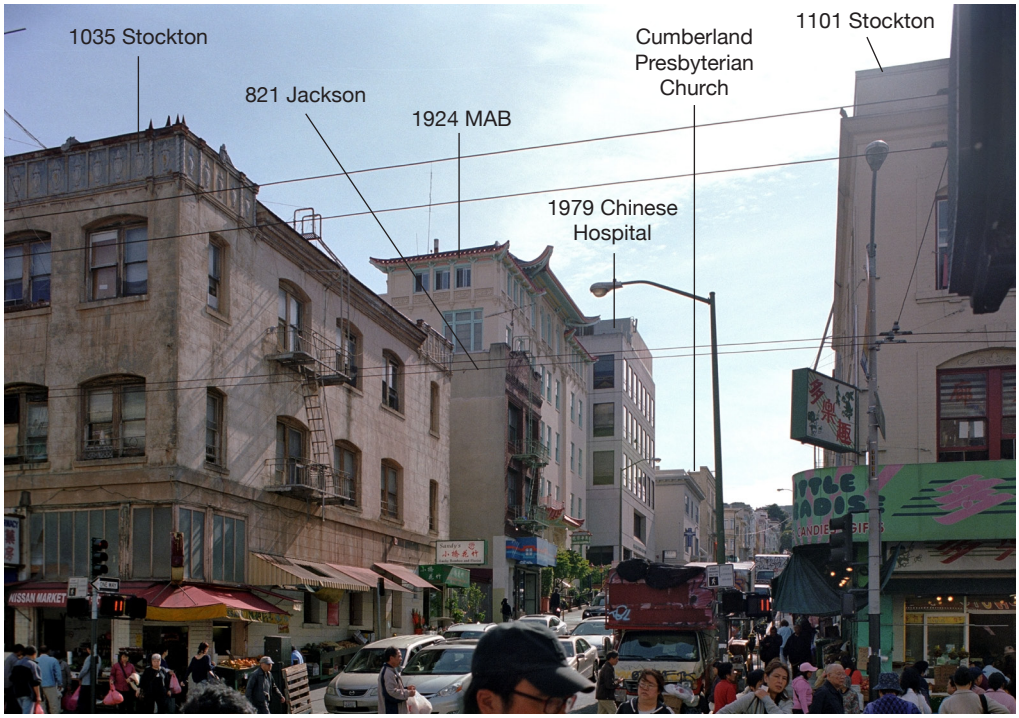
See Figure IV.B.4: View A - View to Main Project Site Along Jackson Street Looking West from Stockton Street (Existing), p. IV.B.10. In this view, the existing 1924 MAB and 1979 Chinese Hospital are seen along the south side of Jackson Street at the middle of the block. At the southwest corner of Stockton Street and Jackson Street is the three-story 1035 Stockton Street building (to the left in this view) and further west is the narrow three-story 821 Jackson Street building. At the northwest corner of Stockton Street and Jackson Street is the three-story 1101 Stockton Street building (to the right in this view). In the distance, beyond the 1979 Chinese Hospital, is the two-story Cumberland Presbyterian Church. Although the existing five-story 1924 MAB is larger in scale than the neighboring buildings of Chinatown, it does not visually overwhelm neighboring properties at its midblock location. The building's setback from Jackson Street decreases its visual presence along Jackson Street. The façade of the 1924 MAB is broken up horizontally into three sections to relieve its width, and is divided vertically into three sections (base, middle, top) to relieve its height. Architectural embellishment at the building entrance and building top also provide a fine-grained texture to allow the building to relate to the fine-grained texture of its surroundings. Likewise, the scale of the existing five-story 1979 Chinese Hospital differs markedly in design from its older neighbors, although it conforms to the basic scale and rectangular volume of its neighbors on this north side of Jackson Street and does not visually overwhelm neighboring buildings in the context of the Chinatown streetscape.

See Figure IV.B.5: View B - View to Main Project Site Along Jackson Street Looking East (Existing). In this view, the existing 1924 MAB and 1979 Chinese Hospital are seen along the south side of Jackson Street at the middle of the block. Along the north side of Jackson Street is the four-story 890 Jackson Street building (to the left in this view). Built in 1957, the building differs markedly in design from its older neighbors, although it conforms to the basic scale and rectangular volume of its neighbors on this north side of Jackson Street. Further east along the north side of Jackson is the four-story 866 Jackson Street building. To the east of the 1979 Chinese Hospital (to the right in this view) is the two-story-plus-basement Cumberland Presbyterian Church. Although larger in scale than neighboring buildings, the existing 1924

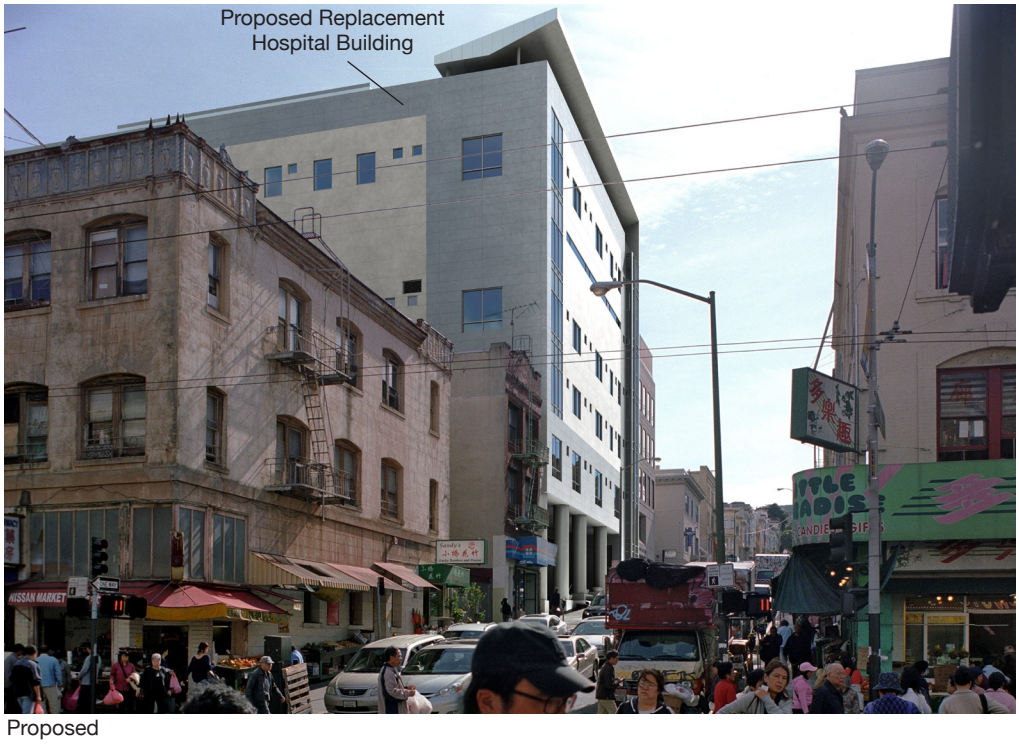
[3] It is not necessary to depict visual conditions at the Powell Street Parking Garage at 1140 Powell Street under the Off-Street Parking Variant. This component does not call for substantial physical changes to the building envelope or exterior.



SOURCE: Turnstone Consulting



Existing



Proposed

SOURCE: Square One Productions

FIGURE IV.B.4: VIEW A - VIEW TO PROJECT SITE ALONG JACKSON STREET LOOKING WEST FROM STOCKTON STREET

Existing

Proposed

SOURCE: Square One Productions

CHINESE HOSPITAL REPLACEMENT PROJECT

FIGURE IV.B.5: VIEW B - VIEW TO PROJECT SITE ALONG JACKSON STREET LOOKING EAST

MAB and the 1979 Chinese Hospital do not overwhelm neighboring buildings in the context of the Chinatown Streetscape. Visible in the distance is the 16-story 630 Sansome Street building (about 0.4 mile away). When looking east along Jackson Street, the water of the Bay, the Bay Bridge west span, and the East Bay Hills beyond are visible at the terminus of Jackson Street, framed by buildings along the Jackson Street view corridor.

See Figure IV.B.6: View C - View to Main Project Site Along Trenton Street Looking South (Existing), p. IV.B.13. In this view, looking south toward the main project site along the Trenton Street alleyway, the narrow streets and low-scale buildings (three to four stories) along the alleyway contribute to an intimate scale at the interior of the block. Existing views along Trenton Street alleyway through the main project block are terminated and enclosed by the second floor connecting bridge that links the 1924 MAB and the 1979 Chinese Hospital, and by the parking garage structure at the rear of the main project site. The garage structure also blocks pedestrian access through the project block along Trenton Street. The Gordon J. Lau Elementary School along the south side of Washington Street is visible rising beyond the connecting bridge. The western edge of the existing 1924 MAB and the eastern edge of the 1979 Chinese Hospital are visible flanking the pedestrian bridge.

See Figure IV.B.7: View D - View to Main Project Site from Washington Street Looking North (Existing), p. IV.B.14. In this view to the interior of the main project block, the rear of the existing 1924 MAB is visible, although not prominent, in the gap between the four-story Commodore Stockton Child Development Center to the west (to the left in this view), and the three-story Gum Moon Women's Residence to the east (to the right in this view).

See Figure IV.B.8: View E - View from Telegraph Hill Looking South from Filbert Steps (Existing), p. IV.B.15. In this distant view from the elevated publicly accessible Filbert Steps on Telegraph Hill, the main project site is visible in the distance (about 0.45 mile away) at the northeast foot of Nob Hill, over the rooftops of the intervening low-scale neighborhoods of Jackson Square, North Beach, and Chinatown. The highrise Downtown Financial District to the south is marked by the 48-story Transamerica Pyramid at 600 Montgomery Street and the 52-story Bank of America building at 555 California Street. The Union Square district is marked by the 35-story Grand Hyatt Hotel at 345 Stockton Street. Nob Hill is marked by the 23-story Fairmont Hotel at 950 Mason Street. Large-scale buildings in the vicinity of the main project site on adjacent blocks are also individually discernible in this view, like the 16-story Mandarin Tower at 946 Stockton Street to the southeast of the main project site and the 6- to 12-story Ping Yuen Housing Complex buildings to the north of the main project site along Pacific Avenue.

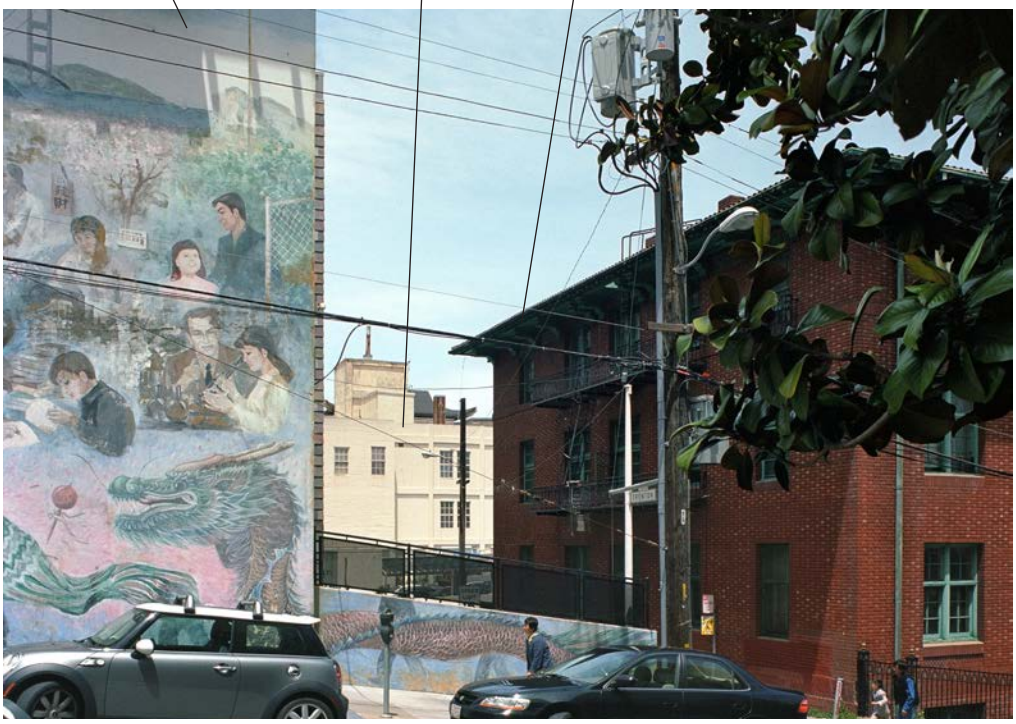
Existing

Proposed

SOURCE: Square One Productions

CHINESE HOSPITAL REPLACEMENT PROJECT

FIGURE IV.B.6: VIEW C - VIEW TO PROJECT SITE ALONG TRENTON STREET LOOKING SOUTH

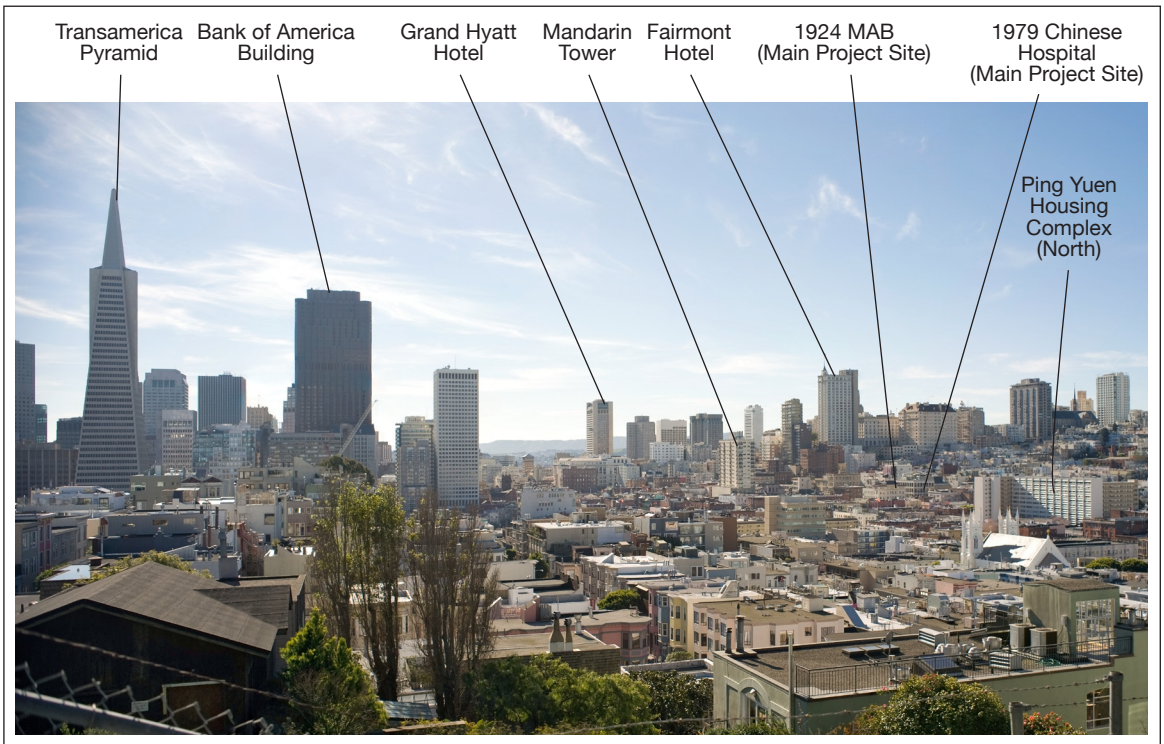


Existing

Proposed

SOURCE: Square One Productions

FIGURE IV.B.7: VIEW D - VIEW TO PROJECT SITE FROM WASHINGTON STREET LOOKING NORTH



Existing

Proposed

SOURCE: Square One Productions

CHINESE HOSPITAL REPLACEMENT PROJECT

FIGURE IV.B.8: VIEW E - VIEW FROM TELEGRAPH HILL LOOKING SOUTH FROM THE FILBERT STEPS

See Figure IV.B.9: View F - View from Ina Coolbrith Park Looking Southeast (Existing), p. IV.B.17. In this distant view from the elevated publicly accessible Ina Coolbrith Park on Russian Hill, the main project site is visible in the distance (about 0.3 mile away) outside of the western edge of the Downtown Financial District, over the rooftops of the intervening low-scale neighborhoods at the base of Russian Hill and Chinatown. The highrise Downtown Financial District is marked by the 48-story Transamerica Pyramid and the 52-story Bank of America building. Large-scale buildings in the vicinity of the main project site on adjacent blocks are also individually discernible in this view, like the 16-story Mandarin Tower at 946 Stockton Street to the southeast of the main project site and the 6- to 12-story Ping Yuen Housing Complex buildings to the north of the main project site along Pacific Avenue.

REGULATORY FRAMEWORK

Identified below are applicable policy documents that will inform the design review of the proposed project.

San Francisco General Plan

The City's *General Plan* provides policies and objectives to guide urban design decisions. City decision-makers will evaluate the proposed project in accordance with provisions of relevant *General Plan* plans and policies.

Urban Design Element

Policies of the *General Plan* related to the topic of aesthetics are found in the Urban Design Element. The Urban Design Element calls for preserving and enhancing views and visual quality, and calls for new development to complement existing patterns of development.

Relevant *Urban Design Element* policies include the following:

Policy 2.4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

Policy 2.8: Maintain a strong presumption against the giving up of street areas for private ownership or use, or for construction of public buildings.

Chinatown Area Plan

The *Chinatown Area Plan,* an element of the *General Plan,* provides specific objectives and policies for the Chinatown area to enhance its unique aesthetic qualities and its historic character.

Relevant *Chinatown Area Plan* policies include the following:

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

Existing

Proposed

SOURCE: Square One Productions

CHINESE HOSPITAL REPLACEMENT PROJECT

FIGURE IV.B.9: VIEW F - VIEW FROM INA COOLBRITH PARK LOOKING SOUTHEAST

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

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

Policy 4.4: Expand open space opportunities.

In order to minimize the apparent scale and bulk of new construction and integrate new buildings into the fine scale of existing Chinatown development, the *Chinatown Area Plan* establishes design criteria for evaluating the acceptability of proposed new development. Projects having more than 50 feet in street frontage width should be divided to appear as two or more independent buildings. Flat façade surfaces should be broken up at least every 30 feet, and such façade divisions should be reinforced by changes in height. The *Chinatown Area Plan* also calls for maintenance of the continuity of the prevailing street wall height with upper-story setbacks.

IMPACTS

SIGNIFICANCE CRITERIA

The City and County of San Francisco has not formally adopted significance thresholds for impacts related to aesthetics. The Planning Department Initial Study Checklist provides a framework of topics to be considered in evaluating potential impacts under CEQA. Implementation of a project could have a potentially significant impact related to aesthetics if the project were to:

B.1 Have a substantial adverse effect on a scenic vista;

B.2 Substantially damage scenic resources, including but not limited to trees, rock outcroppings, and other features of the built or natural environment, that contribute to a scenic public setting;

B.3 Substantially degrade the existing visual character or quality of the site and its surroundings; or

B.4 Create a new source of substantial light or glare which would adversely affect day or nighttime views in the area or which would substantially impact other people or properties.

APPROACH TO ANALYSIS

Design and aesthetics are, by definition, subjective and open to interpretation by decision-makers and members of the public. In determining whether an impact is significant under CEQA, the question is whether a project would affect the environment of persons in general, not whether a project would affect particular persons. A proposed project would therefore be considered to have a significant adverse effect on visual quality under CEQA only if it would cause a substantial and demonstrable negative change in the physical environment that affects the public

in one or more ways listed above in this section. Impacts on private views are not considered environmental impacts for the purposes of CEQA.

An independent visual-simulation consultant photographed the main project site from a range of publicly accessible vantage points around the main project site. From these, six representative views were selected, including short-range and long-range views, that show the main project site and its surrounding visual context. These are presented and described (denoted as "Existing") under "Photographic Views" on pp. IV.B.8-IV.B.17. The existing view represents the baseline visual conditions of the main project site and its vicinity. The consultant then produced computer-generated photomontages from project design data supplied by the project architect that were superimposed onto the baseline photograph. The photomontages (denoted as "Proposed Project") are presented as part of the figure on the same page as the view of existing conditions, allowing the reader to compare existing photographic views with photosimulations of the proposed project, placed within the visual context of the project.

For the purposes of this Aesthetics section, the 1924 MAB and the Chinatown historic district to which the 1924 MAB contributes are not considered scenic resources. However, the 1924 MAB and a Chinatown historic district are considered historical resources for the purposes of Section IV.C, Historic Architectural Resources. Impacts resulting from demolition and new construction under the proposed project on the historic and architectural character and historic significance of the 1924 MAB and the Chinatown historic district are considered in that section.

PROJECT FEATURES

The proposed project calls for demolition of the existing 1924 MAB and the Chinese Hospital Parking Garage at the south end of the main project site, construction of a proposed new Replacement Hospital building, and interior renovation of the 1979 Chinese Hospital (to become the MAOC). The proposed 101,545-gross-square-foot Replacement Hospital building would be seven stories tall, plus a full basement, measuring approximately 90.5 feet in height from the center of the Jackson Street frontage. The Replacement Hospital building would also include rooftop mechanical equipment rising approximately 30 feet above the roof deck for at total height of 120.5 feet.

The proposed Replacement Hospital building would have an approximately 96-foot-wide Jackson Street frontage. At the ground and first floors, a 17-foot-wide arcade would run along Jackson Street. The arcade would include an approximately 890-square-foot (sq. ft.) landscaped seating area, divided into three terraced spaces stepping down the slope along the proposed building's Jackson Street frontage. The Replacement Hospital building would be set back 5 feet from the east property line along James Alley and 5 feet from the south property line. On its west side, the proposed Replacement Hospital building would abut the east wall of the 1979 Chinese Hospital.

A possible 1,715-sq.-ft. outdoor seating area along James Alley, together with the proposed arcaded seating area along Jackson Street, would help meet the proposed project's open space requirements.

The façade of the proposed Replacement Hospital building would be composed of various materials, including stone tile, precast concrete panels, aluminum panels and frames, and glass curtain walls to differentiate its exterior, and to incorporate the horizontal design features of the adjacent existing 1979 Chinese Hospital into the new hospital building's design.

To allow for larger-scale development than currently allowed on the main project site, as part of the proposed project, the project sponsor plans to introduce legislative land use amendments to change certain zoning controls applicable to the proposed project as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Chinese Hospital Special Use District (SUD) for the main project site at 835-845 Jackson Street and amending the Zoning Maps and certain aspects of the *Chinatown Area Plan* of the *General Plan*. The legislative land use amendments would, among other things, reclassify the existing height and bulk limits on the main project site from 65-N to 110-G. This reclassification would create a 110-G Height and Bulk District on the main project site, which would allow a maximum building height of 110 feet and plan dimensions with a maximum length of 170 feet and a maximum diagonal dimension of 200 feet. The legislative land use amendments would also address certain Planning Code requirements applicable to the proposed project that would allow for the following project features:

- Development of lots exceeding 5,000 sq. ft. (Section 121.3: Development on Large Lots, Mixed Use Districts);
- Street frontages in Chinatown of over 50 feet in width (Section 145.3: Maximum Street Frontages – Chinatown);
- Building height of approximately 110 feet (Section 254: Review of Proposed Buildings and Structures Exceeding a Height of 35 Feet in Chinatown Mixed Use Districts, and Height and Bulk District Maps, Sheet HT01);
- Certain signage necessary for the operation of the proposed project (Section 607.2: Signs in Mixed Use Districts);
- Open space that might be less than the required 1 sq. ft. for every 50 sq. ft. of space for institutional buildings over 10,000 sq. ft. in size (Section 135.1: Open Space Required for Uses Other than Residential in Chinatown); and
- Street trees that might not meet the requirement of one 24-inch box tree for every 20 feet of property frontage along each street (Section 138.1: Streetscape and Pedestrian Improvements).

Hospital Façade Design Variant

A Hospital Façade Design Variant is under consideration. The variant would call for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings. This variant does not call for any changes in the proposed hospital use program. See Figure II.18: Hospital Façade Design Variant, on p. II.46. The Hospital Façade Design Variant is intended to provide for a more vertical expression to the façade with a more vertically oriented fenestration pattern, and by eliminating the pattern of contrasting colors that is proposed on the façade for the project. The replacement hospital building under this variant also includes a horizontal band course that sets off the ground and first stories, as well as projecting canopies suspended between the arcade columns. The facade of the replacement hospital under this variant would be capped by a projecting, horizontal cornice-like element along Jackson Street.

IMPACT EVALUATION

The discussion below analyzes the impacts of the proposed project and the Hospital Façade Design Variant that are related to aesthetics. The Off-Street Parking Variant is not discussed further as it does not have the potential to cause a significant aesthetic impact.

Impact AE-1: The proposed project would not have a substantial adverse effect on a scenic vista. *(Less than Significant)* (Criterion B.1)

Proposed Project

As discussed above, the main project site is located along a segment of Jackson Street identified as an important San Francisco view corridor. It affords eastward views to San Francisco Bay, the Bay Bridge, and the East Bay Hills beyond. As shown in Figure IV.B.5 (Proposed), p. IV.B.12, the proposed project would be incorporated along the existing street wall on the south side of Jackson Street and would not obstruct distant east-facing scenic vistas along the Jackson Street view corridor. The proposed new Replacement Hospital building would frame east-facing views down Jackson Street to San Francisco Bay and beyond. The proposed Replacement Hospital would obstruct views of the Transamerica Pyramid (see Figure IV.B.5 (Proposed) on p. IV.B.12.)

As discussed above, the main project site is visible within the context of scenic views of downtown San Francisco from elevated publicly accessible areas. The proposed Replacement Hospital building would be considerably larger than the existing 1924 MAB that would be replaced under the proposed project, and therefore would be a more discernible visual feature in the context of distant scenic views of downtown San Francisco compared to existing visual conditions.

See Figure IV.B.8: View E - View from Telegraph Hill Looking South from Filbert Steps (Proposed), p. IV.B.15. In this distant view from the elevated publicly accessible Filbert Steps on Telegraph Hill, the proposed Replacement Hospital building would be visible but not prominent, in the distance at the northeast foot of Nob Hill, over the rooftops of the intervening low-scale neighborhoods of Jackson Square, North Beach, and Chinatown. The highrise Downtown Financial District is visible to the east of the proposed Replacement Hospital (left in this view). Although the proposed Replacement Hospital building would be discernible from this vantage point, it would not obscure or substantially detract from the scenic vista of downtown San Francisco and Nob Hill available from Telegraph Hill.

See Figure IV.B.9: View F - View from Ina Coolbrith Park Looking Southeast (Proposed), p. IV.B.17. In this distant view from the elevated Ina Coolbrith Park on Russian Hill, the proposed Replacement Hospital building would be visible, but not prominent, in the distance outside of the western edge of the Downtown Financial District, over the rooftops of the intervening low-scale neighborhoods at the base of Russian Hill and Chinatown. The high-rise Downtown Financial District is visible beyond the proposed Replacement Hospital Building, as well as large-scale buildings in the vicinity of the main project site on adjacent blocks (like the 16-story Mandarin Tower and the 6- to 12-story Ping Yuen Housing Complex buildings). Although the proposed Replacement Hospital building would be discernible from this vantage point, it would not obscure or substantially detract from the scenic vista of downtown San Francisco available from Ina Coolbrith Park.

The proposed project would not obstruct distant east-facing scenic vistas along the Jackson Street view corridor and would not be a prominent new feature within the expansive context of scenic views from elevated public vantage points. For these reasons, the proposed project would not result in a substantial adverse effect on a scenic vista and would have a less-than-signficant impact on a scenic vista. No mitigation measures are necessary.

Hospital Façade Design Variant

The building envelope under the Hospital Facade Design Variant would be the same as that of the proposed Replacement Hospital, so the bulk and scale would be the same as the proposed project. For this reason, potential impacts on scenic vistas under this variant would be the same as those identified for the proposed project.

Impact AE-2: The proposed project would not have a substantial adverse effect on a scenic resource. *(Less than Significant)* (Criterion B.2)

Proposed Project

The proposed project would be located on the Chinese Hospital site in San Francisco's densely developed Chinatown neighborhood. See Figure IV.B.4 (Proposed), p. IV.B.10; Figure IV.B.5 (Proposed), p. IV.B.12; Figure IV.B.6 (Proposed), p. IV.B.13; and IV.B.7 (Proposed), p. IV.B.14. The main project site at 835-845 Jackson Street is currently completely developed with three existing buildings. There is no landscaping or vegetation on the site. There are no existing street trees adjacent to the main project site along Jackson Street, Stone Street, or James Alley, nor are there any water features on any of these sites. No rock outcropping or other natural scenic features exist on the site. All excavation for the proposed project would occur below existing grade level on the site. As a result, there would be no visible topographic change at the site. Therefore, the proposed project would not result in damage to a scenic resource, and these impacts would be considered less than significant under CEQA. No mitigation measures are necessary.

Hospital Façade Design Variant

As with the proposed project, the Hospital Façade Design Variant calls for demolition of the 1924 MAB and Chinese Hospital Parking Garage. As with the proposed project, the impacts of demolition and new construction under the Hospital Façade Design Variant are the same as those identified for the proposed project.

Impact AE-3: The proposed Replacement Hospital building would not have a substantial adverse effect on the visual character and quality of the site and its surroundings. *(Less than Significant)* (Criterion B.3)

Proposed Project

The proposed project calls for new development within the densely developed visual setting of the Chinatown Area.

See Figure IV.B.4: View A - View to Main Project Site Along Jackson Street Looking West from Stockton Street (Proposed), p. IV.B.10. In this view, the proposed Replacement Hospital building is seen along the south side of Jackson Street at the middle of the block flanked by the existing 821 Jackson Street to its east (right in this view) and the 1979 Chinese Hospital to the west (right in this view). The proposed 7-story, 90-foot-tall Replacement Hospital building is larger in scale than the existing 5-story, 78-foot-tall 1924 MAB that the proposed Replacement Hospital Building would replace. While the proposed project would increase the scale of development on the project site, this would not be a substantial adverse change in the dense urban context of the

project's setting in Chinatown. While the proposed Replacement Hospital Building would differ markedly in design from the existing 1924 MAB, and other nearby buildings, the façade of the proposed Replacement Hospital building would conform to the basic regular rectilinear volume of surrounding buildings and would not visually overwhelm neighboring buildings in the overall context of the streetscape.

See Figure IV.B.5: View B - View to Main Project Site Along Jackson Street Looking East (Proposed), p. IV.B.12. In this view, the proposed Replacement Hospital Building is seen along the south side of Jackson Street at the middle of the block. Although larger in scale than neighboring buildings, the proposed Replacement Hospital Building would not overwhelm neighboring buildings in the context of the dense Chinatown streetscape. When looking east along Jackson Street, the water of the Bay, the Bay Bridge west span, and the East Bay Hills beyond continue to be visible at the terminus of Jackson Street, framed by buildings along the Jackson Street view corridor, although the proposed Replacement Hospital would obstruct a partial view of the pointed top of the Transamerica Building that is currently visible rising from behind the 1924 MAB in this view.

See Figure IV.B.6: View C - View to Main Project Site Along Trenton Street Looking South (Proposed), p. IV.B.13. In this view, looking south toward the main project site along the Trenton Street alleyway, the narrow streets and low-scale buildings (three to four stories) along the alleyway contribute to an intimate scale at the interior of the block. A view of the western portion of the proposed Replacement Hospital Building would replace existing views along Trenton Street alleyway, which are now terminated and enclosed by the existing second floor connecting bridge that links the 1924 MAB and the 1979 Chinese Hospital, and by the existing Chinese Hospital Parking Garage structure at the rear of the main project site. The proposed Replacement Hospital building would not adversely affect existing views along Trenton Street.

See Figure IV.B.7: View D - View to Main Project Site from Washington Street Looking North (Proposed), p. IV.B.14. In this view to the interior of the main project block, the rear of the proposed Replacement Hospital building would be visible, although not prominent, in the gap between the four-story Commodore Stockton Child Development Center to the west (to the left in this view), and the three-story Gum Moon Women's Residence to the east (to the right in this view).

The overall scale of the proposed 7-story, 90.5-foot-tall Replacement Hospital building would be generally comparable with that of other larger-scale developments within the project site, including the existing 5-story 1979 Chinese Hospital building on the project site that would remain. It would also be generally comparable in scale with nearby existing off-site Chinatown developments (like the 5-story Gordon Lau Elementary School along Washington Street to the south of the main project block, the 6- to 12-story Ping Yuen Housing Complex along Pacific

Avenue to the north of the main project block, and the 16-story Mandarin Tower at 946 Stockton Street to the southwest of the main project block), that currently punctuate the project vicinity. See Figure IV.B.8 (Proposed), p. IV.B.15; and Figure IV.B.9 (Proposed), p. IV.B.17. As discussed above on p. IV.B.7, the density of existing development in the Chinatown area limits visual continuity and interaction between larger-scaled developments in the Chinatown area. Like other existing larger-scaled development in the project vicinity, including the existing 1979 Chinese Hospital building, the proposed Replacement Hospital development would not visually dominate or define the overall visual character of the project vicinity.

The overall regular rectilinear massing of the proposed Replacement Hospital Building would conform to the existing pattern of building massing in the Chinatown area. Proposed variations in façade color under the proposed Replacement Hospital design would add visual interest to the façade and organize the façade surfaces into smaller zones. Variations in fenestration pattern (punched patient room windows, a horizontal banded clerestory window at the 5th floor, and a vertical glass stairwell curtain wall) would add visual interest and a juxtaposition of horizontal and vertical elements, while expressing the various uses within the Replacement Hospital Building. A cornice-like horizontal feature (a photo-voltaic array) would cap the proposed Replacement Hospital building, providing a distinctive cornice-like horizontal feature terminating the building top and masking rooftop mechanical equipment. An arcade along Jackson Street at the ground floor and first floor is intended to provide sheltered public open space and seating at the building entrance.

For these reasons, the design of the proposed Replacement Hospital building would not result in a substantial adverse effect on the distinctive visual character and quality of the site and its surroundings. No mitigation measures are necessary.

Hospital Façade Design Variant

The Hospital Façade Design Variant would incorporate architectural features of contributing buildings within the Chinatown area (vertically-oriented fenestration, a horizontal cornice-like feature at the front parapet, and a horizontal band course above the ground and first floors). These features could improve the proposed hospital building's visual compatibility with the nearby visual setting of the proposed project and could create a more inviting pedestrian environment along Jackson Street in front of the replacement hospital building. Like the proposed project, development on the main project site under this variant would not result in a significant adverse impact on the visual character and quality of the site and its surroundings, and would be considered a less-than-significant impact under CEQA.

Impact AE-4: The proposed project would not create a new source of substantial light or glare which would adversely affect day or nighttime views in the area or which would substantially impact other people or properties. *(Less than Significant)* (Criterion B.4)

Proposed Project

Existing sources of light and glare on the main project site are the exterior lights and building materials on the existing buildings on site, including lighting at the Chinese Hospital Parking Garage. Other sources of light and glare include vehicles parking at the Chinese Hospital Parking Garage and along roads in the project vicinity. Existing lighting in the main project site vicinity includes street lighting along Jackson Street, Trenton Street, and Stone Street, and lighting within and on the exteriors of buildings.

The proposed project would result in the removal of the existing five-story 1924 MAB and three-level, above-ground Chinese Hospital Parking Garage and construction of the seven-story Replacement Hospital building in its place on the main project site. Implementation of the proposed project would result in an increase in nighttime lighting at the main project site. Exterior lighting for the proposed project would be positioned to minimize glare. Light levels from the proposed project would not exceed levels commonly accepted by residents in an urban setting. Nighttime light levels within the main project site would continue to be consistent with those of a dense urban mixed-use neighborhood. Given the existing urban character of the site and its surroundings, potential new sources of light and glare on the main project site would not constitute a substantial new source of light in the vicinity of the main project site. The proposed project would not generate obtrusive light or glare that would adversely affect day or nighttime views in the area or would substantially affect other people or properties.

The proposed project would not use mirrored glass, and no other aspect of the proposed structure would result in light or glare that would significantly affect other properties. The proposed project would comply with Planning Code Resolution No. 9212, which prohibits the use of mirrored or reflective glass.

For these reasons, the proposed project would not cause a significant impact related to light and glare. No mitigation measures are necessary.

Hospital Façade Design Variant

Impacts of the Hospital Façade Design Variant related to light and glare would be the same as those identified for the proposed project.

Cumulative Impacts

Impact C-AE-1: The proposed project in combination with other past, present and reasonably foreseeable future projects in the project vicinity would not result in a cumulatively considerable contribution to significant adverse impacts related to aesthetics. ***(Less than Significant)***

Proposed Project

Section IV.A, Land Use and Land Use Planning, pp. IV.A.9-IV.A.11, identifies several anticipated projects in the vicinity of the main project site (The Central Subway Project, 1199 Mason Street, 740 Washington Street, 34 Pleasant Street, 414 Vallejo Street, 1020 Broadway, 1001 California Street, and change in use at the existing 827 Pacific Avenue building). Except for the Central Subway Project, these projects are not part of the cumulative visual setting of the proposed project as they are separated visually from the main project site by intervening development. The density of intervening development limits visual continuity and visual interaction between the main project site and these cumulative developments. These cumulative developments would not be prominent, if visible at all, within close-range and mid-range views of the main project site, and as such, they do not comprise the immediate visual setting of the proposed project.

As part of the Central Subway Project, the Chinatown Station would be constructed at the southwest corner of Stockton and Washington Streets (933-949 Stockton Street, about one block south of the main project site). The existing two-story building at 933-949 Stockton Street would be demolished and replaced by a new one-story building with a subway station below, providing pedestrian access from the new building's ground floor to the station's underground platforms. [4] The *Central Subway Project Final SEIS/SEIR* concludes that the proposed new Chinatown Station building on the 933-949 Stockton Street, as part of the Central Subway Project "would not substantially degrade the existing visual character or quality of the area."[5] That new building would be designed to be compatible with the scale and visual character of Chinatown. As such,

[4] The 933-949 Stockton Street location (APN 211/1) was identified in the Central Subway Project Final SEIS/SEIR – Volume I, September 2008 as a potential site for construction staging as part of the Central Subway project's underground construction work for development of the Chinatown Station. As analyzed in the SEIR/SEIS the 933-949 Stockton Street building was to be demolished and used for staging. The site was to be developed to its maximum potential under the Planning Code. The analysis in this EIR uses the San Francisco Municipal Transportation Agency's most recent conceptual plan. The *Central Subway Central Subway Project Final SEIS/SEIR* and the latest information from the SFMTA's Central Subway Project website are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 96.281E and Case File No. 2008.0762E, respectively.

[5] San Francisco Planning Department, *Central Subway Project Final SEIS/SEIR*, certified August 7, 2008, p. 5-41.

the less-than-significant impact on visual character and quality resulting from construction of the proposed Replacement Hospital building under the proposed project would not combine with a significant adverse impact on the visual character and quality resulting from other anticipated projects in the project vicinity. Potential impacts resulting from the proposed project related to light and glare in its dense urban setting would be localized.

For these reasons, the visual effects of the proposed project would not combine with those of cumulative development to contribute considerably to a significant degradation of the visual environment of the project site or the greater project area. No mitigation measures are required.

Hospital Façade Design Variant

The cumulative impacts of the proposed replacement hospital related to aesthetics under the Hospital Façade Design Variant would be the same as those identified for the proposed project.

C. HISTORIC ARCHITECTURAL RESOURCES

This section identifies and describes historic architectural resources within the main project site and its vicinity, and evaluates potential direct and indirect impacts to those resources that could result from the proposed project. For the purposes of this EIR, the term "historic architectural resource" is used to distinguish such resources from archaeological resources that may also be considered historical resources under CEQA. Archeological resources were studied separately as part of the Notice of Preparation/Initial Study (Appendix A to the EIR, pp. 81-91) under Environmental Checklist Topic 4, and mitigation measures for potential impacts related to archeological resources were identified. Therefore, archaeological resources are not discussed in this section.

The assessment of project impacts on "historical resources," as defined by CEQA Guidelines Section 15064.5, is a two-step analysis: the first analysis determines whether a project may impact a resource that falls within the definition of "historical resource(s)" as defined under CEQA; if the project is found to impact historical resources, a second analysis then determines whether the project would cause a substantial adverse change to the resource. A project that may cause a substantial adverse change in the significance of an historical resource is one that may have significant effect on the environment (CEQA Section 21084.1).

Thus, this section has two parts. The Setting discussion examines the potential for the presence of historical resources within the project area. The Impacts discussion evaluates the impacts of the proposed project on the historical resources identified in the Setting subsection.

This historic architectural resources EIR section is generally based on the *Historic Resource Evaluation: Chinese Hospital* (HRE) by an independent historic architectural resource consultant, Knapp Architects;[1] and on the Historic Resource Evaluation Response (HRER) by the San Francisco Planning Department.[2] The Planning Department has reviewed the HRE and generally concurs with the HRE's conclusions.

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[1] Knapp Architects, *Historic Resource Evaluation: Chinese Hospital*, November, 2011 (hereinafter "HRE"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[2] San Francisco Planning Department, *Historic Resource Evaluation Response: Chinese Hospital*, February 27, 2012 (hereinafter "HRER"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

As discussed in Chapter II, Project Description, on pp. II.44-II.45, proposed alterations to the Powell Street Parking Garage at 1140 Powell Street under the Off-Street Parking Variant call for interior changes. Minor exterior alterations to the Powell Street Parking Garage would be limited to signage and façade maintenance. Outside of the main project site, there would be no substantial physical changes to building envelopes or exteriors. The HRE evaluated 1140 Powell Street and concluded that this building is ineligible for inclusion in the California Register of Historical Resources, as an individual resource or as a contributor to a historic district.[3] The HRER by the Planning Department concurs with this conclusion. As such, proposed alterations under the Off-Street Parking Variant do not require evaluation of impacts in this Historic Architectural Resources section.

As presented on pp. II.45, a Hospital Façade Design Variant that would call for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings is considered in this EIR. Impacts under the Hospital Façade Design Variant are also analyzed in this section.

SETTING

THE MAIN PROJECT SITE AND SURROUNDING AREA

Main Project Site

The main project site is located on the south side of Jackson Street, midblock between Powell and Stockton Streets. It is bounded by Stone Street on the west and James Alley to the east. The main project site is occupied by three structures: the 1924 Medical Administration Building (1924 MAB) at 835 Jackson Street on the eastern portion of the main project site; the 1979 Chinese Hospital at 845 Jackson Street on the western portion of the main project site; and the Chinese Hospital Parking Garage at the rear (south) of the 1924 MAB. A 20-foot-wide driveway separates the 1979 Chinese Hospital from the 1924 MAB, running north/south from Jackson Street to the parking garage at the rear. Jackson Street slopes upward from east to west, rising approximately 16 feet across the 156-foot width of the main project site's Jackson Street frontage.

1924 MAB

The five-story 1924 MAB was constructed beginning in 1924. It is approximately 78 feet tall (excluding a 14-foot-tall rooftop mechanical penthouse) and has approximately 76 feet of street frontage along the south side of Jackson Street. See Figure IV.B.1: The 1924 MAB –

[3] HRE, pp. 48-49.

835 Jackson Street, on p. IV.B.3. As discussed further below, on p. IV.C.15, the 1924 MAB reflects the general trend in the rebuilding of Chinatown to embrace an overtly stylized version of Chinese architecture after the 1906 Earthquake and Fire. The exterior of the building is finished with stucco. The building is currently painted an off-white color, with teal, yellow, green and red accents to make the stylized architectural elements more pronounced. The 1924 MAB is set back from the sidewalk, with a small landscaped area with benches in front of the building on either side of the front entrance. A standing sign in the shape of a stylized Chinese building, with upturned eaves and a red roof, marks the hospital.

1979 Chinese Hospital

The five-story 1979 Chinese Hospital is approximately 81.5 feet tall (excluding a 14-foot-tall rooftop mechanical penthouse) and has approximately 60 feet of street frontage along the south side of Jackson Street. The building presents a regular box-like volume to the street. The HRE concludes that the 1979 Chinese Hospital Building is neither eligible for inclusion in the California Register of Historical Resources as an individual resource nor as a contributory resource within an historic district. The HRER did not evaluate this building as it is less than 45 years old. It is therefore not discussed further in this section.

Chinese Hospital Parking Garage

The three-level Chinese Hospital Parking Garage is approximately 24 feet tall. It was built in 1992. Appropriate to its garage function and its location at the rear of the main project site, the parking garage is utilitarian in visual character. It is not a prominent visual element when viewed from the streets and alleyways of the area. The HRE concludes that the Chinese Hospital Parking Garage is neither eligible for inclusion in the California Register of Historical Resources as an individual resources nor as a contributory resource within an historic district. The HRER did not evaluate this building as it is less than 45 years old. It is therefore not discussed further in this section.

Surrounding Area

With the exception of the 1924 MAB and the 1979 Chinese Hospital building on the main project site, the north and south sides of Jackson Street are largely cohesive in scale (three- to four stories) and architectural character. Most of the buildings along the north and south sides of Jackson Street and within the main project block were built during the period of reconstruction after the 1906 San Francisco Earthquake and Fire, through the 1920s. See Figure IV.B.4: View A - View to Main Project Site Along Jackson Street Looking West from Stockton Street (Existing), on p. IV.B.10; and Figure IV.B.5: View B - View to Main Project Site Along Jackson Street Looking East (Existing), on p. IV.B.12. Development within the Chinatown area is generally

low-scale. Although the five-story 1924 MAB is somewhat larger in scale than the typical three- to four–story buildings that characterize the area, the 1924 MAB is consistent overall with the scale and texture of the area, and contributes to the distinctive architectural character of the area.

A network of alleyways throughout Chinatown helps to define a fine-grained scale of development, and provides access to interior of blocks and passage through blocks. Most buildings in the area have a simple, rectangular massing and flat roofs. Façades are characterized by a regular rhythm of vertical bays of punched window openings at the upper floors. Exterior wall finishes are masonry (brick, stucco, or concrete). Most façades are characterized by depth and texture that contribute to a human scale and to a play of light and shadow on building façades. The roofline of the buildings is commonly capped by a cornice or other decorative element at the parapet. A horizontal band course at the floor line of the second story typically sets off a retail ground floor with glazed storefronts, awnings and signage.

Buildings fronting the prominent Stockton Street commercial corridor are generally characterized by a larger scale and a greater level of architectural embellishment and distinction than that of adjacent side streets (the 1924 MAB on the main project site, the Gum Moon Women's Residence at 940 Washington Street, and the Commodore Stockton Child Development Center at 950 Washington Street are notable exceptions to this general pattern). Although some buildings in the vicinity (most notably, the 1924 MAB on the main project site and the Chinese United Methodist Church at 920 Washington Street) incorporate Chinese architectural motifs that are emblematic of Chinatown's visual identity (e.g., tile pagoda roofs, bracketing, latticed balconies), such features are more prevalent along the more tourist-oriented Grant Avenue commercial corridor, located one block to the west of Stockton Street.

HISTORIC CONTEXT

Historic Context of San Francisco's Chinatown

The first Chinese immigrants came to San Francisco in the mid 1800s to find work in the mining and railroad industries as well as to escape famine and political oppression. The first Chinese-owned businesses were concentrated around Portsmouth Square and later spread toward Kearny and Grant Streets. The Chinese were isolated both by their culture and by local laws which imposed restrictions on their lives. Taxes and exclusionary acts restricted Chinese immigration and where Chinese children could attend school.

Chinatown grew at a rapid pace as Chinese immigrants, mostly male laborers and labor brokers, settled in California. The area had good access to the waterfront and originally was about twelve blocks in total area. By 1905, the population of Chinatown had increased to 40,000 residents and the community extended from Sacramento Street to Pacific Avenue and from Kearny to Stockton Streets.

Immigrants brought longstanding practices and disciplines from China, including traditional Chinese medicine. They created community organizations, initially formed from shared regional and kinship ties from China. These benevolent societies provided assistance to immigrants including medical care before there was an organized health care facility, and assistance in finding work, a place to live, or a return ship to China. These organizations culminated with the Chinese Six Companies in the late 19th Century, an association of the leading Chinatown benevolent societies. The Six Companies had three basic functions: to find legal support for Chinese immigrants when faced with exclusion laws or other restrictions; to act as an informal government and arbitrator for the Chinese community; and to maintain a cultural connection to China.

In the 1906 Earthquake and Fire, Chinatown sustained massive destruction. Resisting anti-Chinese sentiment and political and economic pressures to relocate the community to other parts of the City or even other nearby cities, the leaders of Chinatown rebuilt their community in the same location where it had developed prior to 1906. During this rebuilding, a conscious effort was made to reconstruct the area with architectural designs and features which would reflect the Chinese culture and architecture and create a more appealing version of Chinatown to counter widespread public perceptions of Chinatown as crowded, unsafe, and unsanitary. European-American architects were hired to design buildings with a distinctive Chinese style and feeling. The pagoda design, with its layered roofs and curly eaves, became a common theme emblematic of the new Chinatown. The stylistically unique features of the buildings in the neighborhood allow for an immediate visual connection between the Chinese culture and the buildings which are a part of the neighborhood. This stylistic tendency is most evident along the tourist-oriented Grant Street corridor. However, the 1924 MAB on the project site and the Chinese United Methodist Church (at the northwest corner of Stockton Street and Washington Street) are more localized examples. By 1917, a travel guide would note that San Francisco's Chinatown was a noteworthy stopover in the City: "Aside from the Latin Quarter in Paris, there is probably no better known nor more picturesque section of any major city in the world than San Francisco's Oriental Colony, called Chinatown."[4]

REGULATORY FRAMEWORK

This subsection describes Federal, State, and local laws and regulations that pertain to the identification of historic architectural resources.

[4] Stellman, Louis. "Chinatown: A Pictorial Souvenir and Guide." 1917 (as quoted in the HRE on p. 13).

Federal

National Register of Historic Places

The National Register of Historic Places (NRHP) is the nation's master inventory of cultural resources worthy of preservation. It is administered by the National Park Service, which is represented at the State level by the State Historic Preservation Officer. The NRHP includes listings of buildings, structures, sites, objects, and districts that possess historic, architectural, engineering, archaeological, or cultural significance at the Federal, State, or local level. Resources that are listed on or have been found by the State Historic Preservation Officer to be eligible to the NRHP are called historic properties. The NRHP includes four evaluative criteria to determine eligibility of a resource:

> The quality of significance in American history, architecture, archaeology and culture is present in districts, sites, buildings, structures, and objects of state and local importance that possess integrity of location, design, setting, materials, workmanship, feeling and association, and:
>
> a. that are associated with events that have made a significant contribution to the broad patterns of history; or
>
> b. that are associated with the lives of persons significant in our past; or
>
> c. that embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
>
> d. that have yielded or may likely yield information important in prehistory or history.

Although there are exceptions, certain kinds of resources are not usually considered for listing in the NRHP: religious properties, moved properties, birthplaces and graves, cemeteries, reconstructed properties, commemorative properties, and properties that have achieved significance within the past 50 years.

Integrity

In addition to qualifying for listing under at least one of the NRHP criteria, a property must possess sufficient integrity to be considered eligible for the NRHP. National Park Service guidance on determining eligibility under the NRHP informs the determination of eligibility for inclusion in the California Register of Historical Resources. According to the *National Register Bulletin: How to Apply the National Register Criteria for Evaluation*, integrity is defined as "the authenticity of an historical resource's physical identity evidenced by the survival of

characteristics that existed during the resource's period of significance." The *National Register Bulletin* defines seven characteristics of integrity as follows:

> Location is the place where the historic property was constructed.
>
> Design is the combination of elements that create the form, plans, space, structure and style of the property.
>
> Setting addresses the physical environment of the historic property inclusive of the landscape and spatial relationships of the buildings.
>
> Materials refer to the physical elements that were combined or deposited during a particular period of time and in a particular pattern of configuration to form the historic property.
>
> Workmanship is the physical evidence of the crafts of a particular culture or people during any given period in history.
>
> Feeling is the property's expression of the aesthetic or historic sense of a particular period of time.
>
> Association is the direct link between an important historic event or person and an historic property.

The eligibility criteria for inclusion in the California Register of Historical Resources are closely based on the NRHP eligibility criteria.

State

CEQA Guidelines Section 15064.5

CEQA Guidelines Section 15064.5(a) defines a "historical resource" as:

(1) A resource listed in, or determined to be eligible by the State Historical Resources Commission, for listing in the California Register of Historical Resources.

(2) A resource included in a local register of historical resources, as defined in section 5020.1(k) of the Public Resources Code or identified as significant in an historical resource survey meeting the requirements of section 5024.1(g) of the Public Resources Code, shall be presumed to be historically or culturally significant. Public agencies must treat any such resource as significant unless the preponderance of evidence demonstrates that it is not historically or culturally significant.

(3) Any object, building, structure, site, area, place, record, or manuscript which a lead agency determines to be historically significant or significant in the architectural, engineering, scientific, economic, agricultural, educational, social, political, military, or cultural annals of California may be considered to be an historical resource, provided the lead agency's determination is supported by substantial evidence in light of the whole record. Generally, a resource shall be

considered by the lead agency to be "historically significant" if the resource meets the criteria for listing on the California Register of Historical Resources.

(4) The fact that a resource is not listed in, or determined to be eligible for listing in the California Register of Historical Resources, not included in a local register of historical resources (pursuant to section 5020.1(k) of the Public Resources Code), or identified in an historical resources survey (meeting the criteria in Section 5024.1(g) of the Public Resources Code) does not preclude a lead agency from determining that the resource may be an historical resource as defined in Public Resources Code sections 5020.1(j) or 5024.1.

Thus, under the CEQA Guidelines, even if a resource is not included on any local, State, or Federal register, or identified in a qualifying historical resources survey, a lead agency may still determine that any resource is an historical resource for the purposes of CEQA if there is substantial evidence supporting such a determination. A lead agency must consider a resource to be historically significant if it finds that the resource meets the criteria for listing in the California Register of Historical Resources (CRHR).

California Register of Historical Resources Criteria

The California Register of Historical Resources (CRHR) is the authoritative guide to historical and archaeological resources that are significant within the context of California's history. Criteria for eligibility for inclusion in the CRHR are based on, and therefore correspond to, NRHP criteria for listing. A resource that meets at least one of the eligibility criteria for inclusion in the CRHR is considered an historical resource for the purposes of CEQA. A resource is eligible for listing in the CRHR if it:

(1) Is associated with events that have made a significant contribution to the broad patterns of California's history and cultural heritage (Events);

(2) Is associated with the lives of persons important in our past (Persons);

(3) Embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic values (Design/Construction); or

(4) Has yielded, or may be likely to yield, information important in prehistory or history (Information Potential).

Local

Local Registers

Local registers of historical resources are discussed below under "The Proposed Article 10 Chinatown Historic District" on p. IV.C.11. The 1924 MAB is not individually designated under San Francisco Planning Code Article 10 or Article 11. The project site is not included within any

designated historic district under Article 10, or any designated conservation district under Article 11.

San Francisco Planning Code Section 101.1: Master Plan Priority Policies

Planning Code Section 101.1 is generally applicable to the proposed project. It requires that the City find that the proposed project is consistent, on balance, with eight *Master Plan Priority Policies*. Priority Policy 7 is relevant to historical resources and establishes a priority policy "that landmarks and historic buildings be preserved."

San Francisco General Plan

The *San Francisco General Plan* currently does not contain a preservation element. In 2007, the Planning Department published a Draft Preservation Element. The Draft Preservation Element contains objectives and policies that promote the protection and preservation of historic architectural resources.

Urban Design Element

The Urban Design Element of the *General Plan* includes the following policy related to historic preservation:

> Policy 2.4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

Chinatown Area Plan

The *Chinatown Area Plan* encompasses the main project site. The *Chinatown Area Plan* is one of eleven Area Plans included as part of San Francisco's *General Plan*. Policy 1.4 of the *Chinatown Area Plan* is to "protect the historic and aesthetic resources of Chinatown." The *Chinatown Area Plan* includes a map entitled "Architectural Ratings of Structures" which identifies architecturally "Significant" and "Compatible" properties within the boundaries of the *Chinatown Area Plan*.[5] Although the map does not identify an historic district, it illustrates a cohesive and mostly intact concentration of significant and compatible buildings in the Chinatown area. The map also identifies the project site (presumably, only the 1924 MAB) as "Significant."

[5] San Francisco Planning Department, *Chinatown Area Plan*, an Element of the *San Francisco General Plan*, Map 2.

The *Chinatown Area Plan* includes the following policies related to maintaining the historic scale and character of the Chinatown area:

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

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

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

Planning Department, CEQA Review Procedures for Historical Resources

The San Francisco Planning Department prepared the *CEQA Review Procedures for Historic Resources* to provide guidance in determining whether a resource is considered an historical resource as defined by CEQA.[6] Three categories of properties are defined:

- Category A. Category A has two subcategories:
  - Category A.1. Resources listed in or formally determined to be eligible for the CRHR.
  - Category A.2. Resources listed in adopted local registers, or properties that appear eligible, or may become eligible, for the CRHR.
- Category B. Properties requiring further consultation and review.
- Category C. Properties determined not to be historical resources, or properties for which the City has no information indicating that the property is an historical resource.

BACKGROUND: PAST HISTORICAL EVALUATIONS

1997 Section 106 Review

The 1924 MAB has not been evaluated for individual eligibility for inclusion in the NRHP, either as an individual resource nor as a contributor to a NRHP-eligible historic district. Additionally, a Chinatown historic district has not been approved for inclusion in the NRHP.[7] However, a Chinatown historic district has been assessed as appearing eligible for inclusion in the NRHP (the NRHP-eligible Chinatown historic district). The Historic Property Data File assigns a "3S" status

[6] San Francisco Planning Department, *Preservation Bulletin No. 16, CEQA Review Procedures for Historic Resources*, Draft, March 31, 2008.

[7] Files of the San Francisco Planning Department reveal efforts over the years to nominate San Francisco's Chinatown to the National Register. A National Register nomination for a Chinatown historic district was prepared in 1979, although there is no evidence that this study was acted upon. A draft National Register nomination form was also submitted to the California Office of Historic Preservation in 1993. A letter in 1993 from Steade R. Craigo, then acting State Historic Preservation Officer, states that "At the present time we are unable to determine precisely the boundaries of an eligible National Register district.

code to the Chinatown Historic District (Appears eligible for the NRHP as an individual property through survey evaluation), based on a 1997 determination of eligibility (DOE) by the Federal Department of Housing and Urban Development (HUD) as part of the Section 106 process of the then-proposed development of the International Hotel Senior Housing at 848-868 Kearny Street. In addition, a number of properties were assigned a 3D status code (Appears eligible for the NRHP as a contributor to a NRHP-eligible district). As a district that appears eligible for inclusion in the NRHP, the district is also considered eligible for inclusion in the CRHR.

The NRHP-eligible Chinatown historic district excludes the main project site. No map has been located for the 1997 project review. However, review of the status codes assigned to properties in the vicinity of the project site suggests a western boundary to the NRHP-eligible Chinatown historic district which encompasses the properties fronting the west side of Stockton Street between Broadway and Sacramento Street. At Washington Street, the western district boundary reaches westward to encompass two architecturally and historically significant midblock buildings along the north side of Washington Street within the project block (940 Washington Street, the Gum Moon Women's Residence; and 950 Washington Street, the Commodore Stockton Child Development Center).[8]

The Proposed Article 10 Chinatown Historic District

A Chinatown historic district has not been designated at the local level (Planning Code Article 10 and Planning Code Article 11). However, the area has been identified, described and evaluated in a number of historical resource studies. In these previous studies, various potential boundaries for a Chinatown historic district have been proposed. Of the previous studies, only the Chinatown Area Plan includes the main project site within its boundaries.

In 1985 the Landmarks Preservation Advisory Board initiated a proposal to designate a Chinatown historic district under Article 10 of the Planning Code (proposed Article 10 Chinatown historic district). The district nomination was approved by the Landmarks Board but was not acted upon by the Board of Supervisors. The significance of the Chinatown Historic District, as approved by the Landmarks Board, is stated as follows:

> The area west of Kearny Street, between California and Broadway, has been the center of Chinese culture and life in California and the West Coast for over a century. Although physically destroyed by the 1906 quake and fire, its continuity as a commercial and residential area for Chinese population remains remarkably unbroken. The ethnic transitions common in most other older neighborhoods of

[8] City and County of San Francisco, Parcel Information Database for 940 Washington Street and 950 Washington Street. 950 Washington Street is found under "1 Trenton Street". Available online at: http://ec2-50-17-237-182.compute-1.amazonaws.com/PIM/. Accessed April 11, 2012.

> major cities never occurred in Chinatown. The rebuilding of Chinatown after the earthquake applied Chinese styles of architectural detailing to standard early 20th Century buildings. These buildings now provide a visible and symbolic demarcation of the heritage of this unique area of San Francisco.

The Planning Department's Block Book (a compendium of assessor's parcel maps overlaid and annotated to show use districts, height and bulk districts, and historic districts, among other information) shows the boundary of the proposed Article 10 Chinatown historic district. The proposed historic district boundary on the map of the project block (Block 192) is labeled "Former Proposed Chinatown Historic District - Not in Effect."[9]

The boundaries of the proposed Article 10 Chinatown historic district exclude the main project site. As with the NRHP-eligible Chinatown historic district, the western district boundary of the proposed Article 10 Chinatown historic district is generally drawn to encompass properties with frontage along the west side of Stockton Street. Also like the NRHP-eligible Chinatown historic district, the western district boundary is drawn to encompass two architecturally and historically significant midblock buildings along the north side of Washington Street (940 Washington Street, the Gum Moon Women's Residence; and 950 Washington Street, the Commodore Stockton Child Development Center).

Surveys

Chinatown Survey

In 1979, architect and Chinatown historian Philip Choy conducted a survey of Chinatown. This document was never officially reviewed by the California Office of Historic Preservation. This document later became the impetus for the nomination of a Chinatown district as a landmark district under Article 10 of the San Francisco Planning Code, as discussed above. The proposed boundary included the properties fronting both sides of Stockton Street between Broadway and Sacramento Street, but did not include sidestreet properties west of Stockton Street facing Pacific, Jackson, or Washington Streets, and so did not include the main project site.

Heritage Survey

The 1983 Downtown Survey conducted by San Francisco Architectural Heritage (Heritage) covered much of the area within Chinatown, including the 1924 MAB. Heritage uses an alphabetical system to rate the significance of the buildings they have surveyed, with a rating of A assigned to the most significant buildings and a rating of D assigned to buildings with minor

[9] San Francisco Planning Department, *Block Book,* Blocks 179, 192, and 211.

importance. The field survey form completed in 1983 not only documented the basic physical attributes of the building, but noted that it was a "focal point or anchor" as well as "compatible" in scale with the surrounding neighborhood.[10] The 1924 MAB is rated B after considering elements such as architecture, history, environment and integrity. The B rating from Heritage indicates that a building is of:

> B. Major Importance - Buildings that are of individual importance by virtue of architectural, historical and environmental criteria. The buildings tend to stand out because of their overall quality rather than for any particular outstanding characteristic. B-group buildings are considered eligible for the National Register of Historic Places and are of secondary priority for San Francisco landmark status.[11]

EVALUATION OF HISTORICAL RESOURCES IN THE PROJECT VICINITY

Approach

As discussed above, the 1924 MAB is not designated individually on, or previously determined eligible for inclusion in, an adopted local, State or Federal register of historical resources. Nor is the property included within the boundaries of any designated historic district or within any district formally determined eligible for listing on local, State, or Federal registers of historical resources. However, under CEQA Guidelines Section 15064.5(a), the fact that a resource is not listed in, or determined to be eligible for listing in, an adopted register of historical resources does not preclude a lead agency from determining that the resource may be an historical resource. A lead agency may still determine that any resource is an historical resource for the purposes of CEQA if there is substantial evidence supporting such a determination.

As discussed above, this evaluation of historical resources is based on Knapp Architect's HRE and the Planning Department's HRER. For the purposes of evaluating project impacts on historical resources under CEQA, this subsection identifies historical resources, both onsite and offsite, that could be affected by the proposed project. The consultant conducted archival research at the San Francisco History Room of the San Francisco Public Library, the San Francisco Department of Building Inspection, the Office of the Assessor-Recorder for the City and County of San Francisco, and San Francisco Architectural Heritage. In addition, the Historic Property Data File for San Francisco County, the California Historical Resources Information System, and California Historical Landmarks were consulted for historical information regarding Chinese Hospital. The Chinese Historical Society was queried for information about Chinese

[10] San Francisco Architectural Heritage, Research File for Chinese Hospital (as quoted in the HRE).
[11] San Francisco Planning Department, *Preservation Bulletin No. 11, Historic Resource Surveys*.

Hospital as well. Site observations and photographic documentation covered the interior and exterior of the 1924 MAB and its surroundings.

In addition to evaluating the 1924 MAB as an individual historical resource under CEQA, the HRE identifies and evaluates an additional Study Area surrounding the project site for the purposes of identifying potentially affected offsite Chinatown historical resources, including potential resources outside of the NRHP-eligible Chinatown historic district. For Study Area properties outside of the NRHP-eligible Chinatown historic district, the HRE evaluates the potential eligibility of the property for inclusion with that historic district.

Evaluation of the 1924 MAB as an Individual Historical Resource

The 1924 MAB is individually eligible for inclusion in the California Register of Historical Resources under Criterion 1 (Events) and Criterion 3 (Design/Construction) as discussed below. As such, the building is considered a historical resource for the purposes of CEQA.

Criterion 1: Associated with Events Significant to the Broad Patterns of History

After the 1906 Earthquake and Fire, the major medical facility for the Chinatown community was the Tung Wah Dispensary, relocated to Trenton Street shortly after the Earthquake. It was staffed by Christian missionaries and was funded and maintained by the Chinese Six Companies. The dispensary combined both traditional Chinese and Western medicines and was the forerunner of Chinese Hospital. The Tung Wah Dispensary became extremely important to the Chinese community, not only because of the cultural bias toward the Chinese, but because of the physical distance between Chinatown and San Francisco General Hospital. In 1918, the members of the Six Companies began to raise money to develop the dispensary into a modern hospital. The hospital was supported by the community with major funding from the benevolent societies, merchants, community members, and Chinese communities across the United States. When it opened in 1925 at 835 Jackson Street (now the 1924 MAB) the hospital had 60 beds, 4 Western-trained Chinese physicians on staff, and 32 other doctors trained in Western medicine. At the time, San Francisco had a population of nearly 15,000 Chinese people, most of whom could not speak English. The hospital served both patients who could pay their own medical costs as well as the poor and elderly who could not. Newspapers of the time lauded the grand opening, and mentioned the uniqueness of a hospital dedicated solely to the Chinatown community.

Chinese Hospital was the first hospital of its kind in its service to the Chinese-American community in San Francisco. The proliferation of anti-Chinese laws in the city of San Francisco as well as a significant geographic distance between Chinatown and the other hospitals in the City created a desperate need for health care which Chinese Hospital provided. As a bilingual facility, Chinese Hospital served the Chinese community in San Francisco at a time when health services were unavailable or culturally inaccessible to Chinese immigrants. Thus, the 1924 MAB can be

associated with events that have had a significant contribution to the broad patterns of California's history and cultural heritage, making it eligible for listing on the California Register under Criterion 1. The HRER also finds that the 1924 MAB is individually eligible for listing in the National Register of Historic Places under this criterion.

Criterion 2: Associated with Persons Important to Local, California or National History

Archival research has not uncovered any significant association of Chinese Hospital with any persons important to Local, California or National history.[12]

Criterion 3: Represents a Distinct and Important Type of Architecture or the Work of a Master

The 1924 MAB reflects the general trend in the rebuilding of Chinatown to embrace an overtly stylized version of Chinese architecture. The Jackson Street elevation is symmetrically organized into three vertical zones, with the slightly recessed central zone being wider than the side bays. The central zone, composed of four window bays at the upper stories, is characterized by the decorative front entrance. The side zones each have two window bays at the first through fourth stories, with a grouping of three windows at the fifth floor.

The partial fifth story at the front of the 1924 MAB is more decorative than any of the other elements of the building and is more prominent because of its height. A band of recessed panels with relief ornament, punctuated by a series of pilasters, separates the fourth and fifth floors. The original arched windows in the center zone of the north elevation at the fifth story are recessed and each has decorative scrollwork in the arch above it. Small dragon figures are intertwined within the scrollwork design. Four chamfered pilasters are set into the face of the building in order to accent the four central upper windows and the upward movement of the pagoda roof. Relief panels between the fourth and fifth floors feature an applied Chinese stylized latticework design. At the center of each of these panels is an applied double diamond. The partial fifth story is surmounted by an elaborate pagoda roof feature. The pagoda roof has the traditional Chinese tile form (which spread to other countries in East Asia) consisting of shallow concave tiles alternating with barrel-shaped cap tiles. The pagoda is painted with bright colors and is detailed in yellow, red and blue.

The elaborate front entranceway to the 1924 MAB appears not to have been altered since it was first built. The portico is a combination of Western classical architectural elements and stylized Chinese architecture. A pair of engaged classical columns support an ornamental curly pagoda

[12] The late Bruce Lee, the popular Chinese American movie star, was born at Chinese Hospital. However, neither the California Register of Historical Resources nor the National Register of Historic Places recognizes birth of important persons as conveying historic significance to a building or site.

style roof over a recessed entrance. The canopy features the same stylized roof tile seen on the pagoda, and is painted the same blues, yellows and reds. At the top of the canopy, a stylized iron gate-like feature is set. A lantern-style fixture hangs from the alcove.

Its original building permit and drawings list the architect of the 1924 MAB as Alfred I. Coffey. Coffey was an architect in the city of San Francisco who specialized in hospitals and other institutional buildings. While he had a long and successful practice, Coffey was not notably influential in architecture locally or beyond. The 1924 MAB does not appear to be the work of a master under the California Register Criteria.

The 1924 MAB features elements of the Chinese style along with Western architectural details and overall order. This combination is a significant design element used in the rebuilding of Chinatown after the 1906 Earthquake and Fire in response to moves by city politicians to move Chinatown to southeast San Francisco after the disaster. The resulting combination was intended to draw non-Chinese tourists and customers to Chinatown businesses. The 1924 MAB is significant under Criterion 3 for its prominent use of distinctive Chinese and Western design elements. The HRER also finds that the 1924 MAB is individually eligible for listing in the National Register of Historic Places under this criterion.

Criterion 4: Has or May Yield Information Important to the Prehistory or History of the Area or California

Criterion 4 is generally understood to apply primarily to archaeological resources. The potential for the presence of subsurface archaeological resources within the project site that predate construction of the 1924 MAB is addressed in the NOP/Initial Study (Appendix A to the EIR on pp. 81-91).

Evaluation of Integrity

The exterior features of the 1924 MAB have not been modified extensively since their original construction, and have been maintained over the years. Likewise, the surrounding nearby area largely retains its low-scale, fine-grained character, overall. For these reasons, the 1924 MAB retains integrity of location, design, setting, materials, feeling, workmanship and association.

Evaluation of Historic District Resource

As discussed above, the western boundary of the NRHP-eligible Chinatown historic district is generally defined by properties fronting the west side of Stockton Street, a main Chinatown commercial corridor. Under the NRHP-eligible Chinatown historic district, the western district boundary reaches westward to capture sidestreet buildings (940 Washington Street and

950 Washington Street) as such buildings exhibit individual significance and are contiguous to properties fronting Stockton Street.

The project Study Area encompasses the entire project block (Block 192) and properties fronting along the north side of Jackson Street within the block to the north of the project block (Block 179), as well as buildings fronting the north side of Jackson Street. These areas were selected for study because they are part of the immediate visual setting of the project site and appear to share some common characteristics with the NRHP-eligible Chinatown historic district, warranting further study and evaluation for the purposes of CEQA evaluation of project impacts.

The individually significant 1924 MAB on the project site and the building immediately east of it, 821 Jackson Street (for contiguity with the district), are eligible for inclusion in the NRHP-eligible Chinatown historic district. Both buildings date from the period of significance of the district, and share common architectural characteristics of contributing properties within the district. Additionally, like the Gum Moon Women's Residence at 940 Washington Street and the Commodore Stockton Child Development Center at 950 Washington Street, the 1924 MAB conveys individual historic and architectural significance and has a prominent and contiguous visual relationship with the NRHP-eligible Chinatown historic district that justify inclusion of the 1924 MAB as a contributor to that district.

Other buildings within the Study Area that are outside of the NRHP-eligible Chinatown historic district do not appear eligible for inclusion within that district. Although most have characteristics in common with contributing buildings within the NRHP-eligible Chinatown historic district, they are secondary buildings on ancillary side streets at the western periphery of the district. They do not convey the distinguished architectural and historic character of the Chinatown core defined by the main commercial corridors along Stockton Street and Grant Avenue.

IMPACTS

SIGNIFICANCE CRITERIA

The City and County of San Francisco has not formally adopted significance thresholds for impacts related to historic architectural resources. The San Francisco Planning Department's Initial Study Checklist provides a framework of topics to be considered in evaluating a project's impacts under CEQA. In accordance with the CEQA Guidelines, implementation of a project

could have potentially significant impacts on an historic architectural resource if the project were to:

C.1 Cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5, including those resources listed in Article 10 or Article 11 of the San Francisco *Planning Code*.

CEQA Guidelines (Section 15064.5(b)) establish the criteria for assessing a significant environmental impact on historical resources. They state, "[a] project with an effect that may cause a substantial adverse change in the significance of an historical resource is a project that may have a significant effect on the environment." The CEQA Guidelines define "substantial adverse change in the significance of an historical resource" as a "physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of an historical resource would be materially impaired" (Section 15064.5(b)(1)). The significance of an historic architectural resource is considered to be "materially impaired" when a project demolishes or materially alters the physical characteristics that justify the inclusion of the resource in the CRHR, or that justify the inclusion of the resource in a local register, or that justify its eligibility for inclusion in the CRHR as determined by the lead agency for the purposes of CEQA (Section 15064.5(b)(2)).

CEQA Guidelines include a presumption that a project that conforms to the Secretary's Standards would generally have a less-than-significant impact on an historical resource. Section 15064.5(b)(3) of the CEQA Guidelines states, "Generally, a project that follows the Secretary of the Interior's Standards for the Treatment of Historic Properties with Guidelines for Preserving, Rehabilitating, Restoring, and Reconstructing Historic Buildings or the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings…shall be considered as mitigated to a level of less than a significant impact on the historical resource."[13]

APPROACH TO ANALYSIS

See description of approach under "Evaluation of Historical Resources in the Project Vicinity," on pp. IV.C.13-IV.C.14, above.

[13] Note, however, that Secretary's Standards are not to be construed as CEQA significance criteria. Although compliance with the Secretary's Standards may indicate that a project would have a less-than-significant impact on an historical resource, a project that does not comply with the Secretary's Standards does not, *per se*, result in a significant impact under CEQA. Alterations that are not consistent with the Secretary's Standards may, or may not, result in a significant impact under the "material impairment" significance standard of CEQA Guidelines Section 15064.5(b)(1).

The 1924 MAB is a historical resource as it is individually eligible for listing in the National Register of Historic Places (NRHP) and in the California Register of Historical Resources (CRHR). The 1924 MAB is also eligible as a contributor to a Chinatown historic district, which is also eligible for listing on the NRHP and CRHR.

The existing NRHP-eligible Chinatown historic district, together with the additional properties (the 1924 MAB and 821 Jackson Street) meriting inclusion in the NRHP-eligible Chinatown historic district, are referred to collectively as the "NRHP/CRHR-eligible Chinatown historic district" for the purposes of analyzing project impacts on historical resources under CEQA.

PROJECT FEATURES

The proposed project calls for demolition of the existing 1924 MAB and parking garage. The 1924 MAB is a historical resource as it is individually eligible for listing in the National Register of Historic Places (NRHP) and in the California Register of Historical Resources (CRHR). The 1924 MAB is also eligible as a contributor to the NRHP/CRHR-eligible Chinatown historic district.

The proposed project also calls for construction of a new Replacement Hospital building. The proposed Replacement Hospital building would be seven stories tall, plus a full basement, measuring approximately 90.5 feet in height from the center of the Jackson Street frontage. The Replacement Hospital building would also include rooftop mechanical equipment rising approximately 30 feet above the roof deck.

The proposed Replacement Hospital building would have an approximately 96-foot-wide street frontage. At the ground and first floors, a 17-foot-wide arcade would run along Jackson Street. The Replacement Hospital building would be set back 5 feet from the east property line along James Alley and 5 feet from the south property line. The façade of the proposed Replacement Hospital building would be composed of various materials, including stone tile, precast concrete panels, aluminum panels and frames, and glass curtain walls.

Hospital Façade Design Variant

A Hospital Façade Design Variant is under consideration. The variant would call for exterior design refinements to the proposed Replacement Hospital to improve the visual relationship of the proposed Replacement Hospital with its surroundings. This variant does not call for any changes in the proposed hospital use program, height, or bulk. See Figure II.18: Hospital Façade Design Variant, on p. II.46. The Hospital Façade Design Variant is intended to provide for a more vertical expression to the façade with a more vertically oriented fenestration pattern, and by eliminating the pattern of contrasting colors that is proposed on the façade for the project. The replacement hospital building under this variant also includes a horizontal band course that sets

off the ground and first stories, as well as projecting canopies suspended between the arcade columns. The façade of the replacement hospital under this variant would be capped by a projecting, horizontal cornice-like element along Jackson Street.

IMPACT EVALUATION

The discussion below analyzes the impacts of the proposed project and the Hospital Façade Design Variant that are related to historic architectural resources. The Off-Street Parking Variant is not discussed further as its impacts on historical resources would be the same as those of the proposed project.

Impact CR-1: The proposed demolition of the existing 1924 MAB would have a substantial adverse effect on an individual historical resource and on the NRHP/CRHR-eligible Chinatown historic district. ***(Significant and Unavoidable with Mitigation)*** **(Criterion C.1)**

Proposed Project

To implement the proposed project, the 1924 MAB would be demolished. As discussed above, the 1924 MAB is considered an individual historical resource, based on its historic and architectural significance. Demolition of the existing 1924 MAB building would cause a substantial adverse impact on the individual historical resource and would be considered a significant impact under CEQA.

As discussed above, the 1924 MAB is also considered a contributor to the NRHP/CRHR-eligible Chinatown historic district, identified for the purpose of evaluating project impacts under CEQA, based on its compatibility with, and contribution to, the distinctive historic, cultural, and architectural character of the district. Demolition of the existing 1924 MAB would eliminate a prominent and individually significant contributor to the NRHP/CRHR-eligible Chinatown historic district that visually anchors the western edge of the historic district resource. Demolition would impair the integrity of Design, Setting, Materials, Workmanship, Feeling and Association of this portion of the NRHP/CRHR-eligible Chinatown historic district. Demolition of the 1924 MAB would materially impair the significance of the NRHP/CRHR-eligible Chinatown historic district and would therefore result in a substantial adverse impact on the historic district resource. This would be considered a significant impact under CEQA.

Chapter VI, Alternatives, considers a range of alternatives that could avoid or substantially lessen significant effects of demolition under the proposed project. Included in the consideration of alternatives are alternatives that would retain, in whole or in part, the existing 1924 MAB.

Implementation of the following mitigation measures would lessen the impact of the proposed demolition of the 1924 MAB, but would not reduce this impact to a less-than-significant level:

Mitigation Measure M-CR-1a: Documentation

The project sponsor shall retain a professional who meets the Secretary of the Interior's Professional Qualifications Standards for Architectural History to prepare written and photographic documentation of the 1924 MAB.

The documentation for the property shall be prepared based on the National Park Service's Historic American Building Survey (HABS) / Historic American Engineering Record (HAER) Historical Report Guidelines. This type of documentation is based on a combination of both HABS/HAER standards (Levels I, II and III) and the National Park Service's policy for photographic documentation as outlined in the National Register of Historic Places (NR) and National Historic Landmarks (NHL) Survey Photo Policy Expansion. The measured drawings for this documentation shall follow HABS/HAER Level I standards. To determine the number of the measured drawings, the professional shall consult with the San Francisco Planning Department's Preservation Coordinator.

The written historical data for this documentation shall follow HABS / HAER Level II standards. The written data shall be accompanied by a sketch plan of the property. Efforts should also be made to locate original construction drawings or plans of the property during the period of significance. If located, these drawings should be photographed, reproduced, and included in the dataset. If construction drawings or plans cannot be located, as-built drawings shall be produced. Either HABS/HAER standard large format or digital photography shall be used. If digital photography is used, the ink and paper combinations for printing photographs must be in compliance with NR-NHL Photo Policy Expansion and have a permanency rating of approximately 115 years. Digital photographs will be taken as uncompressed, TIF file format. The size of each image will be 1600x1200 pixels at 330 ppi (pixels per inch) or larger, color format, and printed in black and white. The file name for each electronic image shall correspond with the index of photographs and photograph label.

Photograph views for the dataset shall include (a) contextual views; (b) views of each side of each building and interior views, where possible; (c) oblique views of buildings; and (d) detail views of character-defining features, including features on the interiors of some buildings. All views shall be referenced on a photographic key. This photographic key shall be on a map of the property and shall show the photograph number with an arrow to indicate the direction of the view. Historic photographs shall also be collected, reproduced, and included in the dataset.

The project sponsor shall transmit such documentation, in both printed and electronic form, to the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical Information Resource System.

All documentation will be reviewed and approved by the San Francisco Planning Department's Preservation Coordinator prior to granting any demolition permit.

Mitigation Measure M-CR-1b: Interpretation

The project sponsor shall provide a permanent display of interpretive materials concerning the history and architectural features of the original 1924 MAB and its historic and architectural relationship to the larger Chinatown community. Interpretation of the site's history shall be supervised by an architectural historian or historian who meets the Secretary of the Interior's Professional Qualification Standards, and shall be conducted in coordination with an exhibit designer. The interpretative materials (which may include, but are not limited

to, a display of photographs, news articles, memorabilia, video) shall be placed in a prominent public setting within the Replacement Hospital building or MAOC.

A proposal describing the general parameters of the interpretive program shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Site Permit. The substance, media and other characteristics of such interpretive display shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Temporary Certificate of Occupancy.

Hospital Façade Design Variant

As with the proposed project, the Hospital Façade Design Variant calls for demolition of the 1924 MAB. The impacts of demolition of the 1924 MAB under the Hospital Façade Design Variant and the mitigation measures are the same as those identified for the proposed project.

Impact CR-2: The proposed Replacement Hospital building would have a substantial adverse effect on the NRHP/CRHR-eligible Chinatown historic district. ***(Significant and Unavoidable)*** **(Criterion C.1)**

Proposed Project

The proposed building would be visible from vantage points within the NRHP/CRHR-eligible Chinatown historic district and would detract from the consistent scale that characterizes the district. As discussed above under Setting on pp. IV.C.3-IV.C.4, the Chinatown area is primarily composed of small-scaled buildings. Existing buildings are typically low (three to four stories) and relatively short in depth due to the pattern of the lots. The typical lot size is 3,500 sq. ft. Also as discussed above, although the five-story 1924 MAB is larger in scale than the typical three - to four–story buildings that characterize the area, the 1924 MAB is consistent overall with the scale and texture of the area, and contributes to the distinctive architectural character of the area. While a few large buildings in the area intrude into this fine-scaled texture of development (like the existing 16-story Mandarin Tower at 946 Stockton Street), they do not predominate or define the visual character of the Chinatown area.

The demolition of the 1924 MAB and the Chinese Hospital Parking Garage at the rear of the main project site would create a building site that is approximately three times larger than the typical Chinatown lot size of 3,500 sq. ft. The proposed Replacement Hospital building would have an approximately 96-foot-wide street frontage. The proposed 101,545-gross-square-foot Replacement Hospital building would be seven floor levels, measuring approximately 90.5 feet in height from the center of the Jackson Street frontage, and up to 120 feet tall, including rooftop mechanical equipment rising approximately 30 feet above the roof deck.

The mass of the proposed Replacement Hospital building is expressed as a single, flat-sided, unarticulated, cube-like volume. The varied fenestration of the proposed Replacement Hospital

building does not conform to the regularity of vertical bays that characterizes the fenestration of district buildings. Glazing is nearly flush with the façade plane, reinforcing the flatness of the façade. Proposed variations in façade color under the proposed design would not be sufficient to break up the scale and bulk of the proposed building and harmonize the new Replacement Hospital building with the surrounding remaining district. A cornice-like horizontal feature would cap the proposed Replacement Hospital building, providing a distinctive termination to the building top and masking rooftop mechanical equipment. However, the overall unrelieved scale of the proposed Replacement Hospital building and its incompatible façade treatment (fenestration, materials, architectural details) would sharply contrast with the fine-grained scale and architectural detailing of the NRHP/CRHR-eligible Chinatown historic district.

For these reasons the design of the proposed Replacement Hospital building would result in a substantial adverse impact on the integrity of Design, Setting, Materials, Workmanship, Feeling and Association of the NRHP/CRHR-eligible Chinatown historic district and would be considered a significant impact under CEQA.

No mitigation measure is available that would avoid or substantially lessen the impact of the proposed Replacement Hospital building. Such a mitigation measure would require fundamental changes to the massing and design of the new hospital building to constitute a different project than the one proposed. Chapter VI, Alternatives, considers the Compatible Replacement Hospital Alternative, an alternative design for the Replacement Hospital building that could lessen or avoid the impact of new construction by breaking up the massing of the proposed project to create a more compatible visual relationship with the scale and visual character of its surroundings. See Section VI.D, Compatible Replacement Hospital Alternative, in Chapter VI, Alternatives to the Proposed Project. See also the Hospital Façade Design Variant, below.

Hospital Façade Design Variant

The Hospital Façade Design Variant would incorporate architectural features of contributing buildings within the NRHP/CRHR-eligible Chinatown historic district (regularly-spaced vertically-oriented fenestration, a horizontal cornice-like feature at the front parapet, and a horizontal band course above the ground and first floors).[14] These features could improve the proposed hospital building's visual compatibility with nearby contributing buildings of the NRHP/CRHR-eligible Chinatown historic district and could create a more inviting pedestrian environment along Jackson Street in front of the replacement hospital building. However, these façade design refinements would not reduce the overall scale and bulk of the proposed

[14] The spacing and placement of windows under this variant is determined by the arrangement of patient rooms on the interior of the Replacement Hospital building.

Replacement Hospital. Development on the main project site under this variant would, like the proposed project, sharply contrast with the fine-grained scale of the NRHP/CRHR-eligible Chinatown historic district. Even with incorporation of design refinements under the Hospital Façade Design Variant, without a substantial downscaling of the proposed Replacement Hospital building, there would remain a substantial adverse impact on the significance of the NRHP/CRHR-eligible Chinatown historic district, and would be considered a significant impact under CEQA.

Cumulative Impacts

Impact C-CR-1: The proposed project in combination with other past, present and reasonably foreseeable future projects in the project vicinity would result in a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district. ***(Significant and Unavoidable)***

Proposed Project

The nearest current development proposal is the proposed development of the Chinatown Station at the southwest corner of Stockton and Washington Streets (933-949 Stockton Street, about one block south of the main project site), part of the approved Central Subway Project. The existing two-story building at 933-949 Stockton Street, a contributing resource to the NRHP/CRHR-eligible Chinatown historic district, would be demolished and replaced by a new one-story building with a subway station below, providing pedestrian access from the new building's ground floor to the station's underground platforms.[15]

Another development project that is anticipated within the boundaries of the NRHP/CRHR-eligible Chinatown historic district is 740 Washington Street, between Kearny Street and Grant Avenue. The proposed 740 Washington project calls for demolition of an existing vacant, 41-foot-high, three-story-over-basement, 13,500-sq.-ft. building constructed in 1907, which is a contributor to the NRHP/CRHR-eligible Chinatown historic district. It would be replaced by a

[15] The 933-949 Stockton Street location (APN 211/1) was identified in the *Central Subway Project Final SEIS/SEIR* – Volume I, September 2008 as a potential site for construction staging as part of the Central Subway project's underground construction work for development of the Chinatown Station. As analyzed in the SEIR/SEIS the 933-949 Stockton Street building was to be demolished and used for staging. The site was to be developed to its maximum potential under the Planning Code. The analysis in this EIR uses the San Francisco Municipal Transportation Agency's most recent conceptual plan. The *Central Subway Central Subway Project Final SEIS/SEIR* and the latest information from the SFMTA's Central Subway Project website are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 96.281E and Case File No. 2008.0762E, respectively.

four-story-over-basement, 50-foot-tall, 17,336-sq.-ft. building with a ground-floor senior center and 18 affordable senior residential units in the upper floor.

Cumulative Impact of Demolition

The *Central Subway Project SEIS/SEIR* concludes that the demolition of 933-949 Stockton would result in a significant adverse impact on the NRHP-eligible Chinatown historic district:

> Demolition of building 933-949 Stockton Street would be considered a significant adverse effect because of the building's status as a contributor to a NRHP-eligible district, and its removal would create a break in the cohesive grouping of important buildings within the block and the neighboring block on the west side of Stockton Street [*i.e., the Chinese Hospital project block*].[16]

Likewise, the demolition of the contributor at 740 Washington Street would result in a significant adverse impact on the NRHP/CRHR-eligible Chinatown historic district. Combined with the proposed demolition of 933-949 Stockton Street under the Central Subway Project, and the demolition of 740 Washington Street, the demolition of the 1924 MAB under the proposed project would result in a cumulatively considerable contribution to a significant adverse impact on the NRHP/CRHR-eligible Chinatown historic district.

Implementation of Mitigation Measure M-CR-1a: Documentation, and Mitigation Measure M-CR-1b: Interpretation, pp. IV.C.21-IV.C-22, would lessen the cumulative impact of the proposed demolition of the 1924 MAB on the NRHP/CRHR-eligible Chinatown historic district, but would not reduce this impact to a less-than-significant level.

Cumulative Impact of New Construction

The *Central Subway Project Final SEIS/SEIR* concludes that potential adverse impacts of the proposed new Chinatown Station building on the 933-949 Stockton Street, as part of the Central Subway Project, could be mitigated to a less-than-significant impact through "review by the Environmental Review Officer, the City Historic Preservation Officer, and a historic architect hired by MTA for compliance with the Secretary of the Interior's Standards based on their compatibility with the character-defining features of each of the districts. New buildings would be designed to reinforce the established character of the historic district and visual continuity of the streetscape and an historic architectural specialist would be consulted during design development."[17] As such, the significant adverse impact on the NRHP/CRHR-eligible Chinatown

[16] San Francisco Planning Department, *Central Subway Project Final SEIS/SEIR*, certified August 7, 2008, p. 5-24.
[17] *Central Subway Project Final SEIS/SEIR*, certified August 7, 2008, p. 5-24.

historic district resulting from construction of the proposed Replacement Hospital building under the proposed project would not combine with the impact resulting from construction of the Chinatown Station building.

However, the proposed new construction at 740 Washington Street was determined to be "incompatible with the character-defining features of surrounding contributory buildings to the Chinatown Historic District, particularly along Grant Avenue and across Washington Street from the [740 Washington] project site, and would be considered to have a significant design impact on contributory buildings to the historic district."[18] For these reasons, construction of the proposed Replacement Hospital building would contribute considerably to a substantial adverse cumulative impact on the integrity of Design, Setting, Materials, Workmanship, Feeling and Association of the NRHP/CRHR-eligible Chinatown historic district and would be considered a significant impact under CEQA.

Hospital Façade Design Variant

The cumulative impacts of demolition and new construction on historic architectural resources under the Hospital Façade Design Variant are the same as those identified for the proposed project.

[18] San Francisco Planning Department, Notice of Preparation of an Environmental Impact Report, Case No. 2007.0211E, 740 Washington Street, December 17, 2009. Available online at: http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=7848. Accessed March 12, 2012.

D. TRANSPORTATION AND CIRCULATION

This section summarizes and incorporates the results of the *Chinese Hospital Transportation Study - Transportation Impact Analysis* (TIS) prepared by the transportation subconsultant for the Chinese Hospital Replacement Project.[1] The TIS describes existing and future 2030 transportation conditions in the vicinity of the proposed project and evaluates its environmental effects. Two transportation scenarios were examined: existing plus the proposed project, and cumulative (2030) conditions.

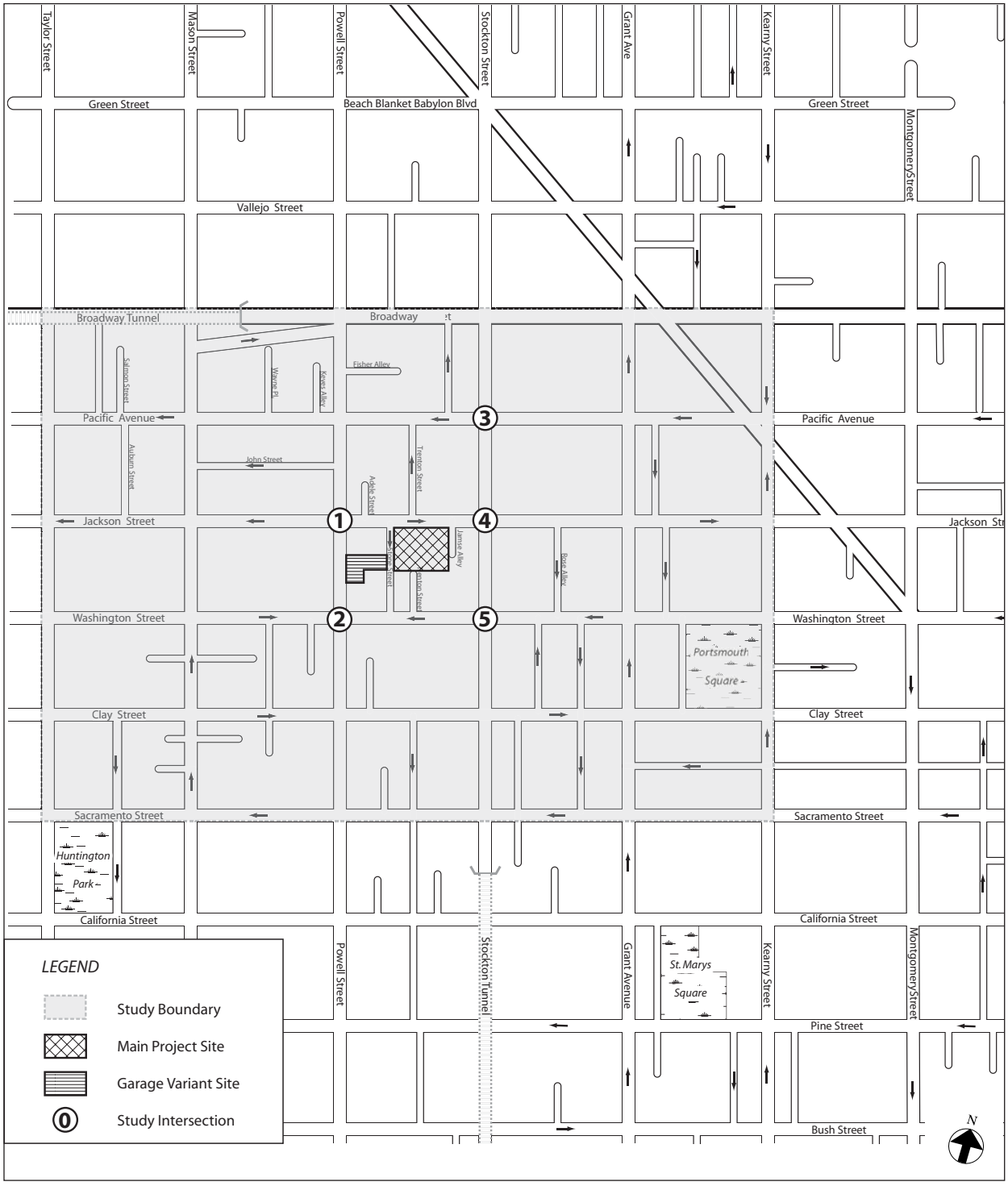
In addition to these scenarios, a variant to the proposed project – the Off-Street Parking Variant – was also analyzed for existing plus the project variant and cumulative (2030) conditions.

An additional variant, the Hospital Façade Design Variant, is being considered by the project sponsor. The Hospital Façade Design Variant would call for exterior design refinements to the proposed Replacement Hospital building. As none of the refinements in the Hospital Façade Design Variant would affect transportation and circulation, the transportation effects of the Hospital Façade Design Variant are the same as those analyzed below for the proposed project, and the Hospital Façade Design Variant is not analyzed separately in this section.

SETTING

This section describes the existing transportation conditions in the vicinity of the main project site. The study area for the proposed project is the area bounded by Broadway to the north, Kearny Street to the east, Sacramento Street to the south, and Taylor Street to the west. Figure IV.D.1: Transportation Study Area and Intersections, presents the roadway network in the study area and the intersections that are analyzed in this EIR.

[1] CHS Consulting, *Chinese Hospital Transportation Study – Transportation Impact Analysis*, August 2011 (hereinafter "TIS"). After publication of the TIS, 827 Pacific Avenue was removed as a component of the proposed project, as described in Chapter II, Project Description, pp. II.41-II.42. See also Memorandum from Patty Liao, CHS Consulting Group, to Devyani Jain, Senior Planner, through Turnstone Consulting, Re: Removing 827 Pacific Avenue from the proposed Chinese Hospital Replacement Project from Transportation Impact Analysis, dated March 30, 2012. These document are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 2008.0762E.



SOURCE: CHS Consulting Group

FIGURE IV.D.1: STUDY AREA AND INTERSECTION

ROADWAY NETWORK

Regional Access

The study area is served by three freeways: Interstate 80 (I-80), U.S. Highway 101 (U.S. 101), and Interstate 280 (I-280). I-80 provides the primary regional access to the project area. The San Francisco-Oakland Bay Bridge, part of I-80, connects San Francisco to the East Bay. Between the East Bay and the study area, the primary access points are via the I-80 westbound off-ramp at Fifth and Harrison Streets and the eastbound on-ramp at Fifth and Bryant Streets. I-80 joins U.S. 101 southwest of the study area. U.S. 101 provides regional access to the areas north and south of San Francisco. U.S. 101 connects San Francisco to the North Bay via Van Ness Avenue, Lombard Street, and the Golden Gate Bridge. From the study area, access to and from southbound U.S. 101 is from the on- and off-ramps at Seventh/Harrison and Seventh/Bryant Streets, as well as at the intersections of Tenth/Bryant and Ninth/Bryant Streets. U.S. 101 and I-280 intersect south of downtown San Francisco, providing access to the Peninsula and South Bay. From the study area the primary access to and from I-280 is via the Sixth Street and Brannan Street on- and off-ramps. During the evening commute hours, the on-ramps to the freeway system (I-80 eastbound to the Bay Bridge and I-80 westbound/U.S. 101 southbound to the Peninsula and South Bay) are congested and queues typically develop, and surrounding congestion occurs between the hours of 4:00 P.M. and 7:00 P.M. These conditions affect the traffic flow on major surface roadways near the freeway.

Local Access

The main project site block is bounded by Jackson, Stockton, Powell, and Washington Streets. Streets adjacent to the main project site at 835-845 Jackson Street are Jackson Street, Stone Street, James Alley, and the southern segment of Trenton Street with access from Washington Street. (See Figure II.2: Proposed Site Plan, in Chapter II, Project Description, p. II.11.)

Jackson Street, an east-west roadway that begins at Arguello Boulevard in the Presidio Heights neighborhood and ends at Drumm Street in the Financial District, forms the northern edge of the main project site. It is a one-way, eastbound roadway from Powell Street to Drumm Street and a one-way, westbound roadway from Powell Street to Arguello Boulevard. In the vicinity of the main project site, Jackson Street has one travel lane with on-street parking on both sides of the roadway and 10-foot-wide sidewalks. There are two white loading zones in front of the 1924 Medical Administration Building (1924 MAB) and the existing 1979 Chinese Hospital building on the main project site (a 60-foot-long zone and a 58-foot-long zone, respectively) that provide space for Chinese Hospital passengers and truck loading/unloading operations. The Powell-Hyde and Powell-Mason cable cars run along Jackson Street (outbound) and Washington Street

(inbound) between Powell and Hyde Streets and Powell and Mason Streets west of the main project site. To the west of the main project site, Jackson Street is identified in the *San Francisco General Plan* (*General Plan*) as a Transit Preferential Street[2] from Powell Street to Hyde Street.

Stockton Street is a two-way, north-south roadway between Market and Beach Streets. In the vicinity of the main project site, Stockton Street is a two-way street with one travel lane in the northbound direction and two travel lanes in the southbound direction with 10-foot-wide sidewalks on both sides of the street. There are metered parking spaces on both sides of the street in the project vicinity. For less than a half-mile (between Bush Street and Sacramento Street) Stockton Street is a continuous designated Class II bicycle route[3] (in the northbound direction only) with a designated bicycle lane on the east side of the street through the Stockton Street Tunnel. From Sacramento Street to Broadway, the bicycle route is designated as a Class III facility. The *General Plan* identifies Stockton Street as a Transit Preferential Street from Market Street to Columbus Avenue. This street connects the neighborhoods south of the main project site near Market Street and beyond with the Chinatown, Russian Hill, and North Beach neighborhoods.

Powell Street is a two-way, north-south roadway between Market Street and The Embarcadero. In the vicinity of the main project site, Powell Street is a two-way street with one travel lane in the northbound direction, one travel lane in the southbound direction, and center-running cable car tracks. The Powell-Hyde Street and the Powell-Mason Street cable car routes operate along Powell Street between Market and Jackson Streets. Powell Street has on-street parking on both sides of the street between California and Beach Streets, and 12-foot-wide sidewalks on both sides of the street. The *General Plan* identifies Powell Street as a Transit Preferential Street between Market and Jackson Streets.

Pacific Avenue is a one-way, westbound roadway from Front to Powell Streets and two-way west of Powell Street. It has on-street parking and 10-foot-wide sidewalks on both sides of the street between Front and Stockton Streets. There is no stopping allowed on the north side of Pacific Avenue between 4:00 P.M. and 6:00 P.M. during weekdays and no stopping between 8:00 A.M. and 6:00 P.M. on weekend days and holidays. There is no parking allowed during all other times. On the south side of Pacific Avenue, there are six yellow commercial truck loading spaces, two

[2] The Transit Preferential Streets program is part of the City's Transit First Policy and aims at improving transit vehicle speeds and minimizing restraints of traffic on transit operations through operational and infrastructure improvements such as traffic signal preemption, dedicated transit-only lanes, consolidated bus stops, and curb bulb-outs.

[3] Bikeways are typically classified as Class I, Class II, or Class III facilities. Class I bikeways are bicycle paths with exclusive right-of-way for use by bicyclists. Class II bikeways are bicycle lanes striped within the paved areas of roadways and established for the preferential use of bicycles, while Class III bikeways are signed bicycle routes that allow bicycles to share travel lanes with vehicles.

regular metered parking spaces, and one white passenger loading space between Stockton and Trenton Streets. The *General Plan* identifies the segment of Pacific Avenue between Hyde and Mason Streets as a Transit Preferential Street; the segment between Grant Avenue and Van Ness Avenue as a Neighborhood Pedestrian Street; and the segment between Polk Street and Powell Street as a Citywide Bicycle Route (Route 10 eastbound).

Washington Street is an east-west roadway between Arguello Boulevard and The Embarcadero. In the vicinity of the main project site, Washington Street is a one-way roadway with one westbound travel lane, and on-street parking and 10-foot-wide sidewalks on both sides of the street. The *General Plan* identifies Washington Street as a major arterial between Kearny Street and The Embarcadero; a Transit Preferential Street between Powell and Hyde Streets; and a Neighborhood Commercial Street between Mason and Polk Streets.

Stone Street forms the western edge of the main project site and is a one-way southbound alleyway between Washington Street and Jackson Street with a four-foot-wide sidewalk on each side. Parking is not permitted on Stone Street. An existing off-street loading space (approximately 41 feet by 13 feet) at the southwestern corner of the 1979 Chinese Hospital building is reserved for ambulance service, compressed and liquefied gas tank service, and trash and medical waste pickup. James Alley, a discontinuous north-south alleyway, forms the eastern edge of the main project site and provides access to the basement level of the existing Chinese Hospital Parking Garage. Trenton Street is a discontinuous north-south alleyway between Washington Street and Pacific Avenue. South of the main project site at Jackson Street, Trenton Street is a two-way street with a 4-foot-wide sidewalk on the west side of the street that provides access to the top level of the Chinese Hospital Parking Garage. The ground level of the Chinese Hospital Parking Garage is accessed from Jackson Street. North of the main project site, Trenton Street is a one-way northbound alleyway from Jackson Street to Pacific Avenue. The sidewalks on the northern segment of Trenton Street are approximately 5 feet wide on the both sides of the street.

Other roadways that make up the surrounding street network include Broadway, Columbus Avenue, Grant Avenue, Kearny Street, Clay Street, Sacramento Street, and Mason Street. Broadway is a four-lane, east-west roadway with two travel lanes in each direction from Lyon Street to The Embarcadero. In the vicinity of the main project site, Broadway has 12-foot-wide sidewalks with parking on both sides of the street. Columbus Avenue is a diagonal four-lane, northwest-southeast roadway with parking on both sides of the street that runs from North Point Street to Washington Street and connects Fisherman's Wharf with Russian Hill, North Beach, and Chinatown. Where Columbus Avenue terminates at Washington Street, the two southbound travel lanes are reduced to one and the second lane becomes a left turn pocket. East of the main project site, Grant Avenue runs north-south between Market and Beach Streets. Grant Avenue is

generally one way with one northbound travel lane, on-street parking on the west side of the street, and 10-foot-wide sidewalks on both sides. In the vicinity of the main project site, Kearny Street is a one-way street with four northbound travel lanes, no parking on the east side of the street, and 14-foot-wide sidewalks on both sides of the street. South of the main project site, Clay Street is a one-way roadway with one eastbound travel lane and on-street parking and 10-foot-wide sidewalks on the both sides of the street. Sacramento Street is a one-way westbound roadway with two travel lanes, on-street parking on one side of the street, and 10-foot-wide sidewalks on the both sides of the street. Mason Street is a one-way north-south roadway with two northbound travel lanes and metered parking and 10-foot-wide sidewalks on both sides of the street.

Intersection Operations

Methodology

Traffic operating characteristics of intersections are described by the concept of Level of Service (LOS). LOS is a qualitative description of the performance of an intersection based on the average delay per vehicle. The scale ranges from LOS A (free flow or excellent conditions with short delays) to LOS F (congested or overloaded conditions with extremely long delays). In San Francisco, LOS A through LOS D are considered excellent to satisfactory service levels, and LOS E and LOS F are considered undesirable and unacceptable operating conditions, respectively. Unsignalized intersections are considered to operate unsatisfactorily if one approach operates at LOS E or F and Caltrans signal warrants are met.

Five study intersections were evaluated using the *2000 Highway Capacity Manual* (*2000 HCM*) operations methodology. For signalized intersections, this methodology determines the capacity for each lane group approaching the intersection, and the LOS is based on average delay per vehicle (in seconds per vehicle) for the various movements within the intersection. A combined weighted average delay and LOS is presented for the intersections. For unsignalized intersections, average delay and LOS operating conditions are calculated by approach and movement for those movements that are subject to delay. For the purposes of this analysis, the operating conditions are presented for the worst approach, i.e., the approach with the highest average delay per vehicle. Adjustments are made to the intersection analysis to reflect the impact of location-specific conditions, e.g., heavy pedestrian volumes, delays due to bus stop locations and narrow lane widths.

Existing Conditions

Existing intersection operating conditions were evaluated for the five study intersections (Jackson Street/Powell Street, Washington Street/Powell Street, Pacific Avenue/Stockton Street, Jackson

Street/Stockton Street, and Washington Street/Stockton Street, shown in Figure IV.D.1, p. IV.D.2) for the peak hour (generally 5:00 P.M. to 6:00 P.M.) of the weekday P.M. peak period (4:00 P.M. to 7:00 P.M.). Intersection turning movement counts were conducted at these intersections on Wednesday, November 19, 2008. As shown in Table IV.D.1: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing Conditions, all the study intersections operate at an acceptable LOS D or better during the weekday P.M. peak hour.

Table IV.D.1: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing Conditions

Intersection	Existing (2008)	
	LOS	Delay[a]
1. Jackson Street/Powell Street	A	7.3
2. Washington Street/Powell Street[b]	A/B	9.6/10.2 (SB)
3. Pacific Avenue/Stockton Street	C	32.7
4. Jackson Street/Stockton Street	D	39.2
5. Washington Street/Stockton Street	C	26.9

Notes:
[a] Delay in seconds per vehicle.
[b] 4-way STOP-controlled. Delay and LOS presented for worst approach, indicated in (XB).
Source: CHS Consulting, TIS, August 2011.

TRANSIT

Local Transit

The main project site is well served by public transit, with 13 Muni routes providing Downtown, cross town, and local service during the weekday P.M. peak hour (see Figure IV.D.2: Public Transit Routes and Stop Locations, and Table IV.D.2: Nearby Weekday Muni Service, p. IV.D.9). The outbound 30 Stockton, 45 Union/Stockton, 8X Bayshore Express, 8AX Bayshore "A" Express, and 8BX Bayshore "B" Express Muni routes operate on Stockton Street and share stops at the midblock between Jackson and Washington Streets for southbound travel. The inbound 30 Stockton and 45 Union/Stockton share stops at the midblock between Jackson Street and Pacific Avenue for northbound travel. During the weekday P.M. peak period, the 30 Stockton and 45 Union/Stockton buses operate every 3 to 8 minutes and 12 minutes, respectively. The 8X Bayshore Express, 8AX Bayshore "A" Express, and 8BX Bayshore "B" Express buses operate every 8 minutes during the weekday P.M. peak period on Stockton Street in the southbound direction. The 8X Bayshore Express, 8AX Bayshore "A" Express, and 8BX Bayshore "B" Express routes operate on Kearny Street in the northbound direction.

SOURCE: CHS Consulting Group

FIGURE IV.D.2: PUBLIC TRANSIT ROUTES AND STOP LOCATIONS

Table IV.D.2: Nearby Weekday Muni Service

Route	Nearest Stop	A.M. Peak Service Frequency (minutes)	Midday Service Frequency (minutes)	P.M. Peak Service Frequency (minutes)
1 California	IB - Clay/Powell OB - Sacramento/Stockton	4	5	4
8X Bayshore Express	IB - Kearny/Jackson OB - Stockton (Jackson & Washington)	8 (outbound)	9	8 (inbound)
8AX Bayshore "A" Express	IB - Kearny/Jackson OB - Stockton (Jackson & Washington)	8 (inbound)	No Service	8 (outbound)
8BX Bayshore "B" Express	IB - Kearny/Jackson OB - Stockton (Jackson & Washington)	8 (inbound)	No Service	8 (outbound)
10 Townsend	IB - Pacific/Stockton OB - Powell/Pacific	20	20	20
12 Folsom/Pacific	IB - Pacific/Stockton OB - Powell/Pacific	20	20	20
30 Stockton	IB - Stockton (Jackson & Washington) OB - Stockton (Jackson & Pacific)	4-8	3-6	3-8
41 Union	IB - Columbus/Jackson OB - Columbus/Broadway	7	No Service	8
45 Union/Stockton	IB - Stockton (Jackson & Washington) OB - Stockton (Jackson & Pacific)	8	12	12
91 Owl	IB - Stockton (Jackson & Pacific) OB - Stockton (Jackson & Washington)	Night Service Only		
Powell-Hyde Cable Car	IB - Washington/Powell OB - Powell/Jackson	10	8	8
Powell-Mason Cable Car	IB - Washington/Powell OB - Powell/Jackson	10	8	8
California Cable Car	IB – California/Powell OB – California/Powell	5	8	8

Notes: IB = Inbound; OB = Outbound

Source: CHS Consulting, TIS, August 2011; SF Muni, 2011, http://www.sfmta.com/cms/mroutes/WeekdayFrequencyGuide.htm.

The 1 California bus route operates on Clay Street in the inbound direction with a stop at the southeast corner of the Clay Street/Stockton Street intersection. For travel in the outbound direction on Sacramento Street the closest stop to the main project site is at the northeast corner of the Sacramento Street/Stockton Street intersection. During the weekday P.M. peak period, the 1 California buses operate every 4 minutes. The 10 Townsend and 12 Folsom/Pacific bus routes operate on Pacific Avenue in the inbound direction toward Pacific Heights and Russian Hill, respectively. These two Muni lines share a stop at the northeast corner of the Pacific Avenue/Powell Street intersection. For travel in the outbound direction on Pacific Avenue and Broadway toward Downtown the shared stop closest to the main project site is at the southwest corner of the Pacific Avenue/Powell Street intersection. During the weekday P.M. peak period, the 10 Townsend and 12 Folsom/Pacific buses operate every 20 minutes. The Powell-Hyde and

Powell-Mason cable car lines operate on Powell Street in the outbound direction with stops located at the southeast corner of the Jackson Street/Powell Street intersection and the southeast corner of Washington Street/Powell Street intersection. The California Street cable car line operates on California Street with stops located in the center of the intersection of Powell and California Streets. During the weekday P.M. peak period, all three cable car lines operate every 8 minutes. Other Muni routes that serve the main project site include the 41 Union and the 91 Owl. The 41 Union bus operates in the morning and afternoon only and has a stop at Columbus Avenue and Jackson Street beyond a ¼-mile radius of the main project site. During the weekday P.M. peak period, the 41 Union line operates every 8 minutes. The 91 Owl bus operates on a limited nighttime schedule and has a stop on Stockton Street at the midblock between Jackson and Washington Streets.

Muni Transit Screenlines

The transit network was evaluated by two measures: screenline analysis and maximum load point (MLP). Muni service capacity and availability were analyzed in terms of a series of screenlines. The concept of screenlines is used to describe the magnitude of travel to or from the greater Downtown area, and to compare estimated transit volumes to available capacities. Screenlines are hypothetical lines that would be crossed by persons traveling between Downtown and its vicinity and other parts of San Francisco and the region. Four such screenlines have been established in San Francisco to analyze potential impacts of projects on Muni service: Northeast, Northwest, Southwest, and Southeast, with sub-corridors within each screenline. The screenlines generally surround the greater Downtown and Civic Center area. The bus and light rail lines used in this screenline analysis are considered the major commute routes from the Downtown area. The MLP is the stop along a route that exhibits the greatest transit demand. MLPs differ by direction and are different depending on the daily operating periods, e.g., weekday A.M. or P.M. peak period.

For the purpose of this analysis, Muni ridership measured at the four San Francisco screenlines and sub-corridors represents the peak direction of travel and patronage loads for the Muni system, which corresponds with the evening commute in the outbound direction from the Downtown area to other parts of San Francisco. Capacity utilization is used to determine the amount of available space within each screenline; thus, the number of passengers per transit vehicle is compared to the design capacity of the vehicle.[4] The San Francisco Municipal Transportation Agency (SFMTA) Board has adopted an "85 percent" standard for transit vehicle load – that is, all transit

[4] The capacity per vehicle includes both seated and standing capacity, where standing capacity is somewhere between 30 to 80 percent of seated capacity (depending upon the specific transit vehicle configuration). For example the capacity of a light rail vehicle is 119 passengers, the capacity of a historic streetcar is 70 passengers, and the capacity of a standard bus is 63 passengers.

vehicles should operate at or below 85 percent capacity utilization. This capacity utilization standard for peak period operations means all seats are taken and there are many standees. Because each screenline and most sub-corridors include multiple lines with multiple vehicles, some individual vehicles may operate at or above 85 percent of capacity and are extremely crowded, while others operate under less crowded conditions.

The Muni peak hour screenline operations for each of the Muni routes that serve the main project site are summarized in Table IV.D.3: Muni Transit Screenlines – Existing Weekday P.M. Peak Hour Conditions. As shown, all corridors and screenlines operate below the 85 percent threshold with the exception of the Subway Corridor, which operates at 87 percent capacity utilization in the weekday P.M. peak hour. The Southwest Screenline currently has the highest capacity utilization at 77 percent.

Table IV.D.3: Muni Transit Screenlines – Existing Weekday P.M. Peak Hour Conditions

Screenline / Corridor	Weekday P.M. Peak Hour (outbound)		
	Ridership	Capacity	Utilization
Northeast Screenline			
Kearny/Stockton	1,129	2,010	56%
Other	757	1,589	48%
Subtotal	**1,886**	**3,599**	**52%**
Northwest Screenline			
Geary	1,684	2,230	76%
California	1,413	2,050	69%
Sutter/Clement	565	1,008	56%
Fulton/Hayes	861	1,260	68%
Balboa	615	1,247	49%
Chestnut/Union	1,483	2,328	64%
Subtotal	**6,621**	**10,123**	**65%**
Southeast Screenline			
Third	554	714	78%
Mission	1,254	2,350	53%
San Bruno/Bayshore	1,671	2,256	74%
Other	1,189	1,708	70%
Subtotal	**4,668**	**7,028**	**66%**
Southwest Screenline			
Subway	5,883	6,783	**87%**
Haight/Noriega	1,247	2,140	58%
Other	304	700	43%
Subtotal	**7,434**	**9,623**	**77%**
Total All Screenlines	***20,609***	***30,373***	***68%***

Source: CHS Consulting, *TIS*, August 2011.

At the MLP for each of the Muni routes that serve the main project site during the weekday P.M. peak hour, capacity utilization is below the 85 percent standard. The inbound 45 Union/Stockton route operates at 84 percent of capacity at the Stockton Street and Sacramento Street stop;

however, stops in the immediate vicinity of the main project site (near Jackson Street) operate below 82 percent of capacity.

Because southbound transit riders could transfer at the Montgomery Street Muni/Bay Area Rapid Transit (BART) Station on Market Street, the ridership analysis included the eight Muni bus routes, five nighttime service Muni bus routes, and eight Muni light rail transit routes that serve this station. The load factors of Muni buses at the Montgomery Street Station are all below 60 percent during the weekday P.M. peak hour. The Muni light rail routes operate below 76 percent capacity during the weekday P.M. peak hour at the Montgomery Street Station.

Regional Transit

BART, Caltrain, Golden Gate Bridge Highway and Transportation District (Golden Gate Transit), Alameda-Contra Costa County Transit District (AC Transit), and San Mateo County Transit District (SamTrans) are regional transit providers that serve the North Bay, East Bay and South Bay. Ferry service to the East Bay and the North Bay is provided by the San Francisco Bay Area Water Emergency Transportation Authority (WETA) while ferry service to the North Bay is provided by Golden Gate Transit. These regional transit providers can be accessed from the main project site via either the north-south Muni routes (30 Stockton, 45 Union/Stockton, 8X Bayshore Express, and the outbound 8AX Bayshore "A" Express and 8BX Bayshore "B" Express) or the east-west Muni routes (1 California, 10 Townsend, and 12 Folsom/Pacific). These routes include stops on or near Market Street where regional transit lines can be accessed to travel to the East Bay, South Bay, and North Bay. The Caltrain Station, at King and Fourth Streets, is served by Muni's 10 Townsend, 30 Stockton, and 45 Union/Stockton bus routes. Travel to the North Bay is provided by Golden Gate Transit Ferry via the San Francisco Ferry Terminal,[5] which can be accessed by the 1 California (two blocks away). The nearest Golden Gate Transit bus stop is at Jackson Street and Sansome Street, four blocks from Chinese Hospital. Golden Gate Transit bus routes 70, 80, and 93 that serve the Van Ness Avenue corridor can be accessed from the main project site by Muni's 1 California, 41 Union, and 45 Union/Stockton buses.

Regional Transit Screenlines

To determine the current service volumes and capacity of the regional transit carriers, a screenline analysis was performed on BART, Caltrain, AC Transit, Golden Gate Transit, and SamTrans. Three regional screenlines were used to analyze potential impacts of the proposed project on the regional transit carriers. For the purpose of this analysis, the ridership and capacity at the three

[5] The San Francisco Ferry Terminal is located bayside behind the San Francisco Ferry Building to the east.

screenlines represents the peak direction of travel and patronage loads, which corresponds with the evening commute in the outbound direction from downtown San Francisco.

Capacity utilization is also used to determine the amount of available space for each regional transit provider. For these regional transit operators, the capacity is based on the number of seated passengers per vehicle. All of the regional transit operators except BART have a 1-hour load factor standard of 100 percent, which would indicate that all seats are full. BART has a 1-hour load factor standard of 135 percent, which indicates that all seats are full, and an additional 35 percent of the passengers are standing. All regional screenlines operate, on average, at 90 percent capacity utilization (see Table IV.D.4: Regional Transit Screenlines – Existing Weekday P.M. Peak Hour Conditions). The East Bay screenline encompasses BART, AC Transit, and WETA ferry service and has a capacity utilization of 102 percent while the North Bay screenline (Golden Gate Transit bus and ferry service) and the South Bay screenline (BART, Caltrain, and SamTrans service) utilize approximately 59 percent and 83 percent of available capacity, respectively.

Table IV.D.4: Regional Transit Screenlines – Existing Weekday P.M. Peak Hour Conditions

Screenline	Hourly Ridership	Hourly Capacity	Capacity Utilization
East Bay			
BART	16,985	14,140	120%
AC Transit	2,517	4,193	60%
WETA Ferry	702	1,519	46%
Subtotal	**20,204**	**19,852**	**102%**
North Bay			
GGT buses	1,397	2,205	63%
GGT Ferry	906	1,700	53%
Subtotal	**2,303**	**3,905**	**59%**
South Bay			
BART	9,545	10,360	92%
Caltrain	1,986	3,250	61%
SamTrans	575	940	61%
Subtotal	**12,106**	**14,550**	**83%**
Total All Screenlines	***34,613***	***38,307***	***90%***

Source: CHS Consulting, TIS, August 2011.

San Francisco Municipal Transportation Authority Transit Effectiveness Project

SFMTA's Transit Effectiveness Project (TEP) presents a thorough review of San Francisco's public transit system. The TEP is aimed at improving reliability, reducing travel times, providing more frequent service, and updating Muni bus routes and rail lines to better match current travel patterns. TEP recommendations include new routes and route extensions, more service on heavily used routes, and elimination or consolidation of routes with low ridership. The TEP recommendations were endorsed by the SFMTA Board of Directors in October 2008, for the

purpose of conducting environmental review. SFMTA published a TEP Implementation Strategy on April 5, 2011. The TEP Implementation Strategy estimates that many of the service improvements would occur sometime between the end of Fiscal Year (FY) 2013 and FY 2015, with the remainder of the service improvements occurring in FY 2016.[6]

In addition to renaming the 9X/AX/BX San Bruno Express routes to the 8X/AX/BX Bayshore Express routes and discontinuing the 20 Columbus route (already completed), the following changes are proposed in the TEP Draft Implementation Strategy for the Muni routes in the vicinity of the main project site:

- The 10 Townsend route would be renamed the 10 Sansome, would have improved frequency, and would be rerouted, with a new alignment through Mission Bay and Potrero Hill.
- The 30 Stockton and 45 Union/Stockton would have improved frequencies and/or service hours.
- The 30 Stockton would provide service with articulated buses to reduce crowding, increase capacity, and improve reliability.
- The 8X Bayshore Express route would increase frequency during A.M. and/or P.M. peak hours.
- The 8BX Bayshore Express route would have a segment of its route (north of Broadway) eliminated (replaced by the 11 Downtown Connector).
- The routes for the 8X/8BX Bayshore Express and 91 Owl would be modified.
- The 12 Folsom/Pacific would be discontinued with service replaced by the 10 Sansome and/or the 27 Bryant since these routes provide nearby service.
- The 41 Union route would increase its line capacity.

The TEP is still a draft project and portions of the TEP recommendations are currently undergoing separate environmental review. Thus, the analysis for the proposed Chinese Hospital Replacement Project assumes existing transit service without the proposed TEP improvements and changes.

BICYCLES

In the vicinity of the main project site, there are five designated bicycle routes: Routes 10 and 210 along Broadway and Pacific Avenue, Route 310 along Taylor Street, Route 11 along Columbus

[6] SFMTA, Draft Transit Effectiveness Project Implementation Strategy, April 5, 2011, p. 3-5. Available online at: http://www.sfmta.com/cms/mtep/documents/TEP%20Implementation%20Strategy%20Draft,%20April%205,%202011.pdf. Accessed March 30, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Avenue, and Route 17 along Stockton Street. Route 10 is an east-west Class III bicycle facility. In the westbound direction Route 10 begins at Broadway and The Embarcadero. The bicycle route avoids the Broadway Tunnel by following the Broadway frontage road to Mason Street, Pacific Avenue, Polk Street (Route 25) and back to Broadway for continued travel to points west. In the eastbound direction (west of Polk Street) Route 10 travels from Broadway to Pacific Avenue, and Powell Street before returning to Broadway to travel to points east. Route 210 provides an alternate route for eastbound Route 10 via the Broadway Tunnel (between Polk Street and Powell Street). In the vicinity of Chinese Hospital, bicycle improvements proposed in the *San Francisco Bicycle Plan* (*Bicycle Plan*) include an electronic bicycle warning sign with lighted beacons at the eastbound approach to the Broadway Tunnel (Route 210) to alert motorists when bicyclists are present in the tunnel and sharrows[7] to be added to the existing Class III bicycle route within the Broadway Tunnel.

Route 310 is a north-south Class III bicycle facility on Taylor Street that runs in the northbound and southbound directions between California Street and Pacific Avenue. Route 310 connects to both Route 10 at Pacific Avenue and Route 25 at Polk Street via the east-west leg of Route 310 (on California Street between Polk Street and Taylor Street). Route 11 is a north-south Class III bicycle facility. In the southbound direction Route 11 begins at North Point Street and Columbus Avenue. The bicycle route becomes a couplet at Washington Street/Clay Street (Class III inbound and outbound) which connects to the Sansome Street/Battery Street one-way couplet (Class III inbound and outbound). Route 11 provides access to the Financial District and Market Street. Route 17 is a north-south Class III bicycle facility (bicycle route on a narrow roadway). In the southbound direction Route 17 begins at Stockton Street and Broadway. The bicycle route travels through the Stockton Street Tunnel to Post Street. In the Stockton Street Tunnel (between Sacramento and Bush Streets) Route 17 is a designated Class II facility (i.e., a striped bicycle lane) in the northbound direction. Route 17 connects to both Route 10 at Broadway and Route 16 at Sutter Street; however, bicyclists cannot access northbound Route 17 from eastbound Route 16 (Post Street) because Stockton Street is one-way southbound between Sutter and Market Streets.

Although bicycle counts were not conducted, field observations between 12:00 P.M. and 6:00 P.M. on Tuesday, November 18, 2008, indicate that bicycle volumes in the vicinity of Chinese Hospital are low. No bicycles were observed during field studies and, by extension, no bicycle and vehicle conflicts were observed. Operating conditions on these bicycle routes are

[7] A sharrow is as Shared Roadway Bicycle Marking intended to help bicyclists position themselves away from parked cars, to avoid being struck by suddenly opened car doors, and to alert other road users to expect bicyclists to occupy travel lanes. These markings are used primarily on streets designated as part of the San Francisco Bicycle Route Network and are different than bike lanes which are set aside for bicyclists and marked by a solid white line.

assumed to be acceptable with the caveat that Chinatown streets are relatively steep and the roadways tend to be congested with trucks and automobiles during the peak periods of travel.

PEDESTRIANS

All streets in the vicinity of the main project site have sidewalks. Adjacent to the main project site on Jackson Street, the sidewalks on the south side of Jackson Street, the west side of Stockton Street, and the east side of Powell Street are approximately 10 to 12 feet wide. The sidewalks on Stone Street and Trenton Street, immediately west and south of the main project site, are approximately 4 feet wide, and the extended curb on the eastside of James Alley is 2 feet wide. The portion of Trenton Street north of the main project site between Jackson Street and Pacific Avenue has 5-foot-wide sidewalks on both sides. Generally, the effective walkway width is the sidewalk width minus any infrastructure that constricts or congests pedestrian traffic at certain locations, e.g., street furniture, landscaping, fences, and street walls. Thus, the effective Jackson Street sidewalk width in front of the main project site is less than 10 feet and can accommodate moderate pedestrian volumes. Crosswalks and pedestrian signals are provided at most nearby intersections. The Stockton Street/Jackson Street intersection has a pedestrian scramble system, which allows pedestrians to cross with an exclusive pedestrian crossing phase without conflicting with vehicular traffic. The Washington Street/Powell Street intersection is non-signalized and controlled with an all-way stop. There are no mid-block crossings that provide continuous north-south access along the alleyways in the vicinity of the main project site.

Existing conditions during the weekday midday period (between 12:00 P.M. and 1:00 P.M) were evaluated on several days. The number of pedestrians crossing the Stockton and Jackson Street crosswalks was counted on Tuesday, November 18, 2008. The number of pedestrians walking along the sidewalk on Jackson Street between Stockton and Powell Streets was counted on Tuesday, November 25, 2008. Counts for pedestrians exiting and entering the existing 1979 Chinese Hospital building and the 1924 MAB on Jackson Street (between 2:30 P.M. to 6:00 P.M) were also collected on Tuesday, November 18, 2008, and refined with a second count (between 3:00 P.M. to 5:00 P.M.) on Thursday, June 18, 2009.[8]

Pedestrian volumes along Stockton Street are generally heavy, especially near the midblock bus stops and near stores at corners that display merchandise in the pedestrian right-of-way. Pedestrian crossing volumes at the Jackson Street/Stockton Street intersection were approximately 4,054 persons during the survey period. The west leg had the greatest volume

[8] The second round was requested to correct for the approximately 15 percent of pedestrians that use the lobby as a convenient meeting place or for access to the public restrooms. Chinese Hospital confirmed this behavior. Non-hospital-related activities would not be affected by the change of the number of the employees in the hospital. Non-hospital-related pedestrian counts are subtracted from the pedestrian volume in order to ascertain more accurate pedestrian volumes for person-trip rates.

with about 1,470 persons (24.5 persons/minute [p/min]), followed by 806 persons (13.4 p/min) at the east leg, 734 persons (12.2 p/min) at the north leg, and 568 persons (9.5 p/min) at the south leg. There were approximately 476 persons crossing the street diagonally. Field survey observations yielded qualitative data on existing conditions, e.g., approximately one to four pedestrians crossed the street at the red signal phase for each cycle. Additionally, produce markets with stalls on the sidewalk at the northwest and southwest corners caused increased conflicts between shoppers and crossing pedestrians due to constrained sidewalk space.

Pedestrian volumes along Stone Street and Trenton Street are generally low; no pedestrians were observed during the midday period. In the vicinity of the main project site pedestrian volumes are generally light to moderate along Pacific and Grant Avenues and Washington, Clay, Sacramento, Powell, and Kearny Streets.

Overall pedestrian volumes along Jackson Street are generally lower than those along Stockton Street. The sidewalk on the south side of Jackson Street is 10 feet wide, with 6.5 feet of effective sidewalk width, and can accommodate moderate pedestrian volumes. On a typical weekday between 12:00 P.M. to 1:00 P.M., there were approximately 251 eastbound and 227 westbound pedestrians crossing in front of the 1979 Chinese Hospital building and the 1924 MAB between James Alley and Stone Street. The level of service for the south sidewalk on Jackson Street in front of the main project site is LOS A. Since the number of vehicles in and out of the Chinese Hospital Parking Garage was light, minor conflicts between pedestrians and vehicles exiting or entering the garage were observed. The garage driveway is not differentiated from the sidewalk; however, there is a Pedestrian Crossing street sign.

In addition to pedestrian volumes along Jackson Street, pedestrian volumes in and out of the 1979 Chinese Hospital building and 1924 MAB at their separate entrances along Jackson Street were also collected. Approximately 15 percent of pedestrian traffic in and out of the 1979 Chinese Hospital was not related to hospital activities.[9] Table IV.D.5: Pedestrian Counts In and Out of 1979 Chinese Hospital and 1924 MAB, presents the person counts by location and hour. The table shows that the existing 1979 Chinese Hospital and 1924 MAB generated approximately 824 person trips (345 inbound and 479 outbound) from 3:00 P.M. to 6:00 P.M. The peak period of pedestrian volumes in and out of the 1979 Chinese Hospital building, 353 inbound and outbound person trips, was between 4:00 P.M. and 5:00 P.M., which covered the time of day when employees typically leave. The peak period of pedestrian volumes in and out of the 1924 MAB, 75 inbound and outbound person trips, was between 3:00 P.M. and 4:00 P.M.

[9] The non-hospital-related activities were observed by a surveyor in the lobby recording the number of people who walked into the hospital, used the restroom and just walked away. With assistance from Chinese Hospital staff the surveyor stopped and questioned people sitting in the lobby without any other activities.

Table IV.D.5: Pedestrian Counts In and Out of 1979 Chinese Hospital and 1924 MAB

Period	1924 MAB			1979 Chinese Hospital			*TOTAL*
	Inbound	**Outbound**	**Subtotal**	**Inbound**	**Outbound**	**Subtotal**	
3:00 - 4:00 P.M.	32	43	75	99	132	231	*306*
4:00 - 5:00 P.M.	9	28	37	140	176	316	*353*
5:00 - 6:00 P.M.	3	14	17	62	86	148	*165*
TOTAL	***44***	***85***	***129***	***301***	***394***	***695***	***824***

Source: CHS Consulting, TIS, August 2011.

The *Chinatown Alleyway Master Plan* (1998)[10] identifies planned improvements to two of the alleyways in the vicinity of the main project site, Stone Street and the two blocks of Trenton Street, as "Phase II" or mid-level priority projects, but these improvements have not been implemented yet.[11] Prior to the development of this plan, improvements made by the community and the City have included the reconstruction of the Stone Street roadway with concrete paving and the installation of metal pipe bollards on a section of the west side sidewalk. Past improvements for Trenton Street on the main project site block include installation of City-standard cobra head lights and street signs that indicate the speed limit, children at play, and no parking. Past improvements for Trenton Street between Jackson Street and Pacific Avenue north of the main project site included lighting, metal pipe bollards, and landscaping installations.

The Chinatown Community Development Center (CCDC), in partnership with the Chinatown Transportation Research and Improvement Project (TRIP), developed a *Pedestrian Safety Plan* in 2010 to improve pedestrian safety in Chinatown. This project recommended design improvements in eight priority areas. The short-term improvements include installation of pedestrian-scale street lighting (on Stockton Street between Vallejo and Sacramento Streets, Broadway between Powell and Kearny Streets, Columbus between Stockton and Jackson Streets, Kearny Street between Jackson and Sacramento Streets, Powell Street between Pacific Avenue and Washington Street, and Grant Avenue between Broadway and Sacramento Street); consolidation of parking meters (on Stockton Street between Vallejo and Sacramento Streets, Broadway between Powell and Kearny Streets, Columbus between Stockton and Jackson Streets, Powell Street between Pacific Avenue and Washington Street, and Grant Avenue between Broadway and Sacramento Street); and removing old signs, sign posts, and newspaper kiosks.

[10] Chinatown Community Development Center and San Francisco Department of Public Works, *Chinatown Alleyway Master Plan,* January 1998. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[11] Confirmed with Jasmine Kaw, Landscape Architect, San Francisco Department of Public Works- Bureau of Engineering, e-mail communication with Turnstone Consulting, May 12, 2011. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

The long-term improvements would add bulb-outs at corners with a parking lane on all eight street segments.

LOADING

Truck Loading

The main project site frontage at Jackson Street includes one 60-foot-long and one 58-foot-long white passenger loading zone and a 20-foot-wide driveway for access to the Chinese Hospital Parking Garage. There are no commercial (yellow) truck loading zones. Trucks typically use the white passenger loading zones on Jackson Street or the off-street loading space at the rear of the existing 1979 Chinese Hospital building, accessed via Jackson and Stone Streets. According to Chinese Hospital, there are between 15 and 20 deliveries per day, with two-thirds of the deliveries typically occurring before noon, the earliest deliveries occurring around 5:00 A.M., and the latest deliveries occurring around 6:00 P.M.[12]

Loading operations for the main project site on Jackson Street were surveyed between 9:00 A.M. and 11:00 A.M. on Wednesday, October 14, 2009. Field observations indicate that these activities are generally of a shorter average duration than the general assumptions in the *2002 Transportation Impact Analysis Guidelines for Environmental Review (SF Guidelines)*, do not overlap with other truck deliveries, and were not observed to conflict with passenger vehicles that use the white zone for passenger drop-off. Four trucks between 25 and 30 feet in length were observed to use the loading zones in front of Jackson Street with an average dwell time of approximately 13 minutes, primarily for service deliveries. Thus, based on information on loading and deliveries, the existing loading demand for the MAB and Chinese Hospital is approximately 18 trucks per day, and, based on the *SF Guidelines*, the existing peak hour loading demand is less than one peak hour loading space.[13]

Passenger Loading

According to the Employee and the Patient and Visitor Travel Behavior Surveys[14] (discussed in more detail on pp. IV.D.29-IV.D.30), 3 percent of patients and visitors used carpools or were dropped off at the main project site. Between 9:00 A.M and 11:00 A.M, during the Jackson

[12] Chinese Hospital, Response to Data Request No. 1.1, "T-3: Deliveries to the Hospital." This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[13] TIS, p. 61.

[14] The Employee Travel Behavior Survey was distributed on May 15, 2009 and collected by May 31, 2009. The Patient and Visitor Travel Behavior Survey was conducted on June 18, 2008 and revisited on July 16, 2008 to correct for pedestrians that used Chinese Hospital for purposes of meeting friends or using the restrooms and not for hospital-related purposes.

Street passenger loading survey conducted on Wednesday, October 14, 2009, 27 passenger vehicles used the white passenger loading zone: 3 vehicles stopped in front of the 1924 MAB, 18 vehicles stopped in front of the hospital, 2 vehicles stopped in front of Cumberland Church (west of the 1979 Chinese Hospital building), and 4 vehicles stopped in the red zone striped on each side of the Chinese Hospital Parking Garage entrance. Generally, passenger vehicles remained at the loading zone for an average dwell time of approximately 4 minutes. Approximately 90 percent of the vehicles dropped off patients and/or family members and approximately 10 percent of vehicles picked up patients and/or family members. Occasionally vehicles were observed to use the red zone striped on each side of the Chinese Hospital Parking Garage curb cut for the entry driveway for passenger loading even though there were at least two spaces available at the white passenger loading zones throughout the entire 2-hour survey period. For 75 percent of the survey period there was never more than one vehicle picking up or dropping off at the white zones. There was a maximum of four vehicles at the site at any one time during the survey period; this occurred twice for approximately two or three minutes each time. Double parking and conflicts between passenger loading activities and adjacent traffic were not observed.

EMERGENCY ACCESS

Ambulances arrive at Chinese Hospital via the two dedicated Jackson Street white passenger loading zones located in front of the 1979 Chinese Hospital building and the 1924 MAB. The off-street loading space at the southwest corner of the 1979 Chinese Hospital building is also used by ambulances. As a 24-hour operation, ambulances access the main project site over the entire day, and the arrival times and frequency of these vehicles is unpredictable. Based on Chinese Hospital historical data taken over a 12-month period, ambulances arrive, on average, once throughout a 24-hour period.[15]

PARKING

Existing parking conditions were examined within a study area bounded by Broadway to the north, Kearny Street to the east, Sacramento Street to the south, and Powell Street to the west. The supply and occupancy of the on-street parking were determined for the weekday shift change period for hospital employees (between 3:00 P.M. and 4:00 P.M.) while the supply and occupancy of the off-street parking were determined for the weekday midday period (between 1:30 P.M. and 3:00 P.M.). All supply and occupancy counts information is based on counts conducted on Tuesday, November 18, 2008.

[15] Chinese Hospital, Response to Data Request No. 1.1, "T-4: Ambulance Visits." This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Off-Street Parking

Off-street parking within the study area is provided at six public parking facilities: Royal Pacific Inn at 661 Broadway, Chinatown Parking Garage at 728 Pacific Avenue, Tam's Parking at 732 Washington Street, Portsmouth Square Garage at 733 Kearny Street, Powell Street Parking Garage at 1140 Powell Street, and the Chinese Hospital Parking Garage. The parking survey also includes three parking facilities that are primary sources of parking for Chinatown but are outside of the study area: St. Mary's Square Garage at 433 Kearny Street, Vallejo Garage at 766 Vallejo Street, and Churchill Alley at 770 Broadway (see Table IV.D.6: Existing Off-Street Parking Supply and Occupancy Conditions). The total number of off-street parking spaces in these facilities, including the existing Chinese Hospital Parking Garage on the main project site, is 1,955.

Table IV.D.6: Existing Off-Street Parking Supply and Occupancy Conditions

Facility	Location	Supply	Occupancy	Occupancy Rate
Within Study Area				
1. Royal Pacific Inn	661 Broadway	47	29	62%
2. Chinatown Parking Garage	728 Pacific Avenue	55	44	80%
3. Chinese Hospital Parking Garage	835 Jackson Street	78[a]	64	82%
4. Powell Street Parking Garage	1140 Powell Street	52[b]	-	-
5. Tam's Parking	732 Washington Street	36	27	75%
6. Portsmouth Square Garage	733 Kearny Street	645[a]	590	92%
Subtotal		*861*[c]	*754*	*88%*
Outside Study Area				
7. Vallejo Garage	766 Vallejo Street	162	70	43%
8. Churchill Alley	770 Broadway	46	43	93%
9. St. Mary's Square Garage	433 Kearny Street	886[a]	806	91%
Subtotal		*1,094*	*919*	*84%*
Total		**1,955**[c]	**1,673**	**85%**

Notes:
[a] The capacity of the Chinese Hospital Parking Garage with valet parking is 78 parking spaces. The capacity of Portsmouth Square Garage with valet parking is 645 parking spaces. The capacity of St. Mary's Square Garage with valet parking is 886 parking spaces. Without valet parking these garages have 41, 504, and 414 parking spaces, respectively.
[b] Powell Street Parking Garage only provides monthly parking and did not allow collection of the midday occupancy; thus, there was no occupancy rate collected.
[c] The subtotal and total do not include the parking supply at the Powell Street Parking Garage.
Source: CHS Consulting, TIS, August 2011.

During the weekday midday peak parking period each of the parking garages in the study area operate at or below 82 percent occupancy except for the Portsmouth Square Garage, which operates at 92 percent occupancy. Outside of the study area, the Vallejo, Churchill Alley, and St. Mary's Square Garages operate at about 43 percent, 93 percent, and 91 percent occupancy, respectively. During the weekday midday peak parking period, overall off-street parking occupancy in the study area (including the Portsmouth Square Garage) is about 88 percent. At an

occupancy rate above 85 percent, parking facilities are considered full as drivers have difficulty locating the limited number of remaining vacant spaces and must circle to find a space. When the three off-street parking facilities immediately adjacent to the study area are included, the overall off-street parking occupancy rate is approximately 85 percent.

On-Street Parking

On-street parking in Chinatown is typically heavily occupied. On-street parking in the vicinity of the main project site is primarily metered except along Stockton Street, where most spaces are designated as yellow commercial truck loading spaces. Metered parking (limited to 30-minute and 1-hour durations) is located along Jackson Street between Stockton and Powell Streets and Powell Street between Washington Street and Pacific Avenue (the on-street parking study area). There are 52 on-street parking spaces within the on-street parking study area, and under existing conditions, occupancy of these spaces is approximately 88 percent; however, most 1-hour non-commercial spaces in the immediate vicinity of the main project site operate at 100 percent capacity, likely being occupied shortly after being vacated.

The weekday midday parking occupancy rate along Jackson Street is approximately 90 percent; along Stockton and Powell Streets, approximately 85 percent; and along Washington Street, approximately 80 percent. During the weekday shift change period (3:00 P.M. to 4:00 P.M.), on-street parking occupancy was at 100 percent of capacity on Jackson Street and at 80 percent of capacity on Powell Street between Washington Street and Pacific Avenue. The main project site is not located within a residential parking permit area and illegal on-street parking was not observed.

REGULATORY FRAMEWORK

San Francisco General Plan

The Transportation Element of the *San Francisco General Plan* is composed of objectives and policies that relate to the eight aspects of the Citywide transportation system: General Regional Transportation, Congestion Management, Vehicle Circulation, Transit, Pedestrian, Bicycles, Citywide Parking, and Goods Management. The Transportation Element references San Francisco's "Transit First" Policy in its introduction, and contains the following objectives and policies that are directly pertinent to consideration of the proposed project:

Objective 2: Use the transportation system as a means for guiding development and improving the environment.

Policy 2.1: Use rapid transit and other transportation improvements in the city and region as the catalyst for desirable development, and coordinate new facilities with public and private development.

Policy 14.7: Encourage the use of transit and other alternative modes of travel to the private automobile through the positioning of building entrances and the convenient location of support facilities that prioritizes access from these modes.

Objective 23: Improve the city's pedestrian circulation system to provide for efficient, pleasant, and safe movement.

Policy 23.2: Widen sidewalks where intensive commercial, recreational, or institutional activity is present and where residential densities are high.

Policy 23.3: Maintain a strong presumption against reducing sidewalk widths, eliminating crosswalks, and forcing indirect crossings to accommodate automobile traffic.

Policy 23.6: Ensure convenient and safe pedestrian crossings by minimizing the distance pedestrians must walk to cross a street.

Objective 24: Improve the ambiance of the pedestrian environment.

Objective 28: Provide secure and convenient parking facilities for bicycles.

Transit First Policy

In 1998, the San Francisco voters amended the City Charter (Charter Article 8A, Section 8A.115) to include a Transit First Policy, which was first articulated as a City priority policy by the Board of Supervisors in 1973. The Transit First Policy is a set of principles which underscore the City's commitment that travel by transit, bicycle, and foot be given priority over the private automobile. These principles are embodied in the policies and objectives of the Transportation Element of the *San Francisco General Plan*. All City boards, commissions, and departments are required, by law, to implement transit first principles in conducting City affairs.

The main project site is located in close proximity to numerous transit routes and is accessible by bicycle and foot. The use of transit by Chinese Hospital employees is expected to continue to improve from the existing 38 percent mode split identified in the Chinese Hospital Employee Transportation Behavior Survey. The findings of the Chinese Hospital Employee Transportation Behavior Survey and the Chinese Hospital Patient and Visitor Transportation Behavior Survey are described in the TIS. Therefore, the proposed project would not obviously conflict with the Transit First Policy.

San Francisco Bicycle Plan

The *San Francisco Bicycle Plan* (*Bicycle Plan*) describes a City program to provide the safe and attractive environment needed to promote bicycling. The *Bicycle Plan* identifies the Citywide bicycle route network, and establishes the level of treatment on each roadway (i.e., Class I, Class II or Class III facility). The *Bicycle Plan* identifies near-term improvements that could be

implemented within the next five years, as well as policy goals, objectives and actions to support these improvements. It also includes long-term improvements that would be implemented over a longer planning horizon. Additionally, minor improvements (i.e., minor pavement marking and signage changes, minor changes to parking and traffic lane configurations, minor changes to intersection traffic signal timing plans, and bicycle parking within the public right-of-way) will be implemented as necessary to improve conditions for bicycle use within the City. No changes are proposed to the existing bicycle lane(s) in the immediate vicinity of the main project site. The proposed project would not physically change the travel lanes of streets in the vicinity of the main project site and would not obviously conflict with the *Bicycle Plan*.

San Francisco Planning Code

Pursuant to Planning Code Section 161(c) no off-street parking is required for any use other than dwelling units in the Chinatown Residential Neighborhood Commercial District. Thus, based on the "recognition of the compact and congested nature of portions of Chinatown, the accessibility of this area by public transit, and programs for provision of public parking facilities on an organized basis at specific locations" the proposed project would not be required to provide off-street parking. Planning Code Section 166 requirements for the provision of car-share spaces is related to the number of proposed residential units and would therefore not apply to the proposed project. Planning Code Section 155(i) requirements for the provision of handicap-accessible spaces is related to the number of spaces provided in an off-street parking facility and would therefore not apply to the proposed project. The proposed project would comply with Planning Code Section 155.4(d)(3) requirements for bicycle parking by providing 12 spaces along James Alley.

IMPACTS

SIGNIFICANCE CRITERIA

The significance criteria listed below are organized by mode to facilitate the transportation impact analysis; however, the transportation significance thresholds are essentially the same as the ones in the environmental checklist (Appendix G of the State CEQA Guidelines), which has been adopted and modified by the San Francisco Planning Department. For the purpose of Transportation and Circulation analysis, the following applicable thresholds were used to determine whether implementing the proposed project would result in significant impacts:

D.1 **Traffic -** The operational impact on signalized intersections is considered significant when project-related traffic causes the intersection level of service to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F. The operational impacts on unsignalized intersections are considered potentially significant if project-related traffic causes the level of service at the worst approach to deteriorate from

LOS D or better to LOS E or LOS F and Caltrans signal warrants would be met, or would cause Caltrans signal warrants to be met when the worst approach is already operating at LOS E or LOS F. The project may result in significant adverse impacts at intersections that operate at LOS E or LOS F under existing conditions depending upon the magnitude of the project's contribution to the worsening of the average delay per vehicle. In addition, the project would have a significant adverse impact if it would cause major traffic hazards or contribute considerably to cumulative traffic increases that would cause deterioration in levels of service to unacceptable levels.

D.2 **Transit -** The project would have a significant effect on the environment if it would cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service; or cause a substantial increase in operating costs or delays such that significant adverse impacts in transit service levels could result. With the Muni and regional transit screenlines analyses, the project would have a significant effect on the transit provider if project-related transit trips would cause the capacity utilization standard to be exceeded during the P.M. peak hour.

D.3 **Pedestrians -** The project would have a significant effect on the environment if it would result in substantial overcrowding on public sidewalks, create potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the site and adjoining areas.

D.4 **Bicycles -** The project would have a significant effect on the environment if it would create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the site and adjoining areas.

D.5 **Loading -** The project would have a significant effect on the environment if it would result in a loading demand during the peak hour of loading activities that could not be accommodated within the proposed on-site loading facilities or within convenient on-street loading zones, and if it would create potentially hazardous traffic conditions or significant delays affecting traffic, transit, bicycles or pedestrians.

D.6 **Emergency Vehicle Access -** A project would have a significant effect on the environment if it would result in inadequate emergency access.

D.7 **Construction -** Construction-related impacts generally would not be considered significant due to their temporary and limited duration.

APPROACH TO ANALYSIS

Project Features

Proposed Project

The Chinese Hospital Association (the project sponsor) proposes to demolish the 1924 MAB and the Chinese Hospital Parking Garage and construct a Replacement Hospital building in their place on the eastern half of main project site. The approximately 101,545-gsf Replacement Hospital would have 54 acute-care beds, the same number as exist on the main project site now,

and would be integrated with a new skilled nursing facility with 22 skilled nursing beds. The proposed project does not include dedicated off-street parking. While the total square footage of proposed new and renovated buildings on the main project site would increase by approximately 71,750 gsf, there would be an expected increase of approximately 151 employees, from approximately 313 current employees to 464. There would also be an expected increase of approximately 121 additional patient visits per day (from approximately 393 current patient visits to 514) and 223 new visitors per day (from 601 current visitors to 824).

The 1979 Chinese Hospital would remain in operation until the proposed Replacement Hospital is fully functional. It would then be renovated, as part of the proposed project's second phase of construction, to serve as Chinese Hospital's proposed Medical Administration and Outpatient Center (MAOC). The project sponsor would also lease approximately 4,500 gsf of space in Chinatown or in the surrounding North Beach or North of Broadway neighborhoods to permanently relocate the engineering shop and hospital storage space.

Off-Street Parking Variant

With the Off-Street Parking Variant, the proposed project would include off-street parking and the project sponsor would not lease space for the engineering shop and storage. Chinese Hospital would either lease the Powell Street Parking Garage at 1140 Powell Street (the garage variant site) on a long-term basis or purchase it. With minor modifications, the garage would provide approximately 56 off-street parking spaces (86 valet-parked spaces, 50 of which would be reserved for employees, and approximately 36 spaces for visitors and patients). There would also be approximately 7,830 gsf of engineering shop and storage space in the 1140 Powell Street building, so this space would not need to be leased at a location farther away from Chinese Hospital, as in the proposed project.

Under Planning Code Sections 166(d)(1) and 155(i), the variant, because it provides off-street parking, would be required to provide one car-share space and two handicap-accessible spaces in the garage. All required bicycle parking spaces (12 for development of the Replacement Hospital and 6 for the Powell Street Parking Garage) would be provided at the garage site.

For the Off-Street Parking Variant, as for the proposed project, the building programs and space allocation at the main project site would be the same.

IMPACT ANALYSIS METHODOLOGY

Proposed Project

The impacts of the proposed project on the surrounding roadways were analyzed using the guidelines set forth in the San Francisco Planning Department's *2002 Transportation Impact Analysis Guidelines for Environmental Review (SF Guidelines)*. The *SF Guidelines* provide direction for analyzing transportation conditions and identifying the transportation impacts of a proposed project in San Francisco.

The proposed project was analyzed in the TIS under two scenarios: Existing Plus Project conditions and Cumulative (2030) conditions.[16]

The analysis scenarios for the Off-Street Parking Variant are the Existing Plus Project Variant conditions and Cumulative (2030) conditions. "Existing plus Project" conditions assess near-term impacts of the proposed project, while "Cumulative (2030)" conditions assess the long-term impacts of the proposed project in combination with other proposed development. The "Cumulative (2030)" analysis presents a "worst-case" condition, adding the proposed project on top of the 2030 forecasts.

The TIS examined existing and cumulative (2030) conditions and assessed the proposed project's net new daily and weekday P.M. peak trips and their impacts on intersection operations, transit and truck/passenger loading operations, bicycle and pedestrian safety, and parking. The net new daily and weekday P.M. peak trips and their impacts on intersection operations and transit capacity and operations were evaluated as contributions to future cumulative growth and assessed against the 2030 cumulative conditions. The San Francisco County Transportation Authority (SFCTA) countywide travel demand forecasting model was used to develop the 2030 cumulative traffic volumes at the study intersections and transit ridership projections. The SFCTA model output takes into account both the future development expected in the area, as well as the expected growth in housing and employment for the remainder of San Francisco and the nine-county Bay Area. The model accounts for specific development projects in the vicinity of the main project site that have been approved.[17]

[16] See Chapter II, Project Description, pp. II.41-II.42, for more information regarding 827 Pacific Avenue, which was removed as a component of the proposed project after completion of the TIS.

[17] The Central Subway Project (Chinatown Station) is included in the San Francisco County Transportation Authority countywide travel demand forecasting model.

Intersection Analysis

As described above on p. IV.D.6, the analysis of the effect of the proposed project on the five study intersections used the *2000 HCM* operations methodology, which determines the capacity for each lane group approaching an intersection. The operating characteristics of signalized intersections are described by the concept of Level of Service (LOS). Table IV.D.7: Intersection Level of Service Criteria, presents the relationship between LOS and control delay for signalized and unsignalized intersections.

Table IV.D.7: Intersection Level of Service Criteria

Control/ LOS	Description of Operations	Average Control Delay (seconds per vehicle)
Signalized		
A	Insignificant Delays: No approach phase is fully used and no vehicle waits longer than one red indication.	≤ 10
B	Minimal Delays: An occasional approach phase is fully used. Drivers begin to feel restricted	> 10.0 and ≤ 20.0
C	Acceptable Delays: Major approach phase may become fully used. Most drivers feel somewhat restricted	> 20.0 and ≤ 35.0
D	Tolerable Delays: Drivers may wait through no more than one red indication. Queues may develop but dissipate rapidly without excessive delays	> 35.0 and ≤ 55.0
E	Significant Delays: Volumes approaching capacity. Vehicles may wait through several signal cycles and long queues form upstream	> 55 and ≤ 80
F	Excessive Delays: Represents conditions at capacity, with extremely long delays. Queues may block upstream intersections	> 80.0
Unsignalized		
A	No delay for STOP-controlled approach.	≤ 10
B	Operations with minor delays.	> 10.0 and ≤ 15.0
C	Operations with moderate delays.	> 15.0 and ≤ 25.0
D	Operations with some delays.	> 25.0 and ≤ 35.0
E	Operations with high delays and long queues.	> 35.0 and ≤ 50.0
F	Operations with extreme congestion, with very high delays and long queues unacceptable to most drivers.	> 50.0

Source: Transportation Research Board, 2000. Highway Capacity Manual – Special Report. Washington D.C.

Transit Analysis

The impact of additional transit ridership generated by the proposed project was assessed by comparing the projected ridership to the available transit capacity, using the screenline analysis method described on pp. IV.D.10-IV.D.13.

The number of existing A.M. and P.M. peak hour riders was obtained from Muni monitoring data. The 2030 cumulative conditions transit ridership was forecasted using the SFCTA San

Francisco Chained Activity Model Process (SF-CHAMP) travel demand model, as prepared for the Transit Center District Plan.

Pedestrian Analysis

The level of service for the study crosswalks was calculated using the methodology presented in the *2000 HCM*. Crosswalk LOS levels are measures of the amount of space (square feet) each pedestrian has in the crosswalk (i.e., density). These measures depend on pedestrian volumes, signal timing, crosswalk dimensions, and roadway widths. LOS A represents free-flowing pedestrian conditions, while LOS F indicates that there are substantial restrictions to pedestrian movement and speed. The pedestrian LOS criteria, based on the *2000 HCM* methodology, is shown in Table IV.D.8: Pedestrian Level of Service Criteria at Signalized Crossings.

Table IV.D.8: Pedestrian Level of Service Criteria at Signalized Crossings

LOS	Pedestrian Delay (seconds/pedestrian)	Likelihood of Non-Compliance due to Delay	Density (ft^2/pedestrian)
A	≤ 10	Low	> 13
B	10.1 – 20	Low to Moderate	> 10 – 13
C	20.1 - 30	Moderate	> 6 – 9.9
D	30.1 – 40	Moderate to High	> 3 – 5.9
E	40.1 - 60	High	> 2 – 2.9
F	> 80	Very High	< 2

Source: CHS Consulting, TIS, August 2011.

Travel Demand

This section presents the travel demand methodology and analysis, including total weekday person trip generation by mode, vehicle trip generation, trip distribution, loading demand and parking demand. The proposed medical and administrative uses on the main project site would generate trips by physicians, employees, patients, and visitors of the Replacement Hospital (new construction) and the MAOC (renovation of the 1979 Chinese Hospital).

Weekday daily and P.M. peak hour person trip analysis for the proposed project is based on increases in the number of typical weekday hospital employees, patients, and visitors rather than building square footage. This methodology was chosen because Chinese Hospital is overcrowded, with two-, three-, and four-bed acute-care patient rooms; and most of the increase in square footage on the main project site at the Replacement Hospital would be devoted to

constructing single- and two-bed acute-care patient rooms. This methodology was also employed with other San Francisco hospital projects.[18]

Employees, patient, and visitor travel demand is based on the person trip generation rates, trip distribution information, and mode split data derived from the Chinese Hospital Employee and Patient and Visitor Travel Behavior Surveys. The surveys included questions such as location of residence, work shifts, workday travel modes, purpose of visit, length of stay, mode of transportation, and location parked. Employees received the questionnaire as part of a packet that included a request to fill in and return it their department manager. Patients and visitors were stopped in the lobbies of both the 1924 MAB and the 1979 Chinese Hospital building and asked to complete the Patient and Visitor Travel Behavior Survey. The results of the Employee Travel Behavior Survey indicate that approximately 58 percent of employees drive alone, carpool or are dropped off, 38 percent travel by transit, and approximately 4 percent walk. The results of the Patient and Visitor Travel Behavior Survey show that approximately 18 percent of patients drive alone or are dropped off, 58 percent travel by transit, and approximately 24 percent by other modes (including walking). Approximately 26 percent of visitors drive alone or are dropped off, 58 percent travel by transit, and approximately 18 percent walk. Since data on physicians was not available, all seven physicians were assumed to use private vehicles.

Trip Generation and Travel Mode Split

Trip generation rates for the hospital and administrative office uses are based on the estimated weekday population, i.e., the current and future number of Chinese Hospital physicians, employees, patients, and visitors and trip generation rates developed from the results of the Chinese Hospital Employee and Patient and Visitor Travel Behavior Surveys.

With the proposed project, there would be an expected typical weekday increase of approximately 151 employees, from approximately 313 current employees to 464. There would also be an expected increase of approximately 121 more patient visits per day (from approximately 393 current patients to 514 on a typical weekday) and 223 more visitors per day (from 601 current visitors to 824).

Under existing conditions there are approximately 2,636 total inbound and outbound person-trips per weekday, spread over various modes of transportation. Of these, about 332 inbound and

[18] *California Pacific Medical Center Long Range Development Plan Draft EIR*, Case No. 2005.0555E, July 21, 2010, p. 4.5-71; *San Francisco General Hospital Seismic Compliance Hospital Replacement Program EIR*, Case No. 2007.0603E, certified on June 19, 2008, pp. 186-187. These documents are on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and are available for public review as part of the project file, in Case File No. 2005.0555E and Case File No. 2007.0603E, respectively.

outbound person-trips occur during the weekday P.M. peak hour (5:00 P.M. to 6:00 P.M.). With the proposed project there would be approximately 3,693 person trips per weekday (a net increase of approximately 1,057 person trips over existing conditions) and about 500 weekday P.M. peak hour person trips (an increase of approximately 168 weekday P.M. peak hour person trips).

Person-trips were allocated among different travel modes in order to determine the number of auto, transit, and walk/other trips ("other" includes bicycle, motorcycle, and taxi). The mode-split for the proposed project's net new trips during the weekday P.M. peak hour is shown in Table IV.D.9: Net New Person-Trips by Mode – Weekday P.M. Peak Hour. During the weekday P.M. peak hour, approximately 33 percent of all person-trips would be by auto, 48 percent by transit, and approximately 19 percent by other modes (including walking).

Table IV.D.9: Net New Person-Trips by Mode – Weekday P.M. Peak Hour

Mode	Employee [a]		Patient		Visitor		Total [b]
	MAOC	Hospital	MAOC	Hospital	MAOC	Hospital	
Auto	25	8	0	2	1	5	*41*
Carpool	11	4	0	0	0	0	*15*
Transit	40	13	0	9	2	12	*81*
Walk	5	2	0	2	1	4	*15*
Other	13	3	0	0	0	0	*16*
TOTAL [b]	**94**	**30**	**0**	**13**	**4**	**21**	***168***

Note:
[a] Net new person trips represents the net increase in new employee trips.
[b] Net new person-trips by mode totals do not sum correctly due to the allocation of 4 patient and 2 visitor person trips to 827 Pacific Avenue. The relocation of radiology services to 827 Pacific Avenue is no longer part of the proposed project, as described in Chapter II, Project Description, pp. II.41-II.42.

Source: CHS Consulting, TIS, August, 2011.

The person-trips by automobile would include single-occupant vehicles and vehicles carrying more than one person. Weekday P.M. peak hour vehicle-trips were estimated by adding the single-occupancy vehicle trips to carpool vehicle trips. Carpool vehicle trips were calculated by dividing the number of weekday P.M. peak hour carpool person-trips by the carpool vehicle occupancy rate (VOR) separately for employees, patients and visitors by destination, i.e., the Replacement Hospital and the MAOC. Chinese Hospital employee VOR data were determined from the Employee Travel Behavior Survey, with the exception of the employee non-work VOR, which is based on the *SF Guidelines*. Patient and visitor VOR data were derived from the Patient and Visitors Travel Behavior Survey. The employee VOR in carpools is 1.23 for the MAOC and 1.10 for the Replacement Hospital, for an average employee VOR in carpools of 1.19. The patient and visitor VOR in carpools is 1.50 for patients and 1.78 for visitors. The proposed project would generate an additional 53 vehicle trips (3 inbound and 50 outbound trips) during the weekday P.M. peak hour (see Table IV.D.10: Estimated Increase in Vehicle-Trip Generation – Replacement Hospital and MAOC).

Table IV.D.10: Estimated Increase in Vehicle-Trip Generation – Replacement Hospital and MAOC

	MAOC (1979 Chinese Hospital)		Replacement Hospital		TOTAL [a]	
	Daily	**P.M. Peak Hour**	**Daily**	**P.M. Peak Hour**	**Daily**	**P.M. Peak Hour**
Employee	69	34	29	11	98	45
Patient	0	0	31	2	41	2
Visitor	16	1	74	5	98	6
TOTAL	**85**	**35**	**134**	**18**	**237**	**53**

Note:
[a] The vehicle-trip generation totals do not sum correctly due to the allocation of 18 daily vehicle trips to 827 Pacific Avenue. The relocation of radiology services to 827 Pacific Avenue is no longer part of the proposed project, as described in Chapter II, Project Description, pp. II.41-II.42.

Source: CHS Consulting, TIS, August, 2011.

Trip Distribution

Trip distribution was also developed based on the findings from the Chinese Hospital Employee and Patient and Visitor Travel Behavior Surveys. The Chinese Hospital Employee Travel Behavior Survey results show that 59 percent of existing employees live in San Francisco. Approximately 28 percent of employees live in the Peninsula and South Bay and 13 percent live in the East Bay. There were no employee trips originating from the North Bay. Patient and visitor trip distribution was based on the Chinese Hospital Patient and Visitor Travel Behavior Survey results. The survey results show that 95 percent of patients and 89 percent of visitors (including patient- and business-related visitors) live in San Francisco. The survey also shows that approximately 1 percent of patients and 3 percent of visitors live in the East Bay and approximately 4 percent of patients and 8 percent of visitors live in the Peninsula and South Bay. Based on these trip distribution patterns for employees, patients, and visitors, the net new project trips were assigned to local streets.

The proposed project calls for the demolition of the Chinese Hospital Parking Garage (41 spaces, or 78 spaces with valet parking), and does not include the development of an off-street parking facility. The lack of on-site parking would affect the number of trips to the project site but not the number of overall trips. For purposes of this analysis, both the current Chinese Hospital Parking Garage traffic that would be displaced and the net new project trips were assigned to nearby parking facilities with available spaces. Approximately 58 outbound vehicle trips from the Chinese Hospital Parking Garage and 50 net new outbound vehicle trips from the main project site (including visitors, patients, and employees) were assigned to other nearby parking garages, specifically the Vallejo Garage (60 percent), the Portsmouth Square Garage (20 percent), the St. Mary's Square Garage (15 percent), and the Chinatown Parking Garage (5 percent). Most of the proposed project's weekday P.M. peak hour vehicle trips would be outbound. For outbound trips, approximately 48 percent would depart from the project area to the west via Broadway, Pacific Avenue, Jackson, California, and Pine Streets; 49 percent to the south via Powell,

Stockton, and Montgomery Streets; 2 percent to the east via California Street; and 1 percent to the north via Powell Street. Inbound trips (which are predominantly visitor and patient trips) were similarly assigned to the Vallejo Garage and Portsmouth Square Garage.[19] For inbound trips approximately 63 percent would approach the project area from the west via Washington Street, Clay Street, and California Street; 36 percent from the south via Powell and Kearny Streets; less than 1 percent from the east via California Street; and less than 1 percent from the north via Powell Street.

Loading Demand

Truck Loading

Loading demand was calculated based on the methodology and assumptions stated in the *SF Guidelines*. The proposed project would generate approximately 20 daily truck trips between 8:00 A.M. and 5:00 P.M., which equals a peak hour loading demand of one space and an average hour loading demand that is less than one space. While the total square footage of the proposed new and renovated buildings on the main project site would increase by approximately 71,750 gsf, there would be an increase of only 22 beds and 114 daytime staff. This change would not appreciably affect the future project loading demand.

Passenger Loading

With removal of the Jackson Street driveway, the existing 60-foot-long and the 58-foot-long white passenger loading zones on the south side of Jackson Street in front of the main project site could be consolidated into one continuous 153-foot-long white passenger loading zone. The passenger loading survey showed no obvious peak period for patient and visitor arrival times, and the total demand over the 2-hour survey period (9:00 A.M to 11:00 A.M.) was 27 vehicles. Overall, the average duration of passenger loading activities was approximately 4 minutes. Approximately 90 percent of the vehicles dropped off patients and/or family members and approximately 10 percent of vehicles picked up patients and/or family members. For 75 percent of the 2-hour survey period, there was no more than one vehicle drop-off or pickup in front of the main project site. There was a maximum of four passenger vehicles stopping in front of the main project site concurrently. This only occurred twice, for approximately two or three minutes each time.

The proposed project would add 92 patients and 206 visitors per day to the main project site. Based on the Patient and Visitor Travel Behavior Survey, three percent of patients and visitors

[19] It was assumed that patients and visitors would be less likely than employees to use parking located further away, namely the St. Mary's Square Garage or Chinatown Parking Garage.

used carpools or were dropped off in front of the main project site. Thus, approximately 9 person-trips by carpool/drop-off per day at the main project site on Jackson Street would be generated. It is anticipated that the proposed project would increase passenger loading demand along Jackson Street by approximately one vehicle per hour. The estimated demand for passenger loading at any given point would be approximately 5 passenger vehicles.

Parking Demand

The parking demand analysis was performed based on the estimated vehicle trips for employees, visitors, and patients. Long-term parking demand is generally defined as employee parking, while short-term parking demand is associated with visitor and patient parking. The existing parking demand is approximately 64 spaces. After completion, the proposed project parking demand would increase by approximately 56-65 spaces (49-58 long-term and 7 short-term). The low end of the range demand represents the period before 3:00 P.M. and the high end of the range demand represents the period during the afternoon shift change (3:00 P.M. to 4:00 P.M.).[20]

Off-Street Parking Variant

The Off-Street Parking Variant, which would provide dedicated off-street parking at the Powell Street Parking Garage, would not affect any of the trip generation numbers, mode split rates, or vehicle trip generation, but would slightly alter the trip distribution patterns. The trip distribution patterns for the Off-Street Parking Variant were altered slightly to include the use of the Powell Street Parking Garage at 1140 Powell Street for dedicated parking.

Under the variant, the 41 off-street parking spaces lost as a result of the demolition of the Chinese Hospital Parking Garage would be replaced at the Powell Street Parking Garage, which would provide 56 off-street parking spaces or 86 valet-parked spaces. Under the variant, 50 spaces would be designated for employee parking and, with valet parking, approximately 6 individually accessible parking spaces and 30 valet-parked spaces would be available for patients and visitors to Chinese Hospital. Planning Code Section 166(d)(1) would require that one parking space be reserved as a car-share parking space.

Planning Code Section 155(i) would require that two parking spaces be reserved as handicap accessible spaces. Since the Powell Street Parking Garage would not be able to accommodate all Chinese Hospital employee parking, approximately 45 net new employee outbound vehicle trips in the weekday P.M peak hour were assigned to other public parking facilities in Chinatown based on location and the number of available spaces. Approximately 65 percent of net new employee outbound trips were assigned to the Vallejo Garage at 766 Vallejo Street, between

[20] TIS, p. 49.

Powell Street and Stockton Street, and 35 percent were assigned to Portsmouth Square Garage, on Kearny Street between Washington Street and Clay Street. All the net new patient and visitor weekday P.M. peak hour vehicle trips were assigned to the Powell Street Parking Garage, due to the availability of up to 36 spaces and its nearby location.

It was assumed that an inbound patient vehicle trip would first drive to the main project site on Jackson Street (in case of passenger drop-off) and then circle around to the Powell Street Parking Garage via Stockton and Washington Streets. Although most of the proposed project's weekday P.M. peak hour vehicle trips would be outbound, of the inbound traffic, approximately 68 percent would approach the project area from the west via Washington Street, Clay Street, and California Street; 30 percent from the south via Powell, Stockton and Kearny Streets; less than 2 percent from the east via Pacific Avenue and Washington Street; and less than 1 percent from the north via Powell Street. For outbound trips, approximately 61 percent would depart from the project area to the west via Pacific Avenue, Jackson, Sacramento, and California Streets; 36 percent to the south via Stockton and Montgomery Streets; 2 percent to the north via Powell Street; and 1 percent to the east via Jackson Street.

IMPACT EVALUATION

The discussion below analyzes the impacts of the proposed project and the Off-Street Parking Variant that are related to transportation and circulation. The Hospital Façade Design Variant is not discussed as its impacts would be the same as those of the proposed project.

Traffic Impacts

Impact TR-1: The proposed project would not cause a substantial increase in traffic that would cause the level of service to decline from LOS D or better to LOS E or F, or from LOS E to F. (*Less than Significant*) (Criterion D.1)

Proposed Project

Existing and new Chinese Hospital employees, patients, and visitors would place increased demands on the local transportation and circulation system under Existing Plus Project conditions with an estimated 3,693 person-trips per weekday (a net increase of approximately 1,057 daily person trips over existing conditions). There would be a total of approximately 500 weekday P.M. peak hour person trips, a net increase of 168 weekday P.M. peak hour person trips. Under Existing Plus Project conditions during the weekday P.M. peak hour, approximately 41 of the person-trips would be by auto, 15 person-trips would be by carpool, 81 person-trips would be by transit, 15 person-trips would be by walking, and 16 person-trips would be by other modes, such as bicycles, motorcycles, and taxis. The person-trips by automobile would include single-

occupant vehicles and vehicles carrying more than one person. Weekday P.M. peak hour vehicle-trips were estimated by adding the single-occupancy vehicle trips and carpool vehicle trips. The proposed project would generate an additional 53 vehicle trips (3 inbound and 50 outbound trips) during the weekday P.M. peak hour.

Overall, the addition of project-generated vehicle trips to the surrounding street network would result in an increase in the average delay per vehicle at three intersections and a decrease in the average delay per vehicle at two intersections (see Table IV.D.11: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing and Existing Plus Project Conditions). The Jackson Street/Powell Street and Jackson Street/Stockton Street intersections would experience a small decrease in the average delay per vehicle due to the reassignment of existing vehicle trips from the Chinese Hospital Parking Garage to other parking garages in the vicinity of the main project site. All the study intersections would continue to operate at the same acceptable service levels with project-generated traffic as they do without the proposed project.

Table IV.D.11: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing and Existing Plus Project Conditions

Intersection	Existing (2008)		Existing Plus Project	
	LOS	Delay[a]	LOS	Delay[a]
1. Jackson Street/Powell Street	A	7.3	A	7.1
2. Washington Street/Powell Street[b]	A/B	9.6/10.2 (SB)	A	9.7/10.4 (SB)
3. Pacific Avenue/Stockton Street	C	32.7	C	34.0
4. Jackson Street/Stockton Street	D	39.2	C	33.4
5. Washington Street/Stockton Street	C	26.9	C	27.3

Notes:
[a] Delay in seconds per vehicle.
[b] Non-signalized intersection with an all-way stop. Delays and LOS are shown as XX/YY, representing average and worst situations. The worst approach, indicated in parentheses, is the southbound approach (SB).

Source: CHS Consulting, TIS, August 2011.

Since the existing Chinese Hospital Parking Garage would be removed and the proposed project would not provide any dedicated off-street parking spaces, vehicles that park in the Chinese Hospital Parking Garage and vehicle trips generated by the proposed project were assumed to use nearby garages, specifically, the Vallejo Garage, the Portsmouth Square Garage, the St. Mary's Square Garage, and the Chinatown Parking Garage. There would be approximately 70 project-related vehicle trips to and from the Vallejo Garage during the weekday P.M. peak hour, which is approximately 23 percent of the total traffic volume along Vallejo Street between Stockton and

Powell Streets. Based on weekday P.M. peak hour field observations,[21] the traffic volume is relatively low along the two-way, two-lane Vallejo Street and traffic operations would not be substantially affected by the project-related trips in and out of the Vallejo Garage. The proposed project would add approximately 22 outbound vehicles from the Portsmouth Square Garage, which is approximately 2 percent of the total traffic volume along Kearny Street. At the St. Mary's Square Garage, there would be approximately 16 vehicle trips to and from the garage. Of these 16 vehicle trips approximately 13 trips would occur along one-way northbound Kearny Street between Pine and California Streets, about 0.8 percent of the total traffic volume on Kearny Street. The remaining 3 vehicle trips would occur along one-way westbound Pine Street between Kearney Street and Grant Avenue, about 0.19 percent of the total traffic volume along Pine Street.[22] There would be approximately five project-related vehicle trips to and from the Chinatown Parking Garage on Pacific Avenue, which is approximately 2.1 percent of the total traffic volume along Pacific Avenue between Stockton and Powell Streets. Considering all of the above, the potential traffic impacts related to project vehicles in and out of the nearby parking garages would not substantially affect the weekday P.M. peak period traffic operation on streets adjacent to these potential parking locations.

The addition of 70 vehicle trips to the segment of Vallejo Street between Powell and Stockton Streets is not anticipated to result in the deterioration of the LOS at the intersections of Powell Street/Vallejo Street and Stockton Street/Vallejo Street to unacceptable levels. Vehicles exiting from the Portsmouth Square Garage to Kearny Street (22 in the peak P.M. hour) would turn left onto Kearny Street, and approximately four vehicles exiting from the St. Mary's Square Garage on Kearny Street would also pass through the Kearny Street/Washington Street intersection. According to the most recent transportation study conducted in that area, the LOS at the Kearny Street/Washington Street intersection operates at LOS B in the P.M. peak hour with an average vehicle delay of 10.4 seconds.[23] With the potential addition of 26 project-related vehicles exiting the Portsmouth Square and St. Mary's Square Garages during the weekday P.M. peak hour, the Kearny Street/Washington Street intersection would continue to operate at LOS B. Therefore, the proposed project would not substantially affect operations at that intersection or any other intersections near parking garages identified as potential parking locations for Chinese Hospital employees, patients, or visitors.

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[21] CHS Consulting, field observations conducted on Wednesday, July 14, 2011 between 5:15 P.M. and 5:45 P.M. The 30-minute volume was approximately 150 vehicles along Vallejo Street between Powell and Stockton Streets.

[22] CHS Consulting, traffic counts obtained from SFMTA at http://www.sfmta.com/cms/rtraffic/documents/Volume_web.pdf. The traffic volume along Kearny Street at California Street was approximately 1,620 vehicles; the traffic volume along Pine Street at Grant Avenue was approximately 1,600 vehicles.

[23] CHS Consulting, City College of San Francisco, *Chinatown/North Beach Campus Transportation Study*, May 2007.

Additionally, vehicles entering into the Portsmouth Square Garage during the midday period currently generate occasional vehicle queues at the Kearny Street/Clay Street intersection. As described above, the proposed project's contribution of 26 vehicles to the Kearny Street/Washington Street intersection would occur during the weekday P.M. peak period, not at the midday period when parking garage vehicle queues occur along Kearny and/or Clay Street. However, even if the 22 project-related vehicles entering and exiting Portsmouth Square Garage were to occur during midday, the effect would remain less than significant because the number of new vehicles would make up a small percentage of the total traffic volume. Therefore, the proposed project would not cause any additional midday queuing at the Portsmouth Square Garage.

In conclusion, the proposed project would generate less-than-significant traffic impacts at the study intersections in the vicinity of the main project site and would not cause any traffic impacts at any of the public parking garages' points of entry and exit or at adjacent intersections. Therefore, no mitigation measures would be required.

While traffic impacts associated with the proposed project would be less than significant, Improvement Measure I-TR-1a, below, has been identified as a means to further reduce vehicle trips to the main project site through the development of a Transportation Demand Management (TDM) Program. Currently, Chinese Hospital does not have a TDM program. A TDM Program prescribes the use of transportation alternatives and the provision of incentives to encourage employees not to drive alone. City decision-makers may decide to include this improvement measure as a condition of project approval; however, this improvement measure is not required under CEQA.

Improvement Measure I-TR-1a

Chinese Hospital has agreed to designate a person to coordinate the TDM program, including the following elements:

- Monitor and update the TDM program using the results of the Employee and Patient and Visitor Travel Behavior Surveys;
- Create and update a dedicated web page and newsletter providing relevant transit information and related links;
- Coordinate with 511.org to establish rideshare matching program;
- Organize a Transportation Day Fair;
- Coordinate parking management;
- Develop an information package of transportation services and benefits offered by Chinese Hospital, and participate in employee orientation training; and

- Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and GG Transit).

Chinese Hospital has agreed to promote the TDM Program, including the following elements:

- Organize and conduct an annual Transportation Day Fair to include representatives from local and regional transportation agencies, the San Francisco Bicycle Coalition, 511.org, and car-share companies, and provide information about transit, ridesharing, and bicycling;
- The TDM Coordinator would promote attendance at these events by providing incentives for employees to attend the Fair, such as free transit passes and free bicycles as prizes, and food and drink;
- Create a dedicated web page and newsletter; and
- Set up an information center with computer terminals for accessing transit and ride sharing information via a dedicated web page.

Chinese Hospital has agreed to promote transit use, including the following elements:

- Provide public transit information to Chinese Hospital employees, patients, and visitors on a dedicated web page;
- Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and Golden Gate Transit); and
- Promote commuter checks, which allow employees to deduct up to $120 per person per month on a pre-tax basis for transit passes.

Chinese Hospital has agreed to promote ride share/car share/carpool/vanpool, including the following elements:

- Establish a rideshare matching program through the 511.org database;
- Join a car-share company as a corporate member, allowing employees to use car-share services without an initiation fee; and
- Provide a bonus for carpools and vanpools that last 3 months or more.

Off-Street Parking Variant

Under the Off-Street Parking Variant, 45 net new employee project vehicle trips were assigned to other publicly available parking garages in the vicinity of the study area. Existing and future employees would park at the Powell Street Parking Garage or in other publicly available parking garages. Since 36 spaces at the Powell Street Parking Garage would be reserved for patients and visitors, new patient and visitor vehicle trips were also assigned to this garage.

Table IV.D.12: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing and Existing Plus Project Variant Conditions, presents the results of the intersection LOS analysis. In comparison to the proposed project analysis, shown in Table IV.D.11 on p. IV.D.36, the variant would increase the average vehicle delays at all five study intersections. However, under the Existing Plus Project Variant conditions, all of the study intersections that currently operate at LOS D or better would continue to operate at LOS D or better with no significant changes in delays. The Off-Street Parking Variant would therefore not cause significant traffic impacts at study intersections under the Existing Plus Project Variant conditions. Therefore, no mitigation measures would be required.

Table IV.D.12: Intersection Levels of Service, Weekday P.M. Peak Hour – Existing and Existing Plus Project Variant Conditions

Intersection	Existing (2008)		Existing Plus Project Variant	
	LOS	Delay[a]	LOS	Delay[a]
1. Jackson Street/Powell Street	A	7.3	A	7.5
2. Washington Street/Powell Street[b]	A/B	9.6/10.2 (SB)	A/B	9.7/10.4 (SB)
3. Pacific Avenue/Stockton Street	C	32.7	C	33.1
4. Jackson Street/Stockton Street	D	39.2	D	41.1
5. Washington Street/Stockton Street	C	26.9	C	27.4

Notes:
[a] Delay in seconds per vehicle.
[b] Non-signalized intersection with an all-way stop. Delays and LOS are shown as XX/YY, representing average and worst situations. The worst approach, indicated in parentheses, is the southbound approach (SB).

Source: CHS Consulting, TIS, August 2011.

Consistent with the Off-Street Parking Variant trip distribution, there would be approximately eight net new vehicle trips in and out of the Powell Street Parking Garage in the weekday P.M. peak hour, which is approximately 1.45 percent of the total traffic volume along Powell Street between Washington and Jackson Streets. There would be approximately 29 net new vehicle trips from the Vallejo Garage (fewer than under the proposed project), which is approximately 10 percent of the total traffic volume along Vallejo Street between Powell and Stockton Streets. There would be approximately 16 net new vehicle trips from the Portsmouth Square Garage (fewer than under the proposed project), which is approximately 1.3 percent of the total traffic volume along Kearny Street.

During the weekday P.M. peak hour, there would be an estimated three additional variant-related vehicles entering and five additional variant-related vehicles exiting the Powell Street Parking Garage. The five P.M. peak hour vehicle trips exiting the Powell Street Parking Garage would make up less than 1 percent of the observed traffic volume on this portion of Powell Street. Automobiles are permitted to turn left into and out of the Powell Street Parking Garage: an increase in these left-in and left-out movements during the P.M. peak hour could increase the

number of conflicts between automobiles and the cable car lines operating on Powell Street. The Off-Street Parking Variant's increase in these movements would not be considered a significant increase; however, Improvement Measure I-TR-1b, described below, is identified to reduce the potential for automobile and transit vehicle conflicts.

As with the proposed project, vehicle trips related to the Off-Street Parking Variant using the Vallejo Garage during the P.M. peak hour would not substantially affect traffic operation along Vallejo Street or intersection operations at Stockton Street/Vallejo Street and Powell Street/Vallejo Street. The peak hour vehicle trips in and out of the Portsmouth Square Garage would not substantially affect operations along Kearny Street or intersection operations at Kearny Street/Washington Street, as with the proposed project. Furthermore, as with the proposed project, the vehicle trips from the Off-Street Parking Variant into the Portsmouth Square Garage would not cause additional queuing in the garage-only lane on Kearny Street starting on Clay Street.

In conclusion, the potential impacts of the Off-Street Parking Variant on intersection operations and traffic conditions on roadways adjacent to the publicly available parking garages and the Powell Street Parking Garage would be less than significant. Therefore, no mitigation measures are required.

While traffic impacts associated with the Off-Street Parking Variant would be less than significant, Improvement Measure I-TR-1a, the TDM Program described on pp. IV.D.38-IV.D.39 under the analysis of the proposed project's traffic impacts, is also applicable to the Off-Street Parking Variant for the purposes of further reducing vehicle trips to the main project site. Improvement Measure I-TR-1b is also identified for the Off-Street Parking Variant to further reduce the less-than-significant potential for conflicts between automobiles and the Powell-Mason and Powell-Hyde cable car vehicles operating on Powell Street. City decision-makers may decide to include this improvement measure as a condition of project approval; however, the improvement measure is not required under CEQA.

Improvement Measure I-TR-1b

Under the Off-Street Parking Variant, the project sponsor has agreed to coordinate with SFMTA Operations to monitor the number of conflicts observed between turning vehicles and transit operations during peak periods. If warranted to further reduce this less-than-significant impact, and upon the determination of SFMTA, the project sponsor has agreed to limit access in and out of the Powell Street Parking Garage to right-turn-only movements.

Transit Impacts

Impact TR-2: The proposed project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity; nor would it cause a substantial increase in operating delay or costs such that significant adverse impacts in transit service levels could occur. (*Less than Significant*) (Criterion D.2)

Proposed Project

Based on the both the Chinese Hospital Employee and the Patient and Visitors Travel Behavior Surveys, approximately 38 percent of Chinese Hospital employees and approximately 58 percent of patients and visitors use transit. Under Existing Plus Project conditions, the proposed project would generate about 80 net new weekday P.M. peak hour transit trips (15 inbound and 65 outbound) with approximately 61 transit trips within San Francisco and 19 trips to the East Bay or South Bay. Only outbound trips are assigned to the Muni screenlines because outbound service is the primary commute direction in the P.M. peak period and generally experiences the highest demand and capacity utilization. In addition, only 40 percent of trips on Muni were assigned to travel across any screenlines, with the remaining 60 percent assumed to be internal trips within the area surrounded by the screenlines. Thus, 47 trips on Muni were assigned to travel across the Muni screenlines: 19 to the Northwest screenline, 18 to the Southeast screenline, and 10 to the Southwest screenline.

As shown on Table IV.D.3 on p. IV.D.11, Muni has available capacity within each corridor of each screenline except the Subway Corridor of the southwest screenline. With the transit trips generated by the proposed project, there would be no change to the capacity utilization at the northeast screenline, and a slight increase to the Northwest and Southeast screenlines (approximately 1.0 percent). All three corridors would remain well within the capacity utilization standard at 67 percent or less. The 10 project-related transit trips assigned to the Southwest screenline would not result in a change to the capacity utilization, nor would the 8 transit trips assigned to the Southwest screenline's Subway Corridor, which would remain at 87 percent capacity utilization.

Of the 19 project-related transit trips outside of San Francisco, approximately 8 transit trips would be to the East Bay and 11 would be to the South Bay, all of which could be accommodated by the available capacity of BART or the other regional transit providers (see Table IV.D.4 on p. IV.D.13). These trips would likely include a Muni bus trip, e.g., on the 30 Stockton, 45 Union/Stockton, 8AX Bayshore "A" Express, or 8BX Bayshore "B" Express, to connect to regional transit at the Montgomery Street Station and Market Street. The eight Muni light rail lines, eight Muni bus routes, and the five nighttime service Muni bus routes that serve the

Montgomery Street Station operate below the 85 percent capacity threshold (60 percent for Muni bus routes and 76 percent for Muni light rail routes.)

Therefore, the Muni and regional transit providers have the capacity to accommodate the additional 47 weekday P.M. peak hour transit trips within San Francisco and the 19 transit trips in the greater Bay Area, and the proposed project would result in a less-than-significant transit impact. No mitigation measures are required.

The effects of project-related increases in vehicle and transit trips on transit operations were also evaluated. The total project-related vehicle and transit travel delay in a transit corridor was calculated as the average of all the approach delays at the study intersections. The proposed project would add 2.7 seconds to northbound bus routes on Stockton Street (the 30 Stockton and 45 Union/Stockton), 4.6 seconds to southbound bus routes on Stockton Street (the 30 Stockton, 45 Union/Stockton, 8X Bayshore Express, 8AX Bayshore "A" Express, and 8BX Bayshore "B" Express), and 3.2 seconds to westbound bus routes on Pacific Avenue (the 10 Townsend and 12 Folsom/Pacific).

Project-related vehicle trips to and from the closest public parking garages (the Portsmouth Square Garage, St. Mary's Square Garage, and Chinatown Parking Garage) are not anticipated to substantially affect operations of the Muni routes on the adjacent roadways (Pacific Avenue and Kearny Street). Muni routes 8X Bayshore Express, 8AX Bayshore "A" Express, and 8BX Bayshore "B" Express run northbound along Kearny Street with a stop located at the northeast corner of the Kearny Street/Clay Street intersection, across from the Portsmouth Square Garage. The bus frequency along Kearny Street is approximately 16 buses per hour during the weekday A.M. peak period and 8 buses per hour during the weekday P.M. peak period. The St. Mary's Square Garage and Portsmouth Square Garage entrances are located on the west side of Kearny Street. The bus stops are located on the east side of Kearny Street. Therefore, with the proposed project, vehicles exiting and entering these public parking garages would not affect transit operations along Kearny Street. Muni routes 10 Townsend and 12 Folsom/Pacific operate on Pacific Avenue with a shared outbound stop located approximately 250 feet west of the Chinatown Parking Garage, between Stockton Street and Grant Avenue. The frequency of buses along Pacific Avenue is approximately six buses per hour. The five project-related vehicle trips in and out of the Chinatown Parking Garage would not affect transit operations along Pacific Avenue.

Therefore, the addition of 47 Muni transit trips to the local transportation network and the increase in transit delays related to project-generated vehicle trips assigned to the project area's available public parking garages would result in a less-than-significant impact on local and regional transit capacity and local Muni operations.

Off-Street Parking Variant

The number of local and regional transit trips and the capacity utilization analyses related to the Off-Street Parking Variant would be the same as those discussed above under the proposed project analysis. The estimated transit delays under the Off-Street Parking Variant were adjusted to reflect the fact that vehicle trips would be assigned to the Powell Street Parking Garage at 1140 Powell Street and, to a much lesser extent than the proposed project, to other parking garages in the vicinity. Thus, the operational effects of the Off-Street Parking Variant would be different than those discussed above under the proposed project analysis. The Off-Street Parking Variant would not increase the transit delay for northbound bus routes on Stockton Street and would add approximately two seconds to southbound bus routes on Stockton Street. As with the proposed project, this would not represent a substantial effect on transit operations, and therefore would be a less-than-significant impact.

The Powell-Hyde and Powell-Mason cable car lines operate along Powell Street with an outbound stop located near the corner of Powell and Jackson Streets, south of the midblock location of the Powell Street Parking Garage. These two cable car lines are run in the center lane of Powell Street and both turn west at Jackson Street. There are plastic bollards and pavement striping in the center of Powell Street in front of the Powell Street Parking Garage. The weekday P.M. peak hour headway for these cable car lines together is approximately 4 minutes. According to SMTA Transit Effectiveness Program service data for the Powell-Hyde cable car line, the highest boarding was approximately 49 passengers at this stop (between 2:00 and 3:00 P.M.).[24] No boarding data was available for the Powell-Mason cable car line. No conflicts were observed between transit and vehicles currently entering and exiting the Powell Street Parking Garage (and crossing the Muni cable car tracks) during the weekday P.M. peak hour.

Although the Off-Street Parking Variant would not substantially add to these existing movements and they were deemed by SFMTA to have less-than-significant traffic impacts, Improvement Measure I-TR-1b, described above on p. IV.D.41 under the traffic impact analysis for the Off-Street Parking Variant, has been agreed to by the project sponsor to further reduce the potential for conflict between transit vehicles and automobiles entering and exiting the Powell Street Parking Garage. This improvement measure would prohibit left turns out of the Powell Street Parking Garage and limit turning movements to right-in, right-out only. Considering both access options (left-turn allowed and right-in, right-out only access), the Off-Street Parking Variant was not found to substantially change the evaluation of the potential impacts; thus, transit operation impacts of the variant with or without the improvement measure would be less than significant. Therefore, no mitigation measures would be required.

[24] The capacity of cable cars is generally 70 passengers.

Pedestrian Impacts

Impact TR-3: The proposed project would not result in substantial overcrowding on public sidewalks, nor create potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site and adjoining areas. (*Less than Significant*) (Criterion D.3)

Proposed Project

Pedestrians entering and exiting the 1979 Chinese Hospital building and the 1924 MAB were counted in 15-minute increments in the Chinese Hospital Patient and Visitor Transportation Behavior Survey. Non-hospital-related pedestrians were counted in the hospital lobby. Chinese Hospital generated approximately 824 person trips (345 inbound and 479 outbound) from 3:00 P.M. to 6:00 P.M.[25] The peak period of pedestrian trips in and out of the hospital (353) was between 4:00 P.M. and 5:00 P.M., the period that covers a change between first shift and non-shift employees.

The pedestrian entrance for the proposed Replacement Hospital would be located on Jackson Street near James Alley. The main entrance to the proposed MAOC building would remain at its current location. Project-related pedestrian trips include walk trips to and from the main project site plus walk trips to and from transit stops, and walk trips to and from parking garages in the vicinity of the main project site. As a result of the proposed project, 96 new pedestrian trips (81 transit and 15 walking) would be generated during the weekday P.M. peak hour. The majority, approximately 90 new pedestrian trips (76 transit trips and 14 walking trips), would be added to the Jackson Street sidewalk in front of the main project site which currently operates at LOS A (see p. IV.D.17). Due to the proposed change to off-street parking (from the on-site Chinese Hospital Parking Garage to existing parking garages in the vicinity of the main project site), approximately 120 additional pedestrian trips would be added to sidewalks in the vicinity of the main project site. Thus, a total of approximately 216 pedestrian trips would be added to existing sidewalks in the vicinity of the main project site.

The sidewalks and crosswalks adjacent to the main project site have the capacity to accommodate the project-generated pedestrian trips. Thus, project-related pedestrian increases would not substantially affect the level of service of sidewalks and crosswalks in the vicinity of the main project site, and the proposed project would have less-than-significant pedestrian-related impacts. No mitigation measures would be required.

[25] The surveys conducted on November 18, 2008 and June 18, 2009 did not double-count ingresses and egresses to/from Chinese Hospital, nor were non-hospital-related pedestrians included.

Due to the high concentration of transit services in the study area, the transit-related pedestrian trips would likely occur within a block or two of the main project site on Jackson Street. The proposed project would remove the curb cut and driveway at Jackson Street that serves the existing Chinese Hospital Parking Garage, thus eliminating a potential pedestrian and vehicle conflict zone along the project frontage on Jackson Street. Improvement Measure I-TR-3a has been identified to improve existing pedestrian conditions along Stone Street. City decision-makers may decide to include this improvement measure as a condition of project approval; however, the improvement measure is not required under CEQA.

Improvement Measure I-TR-3a

The project sponsor has agreed to improvements for Stone Street, such as raised crosswalk at the intersection of Jackson Street and Stone Street, and pedestrian-scale street lights or lighting along Stone Street.

Off-Street Parking Variant

Under the Off-Street Parking Variant, approximately 72 pedestrian trips from parking garages near the main project site would be relocated to the Powell Street Parking Garage, which is about one block away from the main project site. The impacts on sidewalks and crosswalks in the vicinity of the main project site would be similar to those identified under the proposed project analysis. Thus, like the proposed project, the Off-Street Parking Variant would have less-than-significant pedestrian-related impacts and no mitigation measures would be required.

As with the proposed project, Improvement Measure I-TR-3a would be applicable to the Off-Street Parking Variant. As described above, this identified improvement measure would generally improve pedestrian conditions along Stone Street. In order to similarly improve conditions between pedestrians and vehicles along the sidewalk at the Powell Street Parking Garage, Improvement Measure I-TR-3b has been identified. City decision-makers may decide to include the identified improvement measure as a condition of project approval; however, this improvement measure is not required under CEQA.

Improvement Measure I-TR-3b

Under the Off-Street Parking Variant, the project sponsor has agreed to install an audible and visible electronic warning sign at the access point of the Powell Street Parking Garage driveway to alert pedestrians to exiting vehicles.

Bicycle Impacts

Impact TR-4: The proposed project would not create potentially hazardous conditions for bicyclists, or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas. (*Less than Significant*) (Criterion D.4)

Proposed Project

Bicycle counts were not collected; however, based on field observations conducted on Tuesday November 18, 2008 between 12:00 P.M. and 6:00 P.M., bicycle traffic in the vicinity of the main project site was low and operating conditions on the nearby bicycle routes were acceptable. The addition of net-new project-related vehicles to the surrounding streets is not expected to substantially affect bicycle travel. In addition, the 16 "other" trips (bicycle, taxi, and motorcycle) generated by the proposed project would not substantially affect bicycle travel or facilities in the area even if all were assumed to be bicycle trips. Thus, the project-related increase in bicycle trips and the increase in project-related vehicles would result in less-than-significant impacts on the bicycle network and bicycle operations. Therefore, no mitigation measures would be required.

Under Planning Code Section 155.3(c)(3) the proposed 101,545-gsf Replacement Hospital building would be required to provide four showers and eight clothes lockers for its employees to promote and support the use of bicycles. The proposed project would provide two shower stalls and a locker room on the ground floor, a total of seven staff bathrooms with lockers on the second, third, and fourth floors, and two shower stalls at locations to be determined. Thus, the proposed project would comply with Planning Code Section 155.3(c)(3). Pursuant to Planning Code Section 155.4(d)(3), the proposed project would be required to provide 12 Class I or Class II bicycle parking spaces. The current design of the proposed Replacement Hospital building shows project sponsor would provide 12 Class I or Class II bicycle parking spaces along James Alley. Thus, the proposed Replacement Hospital building would meet the Planning Code requirements for bicycle parking.

Off-Street Parking Variant

The Off-Street Parking Variant includes the Powell Street Parking Garage. The less-than-significant bicycle impacts identified under the analysis of the proposed project would be the same for the Off-Street Parking Variant. As with the proposed project, no mitigation measures would be required. The inclusion of the Powell Street Parking Garage would trigger the Planning Code requirement under Section 155.2 to provide six bicycle parking spaces at the garage. Under the Off-Street Parking Variant, the project sponsor would provide a total of 18 bicycle parking spaces at the Powell Street Parking Garage to meet Planning Code Section 155.4(d)(3) and 155.2

requirements – 12 and 6 bicycle parking spaces, respectively. Thus, under the variant, Chinese Hospital employees could park their bicycles at the Powell Street Parking Garage and walk to the main project site. As with the proposed project, the Off-Street Parking Variant would provide two shower stalls and a locker room on the ground floor, a total of seven staff bathrooms with lockers on the second, third, and fourth floors, and two shower stalls at locations to be determined. Thus, the Off-Street Parking Variant would also comply with Planning Code Section 155.3(c)(3).

Loading Impacts

Impact TR-5: The loading demand of the proposed project during the peak hour of loading activities could be accommodated within the existing on-site loading supply or within the existing on-street loading zones, and would not create potentially hazardous conditions. (*Less than Significant*) (Criterion D.5)

Proposed Project

On-street commercial and passenger loading at the main project site is provided at the 58-foot-long and 60-foot-long white zones along Jackson Street in front of the 1924 MAB and the 1979 Chinese Hospital building, respectively. An off-street loading space (47.5 feet by 13 feet) located at the southwest corner of the 1979 Chinese Hospital building off of Stone Street is used for trash and medical waste pickup and liquefied/compressed gas tank service. Composting and recycling service is provided at the white zone in front of the 1924 MAB. With implementation of the proposed project, the Chinese Hospital Parking Garage would be demolished and the existing white zones on Jackson Street would be consolidated into one continuous white loading zone measuring approximately 153 feet in length. The existing off-street loading space off Stone Street would be expanded to 60.5 feet by 13 feet, and would continue to be used by Chinese Hospital.

Truck Loading

Planning Code Section 152 requires the provision of one off-street loading space for the proposed Replacement Hospital because it would be greater than 100,000 sq. ft. but less than 200,000 sq. ft. The expanded 60.5-foot-by-13-foot off-street truck loading space at Stone Street would be located on the same parcel as the Replacement Hospital building, which would connect to the MAOC (the renovated 1979 Chinese Hospital building) at most floor levels, and would meet the dimensional requirements in Planning Code Section 154(b). The proposed project would comply with the off-street loading requirements set forth in Planning Code Section 152.

Based on information from Chinese Hospital, the existing loading demand for Chinese Hospital and the 1924 MAB is approximately 18 trucks per day with two truck trips occurring during the

peak hour. The loading activities survey data shows that four large trucks (approximately 25-30 feet long) made deliveries along Jackson Street during the 2-hour survey period (9:00 A.M. to 11:00 A.M.). At any given point in time during the survey period, there was only one truck delivery at the white zone in front of the main project site. The duration of the truck deliveries was approximately 12.8 minutes.

The existing Chinese Hospital loading demand was estimated to be less than one (1) peak hour loading space and, based on the *SF Guidelines,* the proposed project would generate approximately 20 daily truck trips between 8:00 A.M. and 5:00 P.M., which equals a peak hour loading demand of just over one space total and an average hour loading demand that is less than one space.

With implementation of the proposed project, trucks would use the consolidated 153-foot-long white zone on Jackson Street and the 60.5-foot-long off-street loading space on Stone Street. The proposed project would generate a peak truck loading demand for one 30-foot truck; therefore, the 153-foot-long white zone would be sufficient to accommodate truck loading demand.

Conclusion

In conclusion, the proposed project would result in a less-than-significant impact related to the accommodation of loading activities along Jackson Street, and no hazardous conditions would be created by the proposed project's truck loading activities. No mitigation measures would be required.

Passenger Loading

Passenger loading is currently provided at the two white zones on the south side of Jackson Street in front of the main project site, a 58-foot-long white zone in front of the existing 1924 MAB and a 60-foot long white zone in front of the existing 1979 Chinese Hospital building. With the proposed project, the approximately 118 feet of existing white passenger drop-off zones currently used for truck deliveries, passenger pick-up/drop-off, and emergency vehicles would be consolidated into one continuous, 153-foot-long white zone on the south side of Jackson Street.

As indicated above, the white zone is shared with trucks and ambulances. During the truck loading activities survey, no more than four passenger vehicles used the white passenger zone while truck loading occurred. According to the Patient and Visitor Travel Behavior Survey, three percent of patients and visitors used carpools or were dropped off at the main project site on Jackson Street. Thus, under Existing Plus Project conditions, an additional 92 patients and 206 visitors would generate approximately 9 person trips of carpools/drop-offs per day at the main project site on Jackson Street. With implementation of the proposed project, passenger loading

demand along Jackson Street is anticipated to increase by approximately one vehicle per hour during the peak hour, from four to five. Thus, the 153-foot-long white zone on the south side of Jackson Street would accommodate the existing and new passenger loading demand. The proposed white zone would be large enough to accommodate the combination of the 5 passenger vehicles and the peak truck loading demand for one 30-foot truck.

Summary

In conclusion, it is anticipated that delivery/service vehicle trips and passenger pickup/drop-off trips generated by the proposed project would be adequately served by the proposed project's white zone (on Jackson Street). Therefore, the proposed project would result in less-than-significant truck and passenger loading impacts. No mitigation measures would be required.

While traffic impacts related to truck and passenger loading activities would be less than significant, three improvement measures (Improvement Measure I-TR-5.1a, Improvement Measure I-TR-5.1b, and Improvement Measure I-TR-5.1c) have been identified to further improve loading conditions along Jackson Street. City decision-makers may decide to include the identified improvement measures as conditions of project approval; however, these improvement measures are not required under CEQA.

Improvement Measure I-TR-5.1a

The project sponsor has agreed to schedule truck loading activities for off-peak hours to minimize the potential for conflicts between truck loading activities, passenger loading activities, and peak hour traffic on Jackson Street. Additionally, delivery trucks less than 20 feet long could be assigned to the existing off-street loading area on Stone Street.

Improvement Measure I-TR-5.1b

The project sponsor has agreed to work with the SFMTA to determine whether a section of the proposed 153-foot-long white zone in front of the main project site could be converted to a yellow loading space if the loading demand became a concern in the future.

Improvement Measure I-TR-5.1c

The project sponsor has agreed to work with the SFMTA to post signs along Jackson Street to inform motorists that the white zone is for passenger loading of no more than 5 minutes and to train its security guards to enforce proper use of the white zone and direct motorists to nearby parking garages, if necessary.

Off-Street Parking Variant

Under the Off-Street Parking Variant some of the off-street parking would be provided at the Powell Street Parking Garage at 1140 Powell Street. This would not alter the supply of truck or passenger loading spaces or the project truck and passenger loading demands. Thus, the impacts under the Off-Street Parking Variant would be less than significant, as with the proposed project. The improvement measures identified for the proposed project would be applicable to the Off-Street Parking Variant.

Emergency Access Impacts

Impact TR-6: Implementation of the proposed project would not result in significant impacts on emergency access. (*Less than Significant*) (Criterion D.6)

Proposed Project

The main project site is located north of Downtown in San Francisco's Chinatown with existing emergency vehicle access to the main project site from the two white loading zones along the south side of Jackson Street and the off-street loading area at the southwest corner of the 1979 Chinese Hospital building. Based on historical Chinese Hospital data ambulances arrive, on average, once a day. If an increase in acute-care beds was proposed as part of the project, there could be an increase in the number of ambulance trips generated by the Replacement Hospital; however, the proposed project would add 22 skilled nursing facility beds and the number of existing acute-care beds (54) would remain the same. Thus, the proposed project is not expected to increase the number of emergency vehicle arrivals, and emergency vehicles would have priority use of the consolidated white zone along Jackson Street as well as use of the off-street loading area. Therefore, since there would be no change to the road network and no expected change to the number of emergency vehicle arrivals, there would be a less-than-significant impact related to emergency access. No mitigation measures would be required.

Off-Street Parking Variant

Under the Off-Street Parking Variant, some of the off-street parking would be provided at the Powell Street Parking Garage at 1140 Powell Street. This would not alter site access or the number of emergency vehicle trips; thus, the impacts under the variant would be less than significant, the same as those under the proposed project. No mitigation measures would be required.

Construction Impacts

Impact TR-7: Construction-related transportation impacts of the proposed project would be temporary and limited in duration and would result in a less-than-significant impact. (*Less than Significant*)

Proposed Project

Construction of the proposed project would include demolition of the existing 29,793-gsf, five-story plus basement 1924 MAB and the 15,000-gsf, three-story Chinese Hospital Parking Garage; excavation of the eastern portion of the main project site; construction of a 101,545-gsf, seven-story plus basement Replacement Hospital building and related landscaping and sidewalk improvements; and renovation of the existing 43,368-gsf, five-story plus basement 1979 Chinese Hospital building on the western portion of the main project site. Demolition of the existing 1924 MAB would require the temporary accommodation of most displaced hospital support services at other locations in Chinatown, as described in Chapter II, Project Description, on pp. II.39-II.40.

Demolition of the 1924 MAB and parking garage and excavation of the vacated area would take about 11 months. The foundation work and construction of the Replacement Hospital building would take about an additional 13 months. The exterior and interior finish work would overlap with the structural work and would take about 16 months. Therefore, the construction period for the proposed Replacement Hospital would be approximately three years. Upon completion of the proposed Replacement Hospital, the hospital uses in the 1979 Chinese Hospital building would be transferred to the Replacement Hospital. The 1979 Chinese Hospital building would be renovated to accommodate administrative and hospital support functions as well as outpatient services. Renovations to the 1979 Chinese Hospital building would take approximately one year; thus, the total construction time would be approximately four years.

The demolition, excavation, and foundation work for the project is expected to occur between the hours of 7:00 A.M. and 3:30 P.M. (Monday through Saturday). Structural, exterior finish, and interior finish work is anticipated to occur between 7:00 A.M. and 7:00 P.M Monday through Saturday. Construction activities on Sundays and on major legal holidays is not anticipated but could occur on an as-needed basis. The project sponsor's construction contractor would be required to comply with the San Francisco Noise Ordinance and the SFMTA *Blue Book – Regulations for Working in San Francisco Streets.*

The demolition phase of the proposed project would generate an average of 6 trucks per day (maximum 10 trucks) with an average of 20 workers per day (maximum 35 workers). The excavation phase of the proposed project would generate an average of 8 trucks per day (maximum 15 trucks) with an average of 15 workers per day (maximum 25 workers). The

foundation work would generate an average of 8 trucks per day (maximum 15 trucks) with an average of 15 workers per day (maximum 20 workers). The construction activities associated with the demolition, excavation, and foundation work phases would generate the largest number of truck trips. The structural phase (e.g., the erection of the Replacement Hospital building) would generate an average of 4 trucks per day (maximum 8 trucks) with an average of 30 workers per day (maximum 50 workers). The exterior and interior finish phases of building construction would generate 3 and 8 truck trips per day with a maximum of 5 and 15 trucks, respectively. The exterior and interior finish work would also generate an average of 30 workers per day (maximum 50 workers) and 90 workers per day (maximum 120 workers), respectively.

The impact of construction truck traffic on surrounding streets would be a temporary lessening of traffic-carrying capacities due to the slower movement and larger turning radii of trucks, which may affect traffic and transit operations during the construction period. The disturbances would be temporary in nature and duration.

Staging for construction materials and trucks would occur at a to-be-determined location in Mission Bay. Inbound trucks would use King Street, The Embarcadero, Broadway, Columbus Avenue, Vallejo Street, Powell Street and Jackson Street and park in the temporary truck loading zone on Jackson Street in front of the 1924 MAB. Outbound trucks would use Stockton Street, Broadway, The Embarcadero, and King Street to return to Mission Bay. Temporary closures of the portion of the Jackson Street sidewalk in front of the 1924 MAB and the temporary removal of the parking lane on the north side of Jackson Street to provide an eastbound travel lane would be needed during the demolition, excavation, and construction periods (approximately 22 months). A temporary covered pedestrian walkway would be provided in the existing eastbound travel lane in front of the 1924 MAB, and the eastbound travel lane would be relocated to the north side of Jackson Street, where the parking lane would be removed. Construction vehicles would use the space between the sidewalk curb and the temporary walkway for loading. Overall, there would be a temporary loss of one metered parking space on the south side of Jackson Street and five metered parking spaces on the north side of Jackson Street. During the exterior and interior finish phases of the construction period, the sidewalk in front of the Replacement Hospital building, parking spaces, and travel lanes would be restored. The adjacent curb space along Jackson Street would be maintained for construction truck loading and unloading. The temporary closure of any sidewalk or parking lane would require review and approval by the Department of Public Works (DPW) and the City's Transportation Advisory Staff Committee (TASC). Improvement Measure I-TR-5.1a, described above, to limit truck movements to off-peak periods would help reduce less-than-significant impacts of temporary lane closures.

During construction, the 60-foot-long white loading zone in front of the 1924 MAB would be removed and the approximately 58-foot-long white zone in front of the 1979 Chinese Hospital

building would remain to accommodate ambulances, hospital deliveries, and passenger drop-offs. As a result, occasionally there may be insufficient curb space to accommodate the highest peak demand for the still-operating Chinese Hospital; however, it would meet the average loading demand. As described under Impact C-TR-2 under the Cumulative Impacts subhead on pp. IV.D.64-IV.D.66, Mitigation Measure C-M-TR-2 (develop and implement a Construction Transportation Management Plan) has been identified to minimize the potential for cumulatively considerable construction-related impacts by active management of the remaining loading space.

The number of construction-worker vehicle and transit trips would be substantially fewer than those that would be generated by the proposed project. Construction of the proposed project would not directly affect any transit stops or transit operations. Therefore, potential impacts on traffic or transit conditions would be less than the impacts from the proposed project and would not substantially affect existing transportation conditions as both the local traffic and transit network generally have available capacity. The temporary parking demand generated by construction workers could be accommodated in public parking garages within a 0.3-mile radius of the main project site and would not substantially affect area-wide parking conditions.

Additionally, during the construction period some employees working at the 1924 MAB would be temporarily relocated to other buildings in Chinatown: an office building at 445 Grant Avenue, owned by CHA, and other available commercial spaces in Chinatown. Radiology services would be permanently relocated to the existing commercial building at 827 Pacific Avenue, as described in "Relocation of 1924 MAB Uses During and After Construction" in Chapter II, Project Description, pp. II.39-II.40.

Since the commercial buildings for transitional use are likely to be located within Chinatown and would likely be within five blocks of the main project site, the temporarily relocated employees would not substantially affect transit, parking, or other transportation conditions in the area during construction.

In conclusion, impacts on the traffic-carrying capacities of roadways near the main project site from intermittent construction truck trips and the number of construction worker vehicle and transit trips, which may affect traffic and transit operations during the construction period, would not be significant due to their temporary and limited duration and the phasing of the project.

Off-Street Parking Variant

Under the Off-Street Parking Variant some of the parking demand would be accommodated at the Powell Street Parking Garage at 1140 Powell Street. The renovation of the Powell Street Parking Garage would be confined to interior changes at the basement level, the removal of the auto repair shop at the ground level, and the subsequent conversion of that space to parking. Thus,

these renovations would not affect Muni operations on Powell Street. The Powell Street Parking Garage renovations would occur concurrently with the construction of the Replacement Hospital and/or renovation of the 1979 Chinese Hospital building. The proposed Off-Street Parking Variant would not extend the duration of construction and would not alter the existing garage access from Powell Street. Thus, construction-related impacts under the Off-Street Parking Variant would be less than significant.

Parking Discussion

San Francisco does not consider parking supply as part of the permanent physical environment and therefore, does not consider a change in parking conditions to be an environmental impact as defined by CEQA. Parking conditions are not static but rather are constantly changing, as parking supply and demand varies from day to day, from day to night, from month to month, etc. Hence, the availability of parking spaces (or lack thereof) is not a permanent physical condition, but changes over time as people change their modes and patterns of travel. The San Francisco Planning Department acknowledges, however, that parking conditions may be of interest to the public and the decision-makers. Therefore, parking is analyzed here for information purposes.

Parking deficits are considered to be social effects, rather than impacts on the physical environment as defined by CEQA. Under CEQA, a project's social impacts need not be treated as significant impacts on the environment. Environmental documents should, however, address the secondary physical impacts that could be triggered by a social impact (CEQA Guidelines §15131(a)). The social inconvenience of parking deficits, such as having to hunt for scarce parking spaces, is not an environmental impact, but there may be secondary physical environmental impacts, such as increased traffic congestion at intersections, air quality impacts, safety impacts, or noise impacts. In the experience of San Francisco transportation planners, however, the absence of a ready supply of parking spaces, combined with available alternatives to auto travel (e.g., transit service, taxis, bicycles, or travel by foot) and a relatively dense pattern of urban development, induces many drivers to seek and find alternative parking facilities, shift to other modes of travel, or change their overall travel habits. Any such resulting mode shifts away from the automobile to transit service in particular would be in keeping with the City's "Transit First" Policy. The City's Transit First Policy, established in the City's Charter Section 8A.115, provides that "parking policies for areas well served by public transit shall be designed to encourage travel by public transportation and alternative transportation." The main project site is located within walking distance of 12 Muni routes, providing an alternative to automobile use for those who do not live close enough to walk to the main project site.

The transportation analysis accounts for potential secondary effects, such as cars circling and looking for a parking space in areas of limited parking supply, by assuming that all drivers would

attempt to find parking at or near the main project site and then seek parking farther away if convenient parking is unavailable. Moreover, the secondary effects of drivers searching for parking is typically offset by a reduction in vehicle trips due to others who are aware of constrained parking conditions in a given area.

Existing Conditions

As discussed under Setting, on-street and off-street parking in Chinatown is typically heavily occupied. In the vicinity of the main project site there are 52 on-street parking spaces along Jackson and Powell Streets. Currently, occupancy of these spaces is approximately 80 percent, and during the weekday shift change period, on-street parking occupancy was at 90 percent of capacity on both sides of Jackson Street and at 87 percent of capacity on both sides of Powell Street. There are 1,962 off-street parking spaces in public parking facilities,[26] including the existing Chinese Hospital Parking Garage, in the vicinity of the main project site. During the midday peak parking period, off-street parking occupancy is about 85 percent. The Portsmouth Square, Churchill Alley, and St. Mary's Square parking garages operate at about 92 percent, 93 percent, and 91 percent occupancy, respectively, during the midday weekday peak. Other garages in the study area operate at or below 82 percent occupancy.

Proposed Project

Pursuant to Planning Code Section 161(c) no off-street parking is required for any use other than dwelling units in the Chinatown Residential Neighborhood Commercial District. Thus, based on the recognition of the compact and congested nature of the Downtown area and portions of Chinatown, and the accessibility of this area by public transit, the proposed project would not need to provide parking. The proposed project would demolish the Chinese Hospital Parking Garage.

The parking demand analysis conducted as part of the TIS concluded that the proposed project would generate an estimated additional demand for 56-65 parking spaces (49-58 long-term and 7 short-term). Existing demand is approximately 64 parking spaces during the midday peak period. Therefore, total demand for the weekday midday period would be between 120 and 129 parking spaces. The proposed project would not provide any parking and, therefore, would have a parking deficit of up to 129 parking spaces. On-street parking in the vicinity of the main project site ranges from 80 to 100 percent occupied during the shift change periods (3:00 P.M. to 4:00 P.M.). However, there are publicly accessible off-street parking facilities near the main project

[26] Chinese Hospital Parking Garage, the Royal Pacific Inn, Chinatown Parking Garage, Tam's Parking, Portsmouth Square Garage, Powell Street Parking Garage, St. Mary's Square Garage, Vallejo Garage, and Churchill Alley.

site with an occupancy rate at or below 82 percent, which indicates that they would have the capacity to accommodate the proposed project's parking demand. As a result, it is likely that physicians, employees, patients, and visitors would be able to find parking at facilities in the vicinity of the main project site or more employees could shift to other travel modes as a result of the parking deficit.

The transportation analysis accounts for potential secondary effects, such as cars queuing at off-street parking facility entrances and cars circling for a parking space, by assuming that all drivers would attempt to find parking at or near the main project site and then seek parking farther away if convenient parking is unavailable. Moreover, the secondary effects of drivers searching for parking is typically offset by a reduction in vehicle trips due to others who are aware of constrained parking conditions in a given area. The frequency and extent of the parking deficit would vary, depending on the time and day. Hence, any secondary environmental impacts which may result from a shortfall in parking in the vicinity of the main project site would be minor, and the traffic assignments used in the transportation analysis, as well as in the associated air quality analysis, reasonably address potential secondary effects.

Off-Street Parking Variant

Under the Off-Street Parking Variant, Chinese Hospital would lease the Powell Street Parking Garage at 1140 Powell Street on a long-term basis or purchase the property. Under the variant and upon completion of renovations, the Powell Street Parking Garage would have 56 off-street parking spaces (space for 86 vehicles with valet parking). There would be no change to the 88-foot-long driveway along Powell Street used to access the garage. The basement level would be renovated to accommodate engineering shop and storage space. Parking would be provided at the first and second levels with 50 spaces reserved for Chinese Hospital employees. Thus, there would be approximately 36 spaces available for patients and visitors. Based on the proposed number of striped parking spaces Planning Code Section 166(d)(1) requires that the project sponsor provide one car-share parking space in the Powell Street Parking Garage. In addition, Planning Code Section 155(i) requires that two parking spaces be reserved as handicap-accessible spaces.

Under the Off-Street Parking Variant the existing parking demand (52 monthly-permitted spaces) at the Powell Street Parking Garage would be displaced. As discussed above, the proposed project would generate an estimated additional demand for 56-65 parking spaces (49-58 long-term and 7 short-term) upon demolition of the Chinese Hospital Parking Garage, and total demand for the weekday midday period would be between 120 and 129 parking spaces. Thus, the Off-Street Parking Variant would have a parking deficit of up to 43 parking spaces. There would be no difference between the Off-Street Parking Variant and the proposed project in terms of the

availability or occupancy rate of on-street parking in the project vicinity and the number of parking spaces or occupancy rate at publicly accessible off-street parking facilities near the main project site. As with the proposed project, the public parking facilities exhibit an occupancy rate at or below 82 percent, which indicates that they would have the capacity to accommodate the excess parking demand generated by the Off-Street Parking Variant.

In order to ensure that patients and visitors would be accommodated at the Powell Street Parking Garage, Improvement Measure I-TR-Parking 1 has been identified. Although traffic entering the garage is not anticipated to queue out to the street, since valet operations would be internal, Improvement Measure I-TR-Parking 2 has been identified to ensure that vehicle queues that extend into the public right-of-way, including adjacent sidewalks, do not occur on a regular basis. In addition, the development and implementation of a TDM Program has been identified as an improvement measure to further reduce employee parking demand (see Improvement Measure I-TR-1a on pp. IV.D.38-IV.D.39).

While there are no parking impacts associated with the Off-Street Parking Variant, the following improvement measures have been identified to ensure that a sufficient number of parking spaces would be available for patient and visitor parking rather than reserved exclusively for physicians and staff and that vehicle queues do not negatively affect the public right-of-way. City decision-makers may decide to include the identified improvement measures as conditions of project approval; however, these improvement measures are not required under CEQA.

Improvement Measure I-TR-Parking 1

Under the Off-Street Parking Variant, the project sponsor has agreed to develop a parking management program that reserves a maximum of 50 parking spaces for physicians and employees to ensure that a sufficient number of parking spaces are available for patient and visitor parking.

Improvement Measure I-TR-Parking 2

Under the Off-Street Parking Variant, the project sponsor has agreed that the operator of the Powell Street Parking Garage will monitor conditions to ensure that vehicle queues do not occur on a regular basis in the public right-of-way, including adjacent sidewalks.

The project sponsor has agreed to install an electronic FULL sign at its entrance above the sidewalk that is clearly visible to drivers.

The project sponsor has agreed to close the Powell Street Parking Garage for a period of time when it is full until a sufficient number of vacant spaces become available. Additionally, other measures to address any queuing that is found to occur could be an increase in the travel demand management strategies; and/or parking demand management strategies such as parking time limits, parking pricing or validated parking.

The implementation of these improvement measures, including the potential change to garage access and egress, was found to not substantially alter the traffic patterns or intersection operating conditions analyzed under Existing Plus Project Variant or 2030 Cumulative conditions.

Cumulative Impacts

Impact C-TR-1: The proposed project, in combination with past, present, and reasonably foreseeable future projects, would not contribute considerably to future cumulative traffic or transit increases that would cause levels of service to deteriorate to unacceptable levels. (*Less than Significant*) (Criteria D.1 through D.7)

Traffic conditions were assessed for cumulative conditions in 2030, which account for cumulative growth in traffic that could occur from other development in the area and throughout the City and region. With direction from the San Francisco Planning Department, future cumulative traffic volumes were developed using the San Francisco County Transportation Authority (SFCTA) countywide travel demand forecasting model. The growth rate of each study intersection was based on the compound annual growth rate of each street: for example, a 0.1 percent annual growth rate for both northbound and southbound traffic on Powell Street, and a 0.4 percent annual growth rate for northbound traffic and a 0.1 percent annual growth rate for southbound traffic on Stockton Street. The cumulative impact analysis for this study conservatively adds net-new proposed project traffic and traffic generated by the planned Radiology Center at 827 Pacific Avenue that is not part of the proposed project (18 daily vehicle trips) on top of 2030 future traffic conditions.

In addition, the San Francisco Municipal Transportation Agency (SFMTA) has begun the Central Subway project, which will provide Muni light rail transit service into Chinatown. The Chinatown Muni Station would be underground at the corner of Stockton and Washington Streets (933-949 Stockton Street). Construction for this location is anticipated to begin at the end of 2012 and is expected to be completed and begin operation in 2018. It is anticipated that the Central Subway would carry 76,000 riders per weekday in the year 2030.

Traffic Impacts

Proposed Project

As with the Existing Plus Project scenario, the Chinese Hospital Parking Garage would be demolished and vehicle trips would be redistributed to nearby parking facilities since the proposed project would not include any dedicated off-street parking on or near the main project site. Under the Cumulative (2030) scenario, including the net increase in vehicular traffic from the proposed project, all study intersections would continue to operate at acceptable service levels

of LOS D or better during the weekday P.M. peak hour (see Table IV.D.13: Intersection Levels of Service, Weekday P.M. Peak Hour – Cumulative (2030) Conditions).

Table IV.D.13: Intersection Levels of Service, Weekday P.M. Peak Hour – Cumulative (2030) Conditions

Intersection	Cumulative (2030)		Cumulative Plus Project (2030)	
	LOS	Delay[a]	LOS	Delay[a]
1. Jackson Street/Powell Street	A	7.0	A	7.2
2. Washington Street/Powell Street[b]	A/B	9.8/10.5 (SB)	B/B	10.1/10.9 (SB)
3. Pacific Avenue/Stockton Street	D	42.3	D	44.1
4. Jackson Street/Stockton Street	D	35.7	D	37.8
5. Washington Street/Stockton Street	C	29.6	C	30.3

Notes:
[a] Delay in seconds per vehicle.
[b] Non-signalized intersection with an all-way stop.
Source: CHS Consulting, TIS, August 2011.

The nearby available parking facilities identified in the transportation study area would experience project-related growth in traffic volumes, but it is anticipated that future 2030 cumulative traffic operations along Vallejo Street, Kearny Street, Pine Street, and Pacific Avenue would not be substantially affected by the project-specific vehicle trips. Therefore, the project-related vehicle trips from these garages would not substantially affect the weekday P.M. peak period traffic operation on adjacent streets. Based on field observations, there were no vehicle delays at the intersections of Powell Street/Vallejo Street and Stockton Street/Vallejo Street under existing conditions. Therefore, it is not anticipated that project-related vehicle trips would lead to deterioration in the LOS at the intersections closest to the public parking garages under existing or future cumulative conditions. The proposed project would not substantially affect operations at the Kearny Street/Washington Street intersection, or alter the operations of other intersections near parking garages in the study area. Therefore, the proposed project would not contribute to cumulative impacts near these garages.

In conclusion, no significant traffic impacts would result from cumulative growth. Additionally, the proposed project would not contribute in a considerable manner to significant cumulative traffic effects even if cumulative impacts were to arise. Since the proposed project would have a less-than-significant cumulative impact on vehicular traffic in the study area, no traffic mitigation measures would be required.

Off-Street Parking Variant

As under the Existing Plus Project Variant scenario, the Chinese Hospital Parking Garage would be demolished, the Powell Street Parking Garage at 1140 Powell Street would be leased on a

long-term basis or purchased, and vehicle trips would be redistributed to the Powell Street Parking Garage and other nearby parking facilities. The Cumulative Scenario (2030) for the proposed project assumed that traffic patterns would be altered with the removal of the Chinese Hospital Parking Garage. The Cumulative Scenario (2030) for the Off-Street Parking Variant, however, assumes that the existing traffic patterns with some hospital parking provided would continue into 2030. Thus, the two 2030 Cumulative Conditions are slightly different. Under the Variant Cumulative (2030) scenario, all study intersections would continue to operate at acceptable service levels of LOS D or better during the weekday P.M. peak hour, except the intersection Jackson Street/Stockton Street. The intersection of Jackson Street/Stockton Street would operate at LOS E both in the Variant 2030 cumulative and with the Off-Street Parking Variant (see Table IV.D.14: Intersection Levels of Service for Off-Street Parking Variant, Weekday P.M. Peak Hour – Cumulative (2030) Conditions).

Table IV.D.14: Intersection Levels of Service for Off-Street Parking Variant, Weekday P.M. Peak Hour – Cumulative (2030) Conditions

Intersection	Variant Cumulative (2030)		Cumulative Plus Variant (2030)	
	LOS	Delay[a]	LOS	Delay[a]
1. Jackson Street/Powell Street	A	7.4	A	7.6
2. Washington Street/Powell Street[b]	B/B	10.0/10.7 (SB)	B/B	10.1/10.9 (SB)
3. Pacific Avenue/Stockton Street	D	42.0	D	42.6
4. Jackson Street/Stockton Street	**E**	**72.9**	**E**	**76.8**
5. Washington Street/Stockton Street	C	29.9	C	30.5

Notes:
[a] Delay in seconds per vehicle.
[b] Non-signalized intersection with an all-way stop.
Source: CHS Consulting, *TIS*, August 2011.

As a result, the potential impact at the Jackson Street/Stockton Street intersection was further evaluated. The Off-Street Parking Variant would contribute 12 vehicle trips to this intersection during the weekday P.M. peak hour. The critical movements at this intersection are the southbound through and the eastbound through movements. The Off-Street Parking Variant would add eight vehicle trips to the southbound through critical movement, which would operate at LOS D, and one vehicle trip to the eastbound through critical movement, which would operate at LOS F. The evaluation shows that the Off-Street Parking Variant's contribution to vehicle traffic growth at the failing eastbound through movement would be less than 5 percent (1 percent would be attributable to the Off-Street Parking Variant). Thus, the Off-Street Parking Variant would not contribute considerably to the cumulative weekday P.M. peak hour traffic operations at the Jackson Street/Stockton Street intersection.

As discussed above under traffic impacts for the Existing Plus Project Variant scenario on p. IV.D.40, there would be approximately eight net new vehicle trips from the Powell Street

Parking Garage, approximately 29 net new vehicle trips from the Vallejo Garage, and approximately 16 net new vehicle trips from the Portsmouth Square Garage, all fewer than under the proposed project under Cumulative (2030) Conditions. The Off-Street Parking Variant would add 10 percent or less to traffic volumes estimated for Cumulative (2030) Conditions on these streets. Thus, as with the proposed project, the Off-Street Parking Variant's vehicle trips in and out of the public parking garages in the study area would not substantially affect weekday P.M. peak period traffic operation on adjacent streets.

Since the future volumes along Vallejo Street would be relatively low under the Cumulative (2030) Conditions, the Off-Street Parking Variant's vehicles in and out of Vallejo Garage would not noticeably affect traffic operations along Vallejo Street. There would be fewer vehicle trips in and out of the Portsmouth Square Garage with the Off-Street Parking Variant than under the proposed project. Therefore, as with the proposed project, the Off-Street Parking Variant would not substantially alter the operations of intersections or streets near these parking garages.

In conclusion, while a significant cumulative traffic impact would result from cumulative growth, the Off-Street Parking Variant would not contribute in a considerable way to significant cumulative traffic effects. Since the Off-Street Parking Variant would have a less-than-significant impact on cumulative traffic in the study area, no traffic mitigation measures would be required.

Transit Impacts

Proposed Project

As discussed under the project-specific impacts, the proposed project would generate about 80 net new P.M. peak hour transit trips (15 inbound and 65 outbound) with approximately 61 transit trips within San Francisco and 19 trips to the East Bay or South Bay. Although ridership across the different Muni screenlines is projected to increase by 2030, the Muni screenlines would remain below the 85 percent utilization threshold. Certain screenline corridors, however, would exceed the 85 percent utilization threshold under cumulative 2030 conditions without the proposed project (e.g., the "California" corridor of the northwest screenline and the "Third" and "Other" corridors of the southeast screenline). The proposed project's transit trips (five on the "California" corridor and nine on the "Third" corridor), however, would not be considered substantial contributions to these corridors. Under the Cumulative (2030) scenario, the 47 project-related transit trips added to Muni routes that serve the project site would not therefore result in an exceedance of the utilization threshold at any screenline or corridor.

The Central Subway (the second phase of SFMTA's Third Street Light Rail Project) is under construction and is estimated to begin operation in 2018. Under the second phase of this project,

the Chinatown Station would be constructed at the southwest corner of the Stockton Street/Washington Street intersection. The existing building at 933-949 Stockton Street would be demolished and replaced with an above-ground one-story station entrance. Some of the existing and future Muni bus riders would potentially shift from the 8X, 8AX, 8BX Muni routes to the Central Subway upon its completion. According to the Central Subway Final SEIS/SEIR, the expected station ridership at the Chinatown Station would be 3,700 passengers during the 3-hour weekday P.M. peak period.[27] The Chinatown Station would be the end point, so although a busy stop, there would likely be enough capacity to accommodate the 47 transit trips generated by the proposed project, if all these trips were to utilize the Chinatown Station.

Ridership across the different regional screenlines is also projected to increase. Under cumulative conditions the capacity utilization for BART (East Bay Screenline) would exceed its maximum load factor of 135 percent (it would be at 150 percent capacity utilization in 2030, or 1.5 riders per every available seat). Capacity utilization for Golden Gate Transit (North Bay Screenline) would also exceed its maximum load factor of 100 percent. However, under Cumulative (2030) Conditions, the project-related increase in transit ridership (19 weekday P.M. peak hour transit trips spread among the different regional transit providers) is not expected to be substantial enough to affect the operations of these regional transit providers. Where the maximum load factors of regional transit providers are exceeded, project-related transit trips (4 to BART at the East Bay Screenline and none to Golden Gate Transit at the North Bay Screenline) would not be considered substantial contributions to these corridors.

Therefore, the Muni and regional transit providers have the capacity to accommodate the additional 47 weekday P.M. peak hour transit trips within San Francisco and the 19 weekday P.M. peak hour transit trips in the greater Bay Area in 2030. Thus, project-related contribution to cumulative transit impacts on the capacity and operations of Muni bus routes that serve the project area as well as the regional transit providers would be less than significant.

Off-Street Parking Variant

The number of local and regional transit trips and the capacity utilization analyses related to the Off-Street Parking Variant would be the same as those discussed above under the proposed project's cumulative analysis. Similar to the proposed project, the Off-Street Parking Variant would not represent a substantial contribution to the cumulative effects on transit operations, and

[27] U.S. Department of Transportation Federal Transit Administration and San Francisco Planning Department, *Central Subway Project Final SEIS/SEIR*, September 2008 (hereinafter "*Central Subway Project Final SEIS/SEIR")*, Volume I. Table E-11, Appendix E, p. E-13. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 96.281E.

therefore, would have a less-than-significant cumulative impact on local and regional transit operations.

Construction Impacts

Impact C-TR-2: Construction-related transportation impacts of the proposed project would be temporary and limited in duration; however, in combination with past, present, and reasonably foreseeable future projects, these impacts would be considered significant due to the potential for overlapping construction projects in the vicinity of the project site and its location in a high traffic area. (*Less than Significant with Mitigation*) (Criterion D.8)

Proposed Project

Construction-related impacts of projects are generally not considered significant due to their temporary and limited duration. In circumstances involving large development plans where construction would occur over long periods of time, and perhaps overlap with other large development plan construction, or be located in high traffic areas, construction-related impacts may be considered significant. As described under Impact TR-7 on p. IV.D.52, the most intensive construction activities on the main project site would extend over three years (between 2012 and 2015).

The proposed project would be constructed in a relatively high traffic area of the City and likely at the same time as the Central Subway construction project along Stockton Street, where the nearest new subway stop would be below Jackson Street and Stockton Street, and a proposed mixed-use development project at 740 Washington Street. The construction of the Central Subway Project and Chinatown Station would likely include removal of parking along the western part of Stockton Street to accommodate truck loading; however, travel lane closures during this phase on Stockton Street are not expected.[28] Potential traffic and transit detours while construction work at 740 Washington proceeds would likely require temporary lane closures for construction truck loading and unloading. Furthermore, the proposed project and the two other nearby development projects are all located within Chinatown, a high traffic area. Therefore, potential for the construction of nearby projects to overlap with the construction work for the proposed project would be considered significant.

Due to the overlapping nature of the mixed use development project at 740 Washington Street and the Chinatown components of the Central Subway project (along Stockton Street between Clay and Jackson Streets) Mitigation Measure C-M-TR-2 is identified to reduce potential

[28] *Central Subway Project Final SEIS/SEIR,* Volume I, p. 6-33.

construction impacts related to the proposed project by coordinating construction traffic and keeping neighbors informed.

Mitigation Measure C-M-TR-2

The project sponsor and/or contractor shall develop and implement a Construction Transportation Management Plan ("TMP") in order to anticipate and minimize potential impacts of various construction activities associated with the proposed project. The Construction TMP shall disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation in the project area is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity.

The Construction TMP shall supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by SFMTA, Department of Public Works, or other City departments and agencies.

Specifically, the Construction TMP should:

- Identify construction traffic management and a cohesive program of operational and demand management strategies designed to maintain acceptable levels of travel flow during periods of construction activities. These include, but are not limited to, construction strategies, demand management activities, alternative route strategies, and public information strategies consistent with best practices in San Francisco, as well as other cities or agencies that, although not being implemented in the City, could provide valuable management practices for the project. Management practices include, but are not limited to:
  - Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands;
  - Consider alternative routes and vehicle types for construction vehicles, and work further with DPW to identify the best traffic detours during each construction phase;
  - Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways;
  - Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility; and
  - Identifying best practices for managing traffic flows on surrounding streets.
- Develop a public information plan to provide adjacent residents and businesses with regularly-updated information regarding project construction, including construction activities, durations, peak construction vehicle activities (e.g., concrete pours), travel lane closures, and other lane closures.
- Hire a transportation manager to actively manage the construction vehicle, truck loading, passenger loading and emergency vehicle access to the project site through at least the most intense phases of construction.

The Construction TMP shall be submitted to SFMTA, SFDPW, TASC, and the Planning Department for review and approval.

Implementation of this mitigation measure would reduce the proposed project's contribution to potential cumulatively considerable construction-related traffic impacts in the area to a less-than-significant level and would reduce any contributions to any potential cumulatively considerable significant secondary environmental impacts.

Off-Street Parking Variant

The renovation of the Powell Street Parking Garage would be confined to interior changes at the basement level, and removal of the auto repair shop at the ground level and subsequent conversion of that space to parking. This would occur concurrently with the construction of the Replacement Hospital and/or renovation of the 1979 Chinese Hospital building. The proposed Off-Street Parking Variant would not extend the duration of construction and would not alter the existing garage access from Powell Street. Thus, the contribution to potentially cumulatively considerable construction-related impacts under the Off-Street Parking Variant would be less than significant with implementation of Mitigation Measure C-M-TR-2, similar to the proposed project.

E. AIR QUALITY

This section discusses the existing air quality conditions in the area and the regulatory framework for air quality management and analyzes the potential for the proposed project to affect existing regional and local air quality conditions. It also analyzes the types and quantities of emissions that would be generated on a temporary basis due to proposed construction and over the long term due to proposed operation. The section presents determinations as to whether those emissions are significant in relation to applicable air quality standards, and mitigation measures are identified that address significant impacts.

The Powell Street Parking Garage (considered in the Off-Street Parking Variant) would involve interior renovations. These renovations would consist of the construction of interior partitions at the basement level for engineering shop and hospital storage, the removal and abatement of the automotive repair use at the ground level, and the restriping of the ground and first levels to accommodate vehicular and bicycle parking. These renovation activities would not include the use of heavy diesel equipment;[1] thus the air quality impacts would not be substantial, and do not require analysis in the impact evaluation.

SETTING

CRITERIA AIR POLLUTANTS

As required by the 1970 federal Clean Air Act, the United States Environmental Protection Agency (USEPA) has identified six air pollutants that are pervasive in urban environments and for which state and federal health-based ambient air quality standards have been established. USEPA calls these pollutants "criteria air pollutants" because the agency has regulated them by developing specific public health- and welfare-based criteria as the basis for setting permissible levels. The federal government and the State of California focus on the following six criteria air pollutants as indicators of ambient air quality: ozone, carbon monoxide (CO), nitrogen dioxide ($NO_{2)}$, sulfur dioxide (SO_2), particulate matter (PM_{10} and $PM_{2.5}$) and lead.

The Bay Area Air Quality Management District's (BAAQMD) air quality monitoring network provides information on ambient concentrations of criteria air pollutants at several monitoring stations within the San Francisco Bay Area Air Basin (SFBAAB). The BAAQMD's air quality monitoring station at 16th and Arkansas Streets (10 Arkansas Street), in San Francisco's lower Potrero Hill area, measures ozone, CO, NO_2, SO_2, PM_{10}, and $PM_{2.5}$. This location is

[1] Chinese Hospital Association, Powell Street Parking Garage Renovations Memorandum, March 27, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

approximately 2 miles south of the main project site.[2] Table IV.E.1: Summary of San Francisco Air Quality Monitoring Data (2006-2010) compares measured pollutant concentrations with the most stringent applicable ambient air quality standards (state or federal). A bold font for the numerical values identified in Table IV.E.1 indicates air pollution concentrations that exceed an applicable air quality standard.

Ozone

Ozone is a secondary air pollutant produced in the atmosphere through a complex series of photochemical reactions involving reactive organic gases (ROG) and nitrogen oxides (NOx). The main sources of ROG and NOx, often referred to as "ozone precursors", are combustion processes (including motor vehicle engines) and the evaporation of solvents, paints, and fuels. In the Bay Area, automobiles are the single largest source of ozone precursors. Ozone is referred to as a regional air pollutant because its precursors are transported and diffused by wind concurrently with ozone production through the photochemical reaction process. Ozone causes eye irritation, airway constriction, and shortness of breath and can aggravate existing respiratory diseases such as asthma, bronchitis, and emphysema. Table IV.E.1 shows that, according to published data, the most stringent applicable standards (state 1-hour standard of 9 parts per hundred million (pphm) and the state 8-hour standard of 7 pphm) were not exceeded in San Francisco between 2006 and 2010.

Carbon Monoxide

CO is an odorless, colorless gas usually formed as the result of the incomplete combustion of fuels. The single largest source of CO is motor vehicles; the highest emissions occur during low travel speeds, stop-and-go driving, cold starts, and hard acceleration. Exposure to high concentrations of CO reduces the oxygen-carrying capacity of the blood and can cause headaches, nausea, dizziness, and fatigue, impair central nervous system function, and induce angina (chest pain) in persons with serious heart disease. Very high levels of CO can be fatal. As shown in Table IV.E.1, no exceedances of the state CO standards were recorded between 2006 and 2010. Measurements of CO indicate maximum 8-hour CO levels are approximately 30 percent of the allowable 8-hour standard.

[2] Data from this single location do not describe pollutant levels throughout San Francisco, as levels may vary depending on distance from key emissions sources and local meteorology. However, the BAAQMD monitoring network does provide a reliable picture of pollutant levels over time.

Table IV.E.1: Summary of San Francisco Air Quality Monitoring Data (2006–2010)

Pollutant	Most Stringent Applicable Standard	Number of Days Standards Were Exceeded and Maximum Concentrations Measured				
		2006	2007	2008	2009	2010
Ozone						
- Days 1-hour Std. Exceeded		0	0	0	0	0
- Max. 1-hour Conc. (pphm)	>9 pphm [a]	5.3	6.0	8.2	7.2	7.9
- Days 8-hour Std. Exceeded		0	0	0	0	0
- Max. 8-hour Conc. (pphm)	>7 pphm [a]	4.6	4.9	6.6	5.6	5.1
Carbon Monoxide (CO)						
- Days 1-hour Std. Exceeded		0	0	0	0	0
- Max. 1-hour Conc. (ppm)	>20 ppm [a]	2.7	2.5	5.7	4.3	1.8
- Days 8-hour Std. Exceeded		0	0	0	0	0
- Max. 8-hour Conc. (ppm)	>9 ppm [a]	2.1	1.6	2.3	2.9	1.4
Suspended Particulates (PM_{10})						
- Days 24-hour Std. Exceeded[c]		3	2	0	0	0
- Max. 24-hour Conc. ($\mu g/m^3$)	>50 $\mu g/m^3$ [a]	**61**	**70**	41	36	40
- Annual Average ($\mu g/m^3$)	>20 $\mu g/m^3$ [a]	**22.9**	**21.9**	**22.0**	18.7	19.9
Suspended Particulates ($PM_{2.5}$)						
- Days 24-hour Std. Exceeded		3	5	0	1	3
- Max. 24-hour Conc. ($\mu g/m^3$) [d]	>35 $\mu g/m^3$	**54.3**	**45.2**	29.4	**35.6**	**45.3**
- Annual Average ($\mu g/m^3$)	>12 $\mu g/m^3$ [a]	9.7	8.7	9.8	9.7	10.5
Nitrogen Dioxide (NO_2)						
- Days 1-hour Std. Exceeded		0	0	0	0	0
- Max. 1-hour Conc. (ppb)[b]	>100 ppb [b, e]	107[f]	69	62	59	92.9
- Annual Average ($\mu g/m^3$)	>30 ppb [a]	16	16	16	15.1	13
Sulfur Dioxide (SO_2)						
- Days 24-hour Std. Exceeded		0	0	0	N/A	N/A
- Max. 24-hour Conc. (ppb)	>40 ppb [a]	6	6	5	N/A	N/A

Notes: **Bold** values are in excess of applicable standard. "N/A" indicates that data is not available. An exceedance is not necessarily a violation of the standard and only persistent exceedances lead to designation of a planning area as nonattainment.

conc. = concentration; ppm = parts per million; pphm = parts per hundred million; ppb=parts per billion; $\mu g/m^3$ = micrograms per cubic meter; > means greater than

[a] State standard, not to be exceeded.

[b] Federal standard, not to be exceeded.

[c] Based on a sampling schedule of one out of every six days, for a total of approximately 60 samples per year.

[d] Federal standard was reduced from 65 $\mu g/m^3$ to 35 $\mu g/m^3$ in 2006.

[e] In 2010, the USEPA introduced a new national 1-hour NO_2 standard of 100 ppb.

[f] State one-hour standard in 2006 (250 ppb) was not exceeded.

Source: BAAQMD, *Bay Area Air Pollution Summary, 2006-2010.* Website accessed on March 23, 2012 at: http://www.baaqmd.gov/Divisions/Communications-and-Outreach/Air-Quality-in-the-Bay-Area/Air-Quality-Summaries.aspx.

Particulate Matter

Particulate matter is a class of air pollutants that consists of heterogeneous solid and liquid airborne particles from manmade and natural sources. Particulate matter is measured in two size ranges: PM_{10} for particles less than 10 microns in diameter, and $PM_{2.5}$ for particles less than 2.5 microns in diameter. In the Bay Area, motor vehicles generate about one-half of the SFBAAB's particulate through tailpipe emissions as well as brake pad and tire wear. Wood burning in fireplaces and stoves, industrial facility operations, and ground-disturbing activities such as construction are other sources of such fine particulates. These fine particulates are small enough to be inhaled into the deepest parts of the human lung and can cause adverse health effects.

According to the California Air Resources Board (CARB), studies in the United States and elsewhere "have demonstrated a strong link between elevated particulate levels and premature deaths, hospital admissions, emergency room visits, and asthma attacks," and studies of children's health in California have demonstrated that particle pollution "may significantly reduce lung function growth in children." The CARB also reports that statewide attainment of particulate matter standards could prevent thousands of premature deaths, lower hospital admissions for cardiovascular and respiratory disease and asthma-related emergency room visits, and avoid hundreds of thousands of episodes of respiratory illness in California.[3]

Among the criteria pollutants that are regulated, particulates appear to represent a serious ongoing health hazard. As long ago as 1999, the BAAQMD was reporting, in its CEQA Guidelines, that studies had shown that elevated particulate levels contribute to the death of approximately 200 to 500 people per year in the Bay Area. High levels of particulates have also been known to exacerbate chronic respiratory ailments, such as bronchitis and asthma, and have been associated with increased emergency room visits and hospital admissions.

Table IV.E.1, on p. IV.E.3, shows that exceedances of the state PM_{10} standard have occurred in the SFBAAB. It is estimated that the state 24-hour PM_{10} standard was exceeded up to 30 days between 2006 and 2010.[4]

The BAAQMD began monitoring $PM_{2.5}$ concentrations in the SFBAAB in 2002. The federal 24-hour $PM_{2.5}$ standard was not exceeded until 2006, when the standard was lowered from

[3] CARB, "Recent Research Findings: Health Effects of Particulate Matter and Ozone Air Pollution," January 2004. Available online at: http://www.powerworks.com/Documents/ozone_air_pollutants.pdf. Accessed March 23, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

[4] PM_{10} is sampled every sixth day; therefore, actual days over the standard can be estimated to be six times the numbers listed in Table IV.E.1 on p. IV.E.3.

65 micrograms per cubic meter ($\mu g/m^3$) to 35 $\mu g/m^3$. The state annual average standard was not exceeded between 2006 and 2010.

$PM_{2.5}$ is of particular concern because epidemiologic studies have demonstrated that people who live near freeways and high-traffic roadways have poorer health outcomes, including increased asthma symptoms and respiratory infections and decreased pulmonary function and lung development in children. As a result, the City enacted Article 38 of the San Francisco Health Code, approved November 25, 2008, which requires that, for new residential projects of 10 or more units located in proximity to high-traffic roadways, as mapped by the San Francisco Department of Public Health (DPH), an Air Quality Assessment be prepared to determine whether residents would be exposed to unhealthful levels of $PM_{2.5}$. The assessment uses air quality dispersion modeling to determine if annual average concentrations of $PM_{2.5}$ from the roadway sources would exceed 0.2 $\mu g/m^3$ (annual average).[5] If this standard is exceeded, the project sponsor must redesign the project so as to reduce $PM_{2.5}$ exposure, which may include installation of a filtered air supply system, with high-efficiency filters (as applicable) designed to remove at least 80 percent of ambient $PM_{2.5}$ from habitable areas of residential units. The proposed Chinese Hospital Replacement Project is not a residential project and is not located within Health Code Article 38's Roadway Exposure Zone.

Nitrogen Dioxide

NO_2 is a reddish-brown, highly reactive gas that is a by-product of combustion processes. Automobiles and industrial operations are the main sources of NO_2. Aside from its contribution to ozone formation, NO_2 can increase the risk of acute and chronic respiratory disease and reduce visibility. NO_2 may be visible as a coloring component on high pollution days, especially in conjunction with high ozone levels. Table IV.E.1, on p. IV.E.3, shows that the current state standard for NO_2 is being met in the SFBAAB. In 2010, the USEPA implemented a new 1-hour NO_2 standard at the level of 100 parts per billion (ppb). Currently, CARB is recommending that the SFBAAB be designated as attainment for the new standard.

[5] According to San Francisco Department of Public Health, this threshold, or action level, of 0.2 micrograms per cubic meter represents about 8 - 10 percent of the range of ambient $PM_{2.5}$ concentrations in San Francisco based on monitoring data, and is based on epidemiological research that indicates that such a concentration can result in an approximately 0.28 percent increase in non-injury mortality, or an increased mortality at a rate of approximately 20 "excess deaths" per year per one million population in San Francisco. "Excess deaths" (also referred to as premature mortality) refer to deaths that occur sooner than otherwise expected, absent the specific condition under evaluation; in this case, exposure to $PM_{2.5}$. (San Francisco Department of Public Health, Occupational and Environmental Health Section, Program on Health, Equity, and Sustainability, "Assessment and Mitigation of Air Pollutant Health Effects from Intra-urban Roadways: Guidance for Land Use Planning and Environmental Review", May 6, 2008. Twenty excess deaths per million based on San Francisco's non-injury, non-homicide, non-suicide mortality rate of approximately 714 per 100,000. Although San Francisco's population is less than one million, the presentation of excess deaths is commonly given as a rate per million population.)

The USEPA has also established requirements for a new monitoring network to measure NO_2 concentrations near major roadways in urban areas with a population of 500,000 or more. Sixteen new near-roadway monitoring sites will be required in California, three of which will be in the Bay Area. These monitors are required to be deployed by January 2013. The new monitoring data may result in a need to change area designations in the future. The CARB will revise the area designation recommendations, as appropriate, once the new monitoring data become available.

Sulfur Dioxide

SO_2 is a colorless acidic gas with a strong odor. It is produced by combustion of sulfur-containing fuels such as coal, diesel, and oil. SO_2 has the potential to damage materials and can cause health effects at high concentrations. It can irritate lung tissue and increase the risk of acute and chronic respiratory disease. Table IV.E.1, on p. IV.E.3, shows that the state standard for SO_2 is being met in the SFBAAB, and pollutant trends suggest that the SFBAAB will continue to meet this standard for the foreseeable future.

In 2010, the USEPA implemented a new 1-hour SO_2 standard.[6] The USEPA anticipates initially designating areas based on 2008-2010 monitoring data, or refined dispersion modeling results if provided by the state by June 2012. Similar to the new federal standard for NO_2, the USEPA has established requirements for a new monitoring network to measure SO_2 concentrations to be operational by January 2013. The new monitoring data may result in a need to change area designations in the future.

Lead

Leaded gasoline (phased out in the United States at the beginning of 1973), paint (on older houses and on cars), smelters (metal refineries), and manufacture of lead storage batteries have been the primary sources of lead released into the atmosphere. Lead has a range of adverse neurotoxic health effects, which puts children at special risk. Some lead-containing chemicals cause cancer in animals. Lead levels in the air have decreased substantially since leaded gasoline was eliminated from use. Ambient lead concentrations are only monitored on an as-warranted, site-specific basis in California. On October 15, 2008, the USEPA strengthened the national ambient air quality standard for lead by lowering it from 1.5 μg/m3 to 0.15 μg/m3. The USEPA revised the monitoring requirements for lead in December 2010. These requirements focus on airports and large urban areas, resulting in an increase of 76 monitors nationally.

[6] The new 1-hour SO_2 standard is based on the 3-year average of the annual 99th percentile of 1-hour daily maximum concentrations and became effective on August 23, 2010. The USEPA also revoked both the existing 24-hour SO_2 standard of 0.14 ppm and the annual primary SO_2 standard of 0.030 ppm, effective August 23, 2010.

TOXIC AIR CONTAMINANTS

Toxic air contaminants (TACs) are defined as a group of air pollutants that may lead to serious illness or increased mortality, even when present in relatively low concentrations. Human health effects of TACs include birth defects, neurological damage, cancer, and mortality. There are hundreds of different types of TACs with varying degrees of toxicity. Individual TACs vary greatly in the health risk they present; at a given level of exposure, one TAC may pose a hazard that is many times greater than another TAC.

TACs do not have ambient air quality standards; however, the BAAQMD regulates them using a risk-based approach which provides quantitative estimates of health risks. This approach uses a health risk assessment to determine which sources and pollutants to control and the degree of control. A health risk assessment identifies toxic substances, estimates human exposure to those toxic substances, and estimates health risks and hazards based on exposure and the toxic potency of the substances.[7]

In addition to monitoring criteria air pollutants, both the BAAQMD and the CARB operate TAC monitoring networks in the San Francisco Bay Area. These stations measure 10 to 15 TACs, depending on the specific station. The TACs selected for monitoring are those that have traditionally been found in the highest concentrations in ambient air, and therefore tend to produce the most significant risk. The BAAQMD operates an ambient TAC monitoring station at its Arkansas Street facility in San Francisco's lower Potrero Hill area. Table IV.E.2: Annual Average Ambient Concentrations of Carcinogenic Toxic Air Contaminants, on the following page, presents the annual average ambient concentrations of various carcinogenic TAC's measured at the Arkansas Street station and the estimated cancer risks from lifetime (70 years) exposure to these substances. When TAC measurements at this station are compared to ambient concentrations of various TACs for the Bay Area as a whole, the cancer risks associated with mean TAC concentrations in San Francisco are similar to those for the Bay Area as a whole. Therefore, the estimated average lifetime cancer risk resulting from exposure to TAC concentrations monitored at the San Francisco station does not appear to be any greater than for the region.

Significant sources of TACs in the environment include stationary sources, such as gasoline stations, dry cleaners, and buildings with boilers and/or emergency generators; and mobile sources, particularly diesel-powered vehicles, including trains, buses, and trucks on high-traffic

[7] In general, a health risk assessment is required if the BAAQMD concludes that projected emissions of a specific air toxic compound from a proposed new or modified source suggest a potential public health risk, then the applicant is subject to a health risk assessment for the source in question. Such an assessment generally evaluates chronic, long-term effects, calculating the increased risk of cancer because of exposure to one or more TACs.

Table IV.E.2: Annual Average Ambient Concentrations of Carcinogenic Toxic Air Contaminants[a]

Substance	Concentration (ppb)[b]	Cancer Risk per Million[c]
Gaseous TACs		
Acetaldehyde	0.69	3
Benzene	0.23	21
1,3-Butadiene	0.048	18
Para-Dichlorobenzene	0.15	10
Carbon Tetrachloride	0.086	23
Ethylene Dibromide	0.006	3
Formaldehyde	1.31	10
Perchloroethylene	0.022	0.9
Methlylene Chloride	0.14	0.5
Methyl Tertiary Butyl Ether (MTBE)	0.26	0.3
Chlorform	0.026	0.7
Trichloroethlene	0.01	0.1
Particulate TACs	($\mu g/m^3$)[a]	
Chromium (Hexavalent)	2.2	3

Notes:
[a] ppb is parts per billion; $\mu g/m^3$ is nanograms per cubic meter.
[b] All values are from BAAQMD 2010 monitoring data from the Arkansas Street station, except for Para-Dichlorobenzene which is from 2006 monitoring data, Ethylene Dibromide which is from 1992 monitoring data, MTBE which is from 2003 monitoring data, and hexavalent chromium which is from 2009 monitoring data.
[c] Cancer risks were estimated by applying published unity risk values to the measured concentrations.

Source: California Air Resources Board, Ambient Air Toxics Summary, 1989-2010. Available online at: http://www.arb.ca.gov/adam/toxics/sitesubstance.html. Accessed March 23, 2012.

roadways. The CARB has determined that the 10 compounds which pose the greatest known health risk in California, based primarily on ambient air quality data, are benzene, 1,3-butadiene, acetaldehyde, carbon tetrachloride, hexavalent chromium, para-dichlorobenzene, formaldehyde, methylene chloride, perchloroethylene, and diesel particulate matter (DPM).

Roadway-Related Air Pollutants

Motor vehicles are responsible for a large share of air pollution, especially in California. Vehicle tailpipe emissions contain diverse forms of particles and gases, and also contribute to particulates by generating road dust and through tire wear. Epidemiologic studies have demonstrated that people living in proximity to freeways or busy roadways have poorer health outcomes, including increased asthma symptoms and respiratory infections and decreased pulmonary function and lung development in children. Air pollution monitoring done in conjunction with epidemiological studies has confirmed that roadway-related health effects vary with modeled exposure to particulate matter and nitrogen dioxide. In traffic-related studies, the additional non-cancer health risk attributable to roadway proximity appeared within 1,000 feet of high-traffic

roadways and was strongest within 300 feet.[8] As a result, CARB recommends that new sensitive land uses not be located within 500 feet of a freeway or urban roads carrying 100,000 vehicles per day. The CARB notes that these recommendations are advisory and should not be interpreted as defined "buffer zones." The CARB acknowledges that land use agencies must balance other considerations, including housing and transportation needs, the benefits of urban infill, community economic development priorities, and other quality-of-life issues. With careful evaluation of exposure, health risks, and affirmative steps to reduce risk where necessary, the CARB's position is that infill development, mixed use, higher density, transit-oriented development, and other concepts that benefit regional air quality can be compatible with protecting the health of individuals at the neighborhood level.[9]

Diesel Particulate Matter

The CARB identified DPM as a toxic air contaminant in 1998, primarily based on evidence demonstrating cancer effects in humans.[10] The exhaust from diesel engines includes hundreds of different gaseous and particulate components, many of which are toxic. Many of these toxic compounds adhere to diesel particles, which are very small and can penetrate deeply into the lungs. Mobile sources such as trucks, buses, and, to a much lesser extent, automobiles are some of the primary sources of diesel emissions, and concentrations of DPM are higher near heavily traveled highways. The estimated cancer risk from exposure to diesel exhaust is much higher than the risk associated with any other toxic air pollutant routinely measured in the region. The CARB estimated the average Bay Area cancer risk from DPM, based on a population-weighted average ambient diesel particulate concentration, at about 480 in one million as of 2000. The risk from DPM has declined from 750 in one million in 1990 to 570 in one million in 1995. CARB estimated the average statewide cancer risk from DPM continued its decline from 540 in one million in 2000 to 450 in one million in 2010.[11,12]

Recent air pollution studies have shown an association between respiratory and other non-cancer health effects and proximity to high traffic roadways. The CARB community health risk

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[8] CARB, *Air Quality and Land Use Handbook: A Community Health Perspective,* April 2005, pp. 8-11. Available online at: http://www.arb.ca.gov/ch/handbook.pdf. Accessed March 16, 2012.

[9] *Ibid*.

[10] CARB, Fact Sheet, "The Toxic Air Contaminant Identification Process: Toxic Air Contaminant Emissions from Diesel-fueled Engines," October 1998. Available online at: http://www.arb.ca.gov/toxics/dieseltac/factsht1.pdf. Accessed March 26, 2012.

[11] CARB, *California Almanac of Emissions and Air Quality - 2009 Edition*, Table 5-44 and Figure 5-12. Available online at: http://www.arb.ca.gov/aqd/almanac/almanac09/chap509.htm. Accessed March 26, 2012.

[12] The calculated cancer risk values from ambient air exposure in the Bay Area can be compared against the lifetime probability of being diagnosed with cancer in the United States, from all causes, which is more than 40 percent (based on a sampling of 17 regions nationwide), or greater than 400,000 in one million, according to the National Cancer Institute.

assessments and regulatory programs have produced air quality information about certain types of facilities for consideration by local authorities when siting new residences, schools, day care centers, parks and playgrounds, and medical facilities (i.e., sensitive land uses, or "sensitive receptors").[13] Sensitive land uses deserve special attention because children, pregnant women, the elderly, and those with existing health problems are especially vulnerable to the non-cancer effects of air pollution. There is also substantial evidence that children are more sensitive to cancer-causing chemicals.[14]

In 2000, the CARB approved a comprehensive Diesel Risk Reduction Plan to reduce diesel emissions from both new and existing diesel-fueled vehicles and engines. As part of the Plan, the CARB in 2008 approved a new regulation for existing heavy-duty diesel vehicles that will require retrofitting and replacement of vehicles (or their engines) over time such that by 2023, all vehicles must have a 2010 model year engine or equivalent. The regulation is anticipated to result in an 80 percent decrease in statewide diesel health risk in 2020 from the 2000 risk levels.[15] Additional regulations apply to new trucks and to diesel fuel. In addition to implementing more stringent engine controls (diesel engines produced today have one-eighth the tailpipe exhausts of a truck or bus built in 1990), diesel fuel is required to have lower sulfur levels. As of June 1, 2006, at least 80 percent of on-road diesel fuel refined in the United States was required to be ultra-low sulfur diesel, which resulted in a reduction in sulfur emissions by 97 percent. All of the diesel fuel sold in California for use with on-road trucks is now ultra-low sulfur diesel. With new controls and fuel requirements, 60 trucks built in 2007 would have the same soot exhaust emissions as one truck built in 1988.[16] Despite these reductions in emission rates, reducing DPM emissions will take time, since older trucks will need to be retrofitted or phased out as part of fleet turnover.

[13] As discussed below, parks and playgrounds are generally less sensitive than the other uses listed because exposure times are shorter, resulting in less exposure to pollutants.

[14] CARB, *Air Quality and Land Use Handbook: A Community Health Perspective,* April 2005. Available online at: http://www.arb.ca.gov/ch/handbook.pdf, accessed March 26, 2012.

[15] CARB, "Overview of Truck and Bus Regulation Reducing Emissions from Existing Diesel Vehicles", February 25, 2009; and "Facts About Truck and Bus Regulation Emissions Reductions and Health Benefits", February 25, 2009. Available online at: http://www.arb.ca.gov/msprog/onrdiesel/documents/Truck_bus_reg_existing_diesel_Overview.pdf and http://www.bcaqmd.org/page/_files/tbhealthfs.pdf. Accessed March 26, 2012.

[16] Pollution Engineering, *New Diesel Fuel Rules Start*, July 2, 2006. Available online at: http://www.pollutionengineering.com/Articles/Industry_News/00e6c4c1be03c010VgnVCM100000f932a8c0. Accessed March 26, 2012.

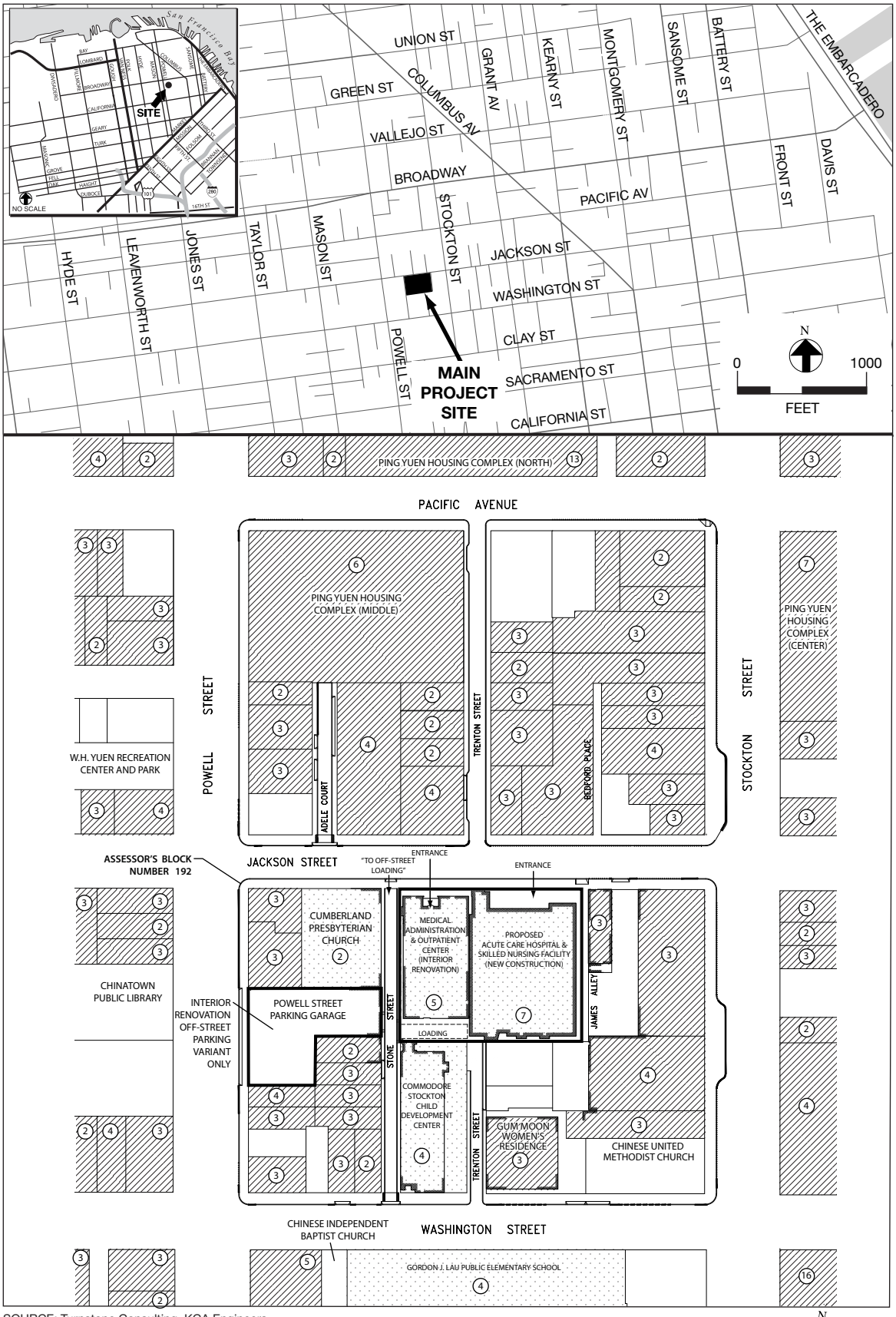
SENSITIVE RECEPTORS

Air quality does not affect every individual in the population in the same way, and some groups are more susceptible to adverse health effects than others. Population subgroups sensitive to the health effects of air pollutants include the elderly and the young; population subgroups with higher rates of respiratory disease, such as asthma and chronic obstructive pulmonary disease; and populations with other environmental or occupational health exposures (e.g., indoor air quality) that affect cardiovascular or respiratory diseases. Land uses such as schools, children's day care centers, hospitals, and nursing and convalescent homes are considered to be the most sensitive to poor air quality because the population groups associated with these uses have increased susceptibility to respiratory distress. Parks and playgrounds are considered moderately sensitive to poor air quality because persons engaged in strenuous work or exercise also have increased sensitivity to poor air quality; however, exposure times are generally far shorter in parks and playgrounds than in residential locations and schools, for example, which typically reduces overall exposure to pollutants. Residential areas are considered more sensitive to air quality conditions compared to commercial and industrial areas because people generally spend longer periods of time at their residences, with associated greater exposure to ambient air quality conditions.[17] Workers are not considered sensitive receptors because all employers must follow regulations set out by the Occupational Safety and Health Administration to ensure the health and well-being of their employees.[18]

The main project site is located in a densely developed and populated residential and commercial area of Chinatown, and includes a hospital that would remain in use throughout the duration of project construction. The main project site on Jackson Street is surrounded by residential buildings that are considered sensitive receptors for air pollution. Several school/daycare facilities are also located in proximity to the main project site. The closest receptors, shown in Figure IV.E.1: Sensitive Receptors in Vicinity of Proposed Project, include: the residential building east of the 1924 Medical Administration Building (MAB); the existing 1979 Chinese Hospital: the Commodore Stockton Child Development Center at 954 Washington Street; the Gordon Lau Elementary School at 950 Clay Street; and the Cumberland Presbyterian Chinese Church at 855 Jackson Street, which provides an afterschool program.

[17] The factors responsible for variation in exposure are also often similar to factors associated with greater susceptibility to air quality health effects.

[18] BAAQMD, *Recommended Methods for Screening and Modeling Local Risks and Hazards*, May 2011, p. 12. Available online at: http://baaqmd.gov/~/media/Files/Planning and Research/CEQA/BAAQMD Modeling Approach.ashx?la=en. Accessed March 26, 2012.



CHINESE HOSPITAL REPLACEMENT PROJECT

2008.0762E

FIGURE IV.E.1: SENSITIVE RECEPTORS IN VICINITY OF PROPOSED PROJECT

EXISTING SOURCES OF TOXIC AIR CONTAMINANTS IN THE PROJECT VICINITY

In determining whether sources of TACs may affect nearby sensitive receptors, a summary of research findings in CARB's *Land Use Compatibility Handbook* suggest that air pollutants from high volume roadways are substantially reduced or can even be indistinguishable from upwind background concentrations at a distance of 1,000 feet downwind from sources such as freeways and large distribution centers.[19] Given the scientific data on dispersion of TACs from a source, the BAAQMD recommends assessing impacts of sources of TACs on nearby receptors within a 1,000-foot radius.[20] This radius is also consistent with CARB's *Land Use Compatibility Handbook* and Health and Safety Code Section 42301.6 (Notice for Possible Source Near School).[21]

Figure IV.E.2: Proposed Project 1,000-Foot Zone of Influence shows the 1,000-foot zone of influence with respect to air quality for the proposed project. There are both mobile (vehicular traffic) and stationary (such as back-up diesel generators) sources of air pollution within this zone. As shown in Figure IV.E.2 there are no major freeways or highways within the proposed project's zone of influence, but there are four surface streets that currently carry 10,000 or more daily vehicle trips: Columbus Avenue, Broadway, Stockton Street and Powell Street.

BAAQMD records indicate that there are three permitted stationary sources of air pollutants within the 1,000-foot zone of influence of the proposed project. These are the San Francisco Municipal Railway's Powerhouse and Car Barn at 1201 Mason Street and the standby emergency diesel generators at the Fairmont Hotel at 950 Mason Street and atop the 1979 Chinese Hospital building. The emergency diesel generators are existing sources of DPM.

The BAAQMD defines non-permitted sources of TACs and/or $PM_{2.5}$ emissions as facilities that would attract high numbers of diesel-powered on-road trucks or use off-road diesel equipment, such as a distribution center, a quarry, or a manufacturing facility. A site reconnaissance revealed no non-permitted sources of TACs within 1,000 feet of the main project site.[22]

[19] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. D-38. Available online at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/CEQA/BAAQMD%20CEQA%20Guidelines%20May%202011.ashx?la=en. Accessed March 26, 2012.
[20] *Ibid*, p. D-40.
[21] *Ibid*, p. D-40.
[22] Site reconnaissance was conducted on March 19, 2011 by Donald Ballanti, Certified Consulting Meteorologist.

SOURCE: San Francisco Planning Department, Turnstone Consulting

Permitted Sources

9674 San Francisco Municipal Railway
4525 Fairmont Hotel
13371 Chinese Hospital

Roadways with Average Daily Traffic above 10,000

1,000-foot Radius

FIGURE IV.E.2: PROPOSED PROJECT 1,000-FOOT ZONE OF INFLUENCE

ODORS

Odors are generally regarded as an annoyance rather than a health hazard. However, manifestations of a person's reaction to foul odors can range from psychological (e.g., irritation, anger, or anxiety) to physiological (e.g., circulatory and respiratory effects, nausea, vomiting, and headache). The ability to detect odors varies considerably among the population and overall is quite subjective. People may have different reactions to the same odor; an odor that is offensive to one person may be perfectly acceptable to another (e.g., fast food restaurant). It is important to also note that an unfamiliar odor is more easily detected and is more likely to result in complaints than a familiar one. This is due to a phenomenon known as odor fatigue, in which a person can become desensitized to almost any odor and recognition only occurs with an alteration in the intensity.

Potential sources of odors adjacent to the main project site include residential and commercial dumpsters from the multi-family residential buildings with commercial uses at the first floor to the north and east. Commercial uses in the immediate area include a pharmacy, a grocery, and a seafood market. Odors from residential and commercial dumpsters are generally minimized with proper disposal containers and regular trash collection services. In addition, all land uses are required to comply with the BAAQMD's Regulation 7 (Odorous Substances).[23]

REGULATORY FRAMEWORK

Air Quality Regulations and Plans

Federal Ambient Air Quality Standards

The 1970 Clean Air Act (CAA), last amended in 1990, requires that regional planning and air pollution control agencies prepare a regional air quality plan to outline the measures by which both stationary and mobile sources of pollutants will be controlled in order to achieve all standards by the deadlines specified in the Clean Air Act. The ambient air quality standards are intended to protect public health and welfare, and they specify the concentration of pollutants (with an adequate margin of safety) to which the public can be exposed without adverse health effects. They are designed to protect those segments of the public most susceptible to respiratory distress, known as sensitive receptors, including asthmatics, the very young, the elderly, people weak from other illness or disease, or persons engaged in strenuous work or exercise. Healthy adults can tolerate occasional exposure to air pollution levels that are somewhat above the ambient air quality standards before adverse health effects are observed.

[23] BAAQMD Regulation 7 (Odorous Substances) establishes general limitations on odorous substances and specific emission limitations on certain odorous compounds. Available online at: http://www.baaqmd.gov/~/media/Files/Planning%20and%20Research/Rules%20and%20Regs/reg%2007/rg0700.ashx?la=en. Accessed March 26, 2012.

The determination of whether a region's air quality is healthful or unhealthful is made by comparing contaminant levels in ambient air samples to the national ambient air quality standards (NAAQS). Data from regional monitoring stations is used to establish a region's attainment status for criteria air pollutants. The purpose of these designations is to identify planning areas with air quality problems and thereby initiate planning efforts for improvement. The three basic designation categories are "nonattainment," "attainment," and "unclassified." The "unclassified" designation is used for an area that cannot be classified on the basis of available information as meeting or not meeting the standards.

The current attainment status for the SFBAAB with respect to federal standards is summarized in Table IV.E.3: State and Federal Ambient Air Quality Standards on the following page. In general, the SFBAAB experiences low concentrations of most pollutants when compared to federal standards, except for ozone and particulate matter (PM_{10} and $PM_{2.5}$), for which standards are exceeded periodically.

In June 2004, the SFBAAB was designated as marginal nonattainment for the national 8-hour ozone standard. The USEPA lowered the national 8-hour ozone standard from 0.80 ppm to 0.75 ppm, effective May 27, 2008. On February 7, 2012 the USEPA proposed a rule that takes necessary steps to implement the 2008 national 8-hour ozone standard, establishing an approach for classification of nonattainment for planning areas not meeting the 2008 national 8-hour ozone standard.[24] The SFBAAB is in attainment for other criteria pollutants, with the exception of the 24-hour standards for PM_{10} and $PM_{2.5}$, for which the SFBAAB is designated "Unclassified" and "Nonattainment," respectively.

State Ambient Air Quality Standards

Although the federal CAA established NAAQS, individual states retained the option to adopt more stringent standards and to include other pollution sources. California had already established its own air quality standards when federal standards were established, and because of the unique meteorological problems in California, there is considerable diversity between the California ambient air quality standards (CAAQS) and the NAAQS, as shown in Table IV.E.3. CAAQS tend to be at least as protective as NAAQS and are often more stringent.

[24] USEPA, *Fact Sheet, Proposed Rule - Implementation of the 2008 National Ambient Air Quality Standards for Ozone: Nonattainment Area Classifications Approach and Attainment Deadlines*. Available online at: http://www.epa.gov/air/ozonepollution/pdfs/20120203factsheet.pdf. Accessed March 26, 2012.

Table IV.E.3: State and Federal Ambient Air Quality Standards

Pollutant	Averaging Time	(State) SAAQS[a]		(Federal) NAAQS[b]	
		Standard	Attainment Status	Standard	Attainment Status
Ozone	1 hour	0.09 ppm	**N**	NA	See Note c
	8 hour	0.07 ppm	N[d]	0.075 ppm	**N**/Marginal
Carbon Monoxide (CO)	1 hour	20 ppm	A	35 ppm	A
	8 hour	9 ppm	A	9 ppm	A
Nitrogen Dioxide (NO_2)	1 hour	0.18 ppm	A	0.1 ppm	U
	Annual	0.03 ppm	NA	0.053 ppm	A
Sulfur Dioxide (SO_2)	1 hour	NA	A	0.075 ppm[e]	A
	24 hour	0.04 ppm	A	NA	NA
Particulate Matter (PM_{10})	24 hour	50 µg/m^3	**N**	150 µg/m	U
	Annual[f]	20 µg/m^3 [g]	**N**	NA	
Fine Particulate Matter ($PM_{2.5}$)	24 hour	NA	NA	35 µg/m^3	N
	Annual[f]	12 µg/m^3	**N**	15 µg/m^3	A
Sulfates	24 hour	25 µg/m^3	A	NA	NA
Lead	30 day	1.5 µg/m^3	A	NA	NA
	Cal. Quarter	NA	NA	1.5 µg/m^3	A
Hydrogen Sulfide	1 hour	0.03 ppm	U	NA	NA
Visibility-Reducing Particles	8 hour	See Note h	U	NA	NA

Notes:
A = Attainment; **N** = Nonattainment; U = Unclassified; NA = Not Applicable, no applicable standard; ppm = parts per million; µg/m3 =micrograms per cubic meter.

[a] SAAQS = State ambient air quality standards (California). SAAQS for ozone, carbon monoxide (except Lake Tahoe), sulfur dioxide (1-hour and 24-hour), nitrogen dioxide, particulate matter, and visibility-reducing particles are values that are not to be exceeded. All other State standards shown are values not to be equaled or exceeded.

[b] NAAQS = national ambient air quality standards. NAAQS, other than ozone and particulates, and those based on annual averages or annual arithmetic means, are not to be exceeded more than once a year. The 8-hour ozone standard is attained when the three-year average of the fourth highest daily concentration is 0.075 ppm or less. The 24-hour PM_{10} standard is attained when the three-year average of the 99th percentile of monitored concentrations is less than the standard. The 24-hour PM_{10} standard is attained when the 3-year average of the 99th percentile of monitored concentrations is less than 150 µg/m3. The 24-hour $PM_{2.5}$ standard is attained when the three-year average of the 98th percentile is less than the standard. The 24-hour $PM_{2.5}$ standard is attained when the 3-year average of 98th percentiles is less than 35 µg/m^3.

[c] The USEPA revoked the national 1-hour ozone standard on June 15, 2005.

[d] This State 8-hour ozone standard was approved in April 2005 and became effective in May 2006.

[e] On June 2, 2010, the USEPA established a new 1-hour SO_2 standard, effective August 23, 2010, which is based on the 3-year average of the annual 99th percentile of 1-hour daily maximum concentrations. The USEPA also revoked both the existing 24-hour SO_2 standard of 0.14 ppm and the annual primary SO_2 standard of 0.030 ppm, effective August 23, 2010.

[f] State standard = annual geometric mean; national standard = annual arithmetic mean.

[g] In June 2002, the CARB established new annual standards for $PM_{2.5}$ and PM_{10}.

[h] Statewide visibility-reducing particle standard (except Lake Tahoe Air Basin): Particles in sufficient amount to produce an extinction coefficient of 0.23 per kilometer when the relative humidity is less than 70 percent. This standard is intended to limit the frequency and severity of visibility impairment due to regional haze and is equivalent to a 10-mile nominal visual range.

Source: Bay Area Air Quality Management District, Air Quality Standards and Attainment Status. Available online at: http://hank.baaqmd.gov/pln/air_quality/ambient_air_quality.htm. Accessed March 23, 2012.

In 1988, California passed the California Clean Air Act (California Health and Safety Code Sections 39600 et seq.), which, like its federal counterpart, called for the designation of areas as attainment or nonattainment, but based on state ambient air quality standards rather than the federal standards. The current attainment status for the SFBAAB with respect to state standards is summarized above in Table IV.E.3. In general, the SFBAAB experiences low concentrations of most pollutants when compared to state standards, except for ozone and particulate matter (PM_{10} and $PM_{2.5}$), for which standards are exceeded periodically. The SFBAAB is in attainment for all criteria pollutants with the exception of the 24-hour standard for PM_{10} and $PM_{2.5}$, for which the SFBAAB is designated "Nonattainment" and "Unclassified", respectively, and the annual standard for PM_{10} and $PM_{2.5}$, for which the SFBAAB is designated "Nonattainment" for both.

Air Quality Planning Relative to State and Federal Standards

Air quality plans developed to meet federal requirements are referred to as State Implementation Plans. The federal and state Clean Air Acts require plans to be developed for areas designated as nonattainment (with the exception of areas designated as nonattainment for the State PM_{10} standard). In September 2010, the BAAQMD adopted the *Bay Area 2010 Clean Air Plan* (2010 CAP), which was prepared in cooperation with the Metropolitan Transportation Commission (MTC) and Association of Bay Area Governments (ABAG) replaced the existing *Bay Area 2005 Ozone Strategy*, adopted in 2006.

The 2010 CAP is the current ozone air quality plan and serves to:

- Update the *Bay Area 2005 Ozone Strategy* in accordance with the requirements of the CCAA to implement "all feasible measures" to reduce ozone;
- Provide a control strategy to reduce ozone, particulate matter (PM), air toxics, and greenhouse gases in a single, integrated plan;
- Review progress in improving air quality in recent years; and
- Establish emission control measures to be adopted or implemented in the 2010-2012 timeframe.

The control strategy includes stationary-source control measures to be implemented through BAAQMD regulations; mobile-source control measures to be implemented through incentive programs and other activities; and transportation control measures to be implemented through transportation programs in cooperation with the MTC, local governments, transit agencies, and others. The 2010 CAP also represents the Bay Area's most recent triennial assessment of the region's strategy to attain the state one-hour ozone standard.

Although the BAAQMD is responsible for regional air quality planning efforts, it does not have the authority to directly regulate the air quality issues associated with plans and new development projects within the SFBAAB.

Toxic Air Contaminants

In 2005, the CARB approved a regulatory measure to reduce emissions of toxic and criteria pollutants by limiting the idling of new heavy-duty diesel vehicles (California Air Resources Board Idling Regulations). The regulations generally limit idling of commercial motor vehicles (including buses and trucks) within 100 feet of a school or residential area for more than five consecutive minutes or periods aggregating more than five minutes in any one hour.[25] Buses or vehicles also must turn off their engines upon stopping at a school and must not start their engines more than 30 seconds before beginning to depart from a school. Also, state law SB351 (adopted in 2003) prohibits locating public schools within 500 feet of a freeway or busy traffic corridor.

Bay Area Air Quality Management District

The BAAQMD is the regional agency with jurisdiction over the nine-county region located in the SFBAAB. ABAG, MTC, county transportation agencies, cities and counties, and various non-governmental organizations also join in the efforts to improve air quality through a variety of programs. These programs include the adoption of regulations and policies, as well as implementation of extensive education and public outreach programs.

The BAAQMD is responsible for attaining and/or maintaining air quality in the SFBAAB within federal and State air quality standards. Specifically, the BAAQMD has the responsibility to monitor ambient air pollutant levels throughout the SFBAAB and to develop and implement strategies to attain the applicable federal and state standards.

San Francisco General Plan Air Quality Element

The *San Francisco General Plan* includes the 1997 Air Quality Element. The objectives specified by the City include the following:

Objective 1: Adhere to state and federal standards and regional programs.

Objective 2: Reduce mobile sources of air pollution through implementation of the Transportation Element of the *General Plan*;

Objective 3: Decrease the air quality impacts of development by coordination of land use and transportation decisions;

Objective 4: Improve air quality by increasing public awareness regarding the negative health effects of pollutants generated by stationary and mobile sources.

[25] There are 12 exceptions to this requirement (e.g., emergency situations, military, adverse weather conditions, etc.), including: when a vehicle's power takeoff is being used to run pumps, blowers, or other equipment; when a vehicle is stuck in traffic, stopped at a light, or under direction of a police officer; when a vehicle is queuing beyond 100 feet from any restricted area; or when an engine is being tested, serviced, or repaired.

Objective 5: Minimize particulate matter emissions from road and construction sites; and

Objective 6: Link the positive effects of energy conservation and waste management to emission reductions.

San Francisco Health Code Construction Dust Control Ordinance

San Francisco Health Code Article 22B and San Francisco Building Code Section 106.A.3.2.6 collectively constitute the Construction Dust Control Ordinance. The Ordinance requires that all site preparation work, demolition, or other construction activities within San Francisco that has the potential to create dust or to expose or disturb more than 10 cubic yards or 500 square feet of soil comply with specified dust control measures whether or not the activity requires a permit from the Department of Building Inspection (DBI). The Director of DBI may waive this requirement for activities on sites less than one-half-acre that are unlikely to result in any visible wind-blown dust.

For project sites greater than one half-acre in size, the Ordinance requires that the project sponsor submit a Dust Control Plan for approval by DPH. DBI will not issue a building permit without written notification from the Director of DPH that the applicant has a site-specific Dust Control Plan, unless the Director waives the requirement. Interior-only tenant improvements, even if over one-half acre, that will not produce exterior visible dust are exempt from the site-specific Dust Control Plan requirements. The main project site is approximately one-half acre; thus, this requirement would apply both to the proposed project and to the Off-Street Parking Variant.

San Francisco Health Code Article 38

San Francisco Health Code Article 38 was adopted in 2008 and requires residential projects with 10 or more units located in proximity to high-traffic roadways, as mapped by the DPH, to prepare an air quality assessment to determine whether residents would be exposed to unhealthful levels of $PM_{2.5}$. The Chinese Hospital Replacement Project does not propose residential uses but, as explained below, the DPH considers hospitals to be sensitive land uses for which health risk assessments should be performed if 100,000 vehicles per day occur within a 150-meter radius of the hospital site. Although Article 38 does not apply to the proposed project, the analysis presented in this EIR addresses the potential of the project to affect sensitive receptors, as recommended by DPH.

As stated previously on pp. IV.E.8-IV.E.9, the CARB published an Air Quality and Land Use Handbook in 2005 which recommends that local agencies "avoid siting new sensitive land uses within 500 feet of a freeway [or other] urban roads with volumes of more than 100,000 vehicles/day."[26] The nearest roadway to the Chinese Hospital Campus achieving the 100,000 vehicles/day level is Interstate 80, which is more than a mile away.

In 2008, DPH issued guidance for the identification and assessment of potential air quality hazards, and for methods to assess the associated health risks.[27] Based in part on the CARB handbook recommendation, DPH has determined that a potential public health hazard for sensitive land uses, including hospitals, exists when traffic exceeds 100,000 vehicles per day within 150 meters (approximately 500 feet) of any project site boundary. The DPH guidance applies to a broader number of projects than the CARB handbook recommends because the DPH guidance provides that an air quality assessment should be performed when 100,000 vehicles per day occur within a 150-meter radius of the project site, as opposed to when the project site is located near a particular roadway with 10,000 vehicles/day.

The site of the proposed project is not located within 500 feet of roadways with combined traffic in excess of 100,000 vehicles per day. The major roadways within 500 feet of the site, including Broadway, and Powell, Stockton, Jackson, and Washington Streets, carry a total of approximately 32,724 vehicles per day.[28]

IMPACTS

Air quality impacts from land development projects result from project construction and operation. Construction emissions, primarily dust generated by earth moving activities and criteria air pollutants and toxic air contaminants emitted by construction vehicles, would have a short-term effect on air quality. Operational emissions, generated by project-related traffic and by combustion of natural gas for building space and water heating, would continue to affect air quality throughout the lifetime of the project.

[26] CARB, *Air Quality and Land Use Handbook*, pp. 8 - 11. Accessed March 26, 2012.
[27] San Francisco Department of Public Health, Assessment and Mitigation of Air Pollutant Health Effects from Intra-urban Roadways: Guidance for Land Use Planning and Environmental Review, May 2008. Available at: http://www.sfphes.org/publications/Mitigating_Roadway_AQLU_Conflicts.pdf. Accessed March 26, 2012.
[28] California Environmental Health Investigations Branch, California Environmental Health Tracking Program Distance-Weighted Traffic Volume Tool. Available online at: http://www.ehib.org/traffic_tool.jsp. Accessed March 26, 2012.

SIGNIFICANCE CRITERIA

Implementation of a project would have a significant air quality impact if the project were to:

- E.1 Conflict with or obstruct implementation of the applicable air quality plan;
- E.2 Violate any air quality standard or contribute substantially to an existing or projected air quality violation;
- E.3 Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is in nonattainment under an applicable federal, state, or regional ambient air quality standard (including releasing emissions that exceed quantitative thresholds for ozone precursors);
- E.4 Expose sensitive receptors to substantial pollutant concentrations; or
- E.5 Create objectionable odors affecting a substantial number of people.

The proposed project would expand existing medical center, medical service, and administrative office uses not typically associated with noxious odors. Therefore, the proposed project would not create objectionable odors affecting a substantial number of people, and odors are not discussed further in this section (Significance Criterion E.5). Multiple site visits in May and June in 2011 indicated that there were no noxious odors emanating from the main project site, nor was the main project site affected by noxious odors from nearby land uses.

APPROACH TO ANALYSIS

This section discusses the thresholds for determining whether a project would result in a significant air quality impact. Table IV.E.4: Air Quality Thresholds of Significance for Criteria Air Pollutants and Health Risks and Hazards summarizes the air quality thresholds of significance used for this EIR, followed by a discussion of each threshold.

Although the BAAQMD's adoption of significance thresholds for air quality analysis in 2010 and 2011 are the subject of recent judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's *Revised Draft Options and Justification Report*, provide substantial evidence to support the BAAQMD recommended thresholds. Therefore, the Planning Department has determined they are appropriate for use in this analysis as standards of significance.

Ozone Precursors

As discussed in the Setting, the SFBAAB is currently designated as nonattainment for ozone and particulate matter (PM_{10} and $PM_{2.5}$). Ozone is a secondary air pollutant produced in the atmosphere through a complex series of photochemical reactions involving ROG and NO_x. The

Table IV.E.4: Air Quality Thresholds of Significance for Criteria Air Pollutants and Health Risks and Hazards

Pollutant	Construction Thresholds	Operational Thresholds	
	Average Daily Emissions (lbs/day)	Average Daily Emissions (lbs/day)	Maximum Annual Emissions (tons/year)
Criteria Air Pollutants			
ROG	54	54	10
NO_x	54	54	10
PM_{10}	82	82	15
$PM_{2.5}$	54	54	10
CO	Not Applicable	9.0 ppm (8-hour average) or 20.0 ppm (1-hour average)	
Fugitive Dust	Construction Dust Control Ordinance or other Best Management Practices	Not Applicable	
Health Risks and Hazards for New Sources			
Excess Cancer Risk	10 per one million	10 per one million	
Chronic or Acute Hazard Index	1.0	1.0	
Incremental annual average $PM_{2.5}$	0.3 µg/m3	0.3 µg/m3	
Health Risks and Hazards for Sensitive Receptors (Cumulative from all sources within 1,000 foot zone of influence) and Cumulative Thresholds for New Sources			
Excess Cancer Risk	100 per one million		
Chronic Hazard Index	10.0		
Annual Average $PM_{2.5}$	0.8 µg/m^3		

Notes: CO = carbon monoxide; lb/day = pounds per day; NO_X = oxides of nitrogen; $PM_{2.5}$= fine particulate matter with an aerodynamic resistance diameter of 2.5 micrometers or less; PM_{10} = respirable particulate matter with an aerodynamic resistance diameter of 10 micrometers or less; ppm = parts per million; ROG = reactive organic gases, µg/m3 =micrograms per cubic meter.

BAAQMD is the primary regulatory agency in the SFBAAB charged with ensuring that the region attains applicable federal and state ambient air quality standards. The potential for a project to result in a cumulatively considerable net increase in criteria air pollutants, which may contribute to an existing or projected air quality violation, are based on the state and federal Clean Air Acts emissions limits for stationary sources. The federal New Source Review (NSR) program was created by the federal CAA to ensure that stationary sources of air pollution are constructed in a manner that is consistent with attainment of federal health based ambient air quality standards. Similarly, to ensure that new stationary sources do not cause or contribute to a violation of an air quality standard, BAAQMD Regulation 2, Rule 2 requires that any new source that emits criteria air pollutants above a specified emissions limit must offset those emissions. For ozone precursors, ROG and NO_x, the offset emissions level is an annual average of 10

tons/year (or 54 lbs/day).[29] These levels represent emissions by which new sources are not anticipated to contribute to an air quality violation or result in a considerable net increase in criteria air pollutants.

Although this regulation applies to new or modified stationary sources, land use development projects result in ROG and NO_x emissions as a result of increases in vehicle trips, architectural coatings, and construction activities. Therefore, the above thresholds can be applied to the construction and operational phases of land use projects and those projects that result in emissions below the above thresholds, would not be considered to contribute to an existing or projected air quality violation or result in a considerable net increase in ROG and NO_x emissions. Because construction activities are temporary in nature, only the average daily thresholds are applicable to construction phase emissions.

Particulate Matter (PM_{10} and $PM_{2.5}$)

The BAAQMD has not established an offset limit for $PM_{2.5}$ and the current federal prevention of significant deterioration (PSD) offset limit of 100 tons/year for PM_{10} is too high and would not be an appropriate significance threshold for the SFBAAB considering the nonattainment status of PM_{10}. However, the emissions limits provided for in the federal NSR that applies to stationary sources that emit criteria air pollutants in areas that are currently designated as nonattainment would be an appropriate significance threshold. For PM_{10} and $PM_{2.5}$, the emissions limit under NSR is 15 tons/year (82 lbs/day) and 10 tons/year (54 lbs/day), respectively. These emissions limits represent levels by which a source is not expected to have an impact on air quality.[30] Similar to ozone precursor thresholds identified above, land use development projects typically result in particulate matter emissions as a result of increases in vehicle trips, space heating and natural gas combustion, landscape maintenance and construction activities. Therefore, the above thresholds can be applied to the construction and operational phases of a land use project and those projects that result in emissions below the NSR emissions limits would not be considered to contribute to an existing or projected air quality violation or result in a considerable net increase in PM_{10} and $PM_{2.5}$ emissions. Because construction activities are temporary in nature, only the average daily thresholds are applicable to construction phase emissions.

Other Criteria Pollutants

Regional concentrations of CO in the SFBAAB have not exceeded the CAAQS in the past 11 years and SO_2 concentrations have never exceeded the standards. The primary source of CO

[29] BAAQMD, *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance,* October 2009, p. 17. Available online at: http://baaqmd.gov/~/media/Files/%20Planning%20and%20Research/CEQA/Revised%20Draft%20CEQA%20Thresholds%20%20Justification%20Report%20Oct%202009.ashx. Accessed March 26, 2012.

[30] *Ibid*, p. 16.

impacts from land use projects is vehicle traffic. Construction-related SO_2 emissions represent a negligible portion of the total SFBAAB-wide emissions and construction-related CO emissions represent less than five percent of the SFBAAB-wide CO emissions.[31] As discussed in the Setting, the SFBAAB is designated as attainment for both CO and SO_2. Furthermore, the BAAQMD has demonstrated that in order to exceed the California ambient air quality standard of 9.0 ppm (8-hour average) or 20.0 ppm (1-hour average) for CO, project traffic in addition to existing traffic would need to exceed 44,000 vehicles/hour at affected intersections (or 24,000 vehicles/hour where vertical and/or horizontal mixing is limited).[32] Therefore, given the SFBAAB's attainment status and the limited CO and SO_2 emissions that could result from a land use projects, land use projects would not result in a cumulatively considerable net increase in CO or SO_2, and quantitative analysis not required.

Fugitive Dust

Fugitive dust emissions are typically generated during some construction phases. Studies have shown that the application of best management practices (BMPs) at construction sites significantly control fugitive dust.[33] Individual measures have been shown to reduce fugitive dust by anywhere from 30 percent to 90 percent.[34] The BAAQMD has identified a number of BMPs to control fugitive dust emissions from construction activities.[35] As discussed in the Regulatory Framework above, the City's Construction Dust Control Ordinance requires a number of measures to control fugitive dust. The Construction Dust Control Ordinance has a mandate for "no visible dust." The BMPs employed in compliance with the City's Construction Dust Control Ordinance are an effective strategy for controlling fugitive dust.

Health Risks and Hazards from New or Modified Sources

Construction activities typically require the use of heavy-duty diesel vehicles and equipment which emit DPM. As discussed above, the CARB identified DPM as a TAC in 1998, based on evidence demonstrating cancer effects in humans.[36] The exhaust from diesel engines includes hundreds of different gaseous and particulate components, many of which are toxic. Mobile

[31] *Ibid*, p. 27.
[32] Vertical and horizontal mixing refers to air movement patterns. Limited vertical or horizontal mixing would limit dispersion of pollutants, resulting in a concentration of pollutants.
[33] Western Regional Air Partnership, *WRAP Fugitive Dust Handbook*, September 7, 2006. Available online at: http://www.wrapair.org/forums/dejf/fdh/content/FDHandbook_Rev_06.pdf. Accessed March 16, 2012.
[34] BAAQMD, *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance*, October 2009, p. 27.
[35] BAAQMD, *CEQA Air Quality Guidelines*, May 2011, pp. 8-3 – 8-4.
[36] CARB, Fact Sheet, "The Toxic Air Contaminant Identification Process: Toxic Air Contaminant Emissions from Diesel-fueled Engines", October 1998. Available online at: http://www.arb.ca.gov/toxics/dieseltac/factsht1.pdf. Accessed March 23, 2012.

sources such as trucks and buses are among the primary sources of diesel emissions, and concentrations of DPM are higher near heavily traveled highways. Other sources of health risks and hazards include: gas stations, stationary diesel engines (e.g., back-up generators), dry cleaners, crematories, spray booths, diesel-fueled railroads, major ports, railyards, airports, oil refineries, power plants, and cement plants.[37] Land use projects that require a substantial amount of heavy-duty diesel vehicles and equipment, as well as projects that require stationary sources, such as a diesel back-up generator, would result in emissions of DPM and possibly other TACs that may affect nearby sensitive receptors. Construction phase TACs, however, would be temporary and current health risk modeling methodologies are associated with longer-term exposure periods of 9, 40 and 70 years, which do not correlate well with the temporary and highly variable nature of construction activities, resulting in difficulties with producing accurate modeling results.[38] Nevertheless, DPM is a known TAC and therefore, appropriate thresholds are identified to ensure that a project does not expose sensitive receptors to substantial pollutant concentrations.

Similar to criteria pollutant thresholds identified above, the BAAQMD Regulation 2 Rule 5 sets cancer risk limits for new and modified sources of TACs at the maximally exposed individual (MEI). In addition to cancer risk, some TACs pose non-carcinogenic chronic and acute health hazards. Acute and chronic non-cancer health hazards are expressed in terms of a hazard index, or HI, which is a ratio of the TAC concentration to a reference exposure level (REL), a level below which no adverse health effects are expected, even for sensitive individuals.[39] In accordance with Regulation 2 Rule 5, the BAAQMD Air Pollution Control Officer shall deny any permit to operate a sources that results in an increased cancer risk of 10 per million or an increase chronic or acute HI of 1.0 at the MEI. This threshold is designed to ensure that the source does not contribute to a cumulatively significant impact.[40]

In addition, particulate matter primarily associated with mobile sources (vehicular emissions) is strongly associated with mortality, respiratory diseases, and impairment of lung development in children, and other endpoints such as hospitalization for cardiopulmonary disease. Based on toxicological and epidemiological research, smaller particles and those associated with traffic appear more closely related to health effects.[41] Therefore, estimates of $PM_{2.5}$ emissions from a new source can be used to approximate broader potential adverse health effects. The USEPA has

[37] BAAQMD, *Recommended Methods for Screening and Modeling Local Risks and Hazards*, May 2011, p. 11.
[38] BAAQMD, *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance*, October 2009, p. 29.
[39] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. D-35.
[40] *Ibid*, p. D-40.
[41] San Francisco Department of Public Health, *Assessment and Mitigation of Air Pollutant Health Effects for Intra Urban Roadways*: *Guidance for Land Use Planning and Environmental Review,* May 2008, p. 5.

proposed a significant impact level, or SIL, for $PM_{2.5}$. For developed urban areas, including much of San Francisco, the USEPA has proposed a SIL of between 0.3 $\mu g/m^3$ to 0.8$\mu g/m^3$. The SIL represents the level of incremental $PM_{2.5}$ emissions that represents a significant contribution to regional nonattainment.[42] The BAAQMD has determined that on balance the annual average $PM_{2.5}$ threshold of 0.3 $\mu g/m^3$ will afford the same health protections as required by San Francisco's Health Code Article 38.[43] Therefore, the lower range of the USEPA recommended SIL of 0.3 $\mu g/m^3$ is an appropriate threshold for determining the significance of a source's $PM_{2.5}$ impact.

As discussed previously on p. IV.E.13, potential health risks and hazards from new sources on existing or proposed sensitive receptors are assessed within a 1,000-foot zone of influence and risks and hazards from new sources that exceed the following thresholds at the MEI are determined to be significant: excess cancer risk of 10 per million, chronic or acute HI of 1.0, and annual average $PM_{2.5}$ increase of 0.3 $\mu g/m^3$.

Health Risks and Hazards for New Receptors

As discussed under Setting, sources of TACs have the greatest impact on receptors that are located in close proximity to pollutant sources. The further away from a significant source of TACs, the less receptors are exposed to hazardous air pollutants. As described above, the BAAQMD recommends assessing the impacts of sources of TACs within 1,000 feet of a sensitive receptor. Therefore, an analysis of the potential impacts to new receptors should consider all cumulative sources of TACs within the 1,000 foot zone of influence. For projects siting new sensitive receptors, existing and proposed sources of TACs should not expose new sensitive receptors to an excess cancer risk greater than 100 per million. This absolute limit is based on USEPA guidance for conducting air toxic analyses and making risk management decisions at the facility and community-scale level.[44] As described by the BAAQMD, the USEPA considers a cancer risk of 100 per million to be within the "acceptable" range of cancer risk. Furthermore, in the 1989 preamble to the benzene National Emissions Standards for Hazardous Air Pollutants (NESHAP) rulemaking,[45] the USEPA states that it "…strives to provide maximum feasible protection against risks to health from hazardous air pollutants by (1) protecting the greatest number of persons possible to an individual lifetime risk level no higher than approximately 1 in 1 million; and (2) limiting to no higher than approximately 1 in 10 thousand [i.e., 100 in 1 million] the estimated risk that a person living near a facility would have if he or she were exposed to the maximum pollutant concentrations for 70 years." The 100 per million excess

[42] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. D-36.
[43] *Ibid*, p. D-41.
[44] BAAQMD, *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance*, October 2009, p. 67.
[45] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. D-35.

cancer cases is also consistent with the ambient cancer risk in the most pristine portions of the SFBAAB based on BAAQMD regional modeling.[46] Therefore, when siting new sensitive receptors near sources of TACs and other hazardous air pollutants, the threshold for an incremental increase in cancer risk is 100 per million cancer cases.

The BAAQMD's Air Toxics Hot Spots (ATHS) program provides guidance for implementing the Air Toxics Hot Spots Information and Assessment Act (Assembly Bill 2588, Connelly, 1987; Chaptered in the California Health and Safety Code Section 44300 et. al.). Accordingly, the BAAQMD has established a non-cancer chronic HI of 10.0. Any sources exceeding this level are required to implement mandatory risk reduction measures. As such, a chronic non-cancer HI of 10.0 from cumulative sources of TACs is an appropriate threshold when siting sensitive land uses.[47]

As discussed previously, the USEPA is proposing a SIL for $PM_{2.5}$ ranging from 0.3 $\mu g/m^3$ to 0.8 $\mu g/m^3$. The SIL is intended to ensure that a source does not result in a cumulatively significant contribution to ambient $PM_{2.5}$ levels. Therefore, the upper-bound SIL of 0.8 $\mu g/m^3$ from all cumulative sources within 1,000 feet of a proposed sensitive receptor would be an appropriate level for determining a significant impact to new sensitive receptors.[48]

When siting new sensitive receptors, the thresholds identified above represent the cumulative limits from all sources within a 1,000 foot zone of influence from the new receptor; therefore single-source thresholds are unnecessary.

Cumulative Air Quality Impacts

Regional air quality impacts are by their very nature cumulative impacts. Emissions from past, present and future projects contribute to the region's adverse air quality impacts on a cumulative basis. No single project by itself would be sufficient in size to result in nonattainment of ambient air quality standards. Instead, a project's individual emissions contribute to existing cumulative adverse air quality impacts.[49] As described above, the project-level thresholds for criteria air pollutants are based on levels by which new sources are not anticipated to contribute to an air quality violation or result in a considerable net increase in criteria air pollutants. Therefore, if a project's emissions are below the project-level thresholds, the project would not be considered to result in a considerable contribution to cumulative regional air quality impacts.

[46] BAAQMD, *Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance*, October 2009, p. 67.
[47] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. D-43.
[48] *Ibid*.
[49] *Ibid*, p. 2-1.

With respect to localized health risks and hazards, the significance thresholds for the siting of new receptors represent a cumulative impact analysis, as this analysis considers all potential sources that may result in adverse health impacts within a receptor's zone of influence. Similarly, new sources which contribute to health risks and hazards at nearby sensitive receptors that exceed these cumulative thresholds, would result in a significant health risk and hazards impact to existing sensitive receptors.

Consistency with Applicable Air Quality Plan

As noted in the Setting, the BAAQMD published the 2010 CAP, representing the most current applicable air quality plan for the SFBAAB. Consistency with this plan is the basis for determining whether the proposed project would conflict with or obstruct implementation of an applicable air quality plan. A consistency analysis of the proposed project in relation to the goals and objectives of the 2010 CAP focuses on the proposed project's support of the primary goals in the 2010 CAP, the proposed project's implementation of applicable control measures, and evaluation of any potential disruption to or hindrance of 2010 CAP implementation.

PROJECT FEATURES

Proposed Project

The proposed project would include demolition of the existing 1924 MAB (an approximately 29,793-gross-square-foot, five-story building) and the Chinese Hospital Parking Garage (an approximately 15,000-gross-square-foot, three-level structure) and construction of a Replacement Hospital (an approximately 101,545-gross-square-foot building) on the eastern portion of the main project site. The 1979 Chinese Hospital would remain in operation throughout the duration of construction. Work on the 1979 Chinese Hospital building on the western portion of the main project site that would be concurrent with the construction of the Replacement Hospital would be limited to interior alterations except at the east wall where windows would be replaced and fire-rated corridors would be constructed to facilitate movement between the two buildings upon completion of the Replacement Hospital. The existing patient rooms on the third and fourth floors would be remodeled after completion of the Replacement Hospital building and relocation of the patients. Based on information from the project sponsor's construction contractor, the use of diesel-powered equipment for the interior and exterior work on the 1979 Chinese Hospital building renovation is not expected.[50] After renovation, the 1979 Chinese Hospital would be

[50] David Lem, President, Lem Construction, letter to Wayne Hu, project sponsor representative, February 2, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

used as a Medical Administration and Outpatient Center (MAOC) for clinic and outpatient services and administrative support.

The existing 200-kW stand-by emergency diesel generator on the rooftop of the 1979 Chinese Hospital building is operated under a permit from the Bay Area Air Quality Management District (BAAQMD). This emergency diesel generator would continue to operate during construction of the Replacement Hospital, and after completion would remain in operation. The exhaust point for this generator is 20 feet above the rooftop and about 88 feet above grade. A new 750-kW Caterpillar Tier 2 back-up emergency diesel generator would be installed on the roof of the Replacement Hospital. The exhaust point for the new emergency diesel generator would be roughly 11 feet above the roof of the proposed Replacement Hospital building and about 103 feet above grade. As required by state regulations (17 CCR §§93115.4 and 93115.6. ATCM for Stationary CI Engines – Emergency Standby Diesel-Fueled CI Engine), use of the existing and new emergency standby diesel generator engines would likely be limited to 50 hours per year of non-emergency use because of Airborne Toxic Control Measure (ATCM) requirements, and would be subject to BAAQMD limits and best available control technology (BACT) requirements.

The project would include three new natural-gas-fired steam boilers; these would be exempt from BAAQMD Regulation 9, Rule 7 because they would be natural-gas fired.[51] The BAAQMD has identified natural gas boilers as emissions sources that do not pose a significant health impact even in combination with other nearby sources.[52]

IMPACT EVALUATION

The discussion below analyzes the impacts of the proposed project that are related to air quality. The Off-Street Parking Variant and the Hospital Façade Design Variant are not discussed as their impacts would be the same as those of the proposed project.

Project-Specific Impacts

Project-related air quality impacts fall into two categories: short-term impacts due to construction, and long-term impacts due to project operation. First, during demolition and project construction, the project would affect local particulate concentrations primarily due to fugitive dust sources, as well as construction equipment exhaust. Over the long term, the project would result in an increase in emissions primarily due to increased motor vehicle trips, future use of the existing and proposed back-up emergency diesel generators, and to a lesser extent, on-site stationary sources

[51] BAAQMD Regulation 9, Rule 7 limits the emissions of nitrogen oxides (NOx) and carbon monoxide (CO) from industrial, institutional and commercial boilers, steam generators, and process heaters.
[52] BAAQMD, *Recommended Methods for Screening and Modeling Local Risks and Hazards*, May 2011.

(such as natural gas boilers for water and space heating) and area sources (such as landscaping and use of cleaning products).

Construction Air Quality Impacts

Demolition, grading and new construction activities would temporarily affect local air quality during the project's proposed 35-month construction schedule, with project construction starting in July 2012. Although construction activities may not actually begin by July 2012, this construction start date represents a conservative (worst-case) estimate of construction emissions. Project construction would cause temporary increases in particulate dust and other pollutants. Construction would involve demolition of approximately 44,793 sq. ft. of existing structures and construction of a 101,545-gsf Replacement Hospital. Emissions generated from construction activities include dust (including PM_{10} and $PM_{2.5}$) primarily from "fugitive" sources, combustion of criteria air pollutants (reactive organic gases [ROG], nitrogen oxides [NO_x], carbon monoxide [CO], sulfur oxides [SO_x], and PM_{10} and $PM_{2.5}$) primarily from operation of construction equipment and worker vehicles, and evaporative emissions (ROG) from asphalt paving and architectural coating applications. In addition, the use of diesel-powered equipment would result in emissions of DPM and $PM_{2.5}$, which may result in adverse health risks and hazards to nearby sensitive receptors.

Impact AQ-1: Construction of the proposed project would not violate an air quality standard or contribute substantially to an existing or projected air quality violation; nor would it result in a cumulatively considerable net increase of criteria air pollutants, for which the project region is in nonattainment under an applicable federal, state, or regional ambient air quality standard. *(Less than Significant)* (Criteria E.2 and E.3)

Demolition, grading, and new construction activities would temporarily affect local air quality during project construction, causing temporary increases in criteria air pollutants. Criteria pollutant emissions of ROG, NO_x, PM_{10}, and $PM_{2.5}$ from off-road construction equipment, on-road construction-related vehicles, and paving and architectural coatings would incrementally add to the regional atmospheric loading of these pollutants during project construction. As described above, the thresholds for determining whether emissions of criteria air pollutants during construction would be significant are 54 lbs/day of ROG, NO_x or $PM_{2.5}$, and 82 lbs/day of PM_{10}.

An Air Quality Technical Report (AQTR) was prepared for the proposed project, which presents estimated construction criteria air pollutant and localized health risk impacts.[53] Average daily

[53] Donald Ballanti – Certified Consulting Meteorologist, *Air Quality Impact Report and Health Risk Assessment for the Chinese Hospital Replacement Project, San Francisco*, March 2012 (hereinafter "*AQTR*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

criteria air pollutant emissions from project construction were estimated using the California Emissions Estimator Model (CalEEMod™) and are presented in Table IV.E.5: Average Daily Construction Criteria Air Pollutant Emissions. Construction emissions are based on estimates of construction phasing and equipment expected to be used, as provided by the project sponsor. Where project-specific data were not available (e.g., equipment horsepower and load factors) default assumptions from CalEEMod™ and CARB's 2011 In-Use Off-Road Equipment Emissions Inventory Model were used to estimate construction emissions. Additional modeling parameters are detailed in the AQTR prepared for the proposed project. As shown in the table, construction-related emissions of criteria air pollutants would be below the applicable thresholds of significance and would not violate an existing air quality standard for criteria air pollutants, contribute substantially to an existing or projected air quality violation, or result in a cumulatively considerable net increase in any criteria pollutants. Therefore, the proposed project would have a less-than-significant effect with respect to construction-related criteria air pollutant emissions. No mitigation is required.

Table IV.E.5: Average Daily Construction Criteria Air Pollutant Emissions

	Projected Emissions (Pounds per Day)[a]			
	ROG	**NO_x**	**PM_{10}**	**$PM_{2.5}$**
Average Daily Emissions (based on 851 construction days)	4.51	7.07	0.31	0.31
Thresholds of Significance	54	54	82	54
Significant?	**N**	**N**	**N**	**N**

Notes:
[a] Emission factors were generated by California Emissions Estimator Model (CalEEMod).
ROG = Reactive Organic Gases
NO_x = Nitrogen Oxides
PM_{10} = Particulate Matter, 10 micron
$PM_{2.5}$ = Particulate Matter, 2.5 micron

Source: Donald Ballanti – Certified Consulting Meteorologist, *Air Quality Impact Report and Health Risk Assessment for the Chinese Hospital Replacement Project,* March 2012, p. 20.

Impact AQ-2: The proposed project would not result in significant impacts related to fugitive dust resulting from project construction activities. *(Less than Significant)* (Criteria E.2 and E.4)

Dust can be an irritant causing watering eyes or irritation to the lungs, nose and throat. Project-related demolition, excavation, grading and other construction activities may cause wind-blown dust that could contribute particulate matter into the local atmosphere. Depending on exposure, adverse health effects can occur due to this particulate matter in general and also due to specific contaminants such as lead or asbestos that may be constituents of soil.

As discussed in the Regulatory Framework section, the Construction Dust Control Ordinance requires that all site preparation work, demolition, or other construction activities within San Francisco that have the potential to create dust or to expose or disturb more than 10 cubic yards or

500 square feet of soil comply with specified dust control measures whether or not the activity requires a permit from DBI.

The main project site is on a 22,516 square foot lot (approximately one-half acre); therefore, the Construction Dust Control Ordinance requires that the project sponsor submit a Dust Control Plan for approval by the DPH. Site-specific Dust Control Plans under the Construction Dust Control Ordinance would require the project sponsor to carry out the following tasks:

- Submit a map to the Director of Public Health showing all sensitive receptors within 1,000 feet of the site;
- Wet down areas of soil at least three times per day;
- Provide an analysis of wind direction and install upwind and downwind particulate dust monitors;
- Record particulate monitoring results;
- Hire an independent, third party to conduct inspections and keep a record of those inspections;
- Establish shut-down conditions based on wind, soil migration, etc.;
- Establish a hotline for surrounding community members who may be potentially affected by project-related dust;
- Limit the area subject to construction activities at any one time;
- Install dust curtains and windbreaks on the property lines, as necessary;
- Limit the amount of soil in hauling trucks to the size of the truck bed and secure with a tarpaulin;
- Enforce a 15-mph speed limit for vehicles entering and exiting construction areas;
- Sweep affected streets with water sweepers at the end of the day;
- Install and utilize wheel washers to clean truck tires;
- Terminate construction activities when winds exceed 25 miles per hour; and
- Apply soil stabilizers to inactive areas; and sweep adjacent streets to reduce particulate emissions.

The Construction Dust Control Ordinance also requires that the project sponsor designate an individual to monitor compliance with dust control requirements.

The above regulations and procedures set forth under Article 22B of the San Francisco Health Code would ensure that project-generated fugitive dust impacts would be less than significant. No mitigation is required.

Impact AQ-3: Construction of the proposed project would generate substantial levels of $PM_{2.5}$ and other toxic air contaminants, including diesel particulate matter, that could significantly affect nearby sensitive receptors. ***(Significant and Unavoidable with Mitigation)*** **(Criterion E.4)**

As discussed above, and shown in Table IV.E.4 on p. IV.E.23, a proposed project would have a significant health risk and hazards impact if construction activities would result in the following at the maximally exposed individual sensitive receptor (MEISR): excess cancer risk of 10 in a million, chronic or acute Hazard Index (HI) of 1.0, or annual average $PM_{2.5}$ concentrations in excess of 0.3 micrograms per cubic meter.

The AQTR prepared for the proposed project analyzed potential health risks and hazards resulting from construction-related emissions of DPM[54] and $PM_{2.5}$ on the MEISR. Refined modeling of construction health risk and hazards was performed to determine whether on-site and off-site sensitive receptors would be exposed to a substantial incremental increase in TAC emissions. The AQTR estimates of DPM and $PM_{2.5}$ that would be generated by project construction activities utilized the AMS/EPA Regulatory Model Improvement Committee [AERMIC] model (AERMOD), the USEPA-recommended air dispersion model, to determine annual average and peak 1-hour concentrations of DPM and $PM_{2.5}$, to identify the on-site and off-site MEISR, and to evaluate long-term health risks and hazards resulting from the exposure of the MEISR to project emissions.

Health risks and hazards were evaluated for four types of receptors. In addition to on-site hospital patient receptors, there are residential receptors, school receptors, and daycare receptors near the main project site. The closest off-site sensitive receptor is a residence about 20 feet east of the construction site boundaries. The Commodore Stockton Child Development Center is roughly 30 feet southwest of the construction site boundaries. The Cumberland Presbyterian Chinese Church, which contains an afterschool program, is about 75 feet west of the site of the construction site boundaries.[55] Because of the proximity of these sensitive receptors to the main project site, the refined modeling used a fence-line grid at 5-meter (about 16-foot) intervals in all directions. The fence-line grid extended 50 meters (about 165 feet) from the construction site boundaries. Additionally, a less dense grid of receptors with 10-meter (about 32-foot) spacing extended for a distance of 500 meters (about 1,640 feet) from the construction site boundaries, which is larger than the recommended 1,000-foot zone of influence.

[54] PM_{10} exhaust emissions were conservatively assumed to consist of all DPM emissions. This is a conservative assumption because DPM represents only a fraction of total PM_{10} exhaust emissions.

[55] There are assisted-living senior housing facilities within 1,000 feet of the main project site. However, the risks would be less than those reported for the resident receptors because the senior care facilities are located further away from the main project site and their exposure time and duration would be substantially less than a resident exposure.

The AERMOD dispersion model was run twice, once for a sensitive receptor height of 1.8 meters (representing first floor receptors) and once for a sensitive receptor height of 4.8 meters (representing second floor receptors). The first floor numbers were higher, and therefore formed the basis for determining the maximally exposed sensitive receptors by receptor type (resident, daycare, school, and hospital patient).

For a resident, health risks are calculated assuming 24 hours of exposure every day for 70 years,[56] while the exposure of students, children at daycare and hospital patients is generally adjusted downward to reflect a lesser duration of exposure and/or frequency of exposure.[57] This analysis conservatively assumes that the exposed off-site residential receptor would be a resident infant child in the third trimester to approximately 35 months. The state Office of Environmental Health Hazard Assessment recommends weighting cancer risk by a factor of 10 for exposures that occur from the third trimester of pregnancy to 2 years of age and by a factor of three for exposures that occur from 2 years through 15 years of age. Thus, for a resident infant, the cancer risk adjustment factor from the estimated 35-month construction period is 8.4. For the on-site hospital patient, the average length of stay for an acute-care patient at the Chinese Hospital is less than six days. However, the Chinese Hospital Association has indicated that there has been one case of an acute-care patient remaining hospitalized for approximately 100 days over the last three years.[58] Therefore, the exposure for the on-site hospital patient for this analysis is based on a conservative maximum (i.e., worst case) length of stay of 100 days.

The analysis further assumes that, in addition to on-site emissions from construction equipment, construction haul trucks would contribute to local health risks and hazards. It was conservatively assumed that haul trucks delivering or removing material from the main project site would each result in 0.25 mile of on-site travel. This small portion of truck emissions was added to the CalEEMod on-site emissions, and the result was used to generate an hourly emission rate for DPM and $PM_{2.5}$.

Table IV.E.6: Construction Health Risk Impacts-Replacement Hospital Construction summarizes the cancer risk, noncancer hazard indices, and incremental $PM_{2.5}$ concentrations generated by on-site construction activities. Based on the AERMOD results, the on-site MEISR is a 1979 Chinese Hospital patient and the off-site MEISR is a resident infant child 20 feet east of the main project site. Based on the conservative modeling assumptions described above, the estimated cancer risk from construction equipment would be 45.8 in one million for the off-site MEISR (resident infant

[56] Cal/EPA, Office of Environmental Health Hazard Assessment, *The Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments,* August, 2003.
[57] BAAQMD, *Air Toxics NSR Program Health Risk Screening Analysis (HRSA) Guidelines*, January 2010.
[58] Turnstone Consulting, Average Length of Stay Memorandum to San Francisco Planning Department, March 8, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Table IV.E.6: Construction Health Risk Impacts-Replacement Hospital Construction

Risk Factor	Exposure Type	Impact	Significance Threshold	Threshold Exceeded?
Cancer Risk (in a Million)	Resident (Off-site infant child)	**45.8**	10	**Yes**
	School (Off Site)	2.90		No
	Daycare(Off Site)	2.38		No
	Hospital Patient (On Site)	0.78		No
Chronic Hazard Index	Off-Site MEISR (Resident)	0.040	1.0	No
	On-Site MEISR(Hospital Patient)	0.041		
Acute Hazard Index	Off-Site MEISR (Resident)	0.051	1.0	No
	On-Site MEISR (Hospital Patient)	0.081		
$PM_{2.5}$ ($\mu g/m^3$)	Off-Site MEISR (Resident)	0.282	0.3	No
	On-Site MEISR (Hospital Patient)	0.298		

Note:
Results are rounded to the nearest one thousandth; therefore any result less than 0.0005 is shown as "0"

Source: Donald Ballanti – Certified Consulting Meteorologist, *AQTR*, p. 34.

child), greater than the significance threshold of an excess cancer risk of 10 in one million. The estimated cancer risk from construction equipment would be 0.78 in one million for the on-site MEISR (hospital patient), less than the significance threshold of an excess cancer risk of 10 in one million. The estimated cancer risk for other nearby off-site receptors would not exceed the significance threshold of an excess cancer risk of 10 in one million.

The chronic HI for the off-site MEISR and the on-site MEISR would be 0.040 and 0.041, respectively. These results would be less than the significance threshold of 1.0. The acute HI for the off-site MEISR and the on-site MEISR would be 0.051 and 0.081, respectively. These results would be less than the significance threshold of 1.0. The annual average $PM_{2.5}$ concentration for the off-site MEISR and the on-site MEISR would be 0.282 $\mu g/m^3$ and 0.298, $\mu g/m^3$ respectively. These results would be less than the significance threshold of 0.3 $\mu g/m^3$.

As stated above, the excess cancer risk to the off-site MEISR (the resident child east of the main project site) due to construction-related emissions exceeds the excess cancer risk significance threshold. Therefore, Mitigation Measure M-AQ-3 has been identified to reduce construction-related health risks by specifying development of a plan to minimize construction emissions of DPM. The project sponsor's contractor has indicated that it may not be feasible to achieve the 79 percent reduction in emissions that would be required to reduce the excess cancer risk from construction to a less-than-significant level.[59]

[59] Andy Weber, DPR Construction, Memorandum re: Chinese Hospital EIR Equipment Analysis, March 12, 2012. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Mitigation M-AQ-3: Construction Emissions Minimization Plan

To reduce the potential health risk resulting from project construction activities, the project sponsor shall prepare a Construction Emissions Minimization Plan designed to reduce construction-related diesel particulate matter emissions from off-road construction equipment used at the site by at least 79 percent, or by as much as feasible if the 79 percent reduction cannot be met, compared to the construction equipment list, schedule, and inventory provided by the project sponsor.

The project sponsor shall include all requirements identified in the Construction Emissions Minimization Plan in contract specifications for the entire duration of construction activities.

The Construction Emissions Minimization Plan may include the following requirements:

- limiting idling times by either shutting equipment off when not in use or reducing the maximum idling time to two minutes;
- prohibiting use of diesel generators for electric power because on-site distribution of electricity is available;
- requiring construction contractors to use electric powered devices for the following types of equipment:
  - Tower Crane
  - Grout Pumps;
- requiring construction contractors to use compressors that are either electric powered or engines compliant with Tier 4 standards;
- requiring the use of Interim Tier 4 or Tier 4 equipment where such equipment is available and feasible for use; and
- requiring use of Tier 2/Tier 3 equipment retrofitted with CARB Level 3 Verified Diesel Emissions Control System (VDECS, which includes diesel particulate filters). The following types of equipment are identified as candidates for retrofitting with CARB-certified Level 3 VDECS, (which are capable of reducing DPM emissions by 85 percent or more), due to their expected operating modes (i.e., fairly constant use at high revolutions per minute):
  - Excavators
  - Concrete Boom Pumps

If a 79 percent reduction cannot be met, the Construction Emissions Minimization Plan shall demonstrate that all feasible mitigation has been incorporated and shall substantiate why additional mitigation measures are not feasible.

The project sponsor shall submit the Construction Emissions Minimization Plan to the Environmental Review Officer (ERO) for review and approval by an Environmental Planning Air Quality Specialist prior to the commencement of construction activities.

The AQTR estimated the health risk and hazards impact under a mitigated scenario using modeled dispersion factors to obtain actual air concentrations that were then used to estimate health risks and hazards at the off-site MEISR. The mitigated scenario assumed use of upgraded construction equipment that the project sponsor's construction contractor determined may be feasibly used at the main project site. Based on this information, the best-case mitigated scenario would result in a 65 percent reduction in pollutant emissions during construction. This would correspond to a proportional reduction in local health risk and hazards. The AQTR concluded

that the health risks and hazards at the off-site MEISR (a resident child east of the main project site), with implementation of Mitigation Measure M-AQ-3 under this scenario, would be reduced to 15.9 in one million.[60] This would lessen the impact, but because it would still be greater than the 10 in a million increased cancer risk threshold, the impact would remain significant. Thus, even with all feasible mitigation, the project's construction emissions would have a significant and unavoidable health risk impact to nearby sensitive receptors.

Operational Air Quality Impacts

Impact AQ-4: Operation of the proposed project would not violate an air quality standard or contribute substantially to an existing or projected air quality violation; nor would it result in a cumulatively considerable net increase of any criteria air pollutant for which the project region is in nonattainment under an applicable federal, state, or regional ambient air quality standard. *(Less than Significant)* (Criteria E.2 and E.3)

A proposed 750-kW emergency diesel generator would be installed on the rooftop of the proposed Replacement Hospital building. Emissions of criteria air pollutants from the proposed 750-kW emergency diesel generator were estimated assuming it would be operated 50 hours per year for testing and maintenance (maximum allowable under current regulations). Emissions would be exhausted approximately 11 feet above the roof level (about 103 feet above the ground). The proposed project would also result in area source emissions from building operation and a net new increase in vehicle trips on the roadway network in the project vicinity.

The estimates of average daily operational emissions for the proposed project used the CalEEMod computer model and were, among other inputs, based on the project land use, building square footage (approximately 101,545 gross square feet), year building becomes operational (early 2016)[61], and net new project-generated traffic (approximately 237 net new vehicle trips per day) estimated in the proposed project's *Transportation Impact Study* (TIS).[62] Area source emissions for consumer products, landscaping emissions, and architectural coatings are also based on the proposed land use and square footage of the proposed Replacement Hospital and were quantified using the CalEEMod program. The CalEEMod calculates natural gas combustion emissions separately as an energy source. No adjustments were made for emissions that would no longer occur at the 1924 MAB, which would be demolished to make way for the

[60] $PM_{2.5}$ concentrations would also be reduced. Based on the reduction in $PM_{2.5}$ emissions from the unmitigated scenario (see Table IV.E.6) the maximum $PM_{2.5}$ concentration would be reduced from 0.2982 to 0.070 $\mu g/m^3$ under the best-case mitigated scenario. This is an approximately 77 percent reduction to $PM_{2.5}$ concentrations as compared to an approximately 65 percent reduction to DPM concentrations under the best-case mitigated scenario. While DPM is comprised solely of diesel exhaust, $PM_{2.5}$ is comprised of both exhaust and fugitive dust.

[61] *AQTR*, pp. 20-21.

[62] CHS Consulting Group, *Chinese Hospital Transportation Study – Transportation Impact Analysis*, August 2011.

Replacement Hospital. Therefore, estimates of emissions from area sources represent a conservative (i.e., worst-case) estimate of net new emissions.

The TIS estimates, based on the Chinese Hospital Employee and Patient and Visitor Travel Behavior Surveys, that the non-auto modal split (i.e., trips by transit, on foot, by bicycle, or other mode) for Chinese Hospital employees is about 42 percent and for patients and visitors is about 76 percent for each. These are a higher level than could be attained in most of San Francisco, the Bay Area and most of California due to the concentration and close proximity of local and regional transit, places of employment, services, and residences in and near Chinatown in San Francisco. The proposed project would add 237 net new vehicle trips per day to the local roadway network; however, project-generated vehicle trips would be well below the screening thresholds of greater than 10,000 vehicles per day or greater than 1,000 trucks per day that the BAAQMD considers to be a potential health risk impact. Although ground-level vehicular emissions would not combine readily with rooftop emissions, emissions from project-generated vehicular traffic were considered together with the new stationary source and area source emissions to provide a conservative (worst-case) analysis.

The CalEEMod-generated annual output for each of the operational sources described above – the proposed 750-kW emergency diesel generator, the mobile sources from project net new traffic, area sources, and energy sources – were combined and then divided by 365 days to provide average daily emissions for vehicles, area sources and energy sources. Table IV.E.7: Estimated Daily and Annual Criteria Air Pollutant Emissions presents the emission modeling results. As shown, project emissions would not exceed the thresholds of significance. Therefore, the proposed project's operational criteria air pollutant emissions would be less than significant. The proposed project would not result in significant air quality impacts with respect to violating an air quality standard contributing to an existing or projected air quality violation, or result in a cumulatively considerable net increase in any criteria air pollutants. No mitigation is required.

Impact AQ-5: The proposed project would not result in substantial levels of carbon monoxide that would violate an air quality standard or contribute substantially to an existing or projected air quality violation. *(Less than Significant)* (Criterion E.2)

The SFBAAB is designated as "attainment" for carbon monoxide (CO). As stated in the BAAQMD *CEQA Air Quality Guidelines*, "Emissions and ambient concentrations of CO have decreased dramatically in the SFBAAB with the introduction of the catalytic converter in 1975. No exceedances of the CAAQS or NAAQS for CO have been recorded at nearby monitoring stations since 1991."[63] The BAAQMD has demonstrated that in order to exceed the California ambient air quality standard of 9.0 ppm (8-hour average) or 20.0 ppm (1-hour average) for CO,

[63] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, (see footnote 60, p. 1) on p. 6-1.

Table IV.E.7: Estimated Daily and Annual Criteria Air Pollutant Emissions

	ROG	NO_x	PM_{10}	$PM_{2.5}$
Daily Emissions in Pounds Per Day				
Vehicle Emissions	2.082	3.890	3.123	0.274
Area Sources	2.575	Neg.	Neg.	Neg.
Energy	0.328	2.739	0.219	0.219
Emergency Diesel Generator	0.009	1.618	0.007	0.007
Total	4.999	8.247	3.349	0.500
Thresholds of Significance	**54**	**54**	**82**	**54**
Significant?	**N**	**N**	**N**	**N**
Annual Emissions in Tons Per Year				
Vehicle Emissions	0.380	0.710	0.570	0.050
Area Sources	0.470	Neg.	Neg.	Neg
Energy	0.060	0.500	0.040	0.040
Emergency Diesel Generator	0.002	0.295	0.001	0.001
Total	0.912	1.505	0.611	0.091
Thresholds of Significance	**10**	**10**	**15**	**10**
Significant?	**N**	**N**	**N**	**N**

Notes:
Neg. = Less than 0.005 tons per year (5 pounds per year) and reported as zero by CalEEMod
ROG = Reactive Organic Gases
NO_x = Nitrogen Oxides
PM_{10} = Particulate Matter, 10 micron
$PM_{2.5}$ = Particulate Matter, 2.5 micron
Source: Donald Ballanti – Certified Consulting Meteorologist, *AQTR*, p. 23.

project traffic in addition to existing traffic would need to exceed 44,000 vehicles/hour at affected intersections (or 24,000 vehicles/hour where vertical and/or horizontal mixing is limited). The proposed project would not increase traffic volumes at affected intersections to more than 44,000 vehicles per hour, and would not affect any intersections where vertical and/or horizontal mixing is substantially limited. Based on these criteria, CO emissions generated by the proposed project's estimated net new net new vehicle trips would have a less-than-significant impact on local CO concentrations, would not result in significant air quality impacts with respect to violating an air quality standard contributing to an existing or projected air quality violation, or result in a cumulatively considerable net increase in regional CO concentrations. No mitigation is required.

Impact AQ-6: Operation of the proposed project would not generate substantial levels of $PM_{2.5}$ and other toxic air contaminants, including diesel particulate matter, that could significantly affect nearby sensitive receptors. ***(Less than Significant)*** **(Criterion E.4)**

The proposed project would include installation of a new, 750-kW emergency diesel generator on the roof of the proposed Replacement Hospital building. The additional employees, patients and visitors served by the proposed project would generate approximately 237 net new vehicle trips

per day. Both of these operational sources would emit DPM, $PM_{2.5}$ and other TOCs. The new generator emissions would be above the roof of the Replacement Hospital; net new vehicle trips would add TACs at the ground level. The emergency diesel generator emissions would be exhausted above the roof level and would not likely combine with the ground-level vehicular emissions such that health risks and hazards at the MEISR would be substantially increased.[64]

About 237 net new project-generated vehicle trips per day would be added to the local roadway network. An initial air quality screening-level analysis of health risks and hazards from mobile sources of TACS was conducted using BAAQMD's screening tools to determine whether refined modeling for mobile sources would be required. The nearby roadways that carry over 10,000 vehicles per day include Broadway and Stockton, Powell, and Washington Streets. The preliminary air quality screening-level analysis shows that traffic (including net new project-generated traffic which was added to all roadways) would not result in health risks and hazards above significance thresholds at the main project site.[65] The net-new traffic was conservatively added to each roadway in the local network to provide a worst-case scenario. The sum of the screening level health risks and hazards from all major roadways indicates that the total health risks and hazards from all major roadways (existing traffic plus project traffic) are well below the significance thresholds, with an excess cancer risk of 5.24 per million, chronic HI and acute HI of 0.08, and annual average $PM_{2.5}$ of 0.195. As stated above, the net new emissions related to project-generated traffic would not increase the health risks and hazards at sensitive receptor locations near the main project site because emergency diesel generator emissions would be exhausted above the roof level and dispersed TAC concentrations resulting from at-grade project vehicle traffic would not substantially increase TACs at the project MEISR.

Existing off-site sensitive receptors that would be exposed to the new project sources of TACs (i.e., the new 750-kW emergency diesel generator) include residents and children at school and day care centers in the project vicinity. Since the 1979 Chinese Hospital building would no longer be used as a hospital once the Replacement Hospital is in operation, it is not considered a sensitive receptor. Although health care services would continue to be offered at the Medical Administration and Outpatient Center (the renovated 1979 Chinese Hospital building), these services would be outpatient services and, therefore, patients are not anticipated to be exposed to air pollutant emissions for extended periods of time. The on-site sensitive receptors that would be exposed to the new project sources of TACs would be the hospital patients at the proposed Replacement Hospital building.

[64] *AQTR*, p. 39.
[65] *AQTR*, p. 15.

The major difference between exposure assumptions for construction and those for operation is in the exposure duration. For the construction health risk analysis described above under Impact AQ-3 on p. IV.E.34, the duration of exposure is limited to the duration of construction activities, which is 35 months. However, for the Replacement Hospital generator, the duration of exposure is assumed to occur throughout the lifetime of residential receptors, which is calculated as an exposure time of 24 hours a day for 70 years. Since an infant resident would grow to become an adult in the assumed 70 year duration of exposure, the Cancer Risk Adjustment Factor (CRAF) for a resident is lowered from 8.4 to 1.7.[66] School and daycare duration of exposure for operational emissions are 9 years. As for construction emissions exposure, described above on p. IV.E.35, the on-site hospital patient is conservatively assumed to be exposed to operational emissions for 100 days.

Operation of the proposed 750-kW emergency diesel generator would generate increased levels of $PM_{2.5}$ and other TACs including DPM. The exhaust point for the new generator would be roughly 11 feet above the roof of the new building and about 103 feet above grade. Since the proposed project includes emissions from a new stationary source, refined modeling using AERMOD was required. Emissions from the proposed 750-kW emergency diesel generator were estimated assuming it would be operated 50 hours per year for testing and maintenance (maximum allowable under current regulations). The AERMOD dispersion model was used to calculate annual average and peak 1-hour emission concentrations from the new 750-kW emergency diesel generator. These calculations were conducted for a fence-line receptor grid extending out 500 meters (about 1,640 feet) from the construction site boundaries. Discrete receptors were located at air intakes on the rooftop of the Replacement Hospital to account for the exposure of hospital patients. The fence-line grid was prepared at 5-meter (about 16-foot) intervals out to 50 meters (about 164 feet) from the construction site boundaries and at 10-meter (about 32-foot) intervals out to 500 meters from the construction site boundaries. All receptors exposed to emissions from the new emergency diesel generator were located within 50 meters of the fence line.

The AERMOD dispersion model was run twice, once for an off-site sensitive receptor height of 7.8 meters (third floor) and once for an off-site sensitive receptor height of 10.8 meters (fourth floor), to account for the heights of residential receptors on the third and fourth floors of nearby residential buildings. Rooftop receptors were included in both model runs. The fourth floor numbers were higher, so they were used in the analysis of risk in conjunction with the Replacement Hospital rooftop receptors.

[66] BAAQMD, Air Toxics New Source Review Program Health Risk Screening Analysis Guidelines, January 2010. Available online at: http://www.baaqmd.gov/~/media/Files/Engineering/Air%20Toxics%20Programs/hrsa_guidelines.ashx. Accessed March 26, 2012.

Table IV.E.8: Operational Health Risk Impacts – Replacement Hospital Generator shows the maximum impact of the use of the new emergency diesel generator on on-site and off-site sensitive receptors. The maximum estimated cancer risk for the off-site MEISR (resident infant child east of the main project site) is 0.222 in a million, less than the significance threshold of an excess cancer risk of 10 in one million. The maximum estimated cancer risk for the on-site MEISR (new patient in the Replacement Hospital building) is 0.0000084 in a million, less than the significance threshold of an excess cancer risk of 10 in one million. The estimated cancer risk for other nearby off-site sensitive receptors (i.e., children at school or at day care centers) also would not exceed the significance threshold of an excess cancer risk of 10 in one million. The chronic HI for the off-site MEISR and the on-site MEISR would be 0.00008 and 0.00009, respectively. These results are less than the significance threshold of 1.0. The acute HI for the off-site MEISR and the on-site MEISR would be 0.0027 and 0.0066, respectively. These results are less than the significance threshold of 1.0. The annual average $PM_{2.5}$ concentration for the off-site MEISR and the on-site MEISR would be 0.0004 $\mu g/m^3$ and 0.005 $\mu g/m^3$, respectively. These results would be less than the significance threshold of 0.3 $\mu g/m^3$. The emissions from the proposed project's new emergency diesel generator and net new vehicle trips would not exceed the significance thresholds, and would therefore be less than significant. No mitigation is required.

Table IV.E.8: Operational Health Risk Impacts – Replacement Hospital Generator

Risk Factor	Exposure Type	Impact	Significance Threshold	Threshold Exceeded?
Cancer Risk (in a Million)	Resident (Off Site)	0.222	10	No
	School (Off Site)	0.017		No
	Daycare (Off Site)	0.0199		No
	Hospital Patient (On Site)	0.0000084		No
Chronic Hazard Index	Off-Site MEISR (Resident)	0.00008	1.0	No
	On-Site MEISR (Hospital Patient)	0.00009		
Acute Hazard Index	Off-Site MEISR (Resident)	0.0027	1.0	No
	On-Site MEISR (Hospital Patient)	0.0066		
$PM_{2.5}$ ($\mu g/m^3$)	Off-Site MEISR (Resident)	0.0004	0.3	No
	On-Site MEISR(Hospital Patient)	0.0005		

Source: Donald Ballanti – Certified Consulting Meteorologist, *AQTR*, p. 44.

Impact AQ-7: The proposed project would not expose new on-site hospital patients to substantial levels of $PM_{2.5}$ and other toxic air contaminants, including diesel particulate matter. *(Less than Significant)* (Criterion E.4)

When completed, the proposed project would increase the capacity of Chinese Hospital by adding a 22-bed skilled nursing facility (the number of acute-care beds would remain the same at 54 beds). This change would result in the introduction of new on-site sensitive receptors, i.e., hospital patients, to the main project site. In addition to new project sources of TACs, on-site sensitive receptors would be exposed to existing sources of TACs. The existing 200-kW emergency diesel generator on the roof of the 1979 Chinese Hospital building is one existing

source. As discussed in the Approach to Analysis on pp. IV.E.27- IV.E.28, the impact analysis considers all potential sources of TACs within a 1,000-foot zone of influence that may pose a significant health risk, and therefore represents cumulative impacts to new sensitive receptors.

BAAQMD records indicate that there are three existing BAAQMD-permitted stationary sources of air pollutants within the recommended 1,000-foot radius of the main project site boundaries. The existing stationary sources are the 200-kW backup emergency diesel generator on the rooftop of the 1979 Chinese Hospital building, the emergency diesel generator at the Fairmont Hotel at 950 Mason Street, and the San Francisco Municipal Railway's Powerhouse and Car Barn at 1201 Mason Street. In addition, a new 750-kW backup emergency diesel generator would be installed on the rooftop of the Replacement Hospital building. Information from the BAAQMD and preliminary screening-level health risk and hazard values for the existing San Francisco Muni facility indicate that this facility is a source of emissions from structural coating; however, coating usage is minor and emissions can be assumed to be negligible.[67] Therefore, this facility has no associated health risk or hazards.[68] Based on information provided by the BAAQMD, this stationary source is not analyzed further and would not impact new on-site hospital patients.

The Fairmont Hotel is located approximately 1,000 feet from the main project site. Based on infromation from the BAAQMD, the screening-level health risk and hazard values from the Fairmont Hotel's emergency diesel generator were adjusted for distance from the main project site using the BAAQMD's Distance Adjustment Multiplier for Diesel IC Engines. The adjusted cancer risk would be 2.69 in one million, the chronic HI would be 0.0, and $PM_{2.5}$ concentration would be 0.0004. These values are conservative because the actual distance between the main project site and the Fairmont Hotel would be slightly greater, and because the screening level results are based on a residential exposure of 24 hours a day for 70 years while actual exposure of hospital patients would be only a small fraction of this, as discussed above on p. IV.E.35. The screening level risk value for this stationary source was used to evaluate cumulative health risks and hazards to new hospital patients.

The 200-kW emergency diesel generator on the roof of the 1979 Chinese Hospital building would continue to operate during construction and after completion of the proposed Replacement Hospital. The exhaust point of the existing emergency diesel generator is 20 feet above the rooftop and approximately 88 feet above grade. The BAAQMD provided an annual PM emission rate of 10.3 pounds/year for the existing 1979 Chinese Hospital emergency diesel generator (or an annual emission rate of 0.0001482 grams/second for DPM/$PM_{2.5}$).[69] Refined modeling using AERMOD was conducted for the existing Chinese Hospital emergency diesel generator and

[67] *AQTR*, Appendix A, Attachment 1.
[68] *AQTR*, Appendix B, p. 3.
[69] *AQTR*, Appendix A, Attachment 1.

emissions concentrations and risk values for hospital receptors were used to evaluate cumulative health risks and hazards.

The proposed project would include emissions from a new stationary source. Refined modeling was conducted for the proposed 750-kW emergency diesel generator on the rooftop of the Replacement Hospital. Emissions of criteria pollutants were estimated assuming both the 750-kW emergency diesel generator and the existing 200-kW emergency diesel generator would be operated 50 hours per year for testing and maintenance (maximum allowable under current regulations). Emission factors and other parameters for the new 750-kW emergency diesel generator were obtained from the manufacturer. Calculation methods for annual average and peak 1-hour emission concentrations of the new 750-kW emergency diesel generator on the roof of the Replacement Hospital are the same as discussed under Impact AQ-6. As described, the annual average and peak 1-hour emissions concentration calculations were conducted for a fence-line receptor grid extending out 500 meters (about 1,640 feet) from the construction site boundaries with discrete receptors located at air intakes on the rooftop of the Replacement Hospital to account for the exposure of hospital patients.[70] The fence-line receptor grid for the existing emergency diesel generator on the rooftop of the 1979 Chinese Hospital building and the new 750-kW emergency diesel generator on the rooftop of the Replacement Hospital are the same.

Mobile sources are also considered in the cumulative health risk and hazards impacts on new sensitive receptors. Roadways in proximity of the main project site carry over 10,000 vehicles per day (e.g., Broadway and Stockton, Powell, and Washington Streets). As discussed above under Impact AQ-6, the proposed project would generate about 237 net new vehicle trips per day. The analysis conservatively adds those vehicle trips to all roadways in the local roadway network. Traffic-related impacts are assessed based on BAAQMD surface roadway screening tables for the County of San Francisco. An initial air quality screening-level analysis of health risks and hazards from mobile sources of TACS was conducted and showed that traffic (including net new project-generated traffic) would not result in health risks and hazards above significance thresholds at the main project site.[71] Nonetheless, for a worst-case analysis, the screening level results (as identified on p. IV.E.41) are considered in combination with the estimated emissions from other sources to assess the cumulative health risks and hazards to hospital patients.

Project construction would occur while patients would be located at the 1979 Chinese Hospital. Existing patients from the 1979 Chinese Hospital would transition to the new Replacement Hospital and become part of the group of new on-site sensitive receptors. Therefore, the analysis considers health risks and hazards from project construction activities identified under Impact

[70] This is expected because the emergency generators are/or would be located on the rooftops of the two adjacent facilities, the 1979 Chinese Hospital building and the proposed Replacement Hospital building.
[71] *AQTR*, p. 15.

AQ-3. Cumulative sources of emissions, in addition to project construction activities, include the contribution from construction of the 740 Washington Street project. The 740 Washington Street project is located on a 0.9-acre lot approximately 815 feet southeast of the main project site. As described in the Notice of Preparation of an EIR/Initial Study for that project, the project would include demolition of the existing building (13,500 sq. ft.); off-site removal of soil (278 cubic yards); construction of a 4-story-over-basement, 50-foot-high, 17,336-sq.ft.-building with a senior center on the ground floor, 18 studio apartments on the upper floors, and storage and building service space in the basement.[72]

The 740 Washington Street construction emissions were modeled as an area source in a manner similar to that for the proposed project (see Impact AQ-1). The CalEEMod program was run for the 740 Washington Street project based on the general project characteristics identified above; however, default values in CalEEMod were used for the construction schedule, phasing and equipment, resulting in a conservative estimate of emissions. The result was used to generate an hourly emission rate for DPM and $PM_{2.5}$ by dividing by the total hours of operation (active days of construction multiplied by 8 hours per day).

Table IV.E.9: Summary of Unmitigated Cumulative Impacts to On-Site Sensitive Receptors shows that the estimated cumulative cancer risk, at 8.73 in one million for the on-site sensitive receptors, would be less than the cumulative significance threshold of an excess cancer risk of 100 in one million. The cumulative chronic HI for the on-site sensitive receptors would be 0.123, below the significance threshold of 10.0. The cumulative annual average $PM_{2.5}$ concentration for the on-site sensitive receptors would be 0.699 $\mu g/m^3$, less than the significance threshold of 0.8 $\mu g/m^3$. No cumulative significance threshold would be exceeded. Therefore, the proposed project would result in less-than-significant health risk impacts with respect to locating on-site sensitive receptors near multiple sources of air pollutants. No mitigation required.

The AQTR evaluation shows that new hospital patients would be exposed to health risk and hazards at levels that are well below cumulative significance thresholds for new receptors. Another construction project approximately 200 feet southeast of the main project site whose construction impacts are considered in the cumulative analysis is the Chinatown component of the Central Subway Project and associated above-ground improvements. The Central Subway Project is a linear project with construction emissions spread along the route alignment. Certain Central Subway construction- and demolition-related activities (i.e., utility relocations, demolition of an existing 2-story, 19,000-sq.-ft. building at 933-949 Stockton Street, and use of the 10,053-sq.-ft. lot as a staging area for the underground tunneling and station construction work) may potentially overlap with construction of the proposed project. However, the Central

[72] San Francisco Planning Department, Notice of Preparation of an Environmental Impact Report, Case No. 2007.0211E, 740 Washington Street, December 17, 2009. Available online at: http://www.sf-planning.org/Modules/ShowDocument.aspx?documentid=7848. Accessed March 12, 2012.

Table IV.E.9: Summary of Unmitigated Cumulative Impacts to On-Site Sensitive Receptors

Emissions Source	Maximum Impact to On-site Receptors (Hospital Patients)		
	Excess Cancer Risk (per million people)	Chronic Hazard Index	Annual Average $PM_{2.5}$ (μg/m3)
Project Construction	0.78	0.041	0.298
Other Construction Sources	0.0209	0.001	0.006
Replacement Hospital Generator	0.0	0.0	0.0
Existing 1979 Chinese Hospital Generator	0.0	0.001	0.006
Fairmont Hotel Generator	2.69	0	0.004
Broadway	0.65	0.02	0.21
Stockton Street	2.23	0.02	0.093
Powell Street	1.78	0.02	0.063
Columbus Avenue	0.58	0.02	0.018
Total	**8.731**	**0.123**	**0.699**
Thresholds of Significance	100	10.0	0.8
Significant?	**N**	**N**	**N**

Note:
Results are rounded to the nearest one thousandth; therefore any result less than 0.0005 is shown as "0".

Source: Donald Ballanti – Certified Consulting Meteorologist, *AQTR*, p. 43.

Subway construction project is more than 200 feet from the main project site. Therefore, construction emissions associated with the Central Subway Project will have substantially dispersed once they reach the main project site.

Given that hospital patients are more than 200 feet from the Central Subway construction activities and that health risk and hazard impacts are well below the significance thresholds, construction activities associated with the Central Subway project or any other reasonably foreseeable project would not substantially increase health risks and hazards such that the cumulative thresholds would be exceeded.

Impact AQ-8: The proposed project would not conflict with or obstruct implementation of the *2010 Bay Area Clean Air Plan*. *(Less than Significant)* (Criterion E.1)

The BAAQMD adopted the 2010 CAP on September 15, 2010. The 2010 CAP provides a comprehensive plan to improve Bay Area air quality and protect public health. The 2010 CAP defines a control strategy to reduce emissions and decrease ambient concentrations of harmful pollutants; safeguard public health by reducing exposure to air pollutants that pose the greatest health risk, with an emphasis on protecting the communities most heavily impacted by air pollution; and reduce greenhouse gas (GHG) emissions. In determining consistency with the 2010 CAP, this analysis considers whether the project: (1) supports the primary goals of the 2010 CAP, (2) includes applicable control measures, and (3) hinders implementation of the CAP.

The primary goals of the 2010 CAP are to attain air quality standards, reduce pollutant exposure and protect public health, and reduce GHG emissions. As discussed under Impacts AQ-1, AQ-2, and AQ-5, the proposed project would result in short-term construction-related criteria air pollutant emissions. These emissions would be limited to the project's construction period of approximately 35 months and were found to be less-than-significant. As discussed under Impact AQ-4, the proposed project would result in a less-than-significant increase in operational-related criteria air pollutant emissions. The incremental increase in criteria pollutants would be due to the operation of new stationary source, the proposed 750-kW emergency diesel generator; area source emissions related to building operations; and, to a lesser extent, the proposed project's net new vehicle trips (approximately 237 new daily vehicle trips added to the local roadway network). Construction and operation of the proposed project would, therefore, not contribute substantially to a projected air quality violation or result in a cumulatively considerable net increase of any criteria air pollutant for which the SFBAAB is in nonattainment.

As discussed above, the use of diesel-powered construction equipment would increase exposure of nearby sensitive receptors to TACs temporarily during construction of the proposed project. However, a construction emissions minimization plan has been developed to reduce these emissions to the maximum extent feasible. As described above, the incremental increase in TACs during operation would be due to the presence of a new stationary source, the proposed 750-kW emergency diesel generator; area source emissions related to building operations; and, to a lesser extent, the proposed project's net new vehicle trips (approximately 237 new daily vehicle trips added to the local roadway network) and would not be substantial. Therefore, the temporary construction-related air quality impacts and operational air quality impacts of the proposed project would not hinder the long-term planning goals of the 2010 CAP.

GHG emissions are discussed in Appendix A, Notice of Preparation/Initial Study, pp. 127-141; the conclusion presented there is that the proposed project would comply with the applicable provisions of the City's Greenhouse Gas Reduction Strategy and would be consistent with the City's plan to reduce GHG emissions.

In summary, as the proposed project would not result in substantial, long-term increases in criteria air pollutants, TAC, or GHG emissions, the proposed project would be considered to support the primary goals of the 2010 CAP.

To meet the primary goals, the CAP recommends specific control measures and actions. These control measures are grouped into various categories and include stationary and area source measures, mobile source measures, transportation control measures, land use measures, and energy and climate measures. The CAP recognizes that to a great extent, community design dictates individual travel mode and that a key long-term control strategy to reduce emissions of criteria pollutants, air toxics, and GHGs from motor vehicles is to channel future Bay Area

growth into vibrant urban communities where goods, services, and health care are close at hand, and people have a range of viable transportation options. To this end, the 2010 CAP includes 55 control measures aimed at reducing air pollution in the SFBAAB.

The measures most applicable to the proposed project are transportation control measures, and energy and climate control measures. The proposed project would be consistent with energy and climate control measures as discussed in Appendix A, Notice of Preparation/Initial Study, in the Greenhouse Gas Emissions section on pp. 127-141, because it would comply with applicable provisions of San Francisco's Greenhouse Gas Reduction Strategy. With regard to implementation of Transportation Control Measures for Local Land Use Strategies, the *San Francisco General Plan*, the *San Francisco Planning Code*, and the City Charter implement various Transportation Control Measures identified in the 2010 CAP through the City's Transit First Policy, transit development impact fees applicable to commercial uses, and other actions. Emissions from the project's mobile sources would be incremental and would not exceed BAAQMD screening values, as discussed under Impact AQ-6. Implementation of a Transportation Demand Management program (identified as Improvement Measure I-TR-1a on pp. IV.D.38-IV.D.39), would reduce automobile trips to the maximum extent feasible, thereby reducing emissions from the project's mobile sources.

The proposed project would be in Chinatown, which would encourage employees, patients, and visitors to bicycle, walk and ride transit to and from the proposed project instead of taking trips via private automobile. Furthermore, the proposed project would comply with the requirements in the Planning Code for bicycle parking, which would facilitate and encourage travel by bicycle to the hospital, potentially reducing emissions from mobile sources. The proposed project's compliance with these measures and close proximity to transit, housing, and shopping would reduce automobile trips and thereby reduce emissions from mobile sources to the maximum extent feasible. Therefore, the proposed project would be consistent with 2010 CAP transportation control measures. As discussed above on p. IV.E.39, non-auto trip assumptions for this area of the City are higher than could be attained in most of San Francisco, the Bay Area, and California due to the concentration and close proximity of local and regional transit, places of employment, services, and housing in and near Chinatown.

Examples of a project that would cause the disruption or delay of control measures are projects that would preclude the extension of a transit line or bike path, or projects that propose excessive parking beyond parking requirements. The proposed project would replace the 1924 MAB and the Chinese Hospital Parking Garage on the main project site in San Francisco's Chinatown with a new Replacement Hospital building in a dense, walkable urban area near a concentration of regional and local transit service, services and other attractions. It would not preclude the extension of a transit line or a bike path or any other transit improvement.

For the reasons described above, the proposed project would be consistent with the 2010 CAP. Therefore, the proposed project's impact relative to implementation of the 2010 CAP would be less than significant. No mitigation is required.

Cumulative Impacts

Impact C-AQ-1: The proposed project in combination with other past, present, and reasonably foreseeable development would not result in a considerable contribution to significant cumulative air quality impacts. *(Less than Significant)* (Criteria E.2 and E.3)

As discussed above, regional air quality impacts are by their very nature cumulative impacts. Emissions from past, present and future projects contribute to the SFBAAB's adverse air quality impacts on a cumulative basis. No single project by itself would be sufficient in size to result in nonattainment of ambient air quality standards. Instead, a project's individual emissions contribute to existing cumulative adverse air quality impacts.[73] The thresholds of significance for criteria air pollutants are based on levels by which new sources are not anticipated to contribute considerably to an existing or projected air quality violation or result in a considerable net increase in criteria air pollutants. As discussed under Impact AQ-1, Impact AQ-2, Impact AQ-4, and Impact AQ-5 the project's construction and operational emissions would not exceed the thresholds of significance for criteria air pollutants; therefore, the proposed project would not result in a considerable contribution to cumulative regional air quality impacts.

Impact C-AQ-2: The proposed project would not expose on-site or off-site sensitive receptors to cumulatively considerable levels of $PM_{2.5}$ and other TACs. (*Less than Significant*) (Criterion E.4)

As discussed in the Approach to Analysis section, above, impacts to sensitive receptors considers all potential sources of TACs within a 1,000 foot zone of influence that may pose a significant health risk, which represents the cumulative impacts to sensitive receptors. These sources are described in Impact AQ-7, on pp. IV.E.43-IV.E.47. Impacts to on-site and off-site sensitive receptors resulting from the proposed project and all potential sources of emissions within 1,000 feet of the main project site were assessed in accordance with the methodologies presented in Impact AQ-6 and Impact AQ-7. The maximally exposed sensitive receptor with respect to cumulative air quality impacts would be off-site. Therefore, the results of the analysis for on-site receptors are presented in Impact AQ-7 in Table IV.E.9 on p. IV.E.47. The results of the analysis of cumulative impacts to the maximally exposed individual off-site sensitive receptor are presented in Table IV.E.10: Summary of Unmitigated Cumulative Impacts to Off-Site Sensitive Receptors.

[73] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011, p. 2-1.

Table IV.E.10: Summary of Unmitigated Cumulative Impacts to Off-Site Sensitive Receptors

Emissions Source	Maximum Impact to Off-site Receptors		
	Excess Cancer Risk (per million people)	Chronic Hazard Index	Annual Average $PM_{2.5}$ (μg/m3)
Project Construction (Unmitigated)	45.8	0.046	0.282
Other Construction Sources	1.74	0.001	0.008
Replacement Hospital Generator	0.222	0.0	0.0
Existing 1979 Chinese Hospital Generator	3.23	0.001	0.006
Fairmont Hotel Generator	2.69	0.0	0.004
Broadway	0.65	0.02	0.21
Stockton Street	2.23	0.02	0.093
Powell Street	1.78	0.02	0.063
Columbus Avenue	0.58	0.02	0.018
Total	**58.922**	**0.122**	**0.694**
Thresholds of Significance	100	10.0	0.8
Significant?	**N**	**N**	**N**

Note:
Results are rounded to the nearest one thousandth; therefore any result less than 0.0005 is shown as "0".

Source: Donald Ballanti – Certified Consulting Meteorologist, *AQTR*, p. 44.

Combining unmitigated emissions from project construction and operation with emissions from off-site sources results in an estimated cumulative excess cancer risk of 8.73 in one million for the on-site sensitive receptor, as shown in Table IV.E.9, and 58.92 in one million for the off-site sensitive receptor, as shown in Table IV.E.10. Both results are less than the cumulative significance threshold of an excess cancer risk of 100 in one million. The cumulative chronic HI for the on-site sensitive receptor would be 0.123 and for the off-site sensitive receptor would be 0.122, both below the cumulative significance threshold of 10.0. The cumulative annual average $PM_{2.5}$ concentration for the on-site sensitive receptor would be 0.699 $\mu g/m^3$ and for the off-site sensitive receptor would be 0.694 $\mu g/m^3$, both below the cumulative significance threshold of 0.8 $\mu g/m^3$. Therefore, no cumulative significance threshold would be exceeded and no mitigation is required for cumulative impacts.

As discussed in Impact AQ-3, construction of the proposed Replacement Hospital would result in a project-level significant excess cancer risk to the off-site maximally exposed individual sensitive receptor, a resident infant. Therefore, Mitigation Measure M-AQ-3, identified on p. IV.E.37 would apply to the proposed project. This measure would reduce the less-than-significant cumulative health risk impact further. While a 79 percent reduction in construction emissions may not be feasible, it is possible that M-AQ-3 could achieve a 65 percent reduction in emissions, which would reduce cumulative cancer risk impacts to off-site receptors from about 59 in a million to about 21 in a million.

V. OTHER CEQA CONSIDERATIONS

A. GROWTH-INDUCING IMPACTS

As required by Section 15126.2(d) of the CEQA Guidelines, an EIR must consider the ways in which the proposed project could directly or indirectly foster economic or population growth, or the construction of additional housing. Growth-inducing impacts can result from the elimination of obstacles to growth; through increased stimulation of economic activity that would, in turn, generate increased employment or demand for housing and public services; or as a result of policies or measures that encourage premature or unplanned growth. Examples of projects likely to have substantial or adverse growth inducing effects include expansion of infrastructure systems beyond what is needed to serve current demand in the project vicinity, and development of new residential uses in areas that are currently sparsely developed or undeveloped.

The following discussion considers how implementation of the proposed project could potentially affect growth elsewhere in San Francisco and in the region. The Off-Street Parking Variant and the Hospital Façade Design Variant are discussed separately, below; the conclusions for the proposed project, unless stated otherwise, would be the same for the Off-Street Parking Variant and the Hospital Façade Design Variant as for the proposed project.

The proposed project would require demolition of the 1924 MAB and the Chinese Hospital Parking Garage to construct an approximately 90.5-foot-tall, seven-story, 101,545-gross-square-foot (gsf) Replacement Hospital with 54 acute-care beds and a new 22-bed skilled nursing facility. In order to build the proposed project the project sponsor plans to introduce legislative land use amendments to change certain zoning controls applicable to the proposed project as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Special Use District (SUD) on the main project site (APN 192, Lot 41 [835-845 Jackson Street]). The new hospital building would be designed and developed to be a Structural Performance Category-5 building as defined by the Office of Statewide Health Planning and Development, ensuring that Chinese Hospital would be reasonably capable of providing services to the public following an earthquake with strong ground motion. The first purpose of the proposed modernization of Chinese Hospital is so that it can fulfill its role as an essential facility in the event of a major disaster in the City by building a Replacement Hospital that meets the seismic safety requirements for acute-care facilities and provides a seismically safe hospital that can function as an integral component of the *San Francisco Chinatown Disaster Response Plan* and the City's *Emergency Operations Plan*. The second purpose is to enable Chinese Hospital to respond to the healthcare needs of the community and advancements in healthcare services, equipment, and technology to implement "best" healthcare practices for patient care and safety. (See "Purpose of

the Chinese Hospital Replacement Project" in Chapter I, Introduction and Background, on pp. I.12-I.14.)

The existing Chinese Hospital building has 54 acute-care beds and would remain in operation until the proposed Replacement Hospital is fully functional. It would then be renovated to serve as Chinese Hospital's proposed Medical Administration and Outpatient Center (MAOC).

As described in more detail in the Notice of Preparation/Initial Study on pp. 72-79 (see Appendix A), the proposed project would not increase the City's overall housing stock. Because the proposed project does not include a residential component, implementation would not represent growth in housing in the context of the City as a whole, which is projected to have an increase of 54,020 households between 2010 and 2030. Furthermore, the proposed project would not contribute to the displacement of any residential units. There would be a net employee increase of about 151 due to the proposed project, from about 313 existing workers per day to about 464 anticipated workers. The proposed new 22-bed skilled nursing facility and the increase in the amount of usable floor area for modernization of both inpatient and outpatient health care services on the main project site are components of the proposed project that contribute to the expected increase in employment and intensification of use.

Because the total number of employees at the main project site would increase, the proposed project would cause some growth or concentration in employment that would result in growth-inducing impacts related to employment or housing demand in the City or region. As described in more detail in the Notice of Preparation/Initial Study on pp. 72-79 (see Appendix A), the maximum of 127 housing units that would be in demand as a result of the proposed project's employment-related growth would represent less than 1 percent (0.002 percent) of household growth in the City between 2010 and 2030, and a negligible percentage (0.0001) of household growth in the region (504,600 households) between 2010 and 2030.

The proposed project is located in an urban area that is already served by the City's municipal infrastructure and public services as well as retail and other services. No expansion to municipal infrastructure or public services not already planned, under construction, or included with the proposed project would be required to accommodate new development, either directly or indirectly, as a result of the proposed project. The proposed project would not result in development of new public services that would accommodate significant growth in the City or the region. Thus, for the reasons discussed above, the proposed project would not result in significant growth-inducing impacts.

The Off-Street Parking Variant and the Hospital Façade Design Variant do not propose any changes to the programmatic elements of the proposed project on the main project site, all of which would remain the same. The Off-Street Parking Variant would add dedicated off-street

parking (including handicap-accessible and car-share parking spaces), bicycle parking, and engineering shop and hospital storage space as part of the minor interior renovations proposed for the existing Powell Street Parking Garage. The primary difference, for purposes of CEQA, would be the change in circulation that would result from the provision of dedicated off-street parking near the main project site as opposed to providing none since off-street parking is not required by the Planning Code for non-residential uses in the CRNC Zoning District. The traffic circulation differences between the proposed project and the Off-Street Parking Variant are analyzed in Section IV.D, Transportation and Circulation. As with the proposed project, the Off-Street Parking Variant would not result in significant growth-inducing impacts.

Refinement of the hospital façade design under the Hospital Façade Design Variant is analyzed in Section IV.B, Aesthetics, and in Section IV.C, Historic Architectural Resources. As with the proposed project, the Hospital Façade Design Variant would not result in significant growth-inducing impacts.

B. SIGNIFICANT UNAVOIDABLE IMPACTS

In accordance with Section 21067 of CEQA and with Sections 15126(b) and 15126.2(b) of the CEQA Guidelines, the purpose of this section is to identify significant environmental impacts that could not be eliminated or reduced to less-than-significant levels by implementation of mitigation measures included in the proposed project or identified in Chapter IV, Environmental Setting, Impacts, and Mitigation. The findings of significant impacts are subject to final determination by the San Francisco Planning Commission as part of the certification process for this EIR. If necessary, this chapter will be revised in the Final EIR to reflect the findings of the Planning Commission.

As identified in Section IV.C, Historic Architectural Resources, the demolition of the 1924 MAB under the proposed project would result in a significant and unavoidable impact to the 1924 Chinese Hospital Building (MAB) individual historic resource at 835 Jackson Street and the NRHP/CRHR-eligible Chinatown historic district, both of which were identified as historic resources under CEQA. Implementation of Mitigation Measures M-CR-1a and M-CR-1b, pp. IV.C.21-IV.C.22, would reduce this adverse impact, but not to a less-than-significant level. A significant unavoidable historic architectural resources impact on the NRHP/CRHR-eligible Chinatown historic district would also result from the design and development of the Replacement Hospital. There is no feasible mitigation measure that could avoid this project-related historic architectural resource impact. Demolition of the 1924 MAB and construction of the proposed Replacement Hospital under the proposed project would also result in a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district.

As identified in Section IV.E, Air Quality, the construction of the proposed project would expose sensitive receptors to substantial levels of $PM_{2.5}$ and other TACs, including DPM and would be a significant and unavoidable health risk impact. Implementation of Mitigation Measure M-AQ-3, p. IV.E.36-38 would reduce this adverse impact, but not to a less-than-significant level.

C. SIGNIFICANT IRREVERSIBLE ENVIRONMENTAL IMPACTS

In accordance with Section 21100 (b)(2)(B) of CEQA, and Section 15126.2(c) of the CEQA Guidelines, an EIR must identify any significant irreversible environmental changes that could result from implementation of the proposed project. This may include current or future uses of non-renewable resources and secondary or growth-inducing impacts that commit future generations to similar uses. According to the CEQA Guidelines, irretrievable commitments of resources should be evaluated to assure that such current consumption is justified. The CEQA Guidelines describes three distinct categories of significant irreversible changes: 1) changes in land use that would commit future generations, 2) irreversible changes from environmental actions, and 3) consumption of nonrenewable resources. Each of these categories is discussed below in relation to the proposed project. The conclusions are the same for the Off-Street Parking Variant and the Hospital Façade Design Variant.

CHANGES IN LAND USE WHICH WOULD COMMIT FUTURE GENERATIONS

There would be no change in land use on the main project site that would commit future generations. In contrast, the hospital and medical use, and their proposed intensification, on this parcel would be a continuation of existing uses.

IRREVERSIBLE CHANGES FROM ENVIRONMENTAL ACTIONS

No significant irreversible environmental damage, such as an accidental spill or explosion of hazardous materials, is anticipated to occur with implementation of the proposed project. Compliance with Federal, State and local regulations related to hospital uses identified in NOP/IS Section E, Hazards and Hazardous Materials (see Appendix A, pp. 192-201), would reduce the possibility that hazardous substances from the demolition, construction, and operation of proposed project would cause significant and unavoidable environmental damage. No other irreversible permanent changes such as those that might result from construction of a large-scale mining project, hydroelectric dam, or other industrial project would result from development of the proposed project.

CONSUMPTION OF NONRENEWABLE RESOURCES

Consumption of nonrenewable resources includes increased energy consumption, conversion of agricultural lands to urban uses, and loss of access to mineral reserves. No agricultural lands

would be converted and no access to mining reserves would be lost with construction of the proposed project. The main project site contains the 1979 Chinese Hospital, the 1924 MAB, and the Chinese Hospital Parking Garage and is located in San Francisco's Chinatown, which is in a densely developed urbanized area. The proposed project would commit future generations to an irreversible commitment of energy resources in the form of usage of nonrenewable fossil fuels, due to vehicle and equipment use during demolition, construction, and operation of the site. The proposed project would comply with California Code of Regulations Title 24; it would not use energy in a wasteful manner. Resources consumed during demolition, construction, and operation would include lumber, concrete, gravel, asphalt, masonry, metals, and water. Similar to the existing uses on the main project site, the proposed project would irreversibly use water and solid waste landfill resources. However, the proposed project would not involve a large commitment to those resources relative to existing conditions and also relative to supply, nor would it consume any of those resources wastefully. Further, the proposed project would not require the construction of new power plant, or major new transmission lines to deliver energy.

The proposed project would replace the existing 54 acute care beds and add 22 new skilled nursing facility beds into a seismically safe new hospital facility, modernize healthcare delivery and medical technology, and would continue to provide inpatient and outpatient healthcare services through the proposed 4-year construction period. The main project site is already served by existing facilities and no new major sewer construction would be needed to serve the proposed project. The main project site is entirely impervious. The proposed project would not substantially increase the amount of impervious surface area on the main project site. Accordingly, the project would not increase the amount of surface runoff, which would exceed the capacity of the existing drainage system. The amount of impermeable surface area that receives rain would generally remain unchanged with project development. It is anticipated that there would be no net increase in the amount of storm water runoff with the proposed project. However, the City's Stormwater Management Ordinance requires implementation of a stormwater management plan that reduces existing stormwater runoff flow rate and volume by 25 percent for a two-year 24-hour design storm. The proposed project would include the development of an on-site stormwater retention system under James Alley. However, the majority of stormwater would continue to be handled by the City's combined sewer collection system. The proposed project would not require construction of new water or wastewater treatment facilities or expansion of the *2010 Urban Water Management Plan for the City and County of San Francisco*, which includes all known or expected development projects and projected development in San Francisco through 2030; furthermore, the proposed project would not require new or expanded water supply resources or entitlements. Therefore, service providers would have the capacity to provide for the proposed level of development on the main project site.

D. AREAS OF KNOWN CONTROVERSY AND ISSUES TO BE RESOLVED

The Notice of Preparation/Initial Study (NOP/IS) for this project was published on May 18, 2011, announcing the intent to prepare and distribute an EIR. Individuals and agencies that received these notices included owners of properties within 300 feet of the main project site and the garage variant site, and potentially interested parties, including regional and state agencies.

On the basis of public comments on the NOP/IS, potential areas of controversy for the proposed project include:

- Shadows on parks;
- Open space requirements;
- Preservation alternatives; and
- Use of the Powell Street Garage (under the Off-Street Parking Variant).

Other comments on the NOP/IS focused on Chinese Hospital Association's then-proposed long-term lease of the Powell Street Parking Garage, at 1140 Powell Street. Issues such as merits of the project design and potential discretionary approvals granted by the City are not environmental issues and will be considered by decision-makers during the project approval process.

VI. ALTERNATIVES TO THE PROPOSED PROJECT

INTRODUCTION

This chapter describes alternatives to the proposed Chinese Hospital Replacement Project; evaluates the environmental impacts associated with each alternative relative to existing conditions and to the environmental impacts of the proposed project; and discusses the ability of each alternative to meet the project sponsor's objectives, while still avoiding or substantially reducing the proposed project's significant impacts. This chapter identifies one of the alternatives as an environmentally superior alternative, which is the alternative that would result in the least adverse effect on the environment (see Section VI.E, Environmentally Superior Alternative, p. VI.88. Under CEQA, the environmentally superior alternative cannot be the No Project Alternative. Alternatives considered and rejected are also discussed in this chapter, as required under CEQA (see Section VI.F, Alternatives Considered and Rejected, p. VI.89).

The analysis of alternatives is of benefit to decision-makers because it provides more complete information about the potential impacts of land use decisions and, consequently, a better understanding of the interrelationships among all of the environmental topics under evaluation. Decision-makers must consider approval of an alternative if the alternative would substantially lessen or avoid significant environmental impacts identified for the proposed project and the alternative is determined to be feasible.

RANGE OF ALTERNATIVES CONSIDERED

CEQA Guidelines Section 15126.6(a) requires that an EIR evaluate "a range of reasonable alternatives to the project, or the location of the project, which would feasibly attain most of the basic project objectives but would avoid or substantially lessen any of the significant effects, and evaluate the comparative merits of the alternatives." An EIR need not consider every conceivable alternative to a proposed project. Rather, it must consider a range of potentially feasible alternatives governed by the "rule of reason" in order to foster informed decision-making and public participation (CEQA Guidelines Section 15126.6(f)).

CEQA Guidelines Sections 15126.6(f)(1) and (f)(3) state that "among the factors that may be taken into account when addressing the feasibility of alternatives are site suitability, economic viability, availability of infrastructure, general plan consistency, other plans or regulatory limitations, jurisdictional boundaries (projects with a regionally significant impact should consider the regional context), and whether the proponent can reasonably acquire, control or otherwise have access to the alternative site (or the site is already owned by the proponent)" and that an EIR "need not consider an alternative whose effect cannot be reasonably ascertained and

whose implementation is remote and speculative." The final determination of feasibility will be made by project decision-makers based on substantial evidence in the record, which includes, but is not limited to, information presented in the EIR, comments received on the Draft EIR, and responses to those comments.

ADDRESSING SIGNIFICANT IMPACTS OF THE PROPOSED PROJECT

The intent of the alternatives discussed in this chapter is to consider designs and development programs that could avoid or lessen significant and unavoidable impacts resulting from development (demolition and new construction) under the proposed project, as identified in Chapter IV, Environmental Setting, Impacts, and Mitigation. The EIR concludes that the project, if implemented as proposed, would result in the following significant and unavoidable project-specific and cumulative impacts related to Historic Architectural Resources and Air Quality:

- The proposed demolition of the existing 1924 Medical Administration Building (MAB) would have a substantial adverse effect on an individual historical resource and on the National Register of Historic Places/California Register of Historical Resources-eligible Chinatown historic district (NRHP/CRHR-eligible Chinatown historic district).
- The proposed Replacement Hospital building would have a substantial adverse effect on the NRHP/CRHR-eligible Chinatown historic district.
- The proposed project, in combination with other past, present and reasonably foreseeable future projects in the project vicinity, would make a cumulatively considerable contribution to significant adverse impacts on the NRHP/CRHR-eligible Chinatown historic district.
- Construction of the proposed project would expose sensitive receptors to substantial levels of particulate matter, 2.5 micron ($PM_{2.5}$) and other Toxic Air Contaminants (TACs), including diesel particulate matter (DPM).

PROJECT SPONSOR OBJECTIVES

As stated above, the alternatives evaluated in an EIR should be selected based on their potential to eliminate or reduce significant adverse impacts caused by the proposed project, as well as their potential to achieve most of the project sponsor's project objectives. Chinese Hospital Association, the project sponsor, developed a set of project objectives for the proposed Chinese Hospital Replacement Project intended to provide a modernized hospital facility that is seismically safe. As described in "Project Objectives," in Chapter II, Project Description, on p. II.4, the project sponsor's objectives are to build and design a hospital that:

- Honors the history and continuum of healthcare provided by Chinese Hospital in Chinatown;
- Respects the architectural context of the surrounding buildings, while meeting the hospital's mission to provide modern healthcare facilities for its community;

- Can physically satisfy the current and future requirements for the delivery of quality healthcare to patients;
- Provides a seismically safe environment for its patients, visitors, physicians, and employees;
- Is economically cost efficient and improves the operation of the hospital;
- Furthers Chinese Hospital's mission to serve the healthcare needs of its community through the use of advanced medical practices, technology, and equipment;
- Minimally disrupts the current hospital's acute-care services and outpatient operations, to ensure that the healthcare services for the community continue to be provided during project implementation;
- Provides space for existing hospital functions in a new hospital that meets the requirements of SB 1953, other state agencies, and hospital industry associations;
- Provides sufficient space to replace the existing 54 acute-care hospital beds and upgrade and modernize them; and
- Provides a 22-bed skilled nursing facility to improve the transition of patients from the acute-care setting to home.

FEASIBILITY OF ALTERNATIVES

The evaluation of the feasibility of each of the alternatives needs to take into consideration the licensing requirements for acute-care hospitals under the California Code of Regulations, Title 22, Division 5, Chapter 1, Article 3: Basic Services. Under these requirements, as discussed in Chapter I, Introduction and Background, pp. I.12-I.14, a hospital must provide all eight basic medical services (Medical Staff, Nursing Services, Surgical Services, Anesthesia, Clinical Laboratory, Radiological, Pharmaceutical, and Dietetic Services) within the hospital building for it to be considered an acute-care hospital and provide care to inpatients. Each alternative considered differs in relation to the amount and configuration of development proposed on the main project site.

In developing a reasonable range of alternatives, the San Francisco Planning Department considered whether there was a feasible alternative that would substantially reduce or eliminate the proposed project's potentially significant and unavoidable impacts related to historic architectural resources and air quality. Different design and site planning scenarios for development on the main project site were investigated for various alternatives to assess their respective potential for reducing the proposed project's significant and unavoidable environmental impacts. Different space allocations for required hospital functions and different approaches to retention of the 1924 MAB were also investigated. As a result of this investigation, one full preservation alternative (Alternative B), one partial preservation alternative (Alternative C), and a compatible replacement hospital alternative (Alternative D) are evaluated in this EIR, in addition to a no project alternative (Alternative A).

Two variants to the proposed project are evaluated in this EIR, as described in Chapter II, Project Description, pp. II.42-II.45. The Off-Street Parking Variant, which would add the garage variant site at 1140 Powell Street to the proposed project, could be combined with Alternatives B, C, or D. The conclusions in this chapter for each alternative would remain the same. The mitigation measures and improvement measures identified for the proposed project and the Off-Street Parking Variant would remain the same if the variant were applied to any of these three alternatives. The Hospital Façade Design Variant is not applicable to these alternatives because the massing of the replacement hospital building in the variant relates specifically to the massing and floor plates of the project as proposed.

ALTERNATIVES EVALUATED IN THIS ALTERNATIVES CHAPTER

Four alternatives are evaluated in this chapter:

- Alternative A: No Project Alternative;
- Alternative B: Full Preservation Alternative;
- Alternative C: Partial Preservation Alternative; and
- Alternative D: Compatible Replacement Hospital Alternative.

These alternatives are summarized in Table VI.1: Comparison of Building Alterations – Proposed Project and Alternatives, on p. VI.6, and in Table IV.2: Comparison of Use Program – Proposed Project and Alternatives, on p. VI.7. The alternatives are further described and evaluated below.

The conclusions of the Notice of Preparation/Initial Study (NOP/IS) with respect to each of the environmental topics that were determined either to be less than significant or less than significant with mitigation (Population and Housing; Noise; Greenhouse Gas Emissions; Recreation; Utilities and Service Systems; Public Services; Biological Resources; Geology and Soils; Hydrology and Water Quality; Hazards/Hazardous Materials; Mineral/Energy Resources; and Agricultural Resources) apply to Alternatives B, C, and D, because these alternatives would occupy the same main project site as would the proposed project, and would include a substantially similar mix of uses and a substantially similar (or lessened) intensity of uses on the main project site. See Chapter I, Introduction and Background, p. I.5, for more information regarding the evaluation of the above-noted environmental topics. These alternatives would not result in any new potentially significant impact for the above-noted environmental topics not already identified in the NOP/IS for the proposed project. Impacts of these alternatives under each of these above-noted environmental topics would be substantially similar to those of the proposed project. No study of the above-noted environmental topics is therefore required in the analysis of alternatives. Alternative A, the No Project Alternative, would not result in any impacts related to the above-noted environmental topics because that alternative essentially continues existing conditions on the main project site.

The impacts of the proposed project under the environmental topics of Wind and Shadow were determined to be less than significant for the proposed project in the NOP/IS. However, because building heights and building forms under Alternatives B, C, and D would differ from those of the proposed project, these topics merit further discussion in this Alternatives chapter. The topics of Wind and Shadow are therefore included in the analysis of each EIR alternative considered in this chapter.

Table VI.1: Comparison of Building Alterations – Proposed Project and Alternatives

		EIR Alternatives			
	Proposed Project	**No Project Alternative / Existing Conditions**	**Full Preservation Alternative**	**Partial Preservation Alternative**	**Compatible Replacement Hospital Alternative**
Treatment of 1924 MAB	Demolish 1924 MAB.	Retain1924 MAB as office and administrative uses.	Retain 1924 MAB and seismically retrofit for acute-care hospital use.	Retain front portion of 1924 MAB, demolish rear, and seismically retrofit retained front portion for office/administrative uses.	Demolish 1924 MAB.
Disposition of 1979 Chinese Hospital Building	Retain 1979 Chinese Hospital and reuse it as MAOC.	Retain 1979 Chinese Hospital as an acute-care hospital.	Seismically retrofit 1979 Chinese Hospital for continued hospital use.	Retain 1979 Chinese Hospital and reuse it as MAOC.	Retain 1979 Chinese Hospital and reuse it as MAOC.
Disposition of Chinese Hospital Parking Garage	Demolish Chinese Hospital Parking Garage.	Retain Chinese Hospital Parking Garage.	Demolish Chinese Hospital Parking Garage.	Demolish Chinese Hospital Parking Garage.	Demolish Chinese Hospital Parking Garage.
New Construction on site of 1924 MAB and Chinese Hospital Parking Garage	Construct new Replacement Hospital.	Not applicable.	Construct new 5th floor, 1-story rooftop addition to 1924 MAB behind the pagoda roof feature. Construct new rear addition to 1924 MAB.	Construct new hospital tower to the rear of the retained front portion of the 1924 MAB.	Construct new compatible replacement hospital.
Height in Stories	Proposed Replacement Hospital would be 7 stories, plus basement, plus rooftop mechanical.	1924 MAB is 5 stories, plus basement, plus rooftop mechanical. No change.	Altered 1924 MAB would be 5 stories, plus basement, plus rooftop mechanical.	Hospital tower would be 10 stories, plus basement, plus rooftop mechanical.	Compatible replacement hospital would be 9 stories, plus basement, plus rooftop mechanical.
Height in Feet	Proposed Replacement Hospital would be 90.5 feet tall, plus rooftop mechanical (30 feet tall).	1924 MAB is 78 feet tall. Rooftop mechanical behind 5th floor pagoda roof feature is 14 feet tall. No change.	Altered 1924 MAB would be 78 feet tall, plus rooftop mechanical (30 feet tall).	Hospital tower would be 136 feet tall, plus rooftop mechanical (30 feet tall).	Compatible replacement hospital would be 121.5 feet tall, plus rooftop mechanical (30 feet tall).
Building Floor Area on Site of 1924 MAB / CH Garage (gsf)	Proposed Replacement Hospital would be 101,545 gsf.	Existing 1924 MAB is 29,793 gsf. No change.	Altered 1924 MAB with new additions would be 50,902 gsf.	New hospital tower with retained front portion of the 1924 MAB would be 111,125 gsf.	New compatible replacement hospital would be 118,634 gsf.

Note: All floor areas and heights are approximate.

Source: Turnstone Consulting

Table VI.2: Comparison of Use Program - Proposed Project and Alternatives

		EIR Alternatives			
	Proposed Project	**No Project Alternative / Existing Conditions**	**Full Preservation Alternative**	**Partial Preservation Alternative**	**Compatible Replacement Hospital Alternative**
Number of Beds					
Acute-Care Beds					
On Site of 1924 MAB / CH Garage	54	0	30	22	54
1979 Chinese Hospital	0	54	20	0	0
Total	**54**	**54**	**50**	**22**	**54**
Skilled Nursing Beds					
On Site of 1924 MAB / CH Garage	22	0	0	0	21
1979 Chinese Hospital	0	0	0	0	0
Total	**22**	**0**	**0**	**0**	**21**
Daily Employment	464	313	428	388	472
Daily Patients	514	393	488	460	514
Daily Visitors	824	601	768	716	824
Net New Peak Hour Vehicle Trips	53	0	42	33	55
Parking (spaces / gsf)	0	41 / 15,000	0	0	0
Hospital Use Program on Main Project Site (gsf)					
Inpatient					
On Site of 1924 MAB / CH Garage	27,152	0	11,266	14,042	29,153
1979 Chinese Hospital	0	7,855	8,072	0	0
Diagnostic & Treatment					
On Site of 1924 MAB / CH Garage	9,271	2,085	8,430	13,141	9,825
1979 Chinese Hospital	5,575	9,022	5,575	5,575	5,575
Ambulatory					
On Site of 1924 MAB / CH Garage	6,679	0	7,930	10,233	6,679
1979 Chinese Hospital	1,188	775	1,188	1,188	1,188
Hospital Support					
On Site of 1924 MAB / CH Garage	6,786	5,093	2,402	10,706	7,230
1979 Chinese Hospital	9,404	6,664	4,146	9,404	9,404
Public/Administrative					
On Site of 1924 MAB / CH Garage	2,511	7,369	3,094	10,097	3,773
1979 Chinese Hospital	5,678	308	3,279	5,678	5,678
Building Support					
On Site of 1924 MAB / CH Garage	4,409	1,095	2,002	6,556	5,733
1979 Chinese Hospital	4,062	2,008	3,590	4,062	4,062
Circulation					
On Site of 1924 MAB / CH Garage	44,737	14,151	15,778	46,350	56,241
1979 Chinese Hospital	17,461	16,736	17,461	17,461	17,461
Total Building Area (gsf)					
On Site of 1924 MAB / CH Garage	101,545	29,793 / 15,000	50,902	111,125	118,634
1979 Chinese Hospital / MAOC	43,368	43,368	43,368	43,368	43,368
Total	**144,913**	**88,161**	**94,270**	**154,493**	**162,002**

Note: All floor areas are approximate.

Source: Chinese Hospital Association, CHS Consulting, Turnstone Consulting

A. NO PROJECT ALTERNATIVE

CEQA Guidelines Section 15126.6(e) requires that, among the project alternatives, a "no project" alternative be evaluated. CEQA Guidelines Section 15126.6(e)(2) requires that the no project alternative analysis "discuss the existing conditions…as well as what would be reasonably expected to occur in the foreseeable future if the project were not approved, based on current plans and policies and consistent with the available infrastructure and community services." As noted in CEQA Guidelines Section 15126.6, an EIR on "a development project on identifiable property," typically analyzes a no project alternative, i.e., "the circumstance under which the project does not proceed. Such a discussion would compare the environmental effects of the property remaining in its existing state against environmental effects that would occur if the project is approved. If disapproval of the project under consideration would result in predictable actions by others, such as the proposal of some other project, this 'no project' consequence should be discussed."

DESCRIPTION

The No Project Alternative assumes continuation of the existing uses in the 1924 MAB, the 1979 Chinese Hospital building, and the Chinese Hospital Parking Garage beyond January 1, 2030. As shown on Table VI.2, on p. VI.7, under the No Project Alternative, the existing 43,368-gsf 1979 Chinese Hospital building would continue to operate as a hospital with 54 acute-care beds, and would not include a skilled nursing facility, as is proposed by the project. The existing 29,793-gsf 1924 MAB would continue to include office and administrative uses. The existing 15,000-gsf Chinese Hospital Parking Garage would continue to include 41 parking spaces for use by Chinese Hospital. This alternative would not require any of the project approvals required by the proposed project as discussed on pp. II.47-II.49 in Chapter II, Project Description.

The 1979 Chinese Hospital building is rated by the Office of Statewide Health Planning and Development (OSHPD) as a Structural Performance Category (SPC)-3 structure per the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (Alquist Act). The 1979 Chinese Hospital building may continue to operate as an acute-care facility up to January 1, 2030 and beyond as described in Chapter I, Introduction and Background, Section D, "Purpose of the Chinese Hospital Replacement Project," pp. I.12-I.14. Like other SPC-3 hospital facilities, and, in particular, pre-Northridge Earthquake SPC-3 hospital facilities that used a steel moment frame design, the 1979 Chinese Hospital building would be susceptible to structural damage and interruption of healthcare service to the community for an extended period of time in the event of a major earthquake accompanied by strong ground motion. The existing 1924 MAB is rated as a SPC-1 structure, indicating that the structure poses a "significant risk of collapse and is a danger to the public after a strong earthquake."

Therefore, the No Project Alternative could potentially endanger patients, visitors, physicians, and staff occupying the existing 1924 MAB, in the event of an earthquake with strong ground motion. After a major earthquake the 1979 Chinese Hospital building may experience structural damage that may not significantly jeopardize life, but the 1979 Chinese Hospital may not be repairable or fully functional following strong ground motion, leaving the Chinatown community with no hospital facilities in a post-disaster setting.

Given these circumstances, under the No Project Alternative the project sponsor could improve conditions in the 1979 Chinese Hospital building to incrementally improve patient comfort and care and respond to procedural and technological advancements in healthcare delivery without major disruption to the provision of healthcare service to its patients. As with renovation of the 1979 Chinese Hospital to become the Medical Administration and Outpatient Center (MAOC) under the proposed project, Code Application Notice 2-34, OSHPD allows for certain additions, alterations, or repairs to a hospital building without requiring the existing building or structure to comply with all the new requirements of the California Building Code, provided the addition, alteration, or repair conforms to the requirements for a new building or structure.[1] However, under this alternative, these incremental changes that could likely occur in the future would not seismically strengthen the 1979 Chinese Hospital building enough so that it would be fully functional after a major earthquake with strong ground motion. No improvements would be made to the 1924 MAB under the No Project Alternative.[2]

The existing program constraints and inefficiencies that currently exist in the 1979 Chinese Hospital building and 1924 MAB would continue into the future under the No Project Alternative. Current space constraints in the 1979 Chinese Hospital building limit any opportunity for growth as most of the departments and services within the hospital are at capacity.[3] Compared to the proposed project, there would be no increase in in-patient or outpatient services in the future at Chinese Hospital under the No Project Alternative.

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1 Title 24, 2001 California Building Code Section 3403.2.

2 Linda Schumacher, Chief Operating Officer, Chinese Hospital, Memo re: Case File No. 2008.0762E: Chinese Hospital Replacement Project – Impacts of Title 22 of the California Code of Regulations and Section 12 of the California Building Code on the Preservation Alternatives, April 11, 2012 (hereinafter "Schumacher Memo, April 11, 2012"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

3 Schumacher Memo, April 11, 2012.

IMPACTS

Land Use and Land Use Planning

Under the No Project Alternative, there would be no changes to the existing land uses on the main project site. The 1979 Chinese Hospital building (which has 54 licensed acute-care beds, 2 surgical suites, an intensive care unit, a 24-hour treatment center, a same-day surgery unit with endoscopy, diagnostic and therapeutic services, an imaging services department, a cardiopulmonary unit, and a pharmacy) would continue to operate. The 1924 MAB (which has hospital administration and community service program offices, outpatient services, medical records, engineering, materials handling, building support, and storage) and the existing Chinese Hospital Parking Garage (which contains 41 parking stalls or space for 78 valet-parked vehicles) would remain and continue to operate as they currently do.

The No Project Alternative, like the proposed project, would continue existing hospital uses on the main project site and would not physically divide an established community or have a substantial impact on the existing character of the vicinity. In addition, the No Project Alternative would not conflict with any land use plans, policies, or regulations adopted for the purpose of avoiding or mitigating an environmental effect. The proposed legislative land use amendments and the project approvals that would be necessary for the proposed project would not be required for the No Project Alternative. Compared to the proposed project, which would have less-than-significant land use impacts, the No Project Alternative would not have any project-level land use impacts and would not make a considerable contribution to any significant cumulative land use impacts.

Aesthetics

Under the No Project Alternative, existing visual conditions on the main project site would not change. The existing 1924 MAB and the Chinese Hospital Parking Garage would not be demolished and would remain in place. Therefore, this alternative would not have any effect on an existing scenic vista, including long-range scenic vistas of downtown from Telegraph Hill and Russian Hill and the scenic vista along the Jackson Street view corridor. As with the proposed project, the main project site and its surroundings contain no scenic resources for the purposes of the aesthetics analysis in this EIR. This alternative would have no potential to result in any impacts on existing visual character and quality. Existing conditions related to light and glare would continue under this alternative. Compared to the proposed project, which would have less-than-significant impacts on aesthetics, the No Project Alternative would not result in any project-level impacts, nor contribute to cumulative impacts, related to aesthetics.

Historic Architectural Resources

Under the No Project Alternative, there would be no changes to the existing buildings on the main project site. On the main project site, the existing 1924 MAB, which is a historical resource as it is individually eligible for listing in the NRHP and in the CRHR, and is also eligible as a contributor to the Chinatown Historic District, which, in turn, is eligible for listing on the NRHP and CRHR, would not be demolished. A new Replacement Hospital building would not be constructed on the main project site. Under the No Project Alternative, there would be no changes to an individual historical resource or the NRHP/CRHR-eligible Chinatown historic district. Compared to the proposed project, which would have significant and unavoidable project-specific impacts on historic architectural resources (the 1924 MAB and the NRHP/CRHR-eligible Chinatown historic district) and make a considerable contribution to significant cumulative impacts on the NRHP/CRHR-eligible Chinatown historic district, the No Project Alternative would not have any impacts on historic architectural resources and would not make a considerable contribution to any significant cumulative impacts on historic architectural resources.

Transportation and Circulation

Under the No Project Alternative, there would be no changes to the existing conditions on the main project site. The existing Chinese Hospital Parking Garage would continue to operate; the existing truck loading space off Stone Street would continue to be used, but would not be expanded. The two pedestrian loading zones on Jackson Street would remain the same as under existing conditions.

The No Project Alternative would have 151 fewer employees than the proposed project, 121 fewer patients, and 223 fewer visitors per day compared to the proposed project (see Table VI.2, p. VI.7). With these reductions, there would be 168 fewer person-trips and 53 fewer P.M. peak hour vehicle trips to the main project site with this alternative than with the proposed project. There would be no changes to existing bicycle, pedestrian, and vehicle circulation patterns. The continued operation of the Chinese Hospital Parking Garage would result in fewer vehicles parking in nearby parking garages, compared to the proposed project. The main project site would also have no construction-related traffic impacts.

Even with the No Project Alternative, surrounding transportation conditions near the main project site would change due to expected increases in population in the San Francisco Bay Area. The San Francisco County Transportation Authority (SFCTA) countywide travel demand forecasting model projects increased traffic for most of the streets and intersections near the main project site. For example, the LOS at the intersection of Stockton and Jackson Streets would decline from LOS C to LOS D under the No Project Alternative in 2030. Transit ridership is also predicted to

increase with the No Project Alternative. Weekday P.M. peak hour Muni ridership is expected to increase from 20,609 (in 2008) to 26,164 in 2030.[4] Regional transit usage is also expected to increase under the No Project Alternative; for example, BART ridership to the East Bay is expected to increase from 16,985 (in 2009) to 29,348 in 2030 without implementation of the proposed project.

Since the No Project Alternative would continue existing conditions and therefore accommodate fewer patients, employees, and visitors than would the proposed project, it is expected that future anticipated growth in patient demand that would be accommodated at Chinese Hospital under the proposed project would be accommodated at nearby hospitals, such as St. Francis Hospital, St. Mary's Hospital, California Pacific Medical Center's (CPMC's) Pacific Hospital, and San Francisco General Hospital. Patients needing skilled nursing would also be placed in other facilities in the City, or outside the City, as they are now, depending on the availability of beds in the future. The patients, employees, and visitors would travel to these other hospitals using transit, vehicles, and other modes. Under the proposed project, the 53 weekday P.M. peak hour vehicle trips to the main project site and public parking garages in the vicinity would have multiple origins and destinations and would not cause any significant traffic-related impacts, as discussed in Section IV.D, Transportation and Circulation. Therefore, these same vehicle trips, if they were to occur under the No Project Alternative, would have less-than-significant impacts on transportation modes because these trips to other hospital facilities would be widely dispersed. Compared to the proposed project, which would have less-than-significant transportation impacts, the No Project Alternative would not generate any new transportation impacts at the main project site, would have less-than-significant impacts on transportation to nearby alternate facilities, and would not make a considerable contribution to any significant cumulative transportation impacts.

Air Quality

Under the No Project Alternative, there would be no demolition, excavation or other construction activities on the main project site. The 1924 MAB and the Chinese Hospital Parking Garage would not be demolished as they would be under the proposed project. Rather, as under existing conditions, the 1924 MAB would continue to be used for administrative office uses and outpatient services, and the Chinese Hospital Parking Garage would continue to accommodate the parking demand from Chinese Hospital staff, patients, and visitors.

Excavation for the proposed Replacement Hospital building, on the 11,526-square-foot site provided by the demolition of the 1924 MAB and the Chinese Hospital Parking Garage, would

[4] CHS Consulting, *Chinese Hospital Transportation Study - Transportation Impact Analysis*, August 2011, (hereinafter "TIS"), p. 74. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

not occur under the No Project Alternative. The 1979 Chinese Hospital building would continue to be used as an acute-care facility rather than being renovated to be the new MAOC, as it would be under the proposed project. Compared to the proposed project, which would have less-than-significant construction-related air quality impacts related to criteria air pollutant emissions, under the No Project Alternative, which would have no demolition, excavation or other construction activities on the main project site, there would be no construction-related impacts that could violate an air quality standard or contribute substantially to an existing or projected air quality violation. The No Project Alternative would not result in a cumulatively considerable net increase of any criteria air pollutant for which the project region is in nonattainment under an applicable federal, state, or regional ambient air quality standard.

There would also be fewer vehicle trips under the No Project Alternative than there would be under the proposed project. Compared to the proposed project, there would be 237 fewer net-new daily vehicle trips to the main project site under this alternative. Traffic levels under the No Project Alternative would be closer to existing levels of traffic on the local roadway network. Compared to the proposed project, which would have less than significant impacts on local carbon monoxide (CO) concentrations, under the No Project Alternative, which would have no project-related change to existing traffic levels, local CO concentrations would not be substantially affected such that there would be a violation of an air quality standard or substantial contribution to an existing or projected air quality violation.

Under this alternative, the proposed 750-kilowatt (kW) emergency diesel generator, which would be located on the rooftop of the Replacement Hospital building with the proposed project, would not be a new source of air quality emissions. The existing 200-kW emergency diesel generator on the rooftop of the 1979 Chinese Hospital building would remain and would continue to operate as it would under the proposed project. All existing sources of emissions within a 1,000-foot radius of the main project site boundaries would be the same as under the proposed project. As previously stated, there would also be fewer net-new vehicle trips added to the local roadway network under this alternative. Thus, with no project-related increases in operational emissions from area, mobile, and stationary sources under the No Project Alternative, there would be no violations of an air quality standard or substantial contributions to an existing or projected air quality violation; nor would the No Project Alternative result in a cumulatively considerable net increase of any criteria air pollutant for which the project region is in nonattainment under an applicable federal, state, or regional ambient air quality standard.

Furthermore, under the No Project Alternative, existing nearby sensitive receptors would not be exposed to construction-related fugitive dust, criteria air pollutant, or toxic air contaminants as they would be under the proposed project. Thus, unlike the proposed project, the No Project Alternative would not result in a construction-related health risk and hazard impact on existing sensitive receptors. As described above, under this alternative, new sensitive receptors would not

be introduced on the main project site as they would be under the proposed project with the new 22-bed skilled nursing facility. Thus, the No Project Alternative could not increase the health risk and hazard to new sensitive receptors.

Compared to the proposed project, which would have a significant and unavoidable construction-related health risk and hazard impact on a nearby off-site residential receptor, the No Project Alternative would not have any air quality impacts and would not contribute to any cumulative air quality impacts.

Wind

Under the No Project Alternative, wind conditions on and around the main project site would not change. Compared to the proposed project, which would have less-than-significant wind impacts, the No Project Alternative would not have any wind impacts and, as with the proposed project, would not make a considerable contribution to any significant cumulative wind impacts.

Shadow

Under the No Project Alternative, shadow conditions on and around the main project site would not change. Compared to the proposed project, which would have less-than-significant shadow impacts, the No Project Alternative would not have any shadow impacts and, as with the proposed project, would not make a considerable contribution to any significant cumulative shadow impacts.

Conclusion

The No Project Alternative would continue existing conditions on the main project site. Unlike the proposed project, the No Project Alternative would not result in any impact on the 1924 MAB individual historic architectural resource or on the NRHP/CRHR-eligible Chinatown historic district resource. Since existing conditions on the main project site would not change under this alternative, there would be no impacts related to land use and land use planning, aesthetics, historic architectural resources, transportation and circulation, wind, and shadow.

The No Project Alternative would not achieve the project sponsor's objectives. Although the No Project Alternative would meet the objective of respecting the architectural context of the surrounding buildings, it would not accomplish the hospital's mission to provide modern healthcare facilities for the community, nor a seismically safe environment for patients, visitors, physicians, and employees that meets the requirements of SB 1953. It would not provide space for advanced medical practices, technology, and equipment. It would not replace the existing 54 acute-care beds and upgrade and modernize them, nor provide a new 22-bed skilled nursing facility.

B. FULL PRESERVATION ALTERNATIVE

As shown on Table IV.1: Comparison of Building Alterations – Proposed Project and Alternatives, on p. VI.6, the Full Preservation Alternative would retain and reuse the 1924 MAB, which is a historical resource, enhance the utility of the 1924 MAB for hospital use, and minimize impacts on the 1924 MAB individual historical resource and the surrounding NRHP/CRHR-eligible Chinatown historic district. The Full Preservation Alternative calls for seismic retrofit of the existing 1924 MAB and demolition of the Chinese Hospital Parking Garage. A rooftop addition to the 1924 MAB and a rear addition to the 1924 MAB on the site of the Chinese Hospital Parking Garage would be constructed. The 1924 MAB with these additions would be reused as a replacement hospital. During demolition and construction on the site of the 1924 MAB and Chinese Hospital Parking Garage, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of construction work on the 1924 MAB, the 1979 Chinese Hospital would undergo seismic retrofit for hospital use.

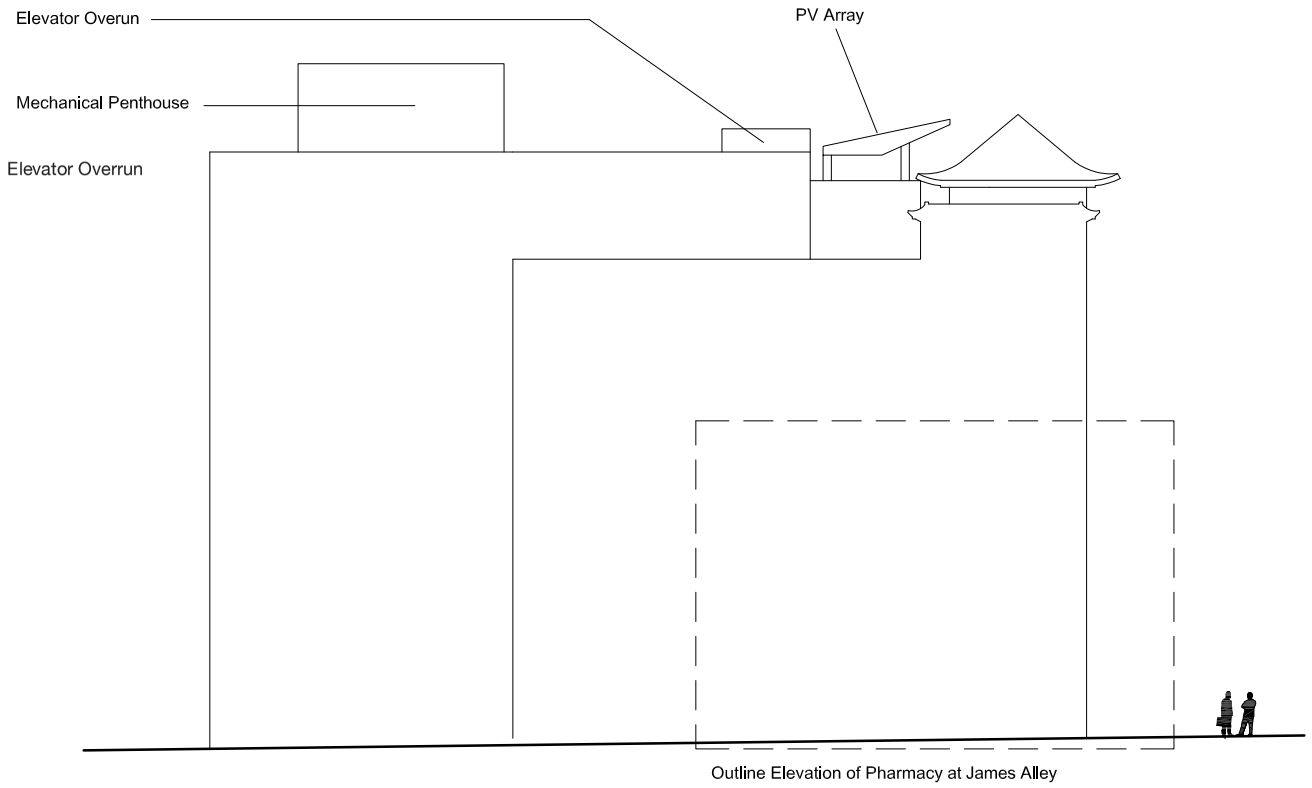
As shown on Table IV.2: Comparison of Use Program – Proposed Project and Alternatives, on p. VI.7, the seismically retrofitted, 43,368-gsf 1979 Chinese Hospital building would continue as a hospital use and include 20 acute-care beds. The 50,902-gsf altered 1924 MAB under this alternative would accommodate a new hospital use with 30 acute-care beds. Together, the reused 1979 Chinese Hospital building and the altered 1924 MAB would include 94,270 gsf and 50 acute-care beds under this alternative, four fewer beds than the existing Chinese Hospital or the proposed project. It would not include the 22-bed skilled nursing facility proposed as part of the project. As with the proposed project, no off-street parking would be provided to replace the 41 spaces that would be lost by demolition of the Chinese Hospital Parking Garage.

As with the proposed project, the Full Preservation Alternative would require legislative land use amendments to change certain zoning controls applicable to the alternative as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Chinese Hospital Special Use District (SUD) for the main project site at 835-845 Jackson Street and amending the Zoning Maps and certain aspects of the *Chinatown Area Plan* of the *General Plan.*

See Figure VI.1: Full Preservation Alternative - Jackson Street Elevation; Figure VI.2: Full Preservation Alternative – East Elevation; Figure VI.3: Full Preservation Alternative – First Floor Plan; Figure VI.4: Full Preservation Alternative – Fifth Floor Plan; Figure VI.5: Full Preservation Alternative – Massing Diagram; and Figure VI.6: Full Preservation Alternative – Stacking Diagram.

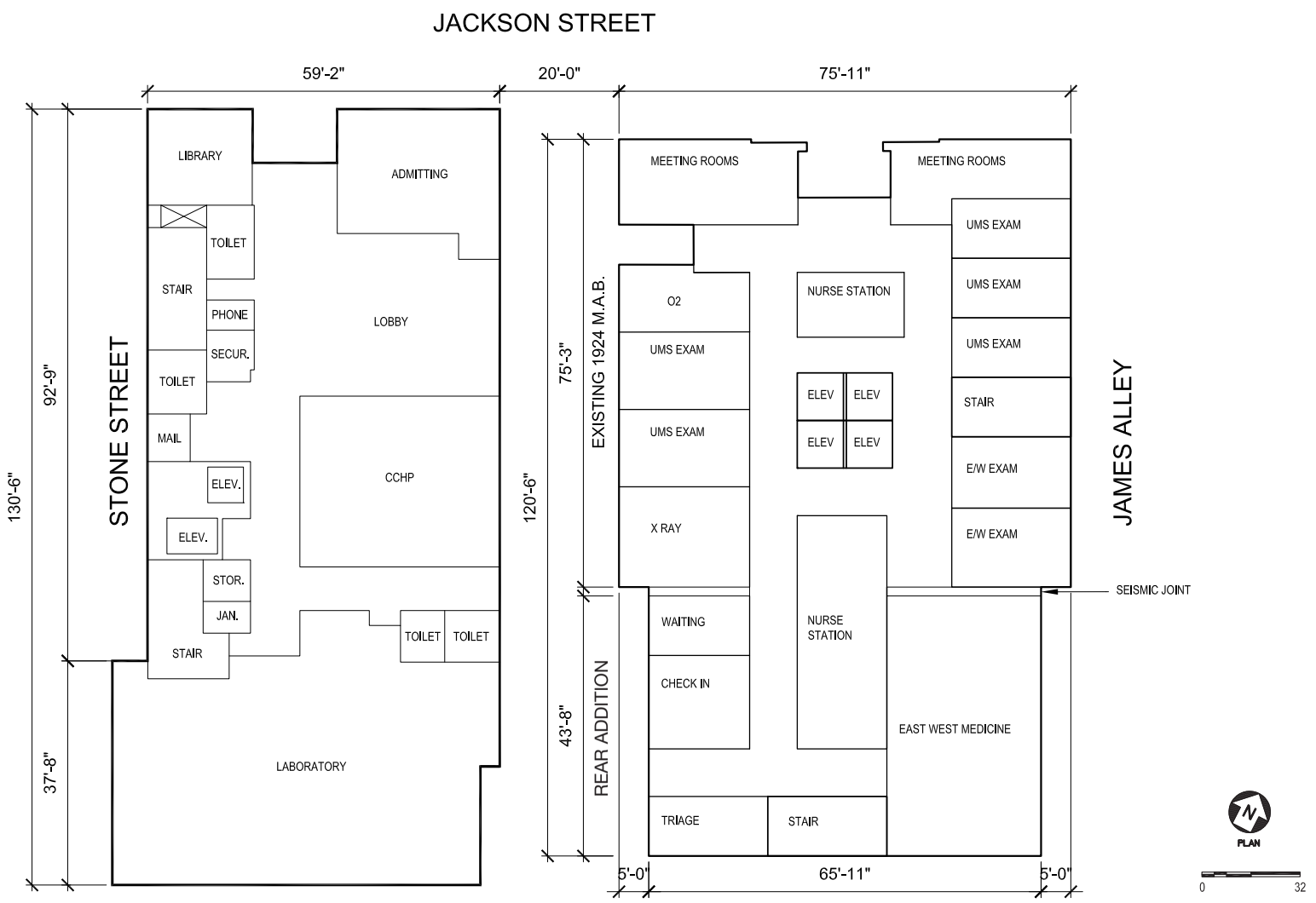
SOURCE: Jacobs Global Buildings

FIGURE VI.1: FULL PRESERVATION ALTERNATIVE-JACKSON STREET ELEVATION



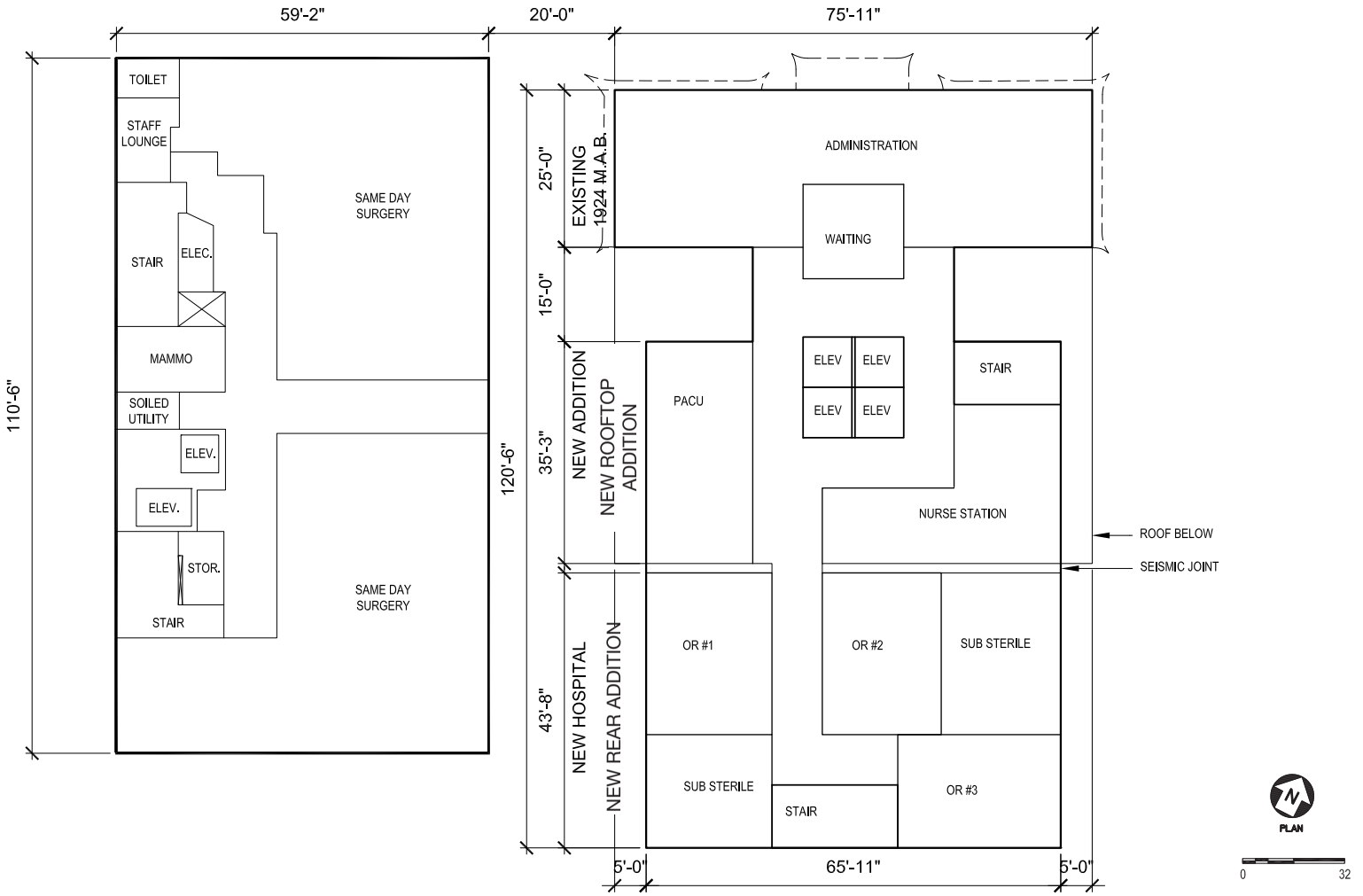
SOURCE: Jacobs Global Buildings

FIGURE VI.2: FULL PRESERVATION ALTERNATIVE-EAST ELEVATION



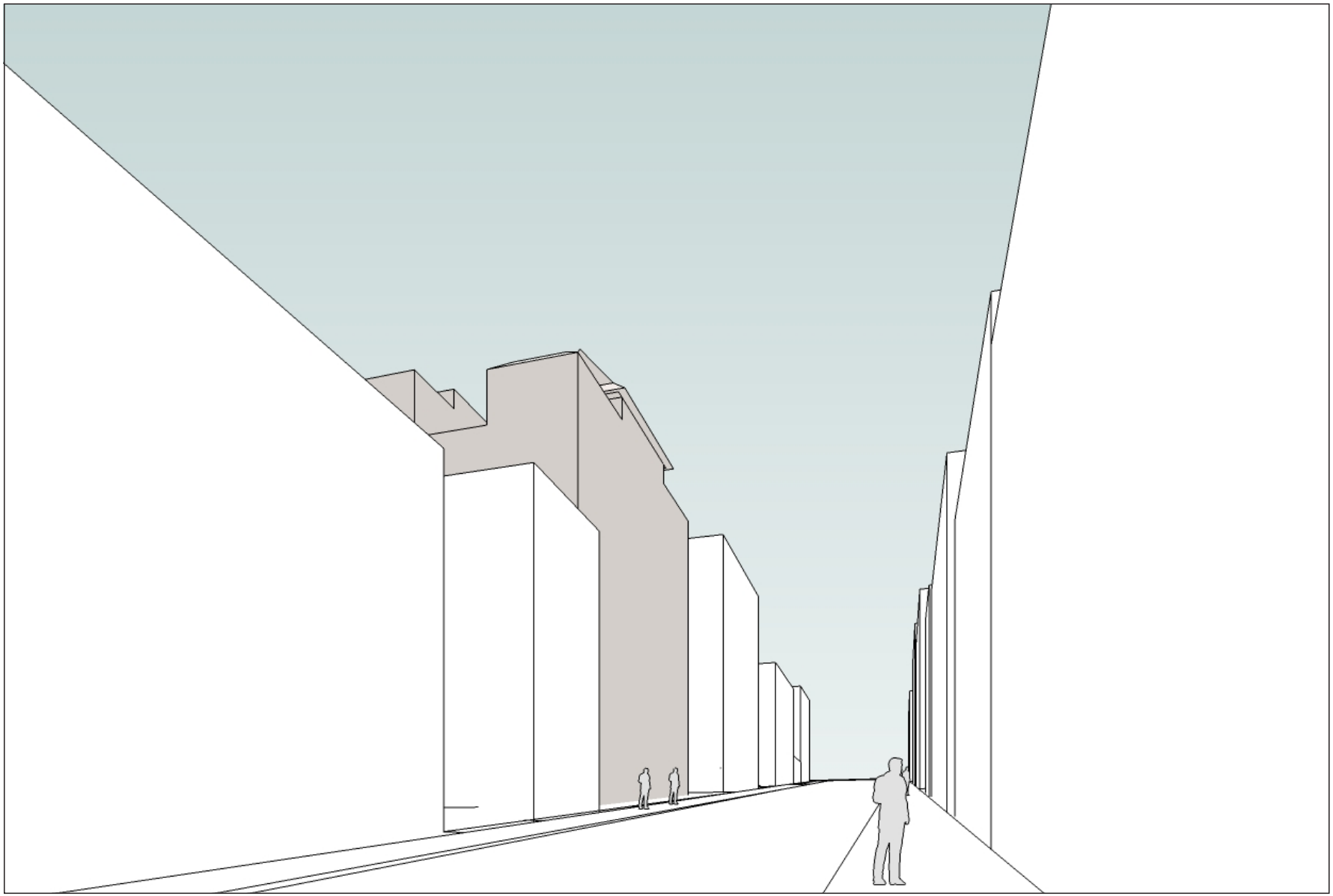
SOURCE: Jacobs Global Buildings

FIGURE VI.3: FULL PRESERVATION ALTERNATIVE-FIRST FLOOR PLAN



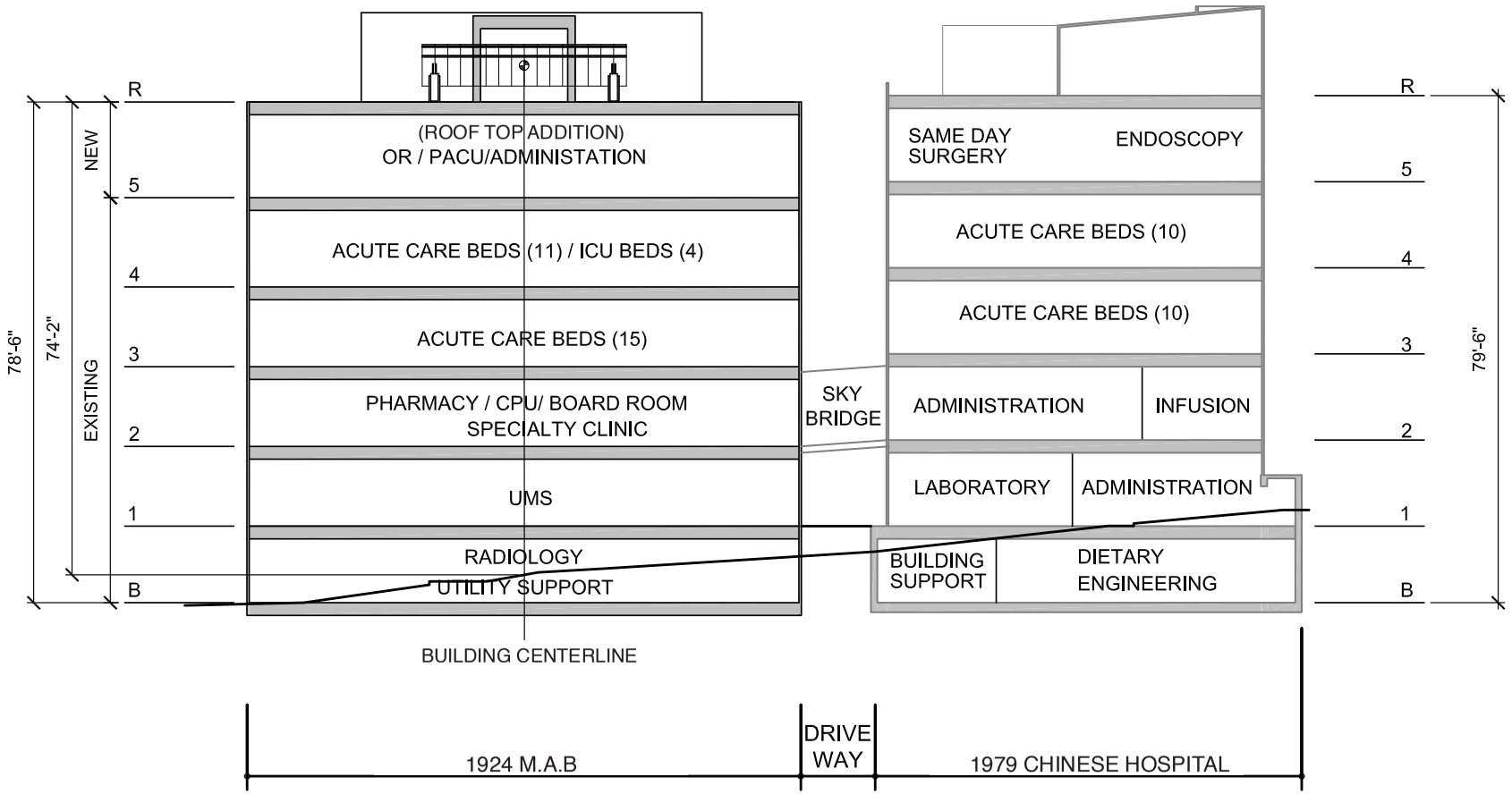
SOURCE: Jacobs Global Buildings

FIGURE VI.4: FULL PRESERVATION ALTERNATIVE-FIFTH FLOOR PLAN



SOURCE: Jacobs Global Buildings

FIGURE VI.5: FULL PRESERVATION ALTERNATIVE-MASSING DIAGRAM



SOURCE: Jacobs Global Buildings

FIGURE VI.6: FULL PRESERVATION ALTERNATIVE-STACKING DIAGRAM

DESCRIPTION

The existing 1924 MAB is rated SPC-1 by OSHPD per the requirements of the Alquist Act. This rating is the lowest structural rating, indicating that the structure is nonconforming and poses a "significant risk of collapse and is a danger to the public after a strong earthquake." Retention and reuse of the existing 1924 MAB for Hospital Institutional Use (I-1 Occupancy) would require compliance with all requirements under the 2010 California Building Code, including structural requirements for seismic safety. Under the Full Preservation Alternative, the 1924 MAB would be retained and upgraded to an SPC-4 status with a Structural Occupancy Category of IV (i.e., an acute-care facility).

Under this alternative, seismic retrofit of the 1924 MAB to meet the requirements for an acute-care facility would call for demolition of interior walls that separate the existing office and clinic uses, and walls enclosing the existing 5-story, 500-square-foot interior courtyard. The exterior walls of the 1924 MAB would be reinforced to resist seismic shear loads with the addition of reinforced shotcrete to the interior surface of these walls. Exterior walls treated with shotcrete would be approximately 8 to 10 inches thicker than the existing walls.[5] Under this alternative, window openings would be maintained at their present locations in the 1924 MAB.

Under this alternative, the perimeter shear walls for the interior courtyard would be demolished and new reinforced concrete floor slabs would be constructed at each floor level to align with existing floor levels within the 1924 MAB. This would allow for the development of larger contiguous areas and a central elevator core within the altered 1924 MAB. The reconstruction of each floor level under this alternative would allow for the design integration of modern mechanical, electrical, and plumbing systems within the constraints of the vertical limits of the existing 1924 MAB floor heights. Under this alternative, foundation work would include the provision of a new foundation mat slab below the 1924 MAB with structural ties between isolated foundations, column footings, and exterior wall footings, and treatment of the soil. This mat foundation would be a new reinforced concrete mat that encapsulates the existing building foundation to provide additional support. This mat foundation would be approximately 2 feet, 6 inches thick.

Under this Full Preservation Alternative, the west, north, and east façades of the 1924 MAB would be retained and rehabilitated in conformance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties* (Secretary's Standards), as would the pagoda-form roof on the partial fifth floor.

[5] Murphy Burr Curry, *835 Jackson Street, San Francisco CA – Chinese Hospital Seismic Evaluation for Hospital Buildings*, February 2012 (hereinafter "*Chinese Hospital Seismic Evaluation*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Under this Full Preservation Alternative, the 1979 Chinese Hospital building would remain in place; however, the sky bridge that connects the two existing buildings would be removed and reconstructed after completion of the new hospital addition to the 1924 MAB. Unlike the proposed project, because it would continue to be used as a hospital under this alternative, a seismic retrofit of the 1979 Chinese Hospital building would be required to correct deficiencies with column and beam connections in bi-directional, steel moment frame structures built prior to the 1994 Northridge California earthquake. The 1979 Chinese Hospital building is currently rated SPC-3 and "may experience structural damage that does not significantly jeopardize life, but may not be repairable or functional following strong ground motion." Upgrade to an SPC-4 status would be required to allow the 1979 Chinese Hospital building to house acute-care hospital facilities under the Full Preservation Alternative, and to ensure the potential for continued and uninterrupted hospital operation in the event of a major disaster. Also, because the 1979 Chinese Hospital building would house acute-care patients, the existing 200-kW emergency diesel generator would need to be replaced with a new 350-kW emergency diesel generator.[6]

Two intervention strategies to address potential seismic deficiencies related to pre-Northridge steel column and beam connections were identified for the 1979 Chinese Hospital building.[7] The first strategy would require four-sided access at each level of the building to retrofit each of the 1979 Chinese Hospital building's 420 column and beam connections. This would improve their survivability, but would not strengthen or stiffen the overall lateral force system of the building. The second intervention strategy would introduce new braced frames into the building to address the problems related to the pre-Northridge connections and would improve the entire lateral resistance of the building. Intervention for seismic upgrades would necessitate a substantial amount of interior demolition and reconstruction of interior spaces to ensure code-required occupancy separations and exiting. Additional interior space would also be needed to meet Americans with Disabilities Act-related requirements, e.g., wider aisles and larger bathrooms. Current codes also require that a hospital's heating, ventilation, and air conditioning system move a substantially greater volume of air than was required when the 1979 Hospital was designed and constructed. Under the current codes, supply air cannot be shared air; thus, all patient rooms, exam rooms, and clinical rooms are required to have direct supply air. The requirements of other

[6] The new 350-kW emergency diesel generator would be in addition to the new 750-kW emergency diesel generator serving the new hospital that would be installed on the rooftop of the rear addition to the 1924 MAB.

[7] Thornton Tomasetti, *Structural Strengthening Analysis* (February 2012). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

mechanical, electrical, and plumbing systems have also increased over time, including provisions for emergency power.[8]

Under the proposed project the 1979 Chinese Hospital building would not require this level of upgrade because it would no longer serve as an acute-care hospital, but would become Chinese Hospital's MAOC, providing diagnostic and treatment services, ambulatory services, dietetic services, clinic services, public and administrative services, hospital support, and building support. Under this alternative, the scope of the seismic retrofit for the 1979 Chinese Hospital building, briefly described above, would take approximately two years longer than what would be necessary under the proposed project, extending the overall construction period.

The Full Preservation Alternative calls for construction of a 1-story (about 15-foot-tall, about 2,300-gsf) rooftop addition to the existing 5-story 1924 MAB. The rooftop addition would be at the fifth floor and would be set back 15 feet behind the existing fifth-floor tile pagoda roof feature and set back 5 feet from the plane of the existing east and west walls of the 1924 MAB to reduce the prominence of this rooftop addition and visually distinguish the rooftop addition from the existing 1924 MAB.

To the rear of the 1924 MAB, the existing Chinese Hospital Parking Garage would be demolished, and in its place a 5-story (plus basement), 74-foot-tall, about 16,309-gsf rear addition to the 1924 MAB would be constructed under this alternative. Like the rooftop addition under this alternative, the rear addition would be set back 5 feet from the plane of the existing east and west walls of the 1924 MAB to visually distinguish the rear addition from the 1924 MAB. Under this alternative, the massing of the rear addition to the 1924 MAB would be a simple, rectangular form. For the existing rear wall of the 1924 MAB, new openings would be cut at each floor level as necessary for integrated interior circulation. The rear addition to the 1924 MAB would obscure most of the existing south façade of the 1924 MAB, except for 5 feet each on the east and west ends of the south façade of the 1924 MAB. A seismic joint would separate the rear addition from the 1924 MAB and the rooftop addition to the 1924 MAB under this alternative.

Under this alternative, the heights of the rooftop and rear additions would align with each other at their rooflines (above the new fifth floor) and along their east and west façades. The rooftop and rear additions would be clad in masonry panel, and would be designed to have a compatible, yet visually distinct, materials palette, façade and fenestration treatment from the 1924 MAB. The need for rooftop mechanical features on the altered 1924 MAB would be the same for this alternative as for the proposed project (up to 30 feet above the new roof deck under this alternative).

[8] Perkins Eastman, *Evaluation of the 1979 Building* (February 2012). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Together, the infilled courtyard at five floors (about 2,500 gsf total) within the shell of the 1924 MAB, the rooftop addition to the 1924 MAB (about 2,300 gsf), and the rear addition to the 1924 MAB (about 16,309 gsf) would add about 21,109 gsf to the existing 29,793-gsf 1924 MAB, resulting in a total of about 50,902 gsf for the 1924 MAB under this alternative.

Hospital Use Program Constraints under the Full Preservation Alternative

The Full Preservation Alternative could meet some but not all of the basic objectives of the proposed project. In addition to 30 acute-care beds in the hospital in the altered 1924 MAB, the seismic upgrades and rear and rooftop additions to the 1924 MAB would allow the 1924 MAB to accommodate 30 acute-care beds. Essential hospital services (such as radiology, urgent medical services, pharmacy, cardiopulmonary unit, operating room, and post-anesthesia care unit) would be accommodated at the basement, ground, second, and fifth floors of the 1924 MAB.

There are currently 54 acute-care beds in two-, three-, and four-bed patient rooms on the third and fourth floors of the 1979 Chinese Hospital building. Under this alternative, the seismic retrofit to the 1979 Chinese Hospital building would ensure that it would be more likely to be fully functional after a major disaster than it would be under existing conditions. The scope of the seismic retrofit work described above would qualify the upgraded 1979 Chinese Hospital building for an SPC-4 rating. Under this alternative, the third and fourth floors of the upgraded 1979 Chinese Hospital building would be reconfigured to accommodate 20 acute-care beds with three expanded operating rooms on the fifth floor.

Overall, the Full Preservation Alternative would provide a total of 50 acute-care beds for Chinese Hospital (4 fewer acute-care beds than the 54 beds under the proposed project, and 4 fewer acute-care beds than in the existing 1979 Chinese Hospital) and would not include a skilled nursing facility (22 fewer skilled nursing beds than under the proposed project). The provision of a skilled nursing facility is one of the objectives of the project sponsor.[9] Compared to the proposed project, this alternative would also result in the loss of one operating room suite.

The fixed dimensions of the 1924 MAB present design and construction challenges for the reuse of the 1924 MAB under this Full Preservation Alternative. Due to local and state building code, ventilation, and structural requirements, new hospital buildings are typically constructed with a significantly greater floor-to-floor height than the conventional 12.5-foot-tall floor-to-floor height for office use or the 10-foot-tall floor-to-floor height for residential use. Floors with heavy medical equipment are typically designed with 18- to 24-foot floor-to-floor heights, while patient

[9] According to the project sponsor, the average age of inpatients at Chinese Hospital is 76 years. Many of these patients require skilled nursing care after discharge from the hospital and cannot be safely discharged to their homes. These patients often stay longer in the higher cost, acute-care setting when they could be safely discharged to a skilled nursing care setting to free up the acute-care beds for someone who needs a higher level of care. Schumacher Memo, April 11, 2012.

care floors for intensive care and medical/surgical units are typically designed to be 16 to 20 feet in height floor-to-floor. Additional interior space would also be needed to meet Americans with Disabilities Act-related requirements that would result in wider aisles and larger interior circulation areas.

Under this alternative, there would be 36 fewer staff at the main project site than with the proposed project. There would be a reduction of 9 nursing and support staff associated with the skilled nursing facility, as compared to the proposed project. About 27 staff members would be permanently relocated to leased space elsewhere in Chinatown and nearby areas. This is because the Full Preservation Alternative, unlike the proposed project, would not have sufficient space to accommodate the following services on the main project site: satellite laboratory in the surgery area, medical gas storage area, information technology, materials management, medical records, medical staff offices, social services, utilization review, and nursing administration, as well as the required showers and lockers.[10] Under this alternative, some of these services would be relocated off site to provide on-site space for two essential hospital support departments, Central Sterile Supply and Environmental Services. These two services are functions of the hospital infection control program and must be located on the main project site. Under the proposed project these essential services would be housed in the Replacement Hospital, but, under this alternative, the altered 1924 MAB would not have space for these services. Under this alternative, unlike the proposed project, these essential services would be housed in the upgraded 1979 Chinese Hospital building, thereby displacing other services offsite.

Compared to the proposed project, other program deficiencies under this alternative include the separation of related functions, which would affect hospital efficiency and staffing. For example, under this alternative the new operating room suites and the Stage 1 recovery area would be located in the altered 1924 MAB and would be separated from the Stage 2 recovery area in the upgraded 1979 Chinese Hospital building, requiring the transport of patients who are still sedated via elevator to another floor for the balance of their recovery from anesthesia, unlike under the proposed project where these related functions would be located near each other in the Replacement Hospital building.

CONSTRUCTION SCHEDULE

Under this alternative, the construction schedule would occur in two phases, as with the proposed project. Construction of this alternative would start approximately three to four years later than construction for the proposed project; after OSHPD review and approval of updated plans that are in accord with the 2010 California Building Code (CBC), as opposed to the 2001 CBC which is being applied to the proposed project, because the project's initial filing with OSHPD in

[10] Schumacher Memo, April 11, 2012.

December 2007 occurred before adoption of the 2010 CBC.[11] The project sponsor's construction contractor estimates that construction of the first phase of the alternative would take approximately 49 months.[12] The second phase is anticipated to take approximately 36 months after an approximately 6-month-long transition of patients from the existing 1979 Chinese Hospital to the completed new hospital.

Phase 1 would take approximately four years to complete and would include:

- Demolition of the Chinese Hospital Parking Garage;
- Shoring of site perimeter and 1924 MAB;
- Interior demolition of the 1924 MAB;
- Excavation for new mat slab foundation and seismic retrofit of the 1924 MAB;
- Excavation for the rear addition;
- Integration of the foundation of the 1924 MAB and the rear addition; and
- Construction of the top floor addition and rear addition to the 1924 MAB.

Phase 2 would take approximately 3.5 years to complete and would include:

- Relocation of patients to the completed new hospital; and
- Seismic retrofit of the 1979 Chinese Hospital.

Overall, the Full Preservation Alternative would take approximately 3.5 years longer to complete than the proposed project, increasing the construction timeline from 4 years with the proposed project to 7.5 years under this alternative.[13]

IMPACTS

Land Use and Land Use Planning

Like the proposed project, the Full Preservation Alternative would continue the existing on-site hospital and medical center land uses but would remove the existing on-site parking use. This alternative would include a total of approximately 94,270 gsf for hospital and medical uses, approximately 50,643 fewer gsf for these uses than under the proposed project. The difference in floor area of hospital and medical uses between this alternative and the proposed project would constitute lower density of development for hospital and medical uses under this alternative but

[11] Schumacher Memo, April 11, 2012.
[12] DPR Construction, Inc., Comparison of Preservation Alternatives, Chinese Hospital San Francisco, April 5, 2012 (hereinafter "DPR Construction, April 5, 2012"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.
[13] DPR Construction, April 5, 2012.

would not substantially change the land use impacts of this alternative compared to those of the proposed project. The proposed project, with a larger development program, would result in less-than-significant land use impacts, and this alternative would also result in less-than-significant land use impacts. The proposed legislative land use amendments and the project approvals that would be necessary for this alternative would be comparable to those required for the proposed project. If the proposed legislative land use amendments are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between this alternative and applicable local plans and policies would be resolved and, on balance, this alternative would not obviously conflict with and would generally be consistent with applicable local plans and policies. Like the proposed project, this alternative would not physically divide an established community; conflict with any land use plans, policies, or regulations adopted for the purpose of avoiding or mitigating and environmental effect; or have a substantial impact on the existing character of the vicinity. Like the proposed project, the Full Preservation Alternative would have less-than-significant land use impacts and would not make a considerable contribution to any significant cumulative land use impacts.

Aesthetics

The Full Preservation Alternative calls for retention and rehabilitation of the outer shell of the 1924 MAB and demolition and seismic retrofit of its interior structural elements. A one-story rooftop addition to the 1924 MAB and a five-story rear addition to the 1924 MAB on the site of the Chinese Hospital Parking Garage would be constructed. The altered five-story 1924 MAB (plus additions) under this alternative would occupy the same location (i.e., sites of the 1924 MAB and demolished Chinese Hospital Parking Garage on the main project site), as would the proposed Replacement Hospital building under the proposed project, and would be about 12 feet shorter than the 90-foot-tall Replacement Hospital building. Therefore, similar to the Replacement Hospital building under the proposed project, the altered 1924 MAB (plus additions) under this alternative would not have a substantial adverse effect on an existing scenic vista, including long-range scenic vistas of downtown from Telegraph Hill and Russian Hill and the scenic vista along the Jackson Street view corridor. As with the proposed project, the main project site and its surroundings contain no scenic resources for the purposes of the aesthetics analysis in this EIR. The rooftop and rear additions to the 1924 MAB under this alternative would be minimally visible from public rights-of-way, and where these features would be visible at all, they would not be prominent. As such, this alternative would have less potential to result in impacts on existing visual character and quality than the proposed project, and like the proposed project, this alternative's impacts on existing visual character and quality would be less than significant. Lower scale development under this alternative, compared to the proposed project, would also have less potential to result in impacts related to light and glare than would the proposed project, and like the proposed project, these impacts would be less than significant

under this alternative. As with the proposed project, this alternative would result in less-than-significant project-level aesthetic impacts, and would not contribute considerably to significant cumulative impacts related to aesthetics.

Historic Architectural Resources

As stated above, the west, north, and east façades of the 1924 MAB would be retained and rehabilitated in conformance with the Secretary's Standards, as would the pagoda-form roof on the partial fifth floor. The Full Preservation Alternative would result in removal and replacement of the interior structural elements, floor assemblies, and partitions of the 1924 MAB. It would change the internal spatial arrangement of the 1924 MAB, including removal of its courtyard. The interior partitions, internal spatial arrangement, and courtyard that would be removed from the 1924 MAB under this alternative are not characteristics of this property that justify its eligibility for inclusion in the NRHP and the CRHR. Therefore, their removal under this alternative would not cause a material impairment to the 1924 MAB's significance. Likewise, the interior of the 1924 MAB does not contribute to the significance of the NRHP/CRHR-eligible Chinatown historic district.

Under this alternative, the rear addition to the 1924 MAB would obscure almost all of the existing south façade of the 1924 MAB; the original south façade of the 1924 MAB would remain exposed for 5 feet each at the east and west ends. The south façade of the 1924 MAB is currently not visually prominent from any vantage point on a public right-of-way. The Chinese Hospital Parking Garage already obscures the first floor of the south façade of the 1924 MAB. There are no distinguishing features on the south façade of the 1924 MAB. Under this alternative, the 74-foot-tall rear addition and the 1-story rooftop addition to the 1924 MAB would be similar in height to the existing fifth floor pagoda roof feature at the front of the 1924 MAB and both additions would be constructed behind this feature. The rear addition and rooftop addition to the 1924 MAB would be difficult to see from the public street level, where the main façade of the 1924 MAB is visible (from Powell, Jackson, and Stockton Streets). The two additions to the 1924 MAB under this alternative would conform to the Secretary's Standards. They would not compete visually with the character-defining façades of the existing 1924 MAB. The 1924 MAB, as altered under this alternative, would appear unchanged when viewed from most nearby places in the public right-of-way. New construction on the interior of the 1924 MAB under this alternative would be designed and detailed so that it would be compatible with the historical character of the existing property.

The fifth floor rooftop addition to the 1924 MAB under the Full Preservation Alternative would not add to the maximum height of the 1924 MAB, as the addition would be located behind the existing fifth floor pagoda roof feature located at the front of the 1924 MAB. The existing five-story 1924 MAB is already taller than the typical two to four stories found in the NRHP/CRHR-

eligible Chinatown historic district and larger in footprint than the commercial/residential buildings that characterize the district, although it is generally consistent with the scale of the NRHP/CRHR-eligible Chinatown historic district. The enlarged 1924 MAB under this alternative would not be visually prominent from most vantage points to the east, north, and west of the 1924 MAB, because of the restricted sightlines from nearby public streets due to intervening existing development in the project area. While the rear (south) façade of the rear addition to the 1924 MAB under the Full Preservation Alternative would be visible from the south side, views of this addition would be fully or partially obstructed by other intervening buildings from most vantage points along Washington Street.

Retention of the 1924 MAB, demolition of its interior, seismic retrofit, and additions under the Full Preservation Alternative would result in a less-than-significant impact on the 1924 MAB as an individual resource and on the NRHP/CRHR-eligible Chinatown historic district to which it contributes. No mitigation measures would be required for this alternative. This alternative would also not result in a cumulatively considerable contribution to a significant adverse impact on the NRHP/CRHR-eligible Chinatown historic district. Unlike the proposed project, the Full Preservation Alternative would avoid the significant and unavoidable project-level impacts of the proposed project on the 1924 MAB individual resource and would avoid the significant and unavoidable project-level and cumulative impacts of the proposed project on the NRHP/CRHR-eligible Chinatown historic district.

Transportation and Circulation

The Full Preservation Alternative would contain less total square footage for hospital uses onsite than the proposed project (94,270 gsf compared to 144,913 gsf in the proposed project), fewer acute-care beds than the proposed project (50 beds compared to 54 beds in the proposed project), and no skilled nursing beds (compared to 22 beds in the proposed project). As in the proposed project, the existing Chinese Hospital Parking Garage would be demolished. Under the Full Preservation Alternative, there would be about 36 fewer hospital employees, 26 fewer patients, and 56 fewer visitors per day at the main project site than with the proposed project. Fewer people traveling to Chinese Hospital during the P.M. peak hour would result in 11 fewer vehicle trips, as well as 18 fewer transit trips, 2 fewer pedestrian trips, and 3 fewer bicycle trips than with the proposed project. With fewer vehicle trips to the main project site in the P.M. peak hour, the traffic-related impacts of this alternative would be substantially the same as or slightly less than those described for the proposed project. All study intersections would continue to operate at the same levels of service as under the proposed project, and traffic impacts would be less than significant, as for the proposed project.

With this alternative, the number of transit riders destined for the main project site would also be less than under the proposed project, and transit impacts under this alternative would therefore be

less than significant, as for the proposed project. The number of pedestrians and bicycle riders with this alternative would be similarly proportionately reduced when compared to the proposed project, and the impacts of this alternative on pedestrians and cycling conditions would be similarly less than significant.

Under the Full Preservation Alternative, 27 staff members of Chinese Hospital would be relocated to existing nearby leased spaces in Chinatown or nearby that would be occupied by employees of other businesses if not used by Chinese Hospital staff. While there would be 36 fewer employees traveling to the main project site, 27 of those employees would continue to work for the hospital at the leased locations.

Currently, the existing Chinese Hospital has a loading demand of less than one peak hour loading space. The Full Preservation Alternative would generate fewer than 20 daily truck trips between 8:00 A.M. and 5:00 P.M., which would be a peak-hour loading demand of just over one space total and an average-hour loading demand that is less than one space, the same as for the proposed project. Under the Full Preservation Alternative, the two existing passenger loading zones on Jackson Street would not be consolidated, unlike under the proposed project, because the former driveway space between the 1924 MAB and the 1979 Chinese Hospital would remain open, although not available for vehicular use. Trucks would use the two existing white zones on Jackson Street and the expanded, 60.5-foot-long off-street loading space accessed from Stone Street, which would be sufficient to accommodate truck loading demand. As with the proposed project, there would be no significant impacts associated with loading. Emergency vehicles would use the passenger loading zones on Jackson Street. as under existing conditions, and the expanded truck loading area accessed from Stone Street, as for the proposed project. No significant impacts would result from emergency vehicle use, similar to the proposed project.

Since the number of peak hour trips, truck deliveries, and passenger drop-offs would be fewer than with the proposed project, the traffic, truck loading, passenger loading, and emergency vehicle access transportation impacts of this alternative would be similar to or slightly less than those of the proposed project.[14] Thus, these impacts would be less than significant, as under the proposed project. The portion of the passenger loading improvement measure calling for the project sponsor to apply for an expanded white passenger loading zone along Jackson Street would not be applicable to the Full Preservation Alternative, because the former driveway space between the 1979 Chinese Hospital and the 1924 MAB would remain. The other traffic, transit, pedestrian, truck loading, passenger loading, and parking improvement measures identified for the proposed project in Section IV.D, Transportation would remain applicable to the Full

[14] CHS Consulting Group, *Alternatives Analysis for Chinese Hospital Replacement Project (Transportation Analysis for Alternatives*), April 10, 2012 (hereinafter "*Transportation Analysis for Alternatives*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Preservation Alternative (see Table S.3: Summary of Improvement Measures Identified in the EIR, in the Summary Chapter, pp. S.21-S.23, for a list of these Improvement Measures).

The extent of on-site construction under this alternative would be less than with the proposed project and construction staging would occur in the same locations as for the proposed project, with additional access challenges due to the preserved historic building. However, duration of construction to alter and expand the 1924 MAB into an operating hospital would be longer with the Full Preservation Alternative than for constructing a new Replacement Hospital under the proposed project (49 months, compared to 35 months for the proposed project).[15] The additional construction time for the replacement hospital building would be due to limited access for construction vehicles and equipment, the need for careful, controlled demolition, rebuilding floors carefully in an existing historic building, and constructing support for the portions of the building to be preserved. Seismic upgrade of the 1979 Chinese Hospital would take about three years, rather than the one year estimated for renovation of this building under the proposed project. Overall, construction activities would occur on the main project site for approximately 7.5 years rather than 4 years for the proposed project. Transportation impacts related to construction would be the same as for the proposed project, and would be less than significant, but would extend over a longer period than the proposed project.

As with the proposed project, the construction-related transportation impacts of the Full Preservation Alternative would potentially overlap with reasonably foreseeable projects in the area to constitute a potentially significant cumulative impact, and the mitigation measure identified for the proposed project implementing a Construction Transportation Management Plan (see Mitigation Measure C-M-TR-2, in Section IV.D, Transportation and Circulation, pp. IV.D.65-IV.D.66), would be applicable to this alternative and would similarly reduce the impacts of this alternative to a less-than-significant level.

Since under the Full Preservation Alternative Chinese Hospital would be able to serve fewer patients than it would under the proposed project, it is expected that future anticipated growth in Chinese Hospital patient demand would be accommodated at nearby hospitals, such as St. Francis Hospital, St. Mary's Hospital, CPMC's Pacific Hospital, and San Francisco General Hospital. As is currently the case, patients needing skilled nursing would also be placed in other facilities in the City, or outside the City, depending on the availability of beds in the future. The patients and visitors would travel to these other facilities using transit, vehicles, and other modes. About 11 P.M. peak hour vehicle trips and 18 P.M. peak hour transit trips would travel to different facilities if this alternative were implemented (compared to the proposed project). Since these P.M. peak hour vehicle and transit trips would be divided among the other existing facilities, the impacts on

[15] DPR Construction, April 5, 2012.

transportation from these trips to other hospital facilities would be widely dispersed and traffic and transit impacts for this alternative would be less than significant.

Like the proposed project, the Full Preservation Alternative would demolish the Chinese Hospital Parking Garage and would not provide off-street parking. Thus, the parking discussion for the proposed project (see Section IV.D, Transportation and Circulation pp. IV.D.55-IV.D.59) would be applicable to the Full Preservation Alternative, although with a smaller parking demand than with the proposed project.

In conclusion, like the proposed project, the Full Preservation Alternative would have less-than-significant transportation impacts and would not make a considerable contribution to a significant cumulative transportation impact, provided that Mitigation Measure C-M-TR-2 (pp. IV.D.65-IV.D.66), which would implement a Construction Transportation Management Plan, is implemented.

Air Quality

Construction-Related Impacts

Leaving the 1924 MAB in place would create substantial difficulties in building the rear and top additions to the fully-preserved historic building and would substantially restrict site access. Limited site access, coupled with demolition and shoring activities to carefully stabilize it during construction of the new rear addition, plus seismic retrofit of the 1924 MAB would make the total construction duration for the altered 1924 MAB and its top and rear additions longer than that for the Replacement Hospital under the proposed project. The overall construction duration for the altered 1924 MAB and its additions in the Full Preservation Alternative would be about 49 months, compared to 35 months for the Replacement Hospital under the proposed project's construction timeline. The total construction duration including upgrade of the 1979 Chinese Hospital would be about 7.5 years, compared to about 4 years for the proposed project.[16]

Criteria Air Pollutants and Fugitive Dust

The construction equipment would differ from that analyzed to identify air quality impacts for the proposed project, because of changes in construction activities under this alternative, as described below in the analysis of construction health risks and hazards. Fugitive dust generated as a result of on-site construction activities under this alternative would be controlled by the City's Construction Dust Control Ordinance and therefore the impact would be less than significant, as for the proposed project. Construction-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds; Table IV.E.5: Average

[16] DPR Construction, April 5, 2012.

Daily Construction Criteria Air Pollutant Emissions, in Section IV.E, Air Quality, p. IV.E.32, shows that emissions would need to increase by more than 700 percent to equal or exceed the significance thresholds.[17] It is reasonable, therefore, to conclude that although the construction duration for this alternative would be longer than that for the proposed project, construction-related criteria air pollutant emissions from the Full Preservation Alternative would not reach or exceed thresholds and would be less than significant, as concluded for the proposed project.

Construction Health Risk and Hazards

Health risks and hazards associated with construction are related to the amount and type of diesel-powered equipment used on site and its location in relation to nearby sensitive receptors. During the seismic retrofit of and additions to the 1924 MAB, needed to accommodate hospital functions under this alternative, the existing 1979 Chinese Hospital patients would remain in the hospital and off-site sensitive receptors would remain at their current locations, as under the proposed project. Under the Full Preservation Alternative, there would be less overall excavation and shoring than for the proposed project because the construction site would decrease in size from about 11,526 square feet to about 5,520 square feet (the site area of the Chinese Hospiotal Parking Garage plus the 20-foot-wide driveway between the 1924 MAB and the 1979 Chinese Hospital building). In addition, the active construction site for diesel-powered equipment under this alternative would be shifted to the south behind the 1924 MAB rather than encompassing the eastern half of the main project site, as under the proposed project. Overall, the duration of these construction activities under this alternative would be comparable to that for the proposed project due to the confined work space and limited access to the main project site.

The construction equipment needed for the Full Preservation Alternative would be somewhat different from that for the proposed project. The construction contractors estimate that one of the two excavators (the high reach model) would not be needed for demolition; instead, one or two mini-excavators or skidsteers would be needed, along with some hand tools such as shovels and pneumatic chipping hammers for excavation to construct the new mat slab foundation for the 1924 MAB. In addition, approximately six diesel-powered air compressors would be needed for approximately nine months for various demolition activities and to apply the shotcrete to the interior walls of the 1924 MAB. A diesel-powered backhoe would be needed to excavate a temporary ramp in the driveway between the 1979 Chinese Hospital and the 1924 MAB for access to the construction area behind the 1924 MAB and the excavation for the basement of the new addition to the 1924 MAB.

[17] Donald Ballanti – Certified Consulting Meteorologist, *Air Quality Impact Evaluation for the Chinese Hospital Replacement Project Alternatives*, April 5, 2012 (hereinafter "*Air Quality Impact Evaluation for Alternatives*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Based on the construction contractors' estimate, the time needed for demolition, shoring, and excavation work would be comparable to the proposed project. This is due to the need for careful and controlled demolition, shoring, and excavation work to fully preserve and seismically retrofit the 1924 MAB and the limited site access that results from the building's full preservation, unlike under the proposed project. However, the duration of use of diesel-powered construction equipment under this alternative would be longer than that for the proposed project (from 35 months to 49 months). Further, as stated above, the proximity of existing on-site and off-site sensitive receptors to construction activity under this alternative would be similar to the proposed project. As described, one piece of diesel-powered equipment that would be used to construct the proposed project (high-reach demolition excavator) would not be needed under this alternative. Unlike the proposed project, construction of this alternative would require new types of diesel-powered equipment, i.e., six diesel-powered air compressors and two diesel-powered mini-excavators or skidsteers. Additionally, on-site idling of equipment may be greater for this alternative due to limited site access and decreased maneuverability of trucks and equipment within the smaller construction site. Because these factors offset each other, overall construction emissions of DPM, total organic gases (TOG), and $PM_{2.5}$ from the demolition of the Chinese Hospital Parking Garage and the skybridge connecting the 1924 MAB and the 1979 Chinese Hospital, interior demolition at the 1924 MAB and excavation for the new mat slab foundation, excavation and shoring of the site perimeter and the remaining on-site buildings, and excavation for the rear addition and a temporary ramp in the space between the 1924 MAB and the 1979 Chinese Hospital under this alternative are not likely to vary substantially from those of the proposed project.

The distance of the construction site from the closest sensitive receptors would be somewhat greater than for the proposed project, but sensitive residential receptors would still be close to the construction site, approximately 40 to 50 feet to the northeast. The change in distance between the construction activities and sensitive receptors under this alternative would have little effect with respect to construction health risks. Therefore, health risks associated with this alternative would be expected to be similar to those for the proposed project, which, at 45.8 excess cancer cases in a million, were found to be significant and unavoidable. Construction-related emissions from diesel-powered equipment would need to be reduced by at least 79 percent to be below the significance threshold for cancer risk of 10 in one million.

Mitigation Measure M-AQ-3, identified to reduce construction air quality impacts of the proposed project and described on p. IV.E.37 in Section IV.E, Air Quality, would be applicable to this alternative, but, as with the proposed project, would not be expected to reduce the significant impact to a less-than-significant level. A mitigated scenario analyzed for the proposed project, with cleaner off-road construction equipment than could be available for use in construction beginning in July 2012, showed that emissions could be reduced by about 65 percent, but would

result in cancer risk of about 15.8 in one million, still over the threshold of 10 in one million. Therefore, as with the proposed project, the Full Preservation Alternative would not reduce the significant construction health risk and hazard impact related to air quality to a less-than-significant level. The impact would remain significant and unavoidable.

Operational-Related Impacts

Operational Criteria Air Pollutants

As discussed above, compared to the proposed project, the Full Preservation Alternative would result in a slight reduction in the number of hospital staff, patients, and visitors. Under this alternative there would be fewer net-new vehicle trips, resulting in a reduction in criteria air pollutant emissions from mobile sources, compared to the proposed project. Although the same types of uses would be found in the seismically upgraded and expanded 1924 MAB and the seismically upgraded 1979 Chinese Hospital building, this alternative would result in about 50,643 gsf less building space than in the proposed project, fewer acute-care patient beds, and no skilled nursing facility beds. The building square footage reduction under this alternative, a reduction of over 30 percent from that under the proposed project, would reduce area source emissions from building operation to a level lower than what would occur under the proposed project. A new 750-kW emergency diesel generator would be installed on the rooftop of the rear addition to the 1924 MAB, similar to the proposed project's Replacement Hospital. In addition, a new 350-kW emergency diesel generator would be required for the 1979 Chinese Hospital, replacing the existing 200-kW emergency diesel generator because the 1979 Chinese Hospital would be upgraded to house acute-care patients, unlike under the proposed project where the existing 200-kW emergency diesel generator would continue to function. Emissions of criteria air pollutants from the new emergency diesel generator on the rooftop of the rear addition to the 1924 MAB would be the same as under the proposed project. Replacing the existing emergency diesel generator on the 1979 Chinese Hospital with a larger new, Tier 3 emergency diesel generator would be expected to reduce criteria air pollutant emissions because the new equipment would be substantially more efficient than the existing emergency diesel generator on the 1979 Chinese Hospital roof, which would continue to function under the proposed project.

Operational-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds (see Table IV.E.7: Estimated Daily and Annual Criteria Air Pollutant Emissions, in Section IV.E, Air Quality, p. IV.E.40, which shows that emissions under this alternative would need to increase substantially to equal or exceed the significance thresholds). Therefore, under the Full Preservation Alternative with a smaller building; fewer employees, patients, and visitors (and therefore fewer net-new vehicle trips); one new emergency diesel generator and the replacement of the existing rooftop emergency diesel generator with a new Tier 3 emergency diesel generator, operational-related criteria air pollutant

emissions from area, mobile, and stationary sources would be slightly less than those of the proposed project. Thus, it is reasonable to conclude that operational-related criteria air pollutant emissions from the Full Preservation Alternative would also not reach or exceed significance thresholds and would be less than significant.

Operational Health Risk and Hazards

As discussed above, the Full Preservation Alternative would result in slightly fewer hospital staff, patients, and visitors than the proposed project. There would be less building square footage than the proposed project, fewer acute-care patient beds, and no skilled nursing facility beds. There would be a reduction in net-new vehicle trips due to fewer staff, patients, and visitors under this alternative, compared to the proposed project (see the Transportation and Circulation subsection on pp. VI.30-VI.33, for a discussion of the reduction in vehicle trips for this alternative). As explained on p. IV.E.41 in Section IV.E, Air Quality, a screening level analysis of mobile sources showed that the proposed project's net new vehicle trips, in combination with traffic on nearby roadways, would not result in health risks and hazards that would exceed significance thresholds. Emissions from fewer mobile sources with development under the Full Preservation Alternative would, therefore, also not result in significant operational-related health risks and hazards impacts.

As described above, a new emergency diesel generator would be installed on the rooftop of the rear addition to the 1924 MAB and a new emergency diesel generator would replace the existing one on the roof of the 1979 Chinese Hospital. Health risk and hazards impacts of the new emergency diesel generator on the roof of the rear addition to the 1924 MAB in the Full Preservation Alternative would be slightly higher than for the proposed project, because the release point would be about 12 feet lower. However, as shown in Table IV.E.8: Operational Health Risk Impacts - Replacement Hospital Generator, p. IV.E.43 of Section IV.E, Air Quality, the health risk and hazards impacts of the proposed project's new emergency diesel generator on nearby sensitive receptors would be substantially below significance thresholds. Therefore, placing the release point of the new emergency diesel generator about 12 feet lower under this alternative would not cause such a large increase in health risks and hazards that the impact would be expected to exceed significance thresholds. While the new 350-kW emergency diesel generator under this alternative would be substantially larger, the emission rate per brake horsepower hour for a new Tier 3 emergency diesel generator for DPM is at least 85 percent below the estimated emission rate for the existing 200-kW emergency diesel generator that would remain in operation under the proposed project. Under this alternative, health risk and hazards impacts related to the operation of these new emergency diesel generators would be less than significant, as for the proposed project.

Therefore, under the Full Preservation Alternative with a smaller building; fewer employees, patients, and visitors (and therefore fewer net-new vehicle trips); one new 750-kW emergency diesel generator (as under the proposed project); and the replacement of the old 200-kW emergency diesel generator with a new 350-kW model (unlike the proposed project), operational-related health risk and hazards impacts from area, mobile, and stationary sources on nearby sensitive receptors would be less than significant, as they are under the proposed project.

Cumulative Impacts

As stated on p. IV.E.50 of Section IV.E, Air Quality, regional air quality impacts are by their very nature cumulative impacts. Emissions from past, present, and future projects contribute to the San Francisco Bay Area Air Basin's adverse air quality impacts on a cumulative basis. No single project by itself would be sufficient in size to result in nonattainment of ambient air quality standards. Instead, a project's individual emissions contribute to existing cumulative adverse air quality impacts.[18] The thresholds of significance for criteria air pollutants are based on levels by which new sources are not anticipated to contribute considerably to an existing or projected air quality violation or result in a considerable net increase in criteria air pollutants. As discussed above, the construction and operational emissions under this alternative would not exceed the thresholds of significance for criteria air pollutants; therefore, this alternative, like the proposed project, would not be considered to result in a considerable contribution to cumulative regional air quality impacts.

The cumulative health risk and hazard threshold of significance is an increased cancer risk of 100 in a million from all sources within the 10,000-foot zone of influence. As described above, cumulative health risk and hazard impacts to on-site and off-site sensitive receptors under the Full Preservation Alternative, as with the proposed project, would be below this applicable cumulative threshold. Therefore cumulative health risk impacts under this alternative would be less than significant, as with the proposed project.

Wind

The Full Preservation Alternative would result in changes to the heights of some of the structures on the main project site. The existing 3-story, 24-foot-tall Chinese Hospital Parking Garage to the rear of the 1924 MAB would be demolished. In its place, a new 5-story, 74-foot-tall addition would be constructed at the rear of the existing 5-story, 78-foot-tall 1924 MAB. In addition, a one-story rooftop addition to the rear portion of the 1924 MAB would be constructed. There would be no change to the height of the existing 5-story, 81.5-foot-tall 1979 Chinese Hospital

[18] BAAQMD, *CEQA Air Quality Guidelines*, updated May 2011 (hereinafter "*CEQA Air Quality Guidelines")*, p. 2-1. Available online at: http://www.baaqmd.gov/Divisions/Planning-and-Research/CEQA-GUIDELINES/Updated-CEQA-Guidelines.aspx. Accessed March 29, 2012.

building, which would be retained. Under this Full Preservation Alternative, the new additions to the 1924 MAB would be about the same height as the existing 5-story, 81.5-foot-tall 1979 Chinese Hospital building to the west and approximately 18.5 feet shorter than the Replacement Hospital under the proposed project.

The new 5-story, 74-foot-tall addition to the 1924 MAB would be sheltered from prevailing winds by existing buildings upwind to the west, including the 1979 Chinese Hospital building and the Cumberland Presbyterian Church. As a result, the Full Preservation Alternative would have little potential to cause changes to ground-level wind currents that would affect pedestrians walking on the sidewalks adjacent to the main project site.[19] Like the proposed project, the Full Preservation Alternative would have less-than-significant wind impacts and would not make a considerable contribution to any significant cumulative wind impacts.

Shadow

As discussed above, the Full Preservation Alternative would be approximately 18.5 feet shorter than the Replacement Hospital under the proposed project. As a result, the shadows cast by this alternative would reach Portsmouth Square at the end of the day during the summer and Woh Hei Yuen Recreation Center and Park at the beginning of the day during late winter and early autumn, but these shadows would be masked by shadows from existing intervening buildings. Like the proposed project, this alternative would not cast net new shadow on any properties under the jurisdiction of the Recreation and Park Commission, the roof garden at the Chinatown Public Library, or the playgrounds at the Commodore Stockton Child Development Center and Gordon J. Lau Elementary School. Like the proposed project, this alternative would cast some net new shadow on the Trenton Street alleyway around noon during the autumn, winter, and spring. This alternative would add net new shadow to portions of the main project site as well as to portions of surrounding properties, sidewalks, and streets, but, overall, this alternative would not substantially increase the total amount of shading in the surrounding neighborhood above levels that are common and generally accepted in urban areas. Like the proposed project, the Full Preservation Alternative would have less-than-significant shadow impacts and would not make a considerable contribution to any significant cumulative shadow impacts.

Conclusion

Under the Full Preservation Alternative, impacts related to land use and land use planning, transportation, air quality, wind, and shadow would be similar to those of the proposed project.

[19] Donald Ballanti, *Wind Impact Evaluation for the Chinese Hospital Replacement Project Alternatives*, March 13, 2012 (hereinafter "*Wind Impact Evaluation for Alternatives*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Unlike the proposed project, the Full Preservation Alternative would avoid project-level significant impacts on the 1924 MAB individual historic architectural resource and project-level and cumulative significant impacts on the NRHP/CRHR-eligible Chinatown historic district resource as it would retain, seismically upgrade, construct an addition to, and reuse the 1924 MAB (which is an individual historical resource and contributor to an historic district resource). Like the proposed project, this alternative would result in a less-than-significant impact related to aesthetics; this alternative would retain the existing 1924 MAB.

The Full Preservation Alternative would achieve some but not all of the project sponsor's objectives. The Full Preservation Alternative would meet the objectives of respecting the architectural context of the surrounding buildings, while providing modern healthcare facilities for the community and a seismically safe environment for its patients, visitors, physicians, and employees that meets SB 1953 requirements, but not in a timely manner. The alternative would result in operational deficiencies due to the relocation and displacement of administrative support services and the re-housing of two essential hospital support departments in the 1979 Chinese Hospital building, which would displace other services required for the efficient operation of the hospital. The separation of related hospital functions would increase the need to transport patients between floors. Because of the lengthy construction period, which would be extended overall from 4 years under the proposed project to 7.5 years under this alternative, this alternative would disrupt the hospital's acute-care services and outpatient operations, and it would not be cost efficient or improve the operation of the hospital. This alternative would not meet the project sponsor's objectives of providing sufficient space to replace all of the existing 54 acute-care beds or provide a new 22-bed skilled nursing facility.

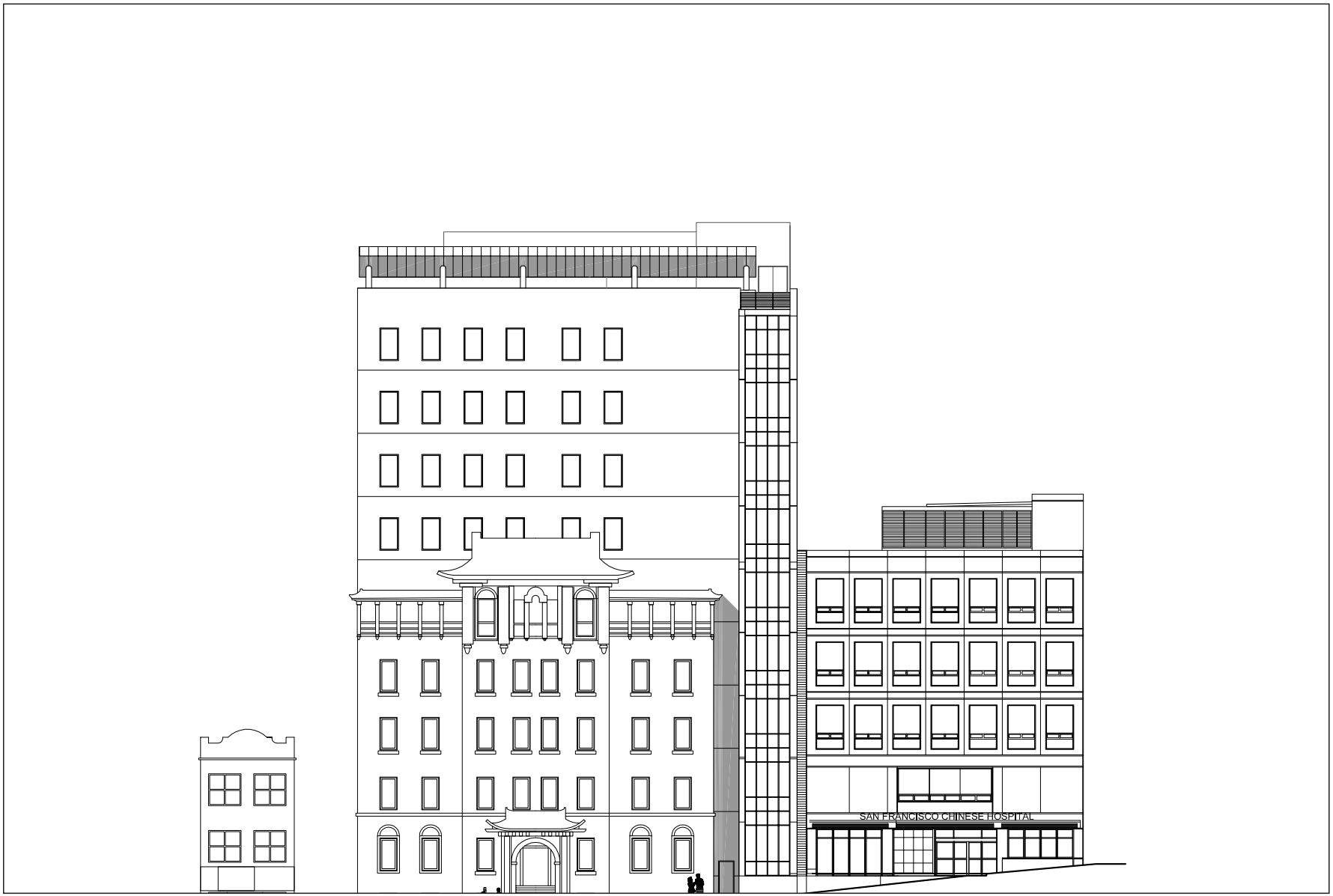
C. PARTIAL PRESERVATION ALTERNATIVE

As shown in Table IV.1: Comparison of Building Alterations – Proposed Project and Alternatives, on p. VI.6, the Partial Preservation Alternative retains and seismically retrofits the most architecturally significant portion of the 1924 MAB (its front), in order to reduce significant impacts of the proposed project on the 1924 MAB individual historical resource and on the surrounding NRHP/CRHR-eligible Chinatown historic district. A new hospital tower would be constructed behind the retained front portion of the 1924 MAB on the site of the demolished rear portion of the 1924 MAB and the demolished Chinese Hospital Parking Garage. During demolition and construction on the sites of the 1924 MAB and Chinese Hospital Parking Garage, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of construction work, as with the proposed project, the 1979 Chinese Hospital would undergo remodeling for reuse as an MAOC.

As shown on Table IV.2: Comparison of Use Program – Proposed Project and Alternatives, on p. VI.7, the 43,368-gsf 1979 Chinese Hospital building would become an MAOC and include the same uses under this alternative as it would under the proposed project, and would not include any acute-care or skilled nursing beds. The 111,125-gsf new hospital tower under this alternative would accommodate 22 acute-care beds, 32 fewer than under both existing conditions and the proposed project. Unlike the proposed project, under this alternative there would be no 22-bed skilled nursing facility. Together, the MAOC (the renovated 1979 Chinese Hospital building) and the new hospital tower under this alternative would include 154,493 gsf. No off-street parking spaces would be provided to replace the 41 spaces that would be lost by demolition of the Chinese Hospital Parking Garage.

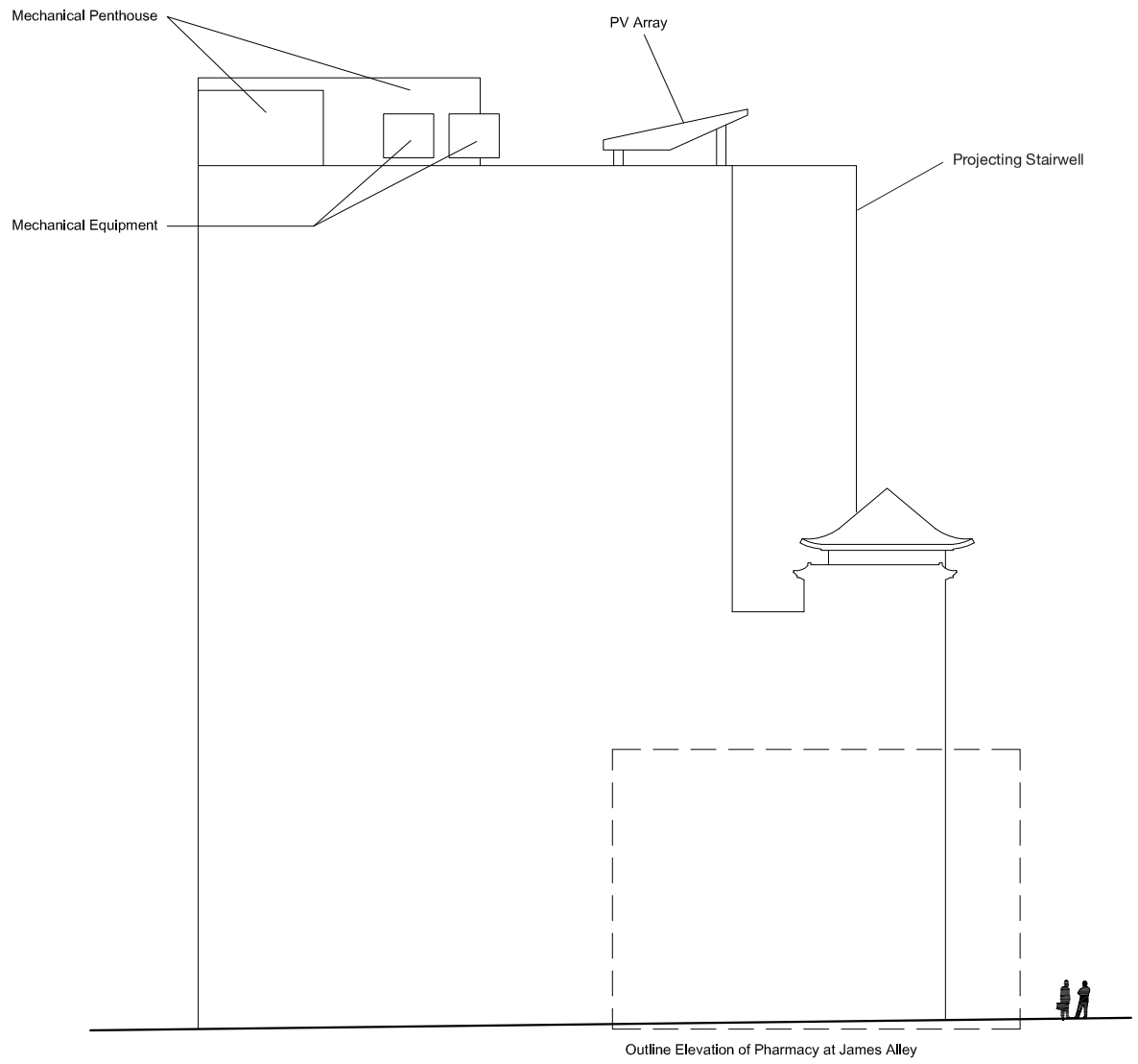
As with the proposed project, the Partial Preservation Alternative would require legislative land use amendments to change certain zoning controls applicable to the alternative as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Chinese Hospital SUD for the main project site at 835-845 Jackson Street and amending the Zoning Maps and certain aspects of the *Chinatown Area Plan* of the *General Plan.*

See Figure VI.7: Partial Preservation Alternative - Jackson Street Elevation; Figure VI.8: Partial Preservation Alternative – East Elevation; Figure VI.9: Partial Preservation Alternative – Ground Floor Plan; Figure VI.10: Partial Preservation Alternative – Sixth Floor Plan; Figure VI.11: Partial Preservation Alternative – Massing Diagram; and Figure VI.12: Partial Preservation Alternative – Stacking Diagram.



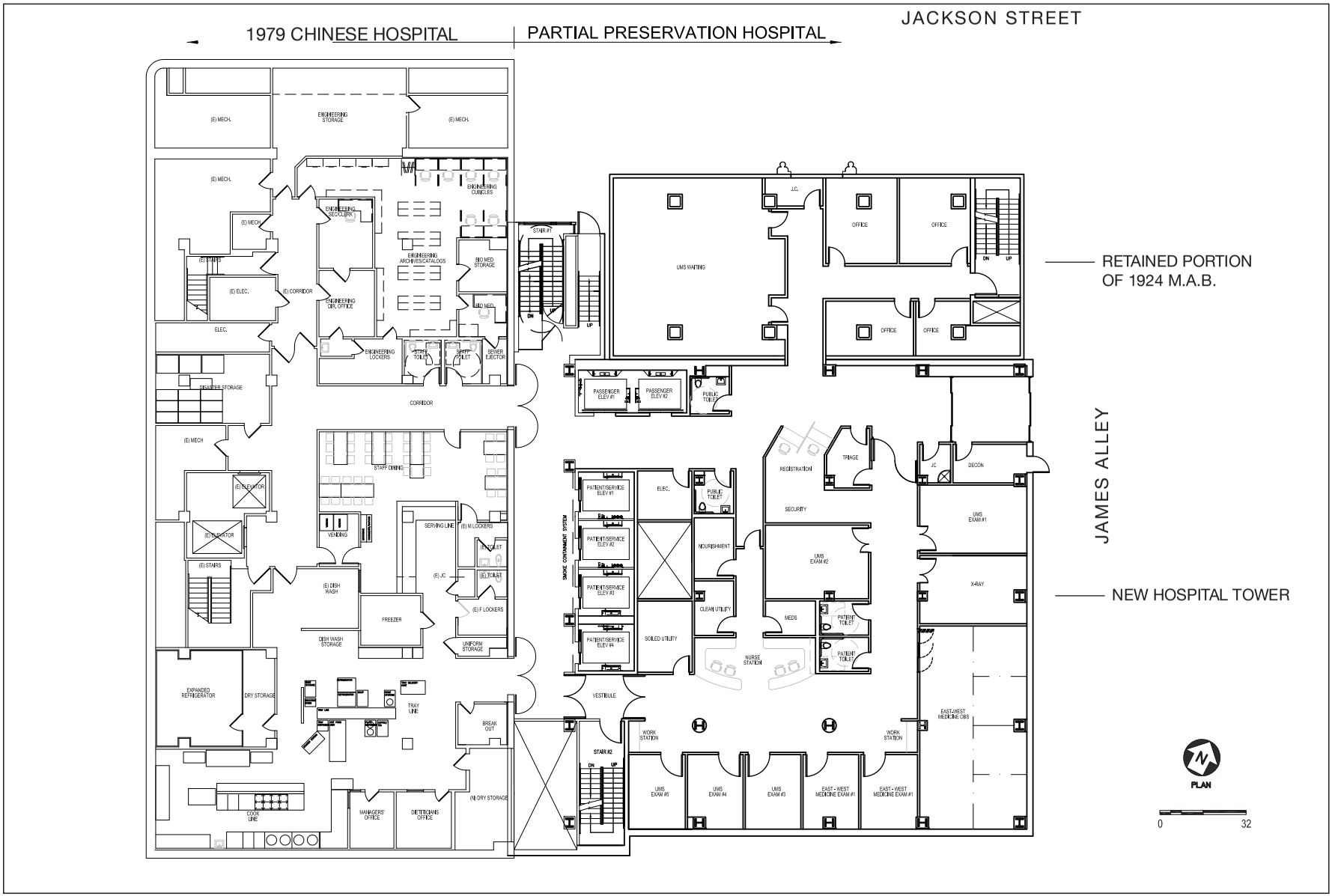
SOURCE: Jacobs Global Buildings

FIGURE VI.7: PARTIAL PRESERVATION ALTERNATIVE-JACKSON STREET ELEVATION



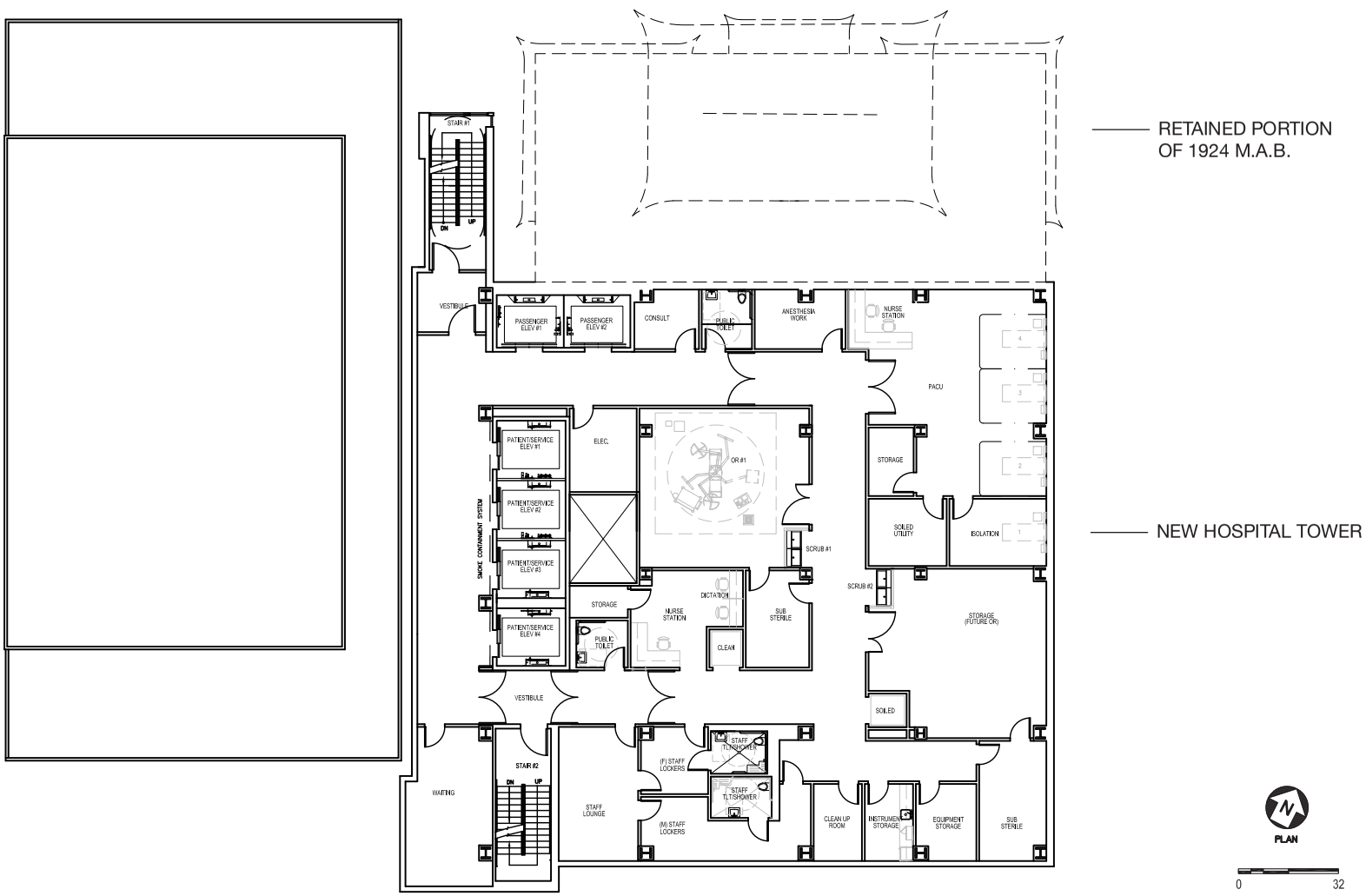
SOURCE: Jacobs Global Buildings

FIGURE VI.8: PARTIAL PRESERVATION ALTERNATIVE-EAST ELEVATION



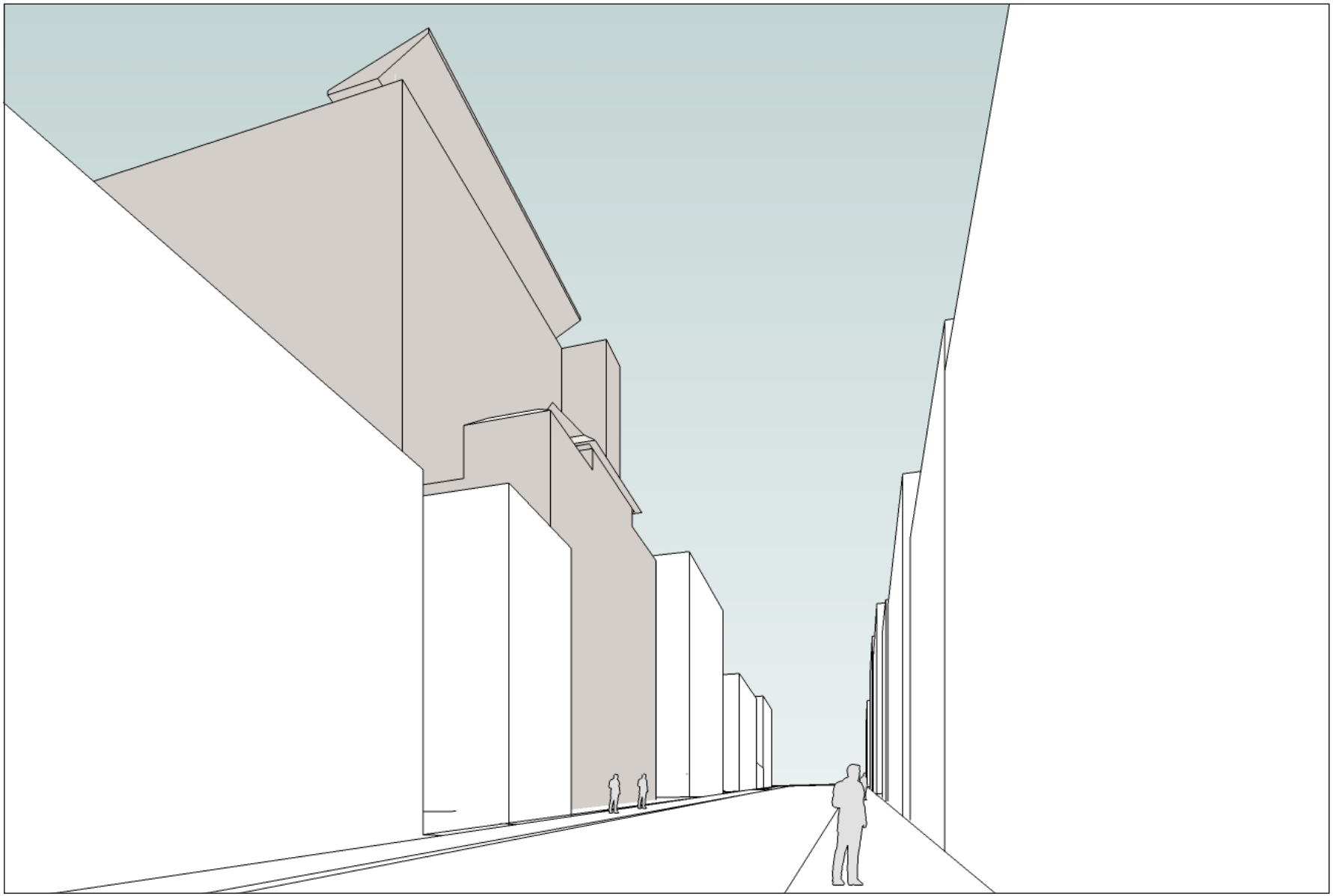
SOURCE: Jacobs Global Buildings

FIGURE VI.9: PARTIAL PRESERVATION ALTERNATIVE-GROUND FLOOR PLAN



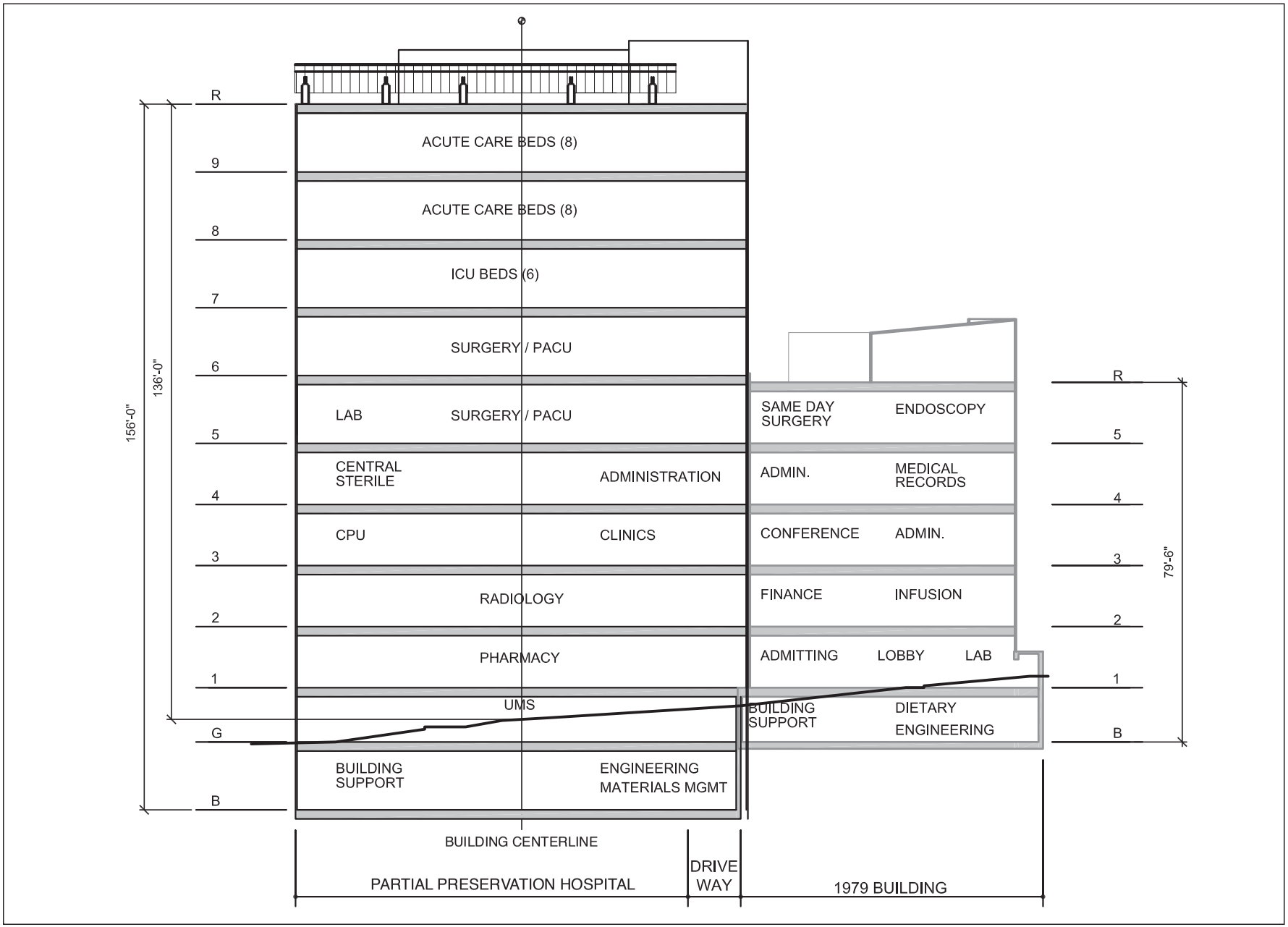
SOURCE: Jacobs Global Buildings

FIGURE VI.10: PARTIAL PRESERVATION ALTERNATIVE-SIXTH FLOOR PLAN



SOURCE: Jacobs Global Buildings

FIGURE VI.11: PARTIAL PRESERVATION ALTERNATIVE-MASSING DIAGRAM



SOURCE: Jacobs Global Buildings

FIGURE VI.12: PARTIAL PRESERVATION ALTERNATIVE-STACKING DIAGRAM

DESCRIPTION

Under the Partial Preservation Alternative, the exterior walls of the front portion of the 1924 MAB (measuring about 33 feet back from the front façade) would be retained. The exterior of the retained front portion of the 1924 MAB, including the pagoda-form roof on the fifth floor, would be rehabilitated in conformance with the Secretary's Standards. The rear 45 feet of the 1924 MAB would be demolished along with the interior walls and structural elements of the retained front portion of the 1924 MAB. As with the proposed project, this alternative also calls for demolition of the Chinese Hospital Parking Garage at the rear of the existing 1924 MAB.

The seismic retrofit of the retained front portion of the 1924 MAB would need to address all structural deficiencies in order to comply with applicable building codes.[20] Under this alternative, the retained front portion of the 1924 MAB would be upgraded to an SPC-4 status. CBC requirements for a building retrofit for hospital use would be 150 percent of the seismic force retrofit requirements for new non-hospital buildings. Seismic retrofit work to the retained front of the 1924 MAB would include excavation for a new basement level and construction of a new reinforced concrete mat to encapsulate the existing footings that would remain after demolition of the rear portion of the 1924 MAB under this alternative. The new mat foundation of the retained front portion of the 1924 MAB would be integrated with the mat foundation for the new hospital tower constructed under this alternative. The exterior walls of the 1924 MAB would need to be strengthened to resist seismic loads, as described above under the Full Preservation Alternative on p. VI.22. This would primarily consist of the addition of reinforced shotcrete to the inside of the exterior walls. Shotcrete walls would be approximately 8 to 10 inches thicker than the existing walls. Window openings at the front façade of the 1924 MAB would be maintained in their present locations under this alternative.

A new 10-story (plus basement), 136-foot-tall hospital tower would be constructed to the rear of the retained front portion of the 1924 MAB extending to the south property line, on the site of the demolished rear portion of the 1924 MAB and the demolished Chinese Hospital Parking Garage. It would have 3 more stories and be about 45 feet taller than the Replacement Hospital under the proposed project. As with the proposed project, the new hospital tower would be rated as an SPC-5 building. The new hospital tower under this alternative would infill the existing 20-foot-wide driveway between the 1924 MAB and the 1979 Hospital to provide egress to Jackson Street. The retained front portion of the 1924 MAB would be connected with the hospital tower through a passage provided between the retained front portion of the 1924 MAB and the hospital tower at each floor. A seismic shear wall and a seismic joint would separate the new hospital tower from the retained front portion of the 1924 MAB.

[20] *Chinese Hospital Seismic Evaluation.*

The new hospital tower under the Partial Preservation Alternative would be a simple, rectangular form. It would be clad in masonry panel, and would be designed to have a materials palette, façade, and fenestration treatment that is compatible with, but visually distinct from, the retained front portion of the 1924 MAB. The need for rooftop mechanical features on the new hospital tower under this alternative would be the same as that of the proposed project (up to 30 feet above the new roof deck under this alternative).[21].

The new hospital tower together with the retained front portion of the 1924 MAB under the Partial Preservation Alternative would total about 111,125 gsf of hospital use, about 9,580 gsf more than with the proposed project.

Hospital Use Program Constraints Under the Partial Preservation Alternative

The Partial Preservation Alternative could meet some, but not most, of the basic objectives of the proposed project. Under this alternative, essential hospital services (such as radiology, urgent medical services, pharmacy, cardiopulmonary unit, operating room, and post-anesthesia care unit) would be accommodated at the ground through sixth floors of the new hospital tower. Acute-care beds would be located at the seventh, eighth and ninth floors. Hospitals tend to place hospital services that use heavy equipment, such as an MRI suite, at lower floors and patient rooms at higher floors because it is typically easier to maintain the OSHPD-required 20-foot clearance for patient-room windows to promote required access to natural light. See Figure VI.12 on p. VI.47. This alternative would not meet several of the key objectives of the proposed project. It would provide a total of 22 acute-care beds for Chinese Hospital (32 fewer acute-care beds than the 54 beds under the proposed project, and 32 fewer acute-care beds than the 54 beds provided in the existing hospital facility) and would not include a skilled nursing facility (the proposed project would provide 22 beds), as explained in more detail below. The provision of 54 acute-care beds and a skilled nursing facility with 22 beds are objectives of the proposed project. [22]

This alternative presents other constraints for the design and operation of the hospital.[23] The retained front portion of the 1924 MAB would be separated from the new hospital tower by a seismic shear wall and seismic joint. The spaces within the retained front portion of the 1924 MAB would be connected through centrally located passages at the ground through fifth floors of

[21] Under this alternative, as under the proposed project, a new 750-kW emergency diesel generator would be installed on the rooftop of the new hospital tower and the existing emergency diesel generator on the rooftop of the 1979 Chinese Hospital building (to be renovated to become the MAOC) would continue to be used,

[22] According to the project sponsor, the average of age of inpatients at Chinese Hospital is 76 years. Many of these patients require skilled nursing care after discharge from the hospital and cannot be safely discharged to their homes. These patients often stay longer in the higher cost, acute-care setting when they could be safely discharged to a skilled nursing care setting to free up acute-care beds for someone who needs a higher level of care.

[23] Schumacher Memo, April 11, 2012.

the retained front portion of the MAB to the corresponding lower five floors of the new hospital tower. The retained front portion of the 1924 MAB would not be used for patient rooms. Under OSHPD requirements, patient rooms must be located within a direct line of sight from a nursing station. If patient rooms were placed within the retained front portion of the 1924 MAB, they would be visually isolated from the nursing stations at the central core of the new hospital tower. Instead, the retained, 33-foot-deep, front portion of the 1924 MAB could be used for administrative purposes (offices, conference rooms, storage) and public waiting areas. See Figure VI.10 on p. VI.45. Unlike the proposed project, the use of the retained front portion of the 1924 MAB for administrative and public uses under this alternative would provide extra inefficient space and create programmatic redundancies with some of the administrative and public uses planned for the renovated 1979 Chinese Hospital (MAOC). Unlike the Full Preservation Alternative, outpatient services, administrative functions, and other hospital support services would not be displaced to other locations in Chinatown and nearby areas, but would remain on the main project site, as with the proposed project, because there would be sufficient space to accommodate them.

On each floor of the new hospital tower under this alternative, the depth dimension (from front to rear) of the central core area that would be encircled by corridors would be determined by the width of the elevator bank (four elevators) on each floor. Unlike the proposed project, which would have patient rooms on the north, east and west walls, the constrained floor plates of the new hospital tower under this alternative (87 feet deep by 94 feet wide) would not provide sufficient space for patient rooms along the north wall of the new hospital tower at the upper floors that would otherwise have the requisite natural light exposure above the height of the retained portion of the 1924 MAB. Therefore, on patient room floors under this alternative (floors 7, 8, and 9), the location of patient rooms would be limited to the east and south perimeter walls of the new hospital tower.

The constrained floor plates of the new hospital tower under this alternative, OSHPD design and staffing requirements, and limitations on the location of patient rooms to the upper floors and only along the east and south walls would restrict the number of acute-care beds that may be provided on a patient room floor to no more than 8 beds per floor (compared to the 18 acute-care beds per floor with the proposed project).

The fixed floor-to-ceiling dimensions of the retained front portion of the 1924 MAB and the incorporation of the retained front portion of the 1924 MAB into the new hospital facility under this alternative present similar design and construction challenges as those described for the Full Preservation Alternative on pp. VI.25-VI-26.

CONSTRUCTION SCHEDULE

Under this alternative, as with the proposed project, the construction schedule would occur in two phases. Construction of this alternative would start approximately three to four years later than would construction for the proposed project; after OSHPD review and approval of updated plans that would have to be in accord with the 2010 CBC, as opposed to the 2001 CBC that applies to the proposed project because the project's initial filing with OSHPD in December 2007 occurred before adoption of the 2010 CBC.[24] The project sponsor's construction contractor estimates that construction of the first phase of the alternative would take approximately 62 months.[25] The second phase is anticipated to take approximately 12 months including a transition period an approximately 6-month-long transition of existing 1979 Chinese Hospital patients to the completed new hospital tower.

Phase 1 would take approximately five years to complete and would include:

- Demolition of the Chinese Hospital Parking Garage;
- Shoring of site perimeter and retained front portion of the 1924 MAB;
- Interior demolition of the retained front portion of the 1924 MAB;
- Excavation for new basement level and mat slab foundation;
- Seismic retrofit of the retained front portion of the 1924 MAB;
- Excavation for the rear addition;
- Integrate foundation of retained front portion of the 1924 MAB and the rear addition; and
- Construction of the new hospital tower.

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

- Relocation of patients to the completed new hospital; and
- Renovation of the 1979 Chinese Hospital to be the MAOC.

Overall, the Partial Preservation Alternative would take approximately two years longer to complete than would the proposed project and the construction period would increase from four years with the proposed project to six years under this alternative.

[24] Schumacher Memo, April 11, 2012.
[25] DPR Construction, April 5, 2012.

IMPACTS

Land Use and Land Use Planning

Like the proposed project, the Partial Preservation Alternative would continue the existing on-site hospital and medical uses and would remove the existing on-site parking use. This alternative would include a total of approximately 154,493 gsf of hospital and medical uses, approximately 9,580 gsf more for these uses than under the proposed project. The increase in square footage under this alternative would constitute a somewhat higher density of development of on-site hospital and medical uses, but it would not substantially change the land use impacts of this alternative, compared to the proposed project, because the types of land uses under this alternative would be similar to the land uses under the proposed project. The proposed legislative land use amendments and the project approvals that would be necessary for this alternative would be comparable to those required for the proposed project. If the proposed legislative land use amendments are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between this alternative and applicable local plans and policies would be resolved and, on balance, this alternative would not obviously conflict with and would generally be consistent with applicable local plans and policies. Like the proposed project, this alternative would not physically divide an established community; conflict with any land use plans, policies, or regulations adopted for the purpose of avoiding or mitigating and environmental effect; or have a substantial impact on the existing character of the vicinity. Like the proposed project, the Partial Preservation Alternative would have less-than-significant land use impacts and would not make a considerable contribution to any significant cumulative land use impacts.

Aesthetics

The Partial Preservation Alternative would retain and seismically retrofit the five-story front portion of the 1924 MAB. A new 10-story hospital tower would be constructed behind the retained front portion of the 1924 MAB on the sites of the demolished rear portion of the 1924 MAB and the demolished Chinese Hospital Garage. The new 136-foot-tall, 10-story hospital tower under this alternative would be about 46 feet and 3 stories taller than the 90-foot-tall, 7-story Replacement Hospital building in the proposed project. As such, the new hospital tower under this alternative would have a greater potential to affect a scenic vista than would the Replacement Hospital building under the proposed project. Like the proposed project, however, development under this alternative would not obscure or substantially degrade an existing scenic vista because, although taller, it would be comparable in scale to development under the proposed project and would therefore have a less-than-significant impact on scenic vistas, including long-range scenic vistas of downtown from Telegraph Hill and Russian Hill and the scenic vista along the Jackson Street view corridor. As with the proposed project, the main project site and its

surroundings contain no scenic resources for the purposes of the aesthetics analysis in this EIR. The new hospital tower under this alternative would be set back from the street at the rear of the main project site and would be buffered visually from the street by the retained front portion of the 1924 MAB. The retained front portion of the 1924 MAB would continue to have a distinctive visual presence along Jackson Street under this alternative. As such, development under this alternative would have a less-than-significant impact on existing visual character and quality, like the proposed project. This alternative would have substantially similar impacts to those identified for the proposed project related to light and glare and, like the proposed project, these impacts would be less than significant under this alternative. For these reasons, as with the proposed project, this alternative would result in less-than-significant project-level impacts, and would not contribute considerably to significant cumulative impacts related to aesthetics.

Historic Architectural Resources

The Partial Preservation Alternative calls for demolition of most of the existing 1924 MAB. The demolition of the majority of an individually-eligible building would result in a material impairment of the significance of the 1924 MAB and would, therefore, be considered a significant impact on the 1924 MAB individual historical resource. The overall massing and size of the existing 1924 MAB are readily apparent from the public right-of-way along Jackson Street and, after the demolition proposed with this alternative, the remaining portion of the 1924 MAB would be substantially smaller than the existing 1924 MAB, such that it would no longer convey its historical significance.

Both the east and west façades of the existing 1924 MAB are currently visible from the public right-of-way along Jackson Street, making the three-dimensional massing of the existing 1924 MAB visible to the public. (James Alley on the east side of the 1924 MAB and the existing on-site driveway between the 1979 Chinese Hospital building and the 1924 MAB on the west side offer open views of the east and west façades, respectively, of the 1924 MAB.) While the north façade of the 1924 MAB along Jackson Street is the primary elevation and most strongly conveys the historical and cultural associations of the property, the depth of the building gives a crucial indication that it is a major community institution, considerably larger in scale than typical commercial/residential buildings in the NRHP/CRHR-eligible Chinatown historic district.

The Partial Preservation Alternative calls for demolition of most of the east and west façades of the 1924 MAB, leaving only the tall but shallow mass of the retained portion of the rehabilitated 1924 MAB visible from Jackson Street. The east and west façades of the proposed replacement hospital, comprised mostly of the façades of the new tower, would be readily apparent from the public right-of-way on Jackson Street. The full size and massing of the 1924 MAB are currently visible and play an important role in conveying the historical significance of the 1924 MAB. The remaining, rehabilitated portion of the 1924 MAB under this alternative would no longer convey

the original massing, scale, and proportions of the 1924 MAB, such that the building would no longer convey its historic role in the Chinatown community. The demolition proposed with this alternative would impair the property's integrity of materials, association, and feeling, and it would diminish the building's integrity of design and workmanship, though it would not affect the integrity of setting or location.

The demolition of the majority of the 1924 MAB and the removal of the interior structure and partitions from the retained portion of the 1924 MAB under this alternative would result in a material impairment of significance of the individual historical resource by rendering the remnant property ineligible for individual listing in the California Register. However, by preserving the most significant portion of the façade and pagoda-form roof of the 1924 MAB under this alternative, this impact on the 1924 MAB would be reduced from that of the proposed project. While the 1924 MAB's original physical form, and thus its significant historical associations as a community institution, would be lost under this alternative, there would still be original fabric (including the significant front façade along Jackson Street and its pagoda-form roof at the existing fifth floor) to substantially lessen the impact of complete demolition that is part of the proposed project.

The retained front portion of the 1924 MAB under this alternative would maintain the majority of the building's most distinctive architectural features and their relationship and contribution to the CRHR/NRHP-eligible Chinatown Historic district. Retention of the most significant and prominent front portion of the 1924 MAB under this alternative would substantially lessen the impact of demolition under the proposed project on the NRHP/CRHR-eligible Chinatown historic district. The NRHP/CRHR-eligible Chinatown historic district would continue to convey its historical significance despite loss of the rear portion of the 1924 MAB.

Under this Partial Preservation Alternative, the new 10-story, 136-foot-tall hospital tower would rise from behind the retained front portion of the 1924 MAB. The hospital tower would be set back from the front of the 1924 MAB by about 30 feet. The palette of materials, and façade and fenestration treatment would be compatible, yet differentiated from the retained portion of the 1924 MAB. The new hospital tower under this alternative would be substantially taller than the existing five-story 1924 MAB. Like the 7-story, 90-foot-tall Replacement Hospital building under the proposed project, the new hospital tower under this alternative would be substantially taller than the prevailing heights and much more bulky in massing than the two- to four-story buildings that characterize this district. This would introduce an obtrusive contrast in height, scale, and massing between the prevailing, contributory properties in the NRHP/CRHR-eligible Chinatown historic district and the new hospital tower under this alternative. The new hospital tower under this alternative would be prominently visible from many vantage points in the public right-of-way, both in the immediate vicinity and farther away within the NRHP/CRHR-eligible Chinatown historic district. As with the Replacement Hospital building under the proposed

project, the new hospital tower under this alternative would detract from the consistency of scale that characterizes the NRHP/CRHR-eligible Chinatown historic district and conveys the historical development and associations of the district.

However, retention of the front portion of the 1924 MAB would limit the new hospital tower to the rear portion of the site of the 1924 MAB and the Chinese Hospital Garage under this alternative. The rehabilitated front façade of the 1924 MAB, which features the majority of character-defining features of the building, would provide a physical and visual buffer to the new hospital tower under this alternative. Under this alternative, the retained front portion of the 1924 MAB would continue to be a prominent visual presence along Jackson Street and would maintain the mass and scale of the 1924 MAB along Jackson Street. Therefore, the new hospital tower under the Partial Preservation Alternative would be more compatible with the NRHP/CRHR-eligible Chinatown historic district overall than the Replacement Hospital building under the proposed project.

The proposed demolition of the majority of the 1924 MAB under this alternative would result in a significant and unavoidable impact on the individual historical resource. However, the NRHP/CRHR-eligible Chinatown historic district would continue to convey its historical significance despite loss of the rear portion of the 1924 MAB which is a contributor to this district. The Partial Preservation Alternative would therefore have a less-than-significant project-level impact on the NRHP/CRHR-eligible Chinatown historic district and would not make a considerable contribution to a significant cumulative impact on the district, even though it would have a significant impact on the 1924 MAB individual historical resource itself. Like the proposed Replacement Hospital building under the proposed project, the new hospital tower under the Partial Preservation Alternative would have a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and would make a considerable contribution to a significant cumulative impact on the district, although it would be more compatible with the NRHP/CRHR-eligible Chinatown historic district than the proposed Replacement Hospital building, as discussed above. Mitigation Measures M-CR-1a and M-CR-1b, identified for the proposed project and described in Section IV.C, Historic Architectural Resources, pp. IV.C.21-IV.C.22, would be applicable to this alternative but, as with the proposed project, would not reduce the significant impacts of demolition of the majority of the 1924 MAB on the individual resource to a less-than-significant level. This impact would remain significant and unavoidable.

Transportation and Circulation

The Partial Preservation Alternative would contain approximately 9,580 gsf more total floor area for hospital and medical uses on site than the proposed project (154,493 gsf compared to 144,913 for the proposed project), fewer acute-care beds (22 beds compared to 54 beds for the proposed

project), and no skilled nursing beds (compared to 22 beds in the proposed project). As in the proposed project, the existing 41-space Chinese Hospital Parking Garage would be demolished. Under the Partial Preservation Alternative, there would be 76 fewer hospital employees per day, 54 fewer patients per day, and 108 fewer visitors per day, compared to the proposed project. Fewer people traveling to Chinese Hospital would result in 20 fewer P.M. peak-hour vehicle trips than with the proposed project, as well as 31 fewer P.M. peak-hour transit trips, 7 fewer P.M. peak hour pedestrian trips, and 5 fewer P.M. peak hour bicycle trips compared to the proposed project. With fewer vehicle trips in the P.M. peak hour, the traffic-related impacts of the alternative would be the same as or less than those described for the proposed project and would be less than significant, as for the proposed project.

There would be about 31 fewer P.M. peak hour transit riders, also less than under the proposed project, and transit impacts of this alternative would therefore be less than significant, as for the proposed project. The number of pedestrians and bicycle riders under this alternative would be slightly reduced when compared to the proposed project, and the impacts of this alternative on pedestrians and cycling conditions would be similarly less than significant.

Truck loading demand, passenger loading demand, and emergency vehicle arrivals under this alternative would be slightly lower than the levels expected under the proposed project. (For example, the number of carpool trips per day would decline from 15 to 9.) Since the number of P.M. peak hour vehicle trips, truck deliveries, and passenger drop-offs under this alternative would be less than under the proposed project, the truck loading,[26] passenger loading, emergency vehicle access,[27] and parking-related transportation impacts of this alternative would be similar to or less than those of the proposed project.[28] Thus, these impacts would be less than significant, as under the proposed project. The transportation and circulation improvement measures identified for the proposed project would remain applicable to the Partial Preservation Alternative (see Table S.3: Summary of Improvement Measures Identified in the EIR, in the Summary Chapter, pp. S.21-S.23).

The duration of construction to alter the 1924 MAB to become an operating hospital would be longer with the Partial Preservation Alternative, compared to constructing a new hospital under the proposed project. This is due to limited access, the need for careful, controlled demolition, and constructing support for the portions of the building to be preserved. Construction staging would occur in the same locations as for the proposed project, with additional site access challenges due to the portions of the 1924 MAB that would be preserved under this alternative.

[26] The existing off-street truck loading space off Stone Street would be lengthened, as for the proposed project, and would continue to be used in the Partial Preservation Alternative.
[27] As for the proposed project, emergency vehicles would use the longer, consolidated white zone on Jackson Street and the expanded loading area accessed from Stone Street.
[28] *Transportation Analysis for Alternatives*, April 10, 2012

Construction on the eastern portion of the main project site (the location of the part of the 1924 MAB that would be demolished and the Chinese Hospital Parking Garage) would, therefore, last 62 months, compared to 35 months for the proposed project.[29] Overall, construction activities would take approximately two years longer to complete than would the proposed project and the construction period would increase from four years with the proposed project to six years under this alternative. Transportation impacts related to construction would be the same as for the proposed project, and would be less than significant, but would extend over a longer period of time than with the proposed project.

As with the proposed project, the construction-related transportation impacts of the Partial Preservation Alternative would potentially overlap with reasonably foreseeable projects in the area to constitute a potentially significant cumulative impact, and the mitigation measure identified for the proposed project implementing a Construction Transportation Management Plan (see Mitigation Measure C-M-TR-2, in Section IV.D, Transportation and Circulation, pp. IV.D.65-IV.D.66) would be applicable to this alternative and would similarly reduce the impacts of this alternative to a less-than-significant level.

Since under the Partial Preservation Alternative Chinese Hospital would be able to serve fewer patients than under the proposed project, it is expected that future anticipated growth in Chinese Hospital patient demand would be accommodated at nearby hospitals, such as St. Francis Hospital, St. Mary's Hospital, CPMC's Pacific Hospital, and San Francisco General Hospital. Patients needing skilled nursing would also be placed in other facilities in the City, or outside the City, as is done now, depending on the availability of beds in the future. These patients and visitors would travel to these other facilities using transit, vehicles, and other modes. About 20 P.M. peak hour vehicle trips and 31 P.M. peak hour transit trips would travel to different hospital facilities if this alternative were implemented (compared to the proposed project); since these P.M. peak hour vehicle and transit trips would be divided among the other existing facilities, the impacts on transportation from these trips would be widely dispersed and traffic and transit impacts for this alternative would be less than significant.

Like the proposed project, the Partial Preservation Alternative would demolish the Chinese Hospital Parking Garage and would not provide off-street parking. Thus, the parking discussion for the proposed project (see Section IV.D, Transportation and Circulation, pp. IV.D.55-IV.D.59) would be applicable to the Partial Preservation Alternative, although with a smaller parking demand than with the proposed project.

In conclusion, like the proposed project, the Partial Preservation Alternative would have less-than-significant transportation impacts and would not make a considerable contribution to a

[29] DPR Construction, April 5, 2012.

significant cumulative transportation impact, provided that Mitigation Measure C-M-TR-2 (discussed in Section IV.D, Transportation and Circulation (Mitigation Measure C-M-TR-2, pp. IV.D.65-IV.D.66), which would implement a Construction Transportation Management Plan, is implemented.

Air Quality

Construction-Related Impacts

Leaving a portion of the 1924 MAB in place would create substantial difficulties in building the new hospital tower at the rear of the partially-preserved historic building and would substantially restrict site access. Limited site access, coupled with extended demolition and shoring activities to carefully remove a portion of the 1924 MAB and stabilize it during construction of the new hospital tower, plus seismic upgrade of the remaining portion of the 1924 MAB, would make the total construction duration for the altered 1924 MAB and the new hospital tower longer than that for the Replacement Hospital under the proposed project. The overall construction duration for the new hospital tower and the seismic upgrade to the front portion of the 1924 MABin the Partial Preservation Alternative would be about 62 months, compared to 35 months for the Replacement Hospital under the proposed project's construction timeline. The total construction duration for this alternative including upgrade of the 1979 Chinese Hospital, which would be renovated exactly as it would be under the proposed project, would be about six years, compared to about four years for the proposed project.[30]

Criteria Air Pollutants and Fugitive Dust

The construction equipment used in the Partial Preservation Alternative would be the same as that needed for the proposed project. Fugitive dust generated as a result of on-site construction activities under this alternative would be controlled by the City's Construction Dust Control Ordinance, and therefore the impact would be less than significant, as for the proposed project. Construction-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds, as shown in Table IV.E.5: Average Daily Construction Criteria Air Pollutant Emissions, on p. IV.E.32 in Section IV.E, Air Quality. Emissions during construction of the proposed project would need to increase by more than 700 percent to equal or exceed the significance thresholds.[31] It is reasonable, therefore, to conclude that although the construction duration for the Partial Preservation Alternative would be longer than that for the proposed project, like the proposed project the construction-related criteria air pollutant emissions from this alternative would also not reach or exceed thresholds and would be less than significant.

[30] DPR Construction, April 5, 2012.
[31] *Air Quality Impact Evaluation for Alternatives.*

Construction Health Risk and Hazards

Health risks and hazards associated with construction are related to the amount and type of diesel-powered equipment used on site and its location in relation to nearby sensitive receptors. Under this alternative, patients would remain in the existing 1979 Chinese Hospital during the partial demolition of the 1924 MAB and construction of the new hospital tower, similar to the proposed project. The location of off-site sensitive receptors would be similar to the location of these receptors under the proposed project. Under the Partial Preservation Alternative, there would be less overall excavation than under the proposed project because the construction site would decrease in size from about 11,526 square feet to about 9,350 square feet (the site area of the Chinese Hospital Parking Garage plus the portion of the 1924 MAB that would be demolished plus the 20-foot-wide driveway between the 1924 MAB and the 1979 Chinese Hospital building), but more shoring would be needed than with the proposed project because of the retained portion of the 1924 MAB. In addition, the active construction site for diesel-powered construction equipment under this alternative would be shifted to the south behind the retained front portion of the 1924 MAB rather than encompassing the full eastern half of the main project site, as under the proposed project. Overall, the duration of use of diesel-powered construction equipment with this alternative would be several months longer than for the proposed project. While use of diesel-powered construction equipment would occur for a longer time frame during construction of the new hospital tower under this alternative, as compared to the Replacement Hospital under the proposed project, site access limitations and the need to work around the partially preserved 1924 MAB would limit the amount of equipment that could be operated on the site at one time.

Based on the construction contractors' estimate, the time needed for demolition, shoring, and excavation work would be longer than under the proposed project. This is due to the need for careful and controlled demolition, shoring, and excavation work to partially preserve and seismically retrofit the retained front portion of the 1924 MAB and the limited site access that results from the building's partial preservation, unlike under the proposed project. However, the duration of use of diesel-powered construction equipment would be longer than that for the proposed project (from 35 months to 62 months). Further, as stated above, the proximity of existing on-site and off-site sensitive receptors to construction activity would be similar to the proposed project. On-site idling of diesel-powered construction equipment may be greater for this alternative than that under the proposed project due to limited site access and decreased maneuverability of trucks and equipment within the smaller construction site. Overall construction emissions of DPM, TOG, and $PM_{2.5}$ from the demolition of the rear portion of the 1924 MAB (approximately 45 feet), the Chinese Hospital Parking Garage, and the skybridge connecting the 1924 MAB and the 1979 Chinese Hospital; interior demolition at the 1924 MAB and excavation for the new mat slab foundation; excavation and shoring of the site perimeter and the remaining on-site buildings; and excavation for the new hospital tower and the temporary

ramp in the space between the 1924 MAB and the 1979 Chinese Hospital are not likely to vary substantially from those of the proposed project.

The distance of the construction site from the closest sensitive receptors would be somewhat greater than for the proposed project, but sensitive residential receptors would still be close to the construction site, approximately 25 to 40 feet to the northeast. The change in distance between the construction activities and sensitive receptors under this alternative would have little effect with respect to construction health risks. Therefore, health risk and hazards associated with this alternative would be expected to be similar to those for the proposed project, which, at 45.8 excess cancer cases in a million, were found to be significant and unavoidable. Construction-related emissions from diesel-powered equipment would need to be reduced by at least 79 percent to be below the significance threshold for cancer risk of 10 in one million.

Mitigation Measure M-AQ-3, identified for construction air quality impacts of the proposed project and described in Section IV.E, Air Quality, p. IV.E.37, would be applicable to this alternative, but, as with the proposed project, would not be expected to reduce the significant impact to a less-than-significant level. A mitigated scenario analyzed for the proposed project, with cleaner off-road construction equipment than could be available for use in construction beginning in July 2012, showed that emissions could be reduced by about 65 percent, but would result in cancer risk of about 15.8 in one million, still over the threshold of excess cancer risk of 10 in one million. Therefore, as with the proposed project, the Partial Preservation Alternative would not reduce the significant construction health risk and hazard impact related to air quality to a less-than-significant level. The impact would remain significant and unavoidable.

Operational-Related Impacts

Operational Criteria Air Pollutants

As discussed above, compared to the proposed project, the Partial Preservation Alternative would result in reductions in the number of hospital staff, patients, and visitors. Although the same types of uses would be found under the Partial Preservation Alternative (which includes a new hospital tower, the remaining front portion of the 1924 MAB, and the 1979 Chinese Hospital building [MAOC, as for the proposed project]), this alternative would result in approximately 9,580 gsf more building space than under the proposed project. Therefore, under this alternative, there would be approximately 10 percent more building square footage for the new hospital tower than for the Replacement Hospital building under the proposed project.

Due to the increase in overall building square footage, there would likely be a slight increase in area source emissions (i.e., consumer products, landscaping emissions, and architectural coatings), compared to the Replacement Hospital building under the proposed project. The

estimated reduction in net-new vehicle trips is due to fewer staff, patients, and visitors under this alternative, compared to the proposed project (see the Transportation subsection above, on pp. VI.55-VI.58, for information on the reduction in net-new P.M. peak hour vehicle trips under the Partial Preservation Alternative), and would slightly reduce the criteria air pollutant emissions from mobile sources generated by the alternative.

A new 750-kW emergency diesel generator would be installed on the rooftop of the new hospital tower, similar to the proposed project which would locate it on the rooftop of the proposed Replacement Hospital building. Emissions of criteria air pollutants from the new emergency diesel generator under this alternative would be the same as under the proposed project. Estimates of emissions from the existing emergency diesel generator on the 1979 Chinese Hospital would not change under this alternative from those estimated for the proposed project.

Operational-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds (see Table IV.E.7: Estimated Daily and Annual Criteria Air Pollutant Emissions, in Section IV.E, Air Quality, p. IV.E.40, which shows that emissions under this alternative would need to increase substantially to equal or exceed the significance thresholds). Therefore, under the Partial Preservation Alternative with a slightly larger building; fewer employees, patients, and visitors (and therefore fewer net-new vehicle trips); the same size new emergency diesel generator and continued use of the existing emergency diesel generator on the roof of the 1979 Chinese Hospital building (as under the proposed project), operational-related criteria air pollutant emissions from area, mobile, and stationary sources would be similar to or slightly less than those of the proposed project. Therefore, it is reasonable to conclude that operation-related criteria air pollutant emissions from the Partial Preservation Alternative would not reach or exceed significance thresholds and would be less than significant, as with the proposed project.

Operational Health Risk and Hazards

As discussed above, the Partial Preservation Alternative would result in fewer hospital staff, patients, and visitors than the number that would be generated under the proposed project. Under this alternative, there would be slightly more building square footage than in the proposed project, fewer acute-care patient beds, and no skilled nursing facility beds. Compared to the proposed project, there would also be a decrease in net-new vehicle trips added to the local roadway network under this alternative. As explained on p. IV.E.41 in Section IV.E, Air Quality, a screening level analysis of mobile sources showed that the proposed project's net new vehicle trips, in combination with traffic on nearby roadways, would not result in health risks and hazards that would exceed significance thresholds. Because the Partial Preservation Alternative would have fewer employees, patients, and visitors, and therefore fewer net-new vehicle trips than with

the proposed project, operational impacts for health risks and hazards from area and mobile sources would be similar to or slightly less than those from the proposed project.

As described above, a new 750-kW emergency diesel generator would be installed on the rooftop of the new hospital tower, which would be about 45 feet taller than under the proposed project. The existing emergency diesel generator on the roof of the 1979 Chinese Hospital would remain in operation, as it would under the proposed project. Health and hazards impacts of the new emergency diesel generator under this alternative would probably be slightly less than for the proposed project, because the release point would be about 45 feet higher. As shown in Table IV.E.8: Operational Health Risk Impacts – Replacement Hospital Generator, in Section IV.E, Air Quality, p. IV.E.43, the health risk and hazards impacts of the proposed project's emergency diesel generator on nearby sensitive receptors would be substantially below significance thresholds. Therefore, under this alternative placing the release point of the new emergency diesel generator about 45 feet higher, further from off-site sensitive receptors than under the proposed project, would not cause an increase in health risks and hazards such that the impact would exceed significance thresholds. Health risk and hazards impacts related to the operation of these emergency diesel generators would be less than significant, as for the proposed project.

Therefore, under the Partial Preservation Alternative with a slightly larger building; fewer employees, patients, and visitors (and therefore fewer net-new vehicle trips); the same new 750-kW emergency diesel generator; and the existing emergency diesel generator on the 1979 Chinese Hospital (as under the proposed project), operational-related health risk and hazards impacts from area, mobile, and stationary sources on on-site and off-site sensitive receptors with this alternative would be similar to or slightly less than those of the proposed project, which were found to be less than significant.

Cumulative Impacts

As discussed on p. IV.E.50 in Section IV.E, Air Quality, regional air quality impacts are by their very nature cumulative impacts. Emissions from past, present, and future projects contribute to the San Francisco Bay Area Air Basin's adverse air quality impacts on a cumulative basis. No single project by itself would be sufficient in size to result in nonattainment of ambient air quality standards. Instead, a project's individual emissions contribute to existing cumulative adverse air quality impacts.[32] The thresholds of significance for criteria air pollutants are based on levels by which new sources are not anticipated to contribute considerably to an existing or projected air quality violation or result in a considerable net increase in criteria air pollutants. As discussed above, the construction and operational emissions under this alternative would not exceed the thresholds of significance for criteria air pollutants; therefore, this alternative, like the proposed

[32] *CEQA Air Quality Guidelines*, p. 2-1.

project, would not be considered to result in a considerable contribution to cumulative regional air quality impacts.

The cumulative health risk and hazard threshold of significance is an increased cancer risk of 100 in a million from all sources within the 1,000-foot zone of influence. As described above, cumulative health risk and hazard impacts to on-site and off-site sensitive receptors under the Compatible Replacement Hospital Alternative, as with the proposed project, would be below this applicable cumulative threshold. Therefore cumulative health risk impacts under this alternative would be less than significant, as with the proposed project.

Wind

The Partial Preservation Alternative would result in changes to the heights of some of the structures on the main project site, as described below. The existing 3-story, 24-foot-tall Chinese Hospital Parking Garage and the rear portion of the existing 5-story, 78-foot-tall 1924 MAB would be demolished. In their place, a new 10-story, 136-foot-tall hospital tower would be constructed. There would be no change to the height of the existing 5-story, 81.5-foot-tall 1979 Chinese Hospital building, which would be retained. Under the Partial Preservation Alternative, the new 10-story hospital tower would be approximately 54.5 feet taller than existing 1979 Chinese Hospital building to the west. The replacement hospital under this alternative would be approximately 45.5 feet taller than the Replacement Hospital under the proposed project.

Since the new hospital tower would be taller than the existing 1979 Chinese Hospital building, the west façade of the new hospital tower could intercept wind currents and channel them downward.[33] These redirected wind currents would be intercepted by the roof of the existing 1979 Chinese Hospital building and would not reach the sidewalk below. As a result, the Partial Preservation Alternative would have little potential to cause changes to ground-level wind currents that could affect pedestrians walking on the sidewalks adjacent to the main project site. Like the proposed project, the development under the Partial Preservation Alternative, while being taller than the development under the proposed project, would have less-than-significant wind impacts and would not make a considerable contribution to any significant cumulative wind impacts.

Shadow

As discussed above, the 10-story, 136-foot-tall tower in the Partial Preservation Alternative would be approximately 45.5 feet taller than the proposed 7-story, 90.5-foot-tall Replacement Hospital under the proposed project, and shadows cast by the tower in this alternative would be longer than the shadows cast by the proposed project. Shadows from this alternative would reach

[33] *Wind Impact Evaluation for Alternatives.*

Portsmouth Square at the end of the day during the summer and Woh Hei Yuen Recreation Center and Park at the beginning of the day during late winter and early autumn. These shadows may not be entirely masked by shadows from existing intervening buildings and could add net new shadow to properties under the jurisdiction of the Recreation and Park Commission.[34] Like the proposed project, this alternative would not cast net new shadow on the roof garden at the Chinatown Public Library or the playgrounds at the Commodore Stockton Child Development Center and Gordon J. Lau Elementary School. Like the proposed project, this alternative would cast some net new shadow on the Trenton Street alleyway around noon during the autumn, winter, and spring. This alternative would add more net new shadow to portions of the main project site, as well as to portions of surrounding properties, sidewalks, and streets than the proposed project, but overall, this alternative would not substantially increase the total amount of shading in the surrounding neighborhood above levels that are common and generally accepted in urban areas. Unlike the proposed project, the Partial Preservation Alternative could have significant and unavoidable shadow impacts on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

Conclusion

Under the Partial Preservation Alternative, impacts related to land use and land use planning, transportation, and air quality would be similar to those of the proposed project. Like the proposed project, this alternative would result in a less-than-significant impact related to aesthetics but, unlike the proposed project, it would retain the visually distinctive front portion of the 1924 MAB as a visual presence along Jackson Street. Like the proposed project, this alternative with partial demolition of the 1924 MAB would result in a significant and unavoidable impact on the 1924 MAB individual historical resource, but unlike the proposed project, it would avoid a significant project-level impact and a cumulatively considerable impact on the NRHP/CRHR-eligible Chinatown historic district because that district would continue to convey its historical significance despite the loss of the rear of the 1924 MAB. Like the Replacement Hospital building under the proposed project, the new hospital tower under this alternative would result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and make a considerable contribution to a significant cumulative impact on the NRHP/CRHR-eligible Chinatown historic district. The Partial Preservation Alternative, with a taller hospital tower, could have potentially greater wind impacts than the proposed project, but the wind impacts of this alternative would be less than significant. Unlike under the proposed project, this alternative could have a significant and unavoidable shadow

[34] CADP, *Shadow Analysis for Chinese Hospital Replacement Project Alternatives*, March 22, 2012 (hereinafter "*Shadow Analysis for Alternatives*"). This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

impact on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

The Partial Preservation Alternative would achieve some but not all of the project sponsor's objectives. The Partial Preservation Alternative would meet the objective of providing a seismically safe environment for its patients, visitors, physicians, and employees that meets SB 1953 requirements, but not in a timely manner. This alternative would result in operational deficiencies due to the separation of the 1924 MAB from the new hospital tower and the resulting separation of administrative and acute-care services; the constrained floor plates would also result in insufficient space for patient rooms. These operational inefficiencies would increase the operational costs of the hospital. Because of the lengthy construction period, which would be extended from 35 months for the first phase of construction under the proposed project to 56 months for the first phase of construction under this alternative, this alternative would disrupt the hospital's acute-care services and outpatient operations, and it would not improve the operation of the hospital. This alternative would not meet the project sponsor's objective to provide sufficient space to replace all existing 54 acute-care beds as it would accommodate only 22 of the 54 existing acute care beds. It would not meet the objective of providing a new 22-bed skilled nursing facility.

D. COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE

As shown on Table IV.1: Comparison of Building Alterations – Proposed Project and Alternatives, on p. VI.5, the Compatible Replacement Hospital Alternative considers a massing and design for a replacement hospital building, containing a development program, which differs from that under the proposed project by one less skilled nursing facility bed and one less operating room suite, that would lessen, if not avoid, significant impacts of new construction under the proposed project on the surrounding NRHP/CRHR-eligible Chinatown historic district. Under this alternative, during demolition of the 1924 MAB and Chinese Hospital Parking Garage and construction of a new replacement hospital building, the 1979 Chinese Hospital building would continue to function as a hospital. After completion of the new replacement hospital building under this alternative, as with the proposed project, the 1979 Chinese Hospital would undergo remodeling for reuse as an MAOC.

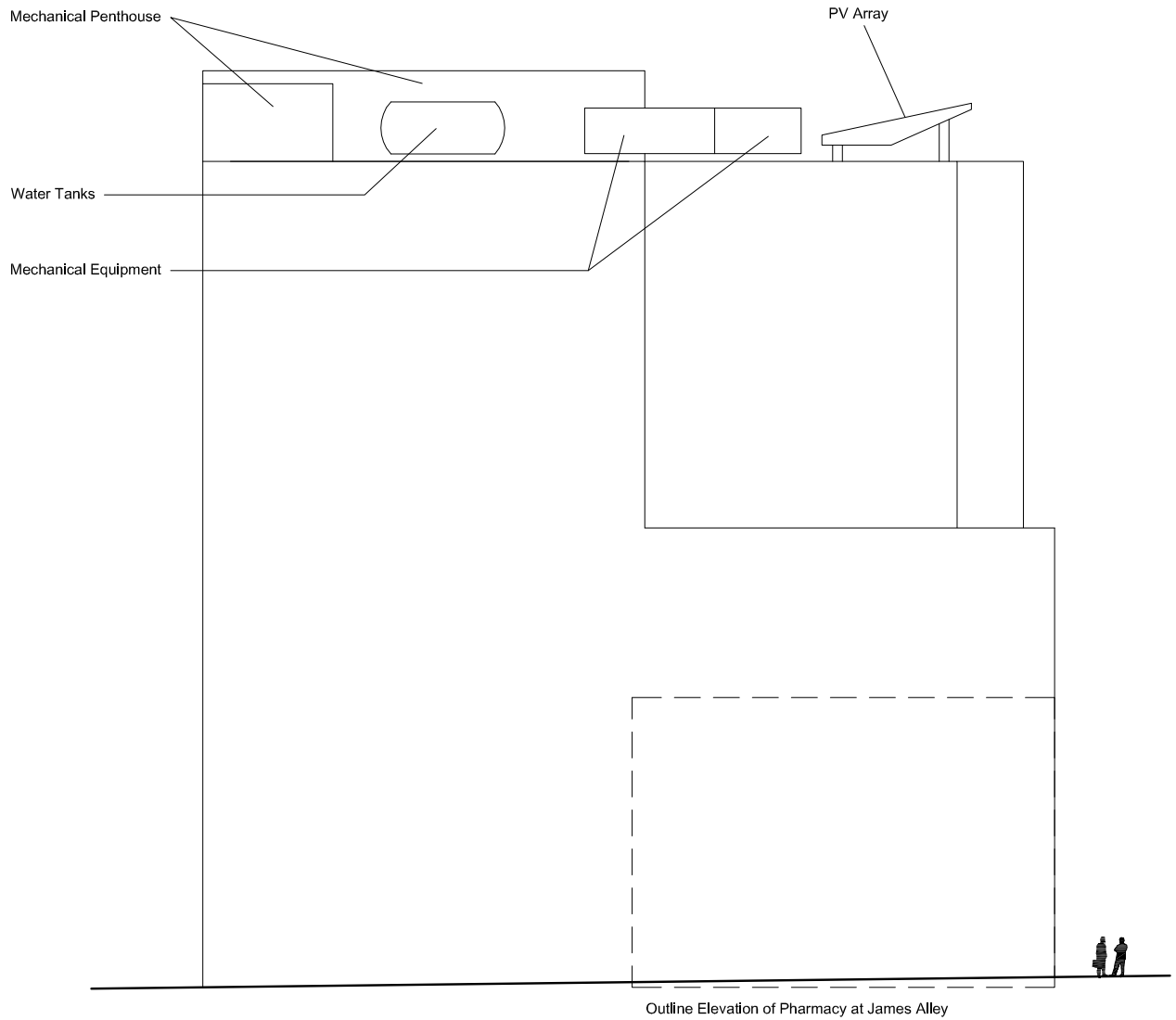
As shown on Table IV.2: Comparison of Use Program – Proposed Project and Alternatives, on p. VI.6, the renovated, 43,368-gsf 1979 Chinese Hospital building would include the same uses as described for the proposed project's MAOC. The 118,634-gsf compatible replacement hospital building under this alternative would accommodate 54 acute-care beds and 21 skilled nursing beds, the same number of acute-care beds as under the proposed project but one fewer skilled nursing facility bed. Together, the renovated 1979 Chinese Hospital building (MAOC) and the new compatible replacement hospital building under this alternative would include 162,002 gsf. As with the proposed project, no parking would be provided to replace the 41 spaces that would be lost by demolition of the on-site Chinese Hospital Parking Garage.

As with the proposed project, the Compatible Replacement Hospital Alternative would require legislative land use amendments to change certain zoning controls applicable to the alternative as set forth in Articles 1, 2, and 8 of the San Francisco Planning Code by establishing a Chinese Hospital SUD for the main project site at 835-845 Jackson Street and amending the Zoning Maps and certain aspects of the *Chinatown Area Plan* of the *General Plan.*

See Figure VI.13: Compatible Replacement Hospital Alternative - Jackson Street Elevation; Figure VI.14: Compatible Replacement Hospital Alternative – East Elevation; Figure VI.15: Compatible Replacement Hospital Alternative – Ground Floor Plan; Figure VI.16: Compatible Replacement Hospital Alternative – Fifth Floor Plan; Figure VI.17: Compatible Replacement Hospital Alternative – Massing Diagram; and Figure VI.18: Compatible Replacement Hospital Alternative – Stacking Diagram.

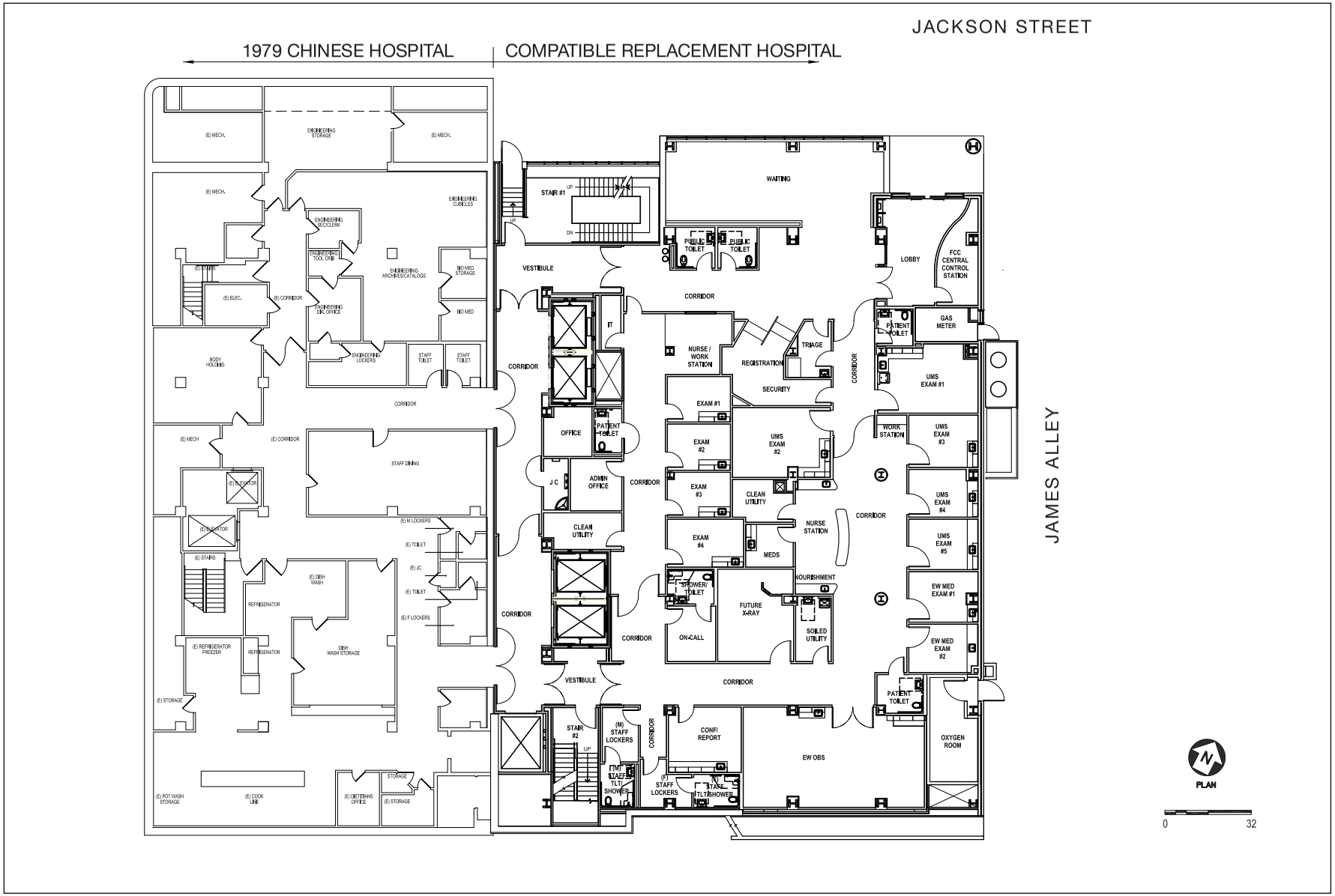
SOURCE: Jacobs Global Buildings

FIGURE VI.13: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-JACKSON STREET ELEVATION



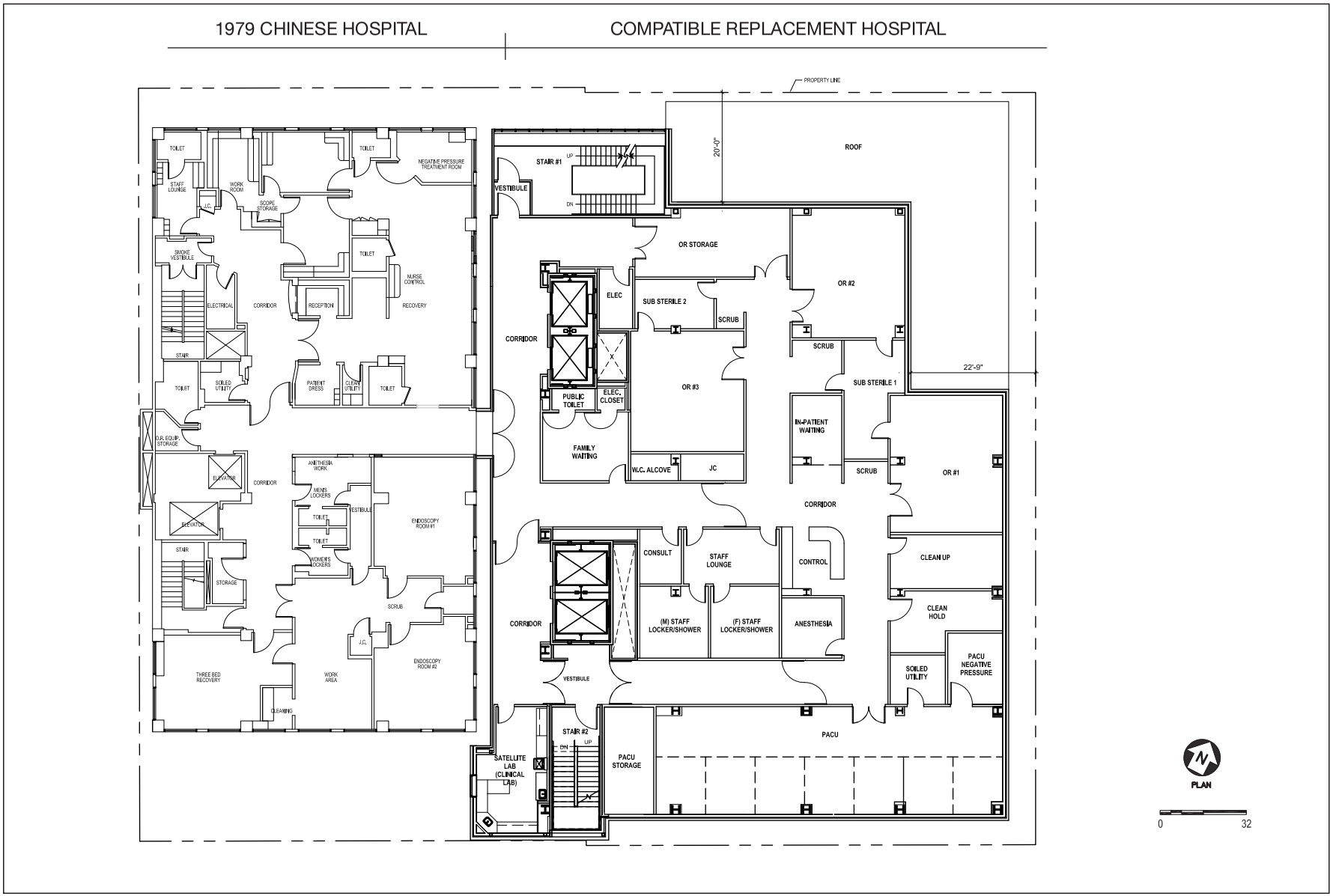
SOURCE: Jacobs Global Buildings

FIGURE VI.14: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-EAST ELEVATION



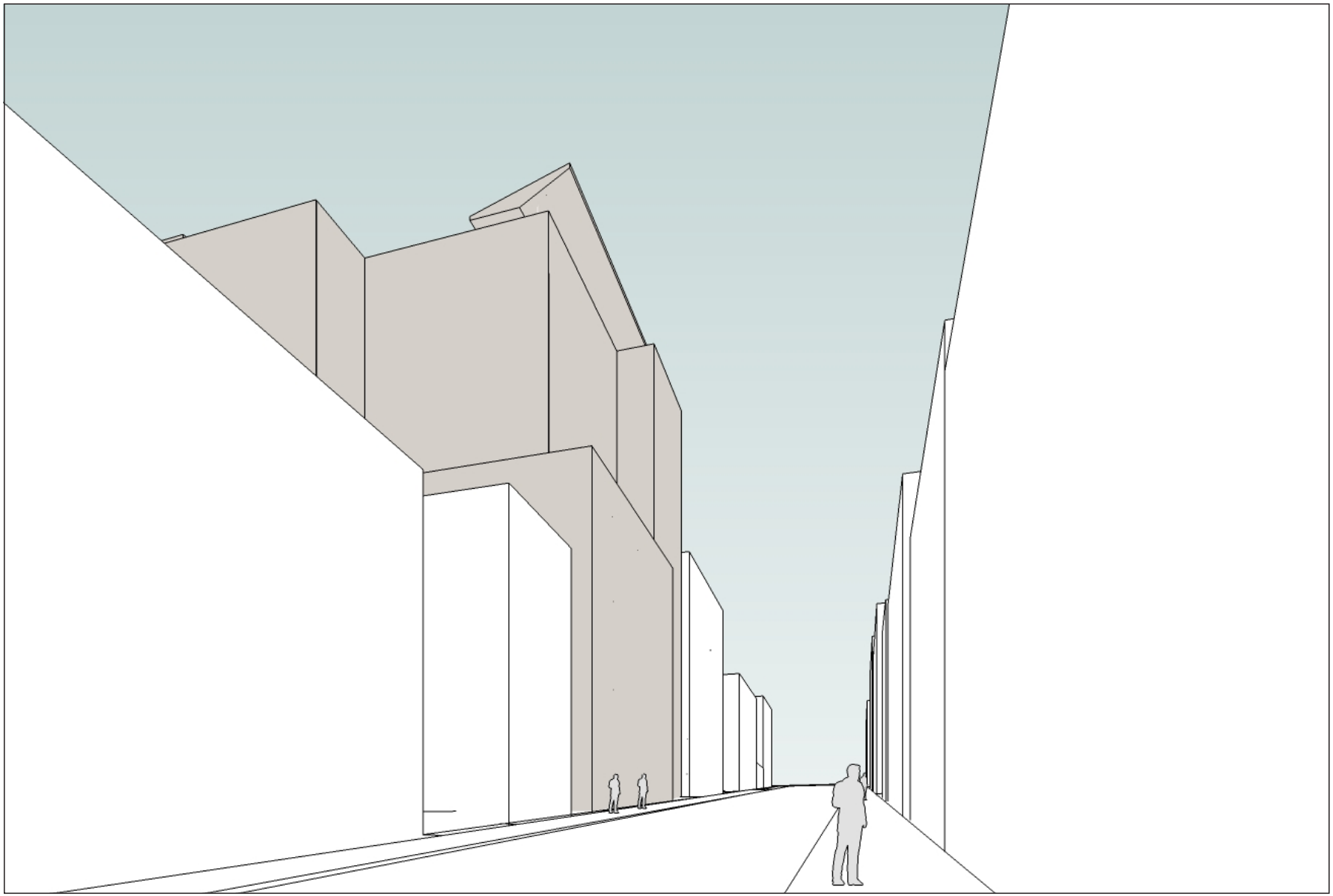
SOURCE: Jacobs Global Buildings

FIGURE VI.15: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-GROUND FLOOR PLAN



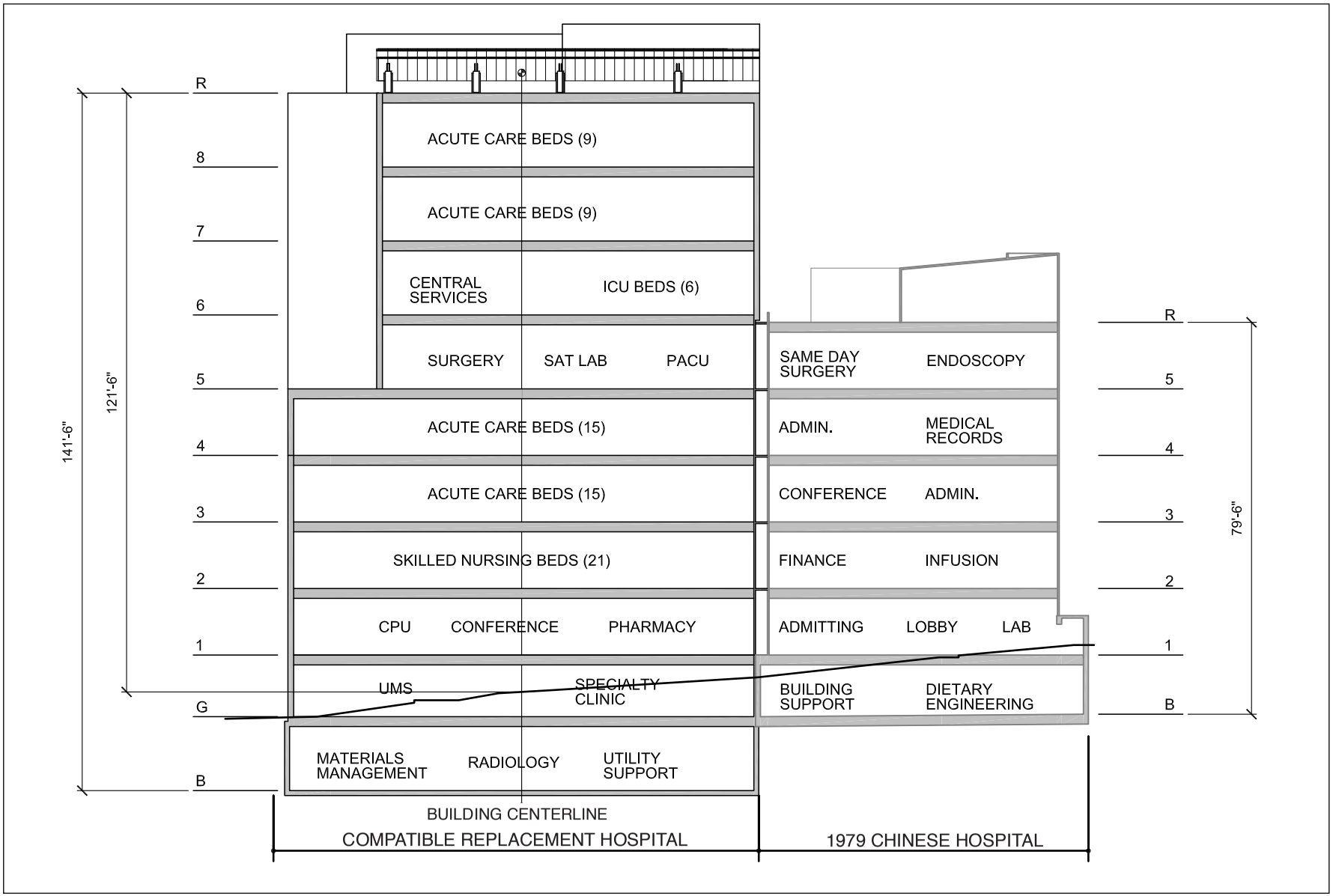
SOURCE: Jacobs Global Buildings

FIGURE VI.16: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-FIFTH FLOOR PLAN



SOURCE: Jacobs Global Buildings

FIGURE VI.17: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-MASSING DIAGRAM



SOURCE: Jacobs Global Buildings

FIGURE VI.18: COMPATIBLE REPLACEMENT HOSPITAL ALTERNATIVE-STACKING DIAGRAM

DESCRIPTION

As with the proposed project, under the Compatible Replacement Hospital Alternative, the 1924 MAB and the Chinese Hospital Parking Garage would be demolished in their entirety to clear the site for the development of the new compatible replacement hospital building. As with the proposed project, the Compatible Replacement Hospital Alternative calls for construction of a new replacement hospital. Under this alternative, a new 9-story (plus basement), 121-foot-tall new replacement hospital building would be constructed on the combined sites of the 1924 MAB and Chinese Hospital Parking Garage on the main project site. The new replacement hospital building under this alternative would be two stories taller and approximately 30 feet taller than the Replacement Hospital under the proposed project. The Compatible Replacement Hospital design would include a setback along the west end of the Jackson Street façade (7 feet deep, to align with the front façade of the 1979 Chinese Hospital building), and setbacks from building façades above the fourth floor along Jackson Street (17-feet deep) and along James Alley (17 feet deep). The west wall of the new replacement hospital building under this alternative would directly abut the existing east façade of the 1979 Chinese Hospital building.

Under this alternative, these setbacks would articulate a contextual base volume along the Jackson Street and James Alley that is narrower and lower (about 62 feet across and 5 stories tall) than the volume of the proposed Replacement Hospital building under the proposed project, which would be 96 feet across and seven stories tall with a setback at the ground and first levels for a street-level public seating area along Jackson Street. The contextual base volume would face and relate to the predominant scale of the NRHP/CRHR-eligible Chinatown historic district, would create a step up of building heights from Stockton Street along the slope of Jackson Street, and would reinforce the continuity of the street wall under this alternative. The setbacks would also articulate a stair tower volume to the west of the contextual base volume. The stair tower volume's front face would align with the existing setback of the 1979 Chinese Hospital building to the west, in order to provide a transition between the new replacement hospital tower under this alternative and the 1979 Chinese Hospital building. The set-back upper portion of this hospital development (about four additional stories above the five-story contextual base volume) would rise as high as necessary to house a hospital program that is similar to that of the Replacement Hospital under the proposed project, except for one less skilled nursing bed and one less operating room suite. The need for rooftop mechanical features for the compatible

replacement hospital building would be the same for this alternative as that of the proposed project (up to 30 feet above the new roof deck under this alternative).[35]

Under this alternative, the contextual base volume would be masonry-clad; have vertically oriented, "punched," and recessed window openings; have a projecting horizontal cornice along Jackson Street that would return for a short distance along James Alley; and have a differentiated and pedestrian-oriented ground level / first floor, set off by a horizontal belt course above the first floor. The front façade of the hospital's stair tower volume would be clad in glass curtain wall to differentiate this element from the contextual base volume under this alternative. The set-back upper portions of the compatible replacement hospital building would be clad in masonry panel and would have a compatible yet differentiated façade and fenestration treatment to further distinguish the upper set-back portion of this development from its contextual base volume.

Hospital Use Program Constraints Under the Compatible Replacement Hospital Alternative

The Compatible Replacement Hospital Alternative could meet most of the basic objectives of the proposed project, but could result in staffing and hospital space planning inefficiencies. The new 9-story compatible replacement hospital under this alternative would accommodate 54 acute-care patient beds (the same as the proposed project and the 1979 Chinese Hospital). The compatible replacement hospital building would include 21 skilled nursing facility beds (1 fewer than with the proposed project, and 21 more skilled nursing facility beds than in the existing 1979 Chinese Hospital, which has none). As described above, under this alternative, a 7-foot-deep setback along the west end of the Jackson Street façade for the code-required building egress to Jackson Street would be incorporated to align with the front façade of the neighboring 1979 Chinese Hospital building. This change led to a slight reduction in the size of the floor plates at the ground to the fourth floors of the compatible replacement hospital building from those under the proposed project, necessitating a reconfiguration of the exit stairwell and the loss of one skilled nursing facility bed. The floor layout for the skilled nursing facility under this alternative provides the required space for the minimum services required to support a skilled nursing facility and there would not be sufficient space for one additional bed.

Under this alternative, essential hospital services (such as radiology, urgent medical services, pharmacy, cardiopulmonary unit, operating room, and post-anesthesia care unit) would be accommodated at the basement level and the ground and first floors of the compatible replacement hospital building. The 21 skilled nursing beds would be located at the second floor, and the 54 acute-care beds would be located at the third, fourth, sixth, seventh, and eighth floors

[35] Under this alternative , as under the proposed project, a new 750-kW emergency diesel generator would be installed on the rooftop of the compatible replacement hospital and the existing emergency diesel generator on the rooftop of the 1979 Chinese Hospital building (to be renovated to become the MAOC) would continue to be used.

of the compatible replacement hospital building. Operating rooms and a post-anesthesia recovery unit would be on the fifth floor.

The Compatible Replacement Hospital Alternative could house a viable hospital use with a comparable number of acute-care and skilled nursing beds as the proposed project. However, the setbacks in the design of the compatible replacement hospital building along the Jackson Street and James Alley façades under this alternative would result in smaller floor plates for the top four floors and fewer beds per nursing unit on each of these floors than those that would be provided in the Replacement Hospital under the proposed project. Because minimum state-required staffing levels per nursing unit must be maintained, under this alternative, compared to the proposed project, the reduction of beds per nursing unit and the concomitant increase in the number of nursing units would necessitate an increase in the number of staff to meet the requirements for acute-care hospitals under Title 22 of the California Code of Regulations. Compared to the proposed project, this alternative would increase daily staffing by eight staff members (six registered nurses to meet Title 22 staffing requirements and two support staff to clean and maintain the additional 17,089 square feet of the compatible replacement hospital building).[36] As described above, this alternative's replacement hospital building would have two more floors and approximately 17,089 gsf more building space than the Replacement Hospital building under the proposed project. The additional square footage provided by the two additional floors would allow needed hospital support functions to be located in the new replacement hospital under this Compatible Replacement Hospital Alternative, without the need to permanently displace staff and departments to off-site locations, as under the Full Preservation Alternative. In addition, Section 12 of the California Building Code, Section 1224.14.2 Service Areas, identifies required elements for a nursing unit serving acute-care patients that shall be in or readily available to each nursing unit.[37] These spaces must be reproduced in each nursing unit, despite the number of patient beds in the unit.

CONSTRUCTION SCHEDULE

Under this alternative, as with the proposed project, the construction schedule would occur in two phases. Construction of this alternative would start approximately three to four years later than would construction for the proposed project; after OSHPD review and approval of updated plans that are in accord with the 2010 CBC as opposed to the 2001 CBC for the proposed project, because the project's initial filing with OSHPD in December 2007 occurred before adoption of the 2010 CBC. The project sponsor's construction contractor estimates that construction of the

[36] .Schumacher Memo, April 11, 2012.

[37] These requirements include the nurses' station, a nursing supervisor office, staff toilets, a multi-purpose room, clean utility, soiled utility, a medication room, clean linen storage, nourishment area, an ice machine, equipment storage, gurney and wheelchair storage or alcove, emergency equipment storage, a housekeeping room and isolation rooms with anterooms.

first phase of the alternative would take approximately 38 months, three months longer than under the proposed project.[38] The second phase is anticipated to take approximately 12 months after an approximately 6-month-long transition of existing 1979 Chinese Hospital patients to the completed new hospital tower.

Phase 1 would take approximately 3.25 years to complete and would include:

- Demolition of the 1924 MAB and the Chinese Hospital Parking Garage;
- Renovation of the basement level of the 1979 Chinese Hospital for dietetic services;
- Removal and infill of windows along the east wall of the 1979 Chinese Hospital building and construction of fire-rate connecting corridors between the buildings;
- Construction of the Replacement Hospital building.

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

- Relocation of patients to the completed new hospital; and
- Renovation of the 1979 Chinese Hospital to be the MAOC.

Overall, the Compatible Replacement Hospital Alternative would take approximately 3 months longer to complete than would the proposed project and would increase the construction period from approximately 4 years with the proposed project to a little over 4 years under this alternative.

IMPACTS

Land Use and Land Use Planning

The Compatible Replacement Hospital Alternative would include the same hospital and medical uses on site as would the proposed project. This alternative would include a total of approximately 162,002 gsf of hospital and medical uses, approximately 17,089 gsf more for these uses than under the proposed project. The increase in square footage under this alternative would constitute a higher density of development of on-site hospital and medical uses, but it would not substantially change the land use impacts of this alternative compared to the proposed project, because the types of land uses under this alternative would be the same as the land uses under the proposed project. The proposed legislative land use amendments and the project approvals that would be necessary for this alternative would be comparable to those required for the proposed project. If the proposed legislative land use amendments are adopted and implemented and other necessary project approvals are granted by the decision-makers, the potential inconsistencies between this alternative and applicable local plans and policies would be resolved and, on balance, this alternative would not obviously conflict with and would generally be consistent with

[38] DPR Construction, April 5, 2012.

applicable local plans and policies. Like the proposed project, this alternative would not physically divide an established community; conflict with any land use plans, policies, or regulations adopted for the purpose of avoiding or mitigating and environmental effect; or have a substantial impact on the existing character of the vicinity. Like the proposed project, the Compatible Replacement Hospital Alternative would have less-than-significant land use impacts and would not make a considerable contribution to any significant cumulative land use impacts.

Aesthetics

The Compatible Replacement Hospital Alternative calls for demolition of the existing 1924 MAB and Chinese Hospital Parking Garage and construction of a new nine-story compatible replacement hospital building on the site of the demolished 1924 MAB and Chinese Hospital Parking Garage onsite. The new 121-foot-tall, 9-story compatible replacement hospital under this alternative would be about 31 feet and 2 stories taller than the 90-foot-tall, 7-story Replacement Hospital building under the proposed project. As such, the new hospital tower under this alternative would have a greater potential to affect a scenic vista than would the Replacement Hospital building under the proposed project. Like the proposed project, however, development under this alternative would not obscure or substantially degrade an existing scenic vista because it would be comparable, although somewhat taller, in scale to development under the proposed project, and would therefore have a less-than-significant impact on scenic vistas, including long-range scenic vistas of downtown from Telegraph Hill and Russian Hill and the scenic vista along the Jackson Street view corridor. As with the proposed project, the main project site and its surroundings contain no scenic resources for the purposes of the aesthetics analysis in this EIR. The compatible replacement hospital under this alternative would include setbacks above the fourth floor along Jackson Street and James Alley to define a lower-scaled base volume to better conform with the prevailing scale of buildings within the NRHP/CRHR-eligible Chinatown historic district. Development under this alternative would have a less-than-significant impact on existing visual character and quality, like the proposed project. Development under this alternative would be comparable in scale to the proposed project, although somewhat taller than the proposed project. Development under this alternative would have substantially similar impacts as those identified for the proposed project related to light and glare and, like the proposed project, these impacts would be less than significant. For these reasons, as with the proposed project, this alternative would result in less-than-significant project-level impacts, and would not contribute considerably to significant cumulative impacts related to aesthetics.

Historic Architectural Resources

As with the proposed project, demolition of the 1924 MAB under this alternative would result in a significant and unavoidable impact on the 1924 MAB which is an individual historical resource under CEQA. Likewise, the demolition of the 1924 MAB under this alternative would remove a

contributory property that is a prominent and distinctive visual presence that contributes to the significance of the NRHP/CRHR-eligible Chinatown historic district. The NRHP/CRHR-eligible Chinatown historic district would no longer convey the community support, funding, and operation of a full-service hospital in the first quarter of the 20th century. These aspects of the development of the Chinese Hospital are an important aspect of the historical development of the NRHP/CRHR-eligible Chinatown historic district.

The compatible replacement hospital under this alternative would be substantially taller and larger in footprint than the buildings that characterize the NRHP/CRHR-eligible Chinatown historic district. The compatible replacement hospital would be 9 stories and 121 feet tall, while the NRHP/CRHR-eligible Chinatown historic district is characterized by buildings of 2 to 4 stories. The footprint of the compatible replacement hospital would be significantly larger than the prevailing building footprint in the NRHP/CRHR-eligible Chinatown historic district. This would introduce a contrast in height, scale, and massing between the compatible replacement hospital under this alternative and the contributory properties that characterize the NRHP/CRHR-eligible Chinatown historic district, including the existing, contributory five-story 1924 MAB that would be demolished and replaced by the compatible replacement hospital under this alternative.

However, the massing of the compatible replacement hospital would be more compatible with the NRHP/CRHR-eligible Chinatown historic district than that of the comparably scaled, although somewhat smaller, Replacement Hospital building under the proposed project. The setbacks from the north and east facades of the hospital tower under this alternative that would create a lower, contextual base volume at the front façade along Jackson Street. The contextual base volume would share important architectural characteristics, such as materials, fenestration, and articulation and detail, with the buildings in the NRHP/CRHR-eligible Chinatown historic district.

As with the proposed project, demolition of the 1924 MAB under this alternative would result in a significant and unavoidable impact on the 1924 MAB individual historical resource. As with the proposed project, the demolition of the 1924 MAB under this alternative would materially impair the significance of the NRHP/CRHR-eligible Chinatown historic district and would therefore result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and would make a considerable contribution to a significant cumulative impact on the district. Also, as with the proposed project, the compatible replacement hospital building under this alternative would result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and would make a considerable contribution to a significant cumulative impact on the district. However, compared to the proposed project, the Compatible Replacement Hospital Alternative would reduce impacts on the NRHP/CRHR-eligible Chinatown historic district by creating a compatible base volume that relates more to the scale and character of the historic district. In contrast, the Replacement

Hospital under the proposed project would be expressed as a single, flat-sided, unarticulated, cube-like volume that would be considerably larger in scale than the existing five-story 1924 MAB. It would replace, and would contrast with the prevailing fine grained texture of buildings within the NRHP/CRHR-eligible Chinatown historic district. Mitigation Measures M-CR-1a and M-CR-1b, identified for the proposed project and described in Section IV.C, Historic Architectural Resources, pp. IV.C.21-IV.C.22, would be applicable to this alternative, but, as with the proposed project, would not reduce the significant impacts of demolition of the 1924 MAB on the individual resource and the historic district resource to a less-than-significant level. This impact would remain significant and unavoidable.

Transportation and Circulation

The Compatible Replacement Hospital Alternative would contain approximately 17,089 gsf more total floor area than would the proposed project (162,002 gsf compared to 144,913 in the proposed project), the same number of acute hospital beds (54) and one fewer skilled nursing bed (21 beds compared to 22 beds in the proposed project). As with the proposed project, the 41-space Chinese Hospital Parking Garage would be demolished. Under the Compatible Replacement Hospital Alternative, there would be an increase of eight hospital staff per day and no change in the number of daily patients and visitors, compared to the proposed project. As a result, during the P.M. peak hour, this alternative would have two additional vehicle trips, two additional transit trips, no change in the number of pedestrian trips, and one additional bicycle trip, compared to the proposed project. With two additional P.M. peak hour vehicle trips, project-generated traffic would be slightly greater than under the proposed project's traffic. All study intersections would continue to operate at acceptable levels of service, as under the proposed project, and less-than-significant impacts would result from traffic generated by the Compatible Replacement Hospital Alternative, as with the proposed project.

There would be a slight increase in the number of transit trips under the Compatible Replacement Hospital Alternative; the two additional transit trips would not cause any transit operators to exceed capacity. Therefore, there would be the same less-than-significant impacts on transit for this alternative as for the proposed project. The number of pedestrian and bicycle trips for this alternative would be the same as for the proposed project and, as for the proposed project, would result in less-than-significant impacts.

As with the proposed project, trucks would use the consolidated, 153-foot-long white zone on Jackson Street and the expanded, 60.5-foot-long off-street loading space accessed from Stone Street, which would be sufficient to accommodate truck loading demand from this alternative. Under this alternative, there would be less-than-significant impacts associated with truck loading, as with the proposed project. Emergency vehicles would use the consolidated passenger loading zone on Jackson Street and the expanded truck loading area accessed from Stone Street, as for the

proposed project. Therefore, less-than-significant impacts would result from emergency vehicle use, the same as for the proposed project.

Travel demand, truck loading demand, passenger loading demand, and emergency vehicle arrivals for this alternative would be substantially the same as the levels expected under the proposed project. Traffic, transit, pedestrian, bicycle, truck loading, passenger loading, emergency vehicle access, and parking-related transportation impacts of this alternative would be similar to those of the proposed project.[39] The traffic, transit, pedestrian, truck loading, passenger loading, and parking improvement measures identified for the proposed project (see Table S.3: Summary of Improvement Measures Identified in the EIR, in the Summary Chapter, pp. S.21-S.23) would remain applicable to the Compatible Replacement Hospital Alternative.

Under the Compatible Replacement Hospital Alternative, the duration of construction would be 3 months longer, compared to constructing the Replacement Hospital for the proposed project (38 months, compared to 35 months for the proposed project). Overall, the proposed project construction time would last four years and three months for the Compatible Replacement Hospital Alternative, compared to four years for the proposed project, due to construction of two additional stories.[40] Construction staging would occur in the same locations as for the proposed project. As with the proposed project, the construction-related transportation impacts of the Compatible Replacement Hospital Alternative would potentially overlap with reasonably foreseeable projects in the area to constitute a potentially significant cumulative impact, and the mitigation measure identified for the proposed project implementing a Construction Transportation Management Plan (see Mitigation Measure C-M-TR-2, in Section IV.D, Transportation and Circulation, pp. IV.D.65-IV.D.66) would be applicable to this alternative and would similarly reduce the impacts of this alternative to a less-than-significant level.

Since the Compatible Replacement Hospital Alternative would treat a similar number of patients as the proposed project, this alternative would not displace patients to be treated at nearby facilities.

Like the proposed project, the Compatible Replacement Hospital Alternative would demolish the Chinese Hospital Parking Garage and would not provide off-street parking. Thus, the parking discussion for the proposed project would be applicable for the Compatible Replacement Hospital Alternative.

In conclusion, like the proposed project, the Compatible Replacement Hospital Alternative would have less-than-significant transportation impacts and would not make a considerable contribution to a significant cumulative transportation impact, provided that Mitigation Measure C-M-TR-2

[39] *Transportation Analysis for Alternatives*, April 10, 2012.
[40] DPR Construction, April 5, 2012.

(pp. IV.D.65-IV.D.66), which would implement a Construction Transportation Management Plan, is implemented.

Air Quality

Construction-Related Impacts

The duration of demolition, excavation, and construction activities for the Compatible Replacement Hospital Alternative would be similar to those for the proposed project. The compatible replacement hospital building would be about 17,089 gsf larger and about 30 feet taller than the Replacement Hospital building under the proposed project. The 1979 Chinese Hospital would be renovated for use as a MAOC, as it would under the proposed project. The overall construction duration for the compatible replacement hospital would be about 38 months, compared to about 35 months for the Replacement Hospital building under the proposed project construction timeline.[41]

Criteria Air Pollutants and Fugitive Dust

There would be a similar amount of demolition and excavation and slightly more construction for the two additional floors in the replacement hospital, under this alternative as compared to the proposed project. However, the duration of diesel-powered construction activity on the main project site would be the same under this alternative as that under the proposed project. In addition, the list of diesel-powered construction equipment for this alternative would not differ from the equipment needed to construct the proposed project. Fugitive dust generated as a result of on-site construction activities under this alternative would be controlled by the City's Construction Dust Control Ordinance, and therefore the impact would be less than significant, as for the proposed project. Construction-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds, as shown in Table IV.E.5: Average Daily Construction Criteria Air Pollutant Emissions, in Section IV.E, Air Quality, p. IV.E.32. Emissions would need to increase by more than 700 percent to equal or exceed the significance thresholds.[42] Therefore, it is reasonable to conclude that, similar to the proposed project, construction-related criteria air pollutant emissions from the Compatible Replacement Hospital Alternative would also not reach or exceed thresholds and would be less than significant.

Construction Health Risk and Hazards

Health risks and hazards associated with construction are related to the amount and type of diesel-powered equipment used on site and its location in relation to nearby sensitive receptors. Under

[41] DPR Construction, April 5, 2012.
[42] *Air Quality Impact Evaluation for Alternatives*.

this alternative, patients would remain in the existing 1979 Chinese Hospital during construction of the new hospital building and off-site sensitive receptors would remain at their present locations, as with the proposed project. The duration of use of diesel-powered construction equipment would be similar to that for the proposed project (approximately 35 months). Overall, construction emissions of DPM, TOG, and $PM_{2.5}$ are likely to be the same as or similar to those of the proposed project. Therefore, health risk and hazards associated with this alternative would be expected to be similar to those for the proposed project, which, at 45.8 excess cancer cases in a million, were found to be significant and unavoidable. Construction-related emissions from diesel-powered construction equipment would need to be reduced by at least 79 percent to be below the significance threshold for excess cancer risk of 10 in one million.

Mitigation Measure M-AQ-3, identified for construction of the proposed project and described in Section IV.E, Air Quality, p. IV.E.37, would be applicable to this alternative, but, as with the proposed project, would not be expected to reduce the impact to a less-than-significant level. A mitigated scenario analyzed for the proposed project, with cleaner off-road construction equipment than could be available for use in construction beginning in July 2012, showed that emissions could be reduced by about 65 percent, but would result in cancer risk of about 15.8 in one million excess cancer risk, still over the threshold of 10 in one million. Therefore, as with the proposed project, the Compatible Replacement Hospital Alternative would not reduce the significant construction health risk and hazards impact related to air quality under the proposed project to a less-than-significant level. The impact under this alternative would remain significant and unavoidable.

Operational-Related Impacts

Operational Criteria Air Pollutants

Compared to the proposed project, the Compatible Replacement Hospital Alternative would result in a slight increase in the daily number of hospital staff (eight additional employees per day), and no change in the number of patients and visitors. Under this alternative, the same types of uses would be found in the compatible replacement hospital and the 1979 Chinese Hospital building as under the proposed project. Although this alternative would result in more building square footage than the proposed project (approximately 17,089 gsf more than under the proposed project), there would be no change in the number of acute-care patient beds, there would be one less skilled nursing facility bed, and there would be one less operating room suite.

Due to the increase in the overall building size, there would likely be a slight increase in area source emissions (i.e., consumer products, landscaping emissions, and architectural coatings), compared to the Replacement Hospital building under the proposed project. As described above, there would be a slight increase in net new vehicle trips per day from the eight additional

employees under this alternative, compared to the proposed project. As compared to the proposed project, the incremental increase in daily vehicle trips under this alternative would slightly increase the criteria air pollutant emissions from mobile sources generated by the alternative. Under this alternative, a new 750-kW emergency diesel generator would be installed on the rooftop of the compatible replacement hospital building, as under the proposed project. Emissions of criteria air pollutants from the new emergency diesel generator would be the same as under the proposed project. Estimates of emissions from the existing emergency diesel generator on the 1979 Chinese Hospital under this alternative would not change from the estimates provided under the proposed project because the old 200-kW emergency diesel generator would continue to operate under this alternative and under the proposed project.

Operational-related criteria air pollutant emissions from the proposed project were shown to be substantially below significance thresholds (see Table IV.E.7: Estimated Daily and Annual Criteria Air Pollutant Emissions, in Section IV.E, Air Quality, p. IV.E.40, which shows that emissions under this alternative would need to increase substantially to equal or exceed the significance thresholds). Therefore, under the Compatible Replacement Hospital Alternative with a slightly larger building; slight increase in the number of employees (and therefore slightly more net-new vehicle trips); no change to the number of patients and visitors; one new emergency diesel generator and continued use of the existing emergency diesel generator (as under the proposed project), operational-related criteria air pollutant emissions and carbon monoxide concentrations from area, mobile, and stationary sources would be similar to those of the proposed project. Thus, it is reasonable to conclude that operation-related criteria air pollutant emissions from the Compatible Replacement Hospital Alternative would also not reach or exceed thresholds and would be less than significant.

Operational Health Risk and Hazards

As discussed above, the Compatible Replacement Hospital Alternative would result in eight additional daily hospital staff, and the same number of patients and visitors as the proposed project. Under this alternative, there would be more building square footage than in the proposed project, the same number of acute-care patient beds, and one less skilled nursing facility bed. Compared to the proposed project, there would be a slight increase in net-new vehicle trips added to the local roadway network under this alternative. As explained on p. IV.E.41 in Section IV.E, Air Quality, a screening level air quality analysis of mobile sources showed that the proposed project's net new vehicle trips, in combination with traffic on nearby roadways, would result in health risks and hazards substantially lower than the significance thresholds. Because the Compatible Replacement Hospital Alternative would have eight more daily employees than under the proposed project, and therefore a slight increase net-new vehicle trips, operational impacts for health risks and hazards from area and mobile sources would be slightly greater than those of the

proposed project, but would not result in an exceedance of the health risk threshold of more than 10 in one million increased cancer risk.

As described above, a new 750-kW emergency diesel generator would be installed on the rooftop of the compatible replacement hospital building, which would be about 30 feet higher than under the proposed project. It would not be located in the northeast corner near Jackson Street and James Alley, unlike the location of the proposed project's new 750-kW emergency diesel generator, because the compatible replacement hospital building includes a setback of 20 feet from Jackson Street and 23 feet from James Alley at the fourth level. Health and hazards impacts of the new 750-kW emergency diesel generator are expected to be slightly less than for the proposed project, because of its higher release point, approximately 30 feet higher than under the proposed project. The maximally exposed individual sensitive receptor would likely be in a different location compared to the proposed project, because the release point would be higher and set back from the Jackson Street/James Alley corner, further away from the closest sensitive receptors. As shown in Table IV.E.8: Operational Health Risk Impacts – Replacement Hospital Generator, in Section IV.E, Air Quality, p. IV.E.43, the health risk and hazards impacts of the proposed project's new emergency diesel generator for nearby sensitive receptors would be substantially below significance thresholds. Thus, under this alternative, placing the new 750-kW emergency diesel generator's release point about 30 feet higher, further from off-site sensitive receptors than under the proposed project, would not cause an increase in health risks and hazards impacts such that the impacts would exceed the significance thresholds. Under this alternative, health risk and hazard impacts related to the operation of the new 750-kW emergency diesel generator would continue to be less than significant, based on the results of the analysis for the proposed project presented in Table IV.E.8.

Therefore, under the Compatible Replacement Hospital Alternative with a slightly larger building; an increase in hospital staff (and therefore more net-new vehicle trips); the same new 750-kW emergency diesel generator (as under the proposed project); and the existing emergency diesel generator (as under the proposed project), operational-related health risk and hazards impacts from area, mobile, and stationary sources on nearby sensitive receptors would be similar to those of the proposed project, which would be less than significant.

As with the proposed project, new sensitive receptors would be introduced on site with the development of a new skilled nursing facility in the compatible replacement hospital building. As shown in Table IV.E.9: Summary of Unmitigated Cumulative Impacts to On-Site Sensitive Receptors, p. IV.E.47, all existing sources of toxic air contaminants (e.g., the Fairmont Hotel generator) within a 1,000-foot radius of the main project site, project construction activities, building operations, operation of the existing and new emergency diesel generators, project-generated vehicle trips, and construction activities at 740 Washington Street are considered together in the evaluation of the cumulative health risk and hazard impacts on new sensitive

receptors. The analysis of the proposed project concluded that the health risks and hazards for the siting of new sensitive receptors would be substantially below the significance thresholds at an increased cancer risk of 100 in a million. Therefore, it is reasonable to conclude that, in comparison to the proposed project, the Compatible Replacement Hospital Alternative, with a slightly larger building; an increase of eight additional daily hospital staff (and therefore more net-new vehicle trips); the same new emergency diesel generator with a higher release point; the existing emergency diesel generator; and the same off-site sources of TACs within the BAAQMD-recommended 1,000-foot site radius, operational-related health risk and hazards impacts from area, mobile, and stationary sources on new on-site sensitive receptors would be similar to those of the proposed project and would be less than significant, as with the proposed project.

Cumulative Impacts

As discussed on p. IV.E.50 in Section IV.E, Air Quality, regional air quality impacts are by their very nature cumulative impacts. Emissions from past, present and future projects contribute to the San Francisco Bay Area Air Basin's adverse air quality impacts on a cumulative basis. No single project by itself would be sufficient in size to result in nonattainment of ambient air quality standards. Instead, a project's individual emissions contribute to existing cumulative adverse air quality impacts.[43] The thresholds of significance for criteria air pollutants are based on levels by which new sources are not anticipated to contribute considerably to an existing or projected air quality violation or result in a considerable net increase in criteria air pollutants. As discussed above, the construction and operational emissions under this alternative would not exceed the thresholds of significance for criteria air pollutants; therefore, this alternative, like the proposed project, would not be considered to result in a considerable contribution to cumulative regional air quality impacts.

The cumulative health risk and hazard threshold of significance is an increased cancer risk of 100 in a million from all sources within the 1,000-foot zone of influence. As described above, cumulative health risk and hazard impacts to on-site and off-site sensitive receptors under the Compatible Replacement Hospital Alternative, as with the proposed project, would be below this applicable cumulative threshold. Therefore, cumulative health risk impacts under this alternative would be less than significant, as with the proposed project.

Wind

The Compatible Replacement Hospital Alternative would result in changes to the heights of some of the structures on the project site, as described below. The 5-story, 78-foot-tall 1924 MAB and the 3-story, 24-foot-tall Chinese Hospital Parking Garage would be demolished. In their place

[43] *CEQA Air Quality Guidelines*, p. 2-1.

under this alternative, a new 9-story, 121.5-foot-tall hospital tower would be constructed. The hospital tower would be approximately 31 feet taller than the Replacement Hospital under the proposed project. There would be no change to the height of the existing 5-story, 81.5-foot-tall 1979 Chinese Hospital building, which would be retained. Under the Compatible Replacement Hospital Alternative, the new 9-story, 121.5-foot-tall hospital tower would be approximately 40 feet taller than existing 1979 Chinese Hospital building to the west. The replacement hospital under this alternative would be about 31 feet taller than the Replacement Hospital in the proposed project.

Since the new hospital tower under the alternative would be taller than the existing 1979 Chinese Hospital building, the west façade of the new hospital tower could intercept wind currents and channel them downward.[44] These redirected wind currents would be intercepted by the roof of the existing 1979 Chinese Hospital building and would not reach the sidewalk below. As a result, the Compatible Replacement Hospital Alternative would have little potential to cause changes to ground-level wind currents that could affect pedestrians walking on the sidewalks adjacent to the project site. Like the proposed project, the Compatible Replacement Hospital Alternative would have less-than-significant wind impacts and would not make a considerable contribution to any significant cumulative wind impacts.

Shadow

As discussed above, the replacement hospital under the Compatible Replacement Hospital Alternative would be approximately 31 feet taller than under the proposed project. As a result, the shadows cast by this alternative would be longer than the shadows cast by the proposed project. Shadows from this alternative would reach Portsmouth Square at the end of the day during the summer and Woh Hei Yuen Recreation Center and Park at the beginning of the day during late winter and early autumn. These shadows may not be entirely masked by shadows from existing intervening buildings and could add net new shadow to properties under the jurisdiction of the Recreation and Park Commission.[45] Like the proposed project, this alternative would not cast net new shadow on the roof garden at the Chinatown Public Library or the playgrounds at the Commodore Stockton Child Development Center and Gordon J. Lau Elementary School. Like the proposed project, this alternative would cast some net new shadow on the Trenton Street alleyway around noon during the autumn, winter, and spring. This alternative would add more net new shadow to portions of the main project site as well as to portions of surrounding properties, sidewalks, and streets than the proposed project, but, overall, this alternative would not substantially increase the total amount of shading in the surrounding neighborhood above levels that are common and generally accepted in urban areas. Unlike the proposed project, the Compatible Replacement Hospital Alternative, with its taller replacement

[44] *Wind Impact Evaluation for Alternatives.*
[45] *Shadow Analysis for Alternatives*.

hospital building, could have significant and unavoidable shadow impacts on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

Conclusion

Under the Compatible Replacement Hospital Alternative, impacts related to land use and land use planning, transportation, and air quality would be similar to those of the proposed project. Like the proposed project, this alternative would result in a less-than-significant impact related to aesthetics, but development under this alternative, although larger in scale, would relate to the scale of surrounding development to a greater extent than would development under the proposed project. Like the proposed project, demolition of the 1924MAB under this alternative would result in a significant and unavoidable impact on the 1924 MAB individual historical resource and significant project-level and cumulative impacts on the NRHP/CRHR-eligible Chinatown historic district. However, the significant and unavoidable impact of the proposed project on the NRHP/CRHR–eligible Chinatown historic district would be reduced under this alternative because development under this alternative would relate more closely to the scale and character of development within the historic district, but this impact would not be reduced to a less-than-significant level. Like the Replacement Hospital building under the proposed project, the compatible replacement hospital under this alternative would result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and make a considerable contribution to a significant cumulative impact on the NRHP/CRHR-eligible Chinatown historic district. The Compatible Replacement Hospital Alternative, with a taller hospital tower, could have potentially greater wind impacts than the proposed project, but the wind impacts of this alternative would be less than significant. Unlike the proposed project, this alternative could have a significant and unavoidable shadow impact on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

The Compatible Replacement Hospital Alternative could achieve most of the project sponsor's objectives. It would meet the objectives of respecting the architectural context of the surrounding buildings, while providing modern healthcare facilities for the community and a seismically safe environment for its patients, visitors, physicians, and employees that meets SB 1953 requirements, but not in a timely manner. It would result in operational deficiencies due to smaller floor plates, which result in fewer beds per nursing unit, and a required increase in staffing on a daily basis of eight additional staff compared to the proposed project. It would be less cost efficient that the proposed project due to this increase in staffing levels. It would provide one fewer operating room. It would meet the objective of providing sufficient space to replace the existing 54 acute-care hospital beds, and it would provide 21 of the 22 skilled nursing beds proposed by the project.

E. ENVIRONMENTALLY SUPERIOR ALTERNATIVE

CEQA Guidelines Section 15126.6(e)(2) requires identification of an environmentally superior alternative. If the No Project Alternative is environmentally superior, CEQA requires selection of the "environmentally superior alternative other than the no project alternative" from among the proposed project and the alternatives evaluated. The No Project Alternative is considered the overall environmentally superior alternative, because the impacts associated with implementation of the proposed project would not occur under the No Project Alternative. The No Project Alternative would not meet any of the project sponsor's objectives. To identify the environmentally superior alternative in accordance with the CEQA Guidelines, a comparison of the impacts related to the alternatives is presented in Table S.4: Summary of Impacts of the Proposed Project Compared to Alternatives A, B, C, and D, on p. S.25 of the EIR Summary chapter.

Pursuant to the CEQA Guidelines, the Full Preservation Alternative would be the environmentally superior alternative (other than the No Project Alternative) because it would avoid significant impacts of the proposed project on historical resources resulting from demolition of the 1924 MAB, and new construction of the Replacement Hospital. Retention of the 1924 MAB, demolition of its interior, seismic retrofit and additions under the Full Preservation Alternative would result in a less-than-significant impact on the 1924 MAB as an individual resource and on the NRHP/CRHR-eligible Chinatown historic district to which it contributes. This alternative would also not make a considerable contribution to a significant cumulative impact on historical resources, i.e., the NRHP/CRHR-eligible Chinatowenh historic district.

F. ALTERNATIVES CONSIDERED AND REJECTED

CEQA Guidelines Section 15126.6(c) provides that an EIR "should also identify any alternatives that were considered by the Lead Agency, but rejected as infeasible during the EIR scoping process and briefly explain the reasons underlying the Lead Agency's determination." Project alternatives that were considered but rejected from further consideration are described in less detail than those that have been identified for further analysis in the EIR.

At the Planning Department's request, Chinese Hospital analyzed existing site conditions at the main project site, which contains the 1979 Chinese Hospital building, the 1924 MAB, and the Chinese Hospital Parking Garage, and devised several design and site planning scenarios for development of a new replacement hospital on the main project site. Different space allocations for required basic hospital functions (as defined in Title 22 of the California Code of Regulations for Acute Care Hospitals) among proposed new and/or renovated buildings (allowing for the preservation of the existing 1924 MAB with code-required and seismic upgrades and renovations to the 1979 Chinese Hospital building with code-required and seismic upgrades) were also investigated. This investigation was conducted to ascertain whether or not the project sponsor's project objectives (see pp. VI.2-VI.3), which emphasize quality patient care, continuity of service, seismic safety, health care service delivery efficiency, and the flexibility to adapt to evolving healthcare practices and technology, were attainable in other configurations and did not result in the elimination of reasonable alternatives.

The project alternatives described below were rejected from further consideration due to the operational inefficiencies that would be introduced by placing required services in different locations on the main project site or at an off-site location, and the constraints that would be placed on the ability of the Chinese Hospital Association (the project sponsor) to meet its objectives. Project alternatives that allow the project sponsor to meet some, but not all, of its health care service objectives are discussed below to clearly identify the reason(s) for their infeasibility. An Off-Site Alternative, a Code Complying Alternative, a Seismically Upgraded Chinese Hospital Alternative, and a Full Program Partial Preservation Alternative are described as Alternatives Considered and Rejected.

OFF-SITE ALTERNATIVE

CEQA Guidelines Section 15126.6(f)(2) states that the identification of alternative locations for a project should be governed by whether or not developing a project at a different location could lessen or avoid significant and unavoidable impacts that would result from development of the proposed project at its proposed location on the main project site. In some cases the Lead Agency, provided that it discloses the reason for the decision, can determine that there are no feasible alternative locations for a particular land use.

The Chinese Hospital Association conducted an investigation of potential off-site locations for a replacement hospital. The Chinese Hospital Association's investigation of potential off-site locations was governed by the following criteria: geographic location (i.e., proximity to existing patients and physicians and continuum of healthcare in Chinatown), suitable site size, and availability of a site for acquisition. As described in Chapter I, Introduction and Background, on pp. I.10-I.12, Chinese Hospital serves a large Asian and Pacific Islander population (approximately 98 percent of its acute-care patients) and elderly patients over the age of 60 (approximately 89 percent of its acute-care patients). The primary service area for Chinese Hospital continues to be the Chinatown, North Beach, and Nob Hill neighborhoods (approximately 40 to 45 percent of acute-care patients come from these neighborhoods). According to the Chinese Hospital Patient and Visitor Transportation Behavior Study, conducted as part of the proposed project's *Transportation Impact Study*,[46] approximately 55 percent of patients and 50 percent of visitors travel to Chinese Hospital by public transit. Furthermore, approximately 21 percent of patients and 18 percent of visitors walk to Chinese Hospital.

Although the project sponsor owns one property outside of Chinatown, at 1800 31st Avenue in the Sunset District, the development of a new Chinese Hospital outside of Chinatown was not considered by the project sponsor because of the geographic location of its patients and physicians and its strong ties with existing physician groups as well as other programmatic, business, and service relationships within the Chinatown community. In addition to Chinese Hospital's convenient location for its patients and their visitors, as indicated above, approximately 38 percent of Chinese Hospital employees commute to the Chinese Hospital site via local and regional public transit. There are few other locations in the City, other than the downtown central business district, that compare with the transit accessibility of Chinatown. Therefore, off-site locations outside the Chinatown area were not considered further, and the following discussion is limited to consideration of off-site alternative locations within the Chinatown area.

Properties in Chinatown under the control of the project sponsor are not suitably sized for the development of a new hospital that would be approximately 106,360 gsf.[47] Large lots in Chinatown that could accommodate a new hospital of the size required include the San Francisco Housing Authority's Ping Yuen public housing apartments site (four separate lots in a Residential, Mixed [Apartments & Houses] Zoning District), the San Francisco Unified School District's Gordon J. Lau Elementary School site (Public Zoning District), and the San Francisco Recreation and Park Department's Portsmouth Square and Willie Woo Woo Playground (Public Zoning District). Excluding these parcels, Chinese Hospital is located on the largest parcel in Chinatown, the main project site, which is equivalent to half an acre. A project sponsor review of properties

[46] *TIS*.

[47] The new hospital would include space for dietary services (3,087 gsf) and a clinical laboratory (1,730 gsf). Under the proposed project these required hospital functions would be housed in the renovated 1979 Chinese Hospital.

in Chinatown that are not under the control of the Chinese Hospital Association or the Chinese Community Health Plan shows that there are approximately 479 parcels in the Chinatown Mixed Use Districts – the Chinatown Residential Neighborhood Commercial (CRNC), the Chinatown Visitor Retail (CVR), and the Chinatown Commercial Business (CCB) Zoning Districts – excluding individual sites or parcels occupied by condominium housing units and office units.[48] There are five parcels in the Chinatown area that are larger than the 11,526-sq.-ft. portion of the main project site currently identified as the location for the proposed new Replacement Hospital under the proposed project. Three parcels (at 1035-1055 Stockton Street, 153 Columbus Avenue, and 680 California Street) are developed with buildings constructed between 1901 and 1909. Each of the first two parcels contains a mixed-use building with a residential hotel over ground-floor commercial uses, and the third parcel contains a church.

There are also 11 vacant parcels and 3 surface parking lots in the Chinatown Mixed Use Districts, but each of them is less than 10,000 sq. ft. in size. In addition, the five larger parcels that are developed with likely or confirmed historic architectural resources and are suitably sized for the development of a new hospital are not available for acquisition. Thus, there are no undeveloped or vacant parcels, or parcels with parking uses only, that are suitably sized and also available for acquisition in Chinatown that could accommodate a new hospital and lessen or avoid significant impacts that would be caused by the proposed project at its current location.

One possibility that was considered was the 7,827-sq.-ft. Powell Street Parking Garage site, due to its proximity to the main project site. The Powell Street Parking Garage site would have to be combined with several adjacent parcels in order to be large enough to accommodate the proposed Replacement Hospital building. Combining the garage site with adjacent parcels to the north would require the demolition of two multi-unit residential buildings and the Cumberland Presbyterian Church. Combining the garage site with adjacent parcels to the south would require the demolition of at least five multi-unit residential buildings. In addition, none of these parcels is under the control of the project sponsor.

A review of properties in Chinatown under the control of the project sponsor, as well as other Chinatown properties that are not under their control, revealed that sufficiently sized single parcels in Chinatown for development of a modern, efficient, and seismically safe hospital are limited, cannot be acquired by the Chinese Hospital Association in a cost-effective or timely manner, or are currently occupied by churches, hotels, public housing apartments, schools, and public open space. Furthermore, multiple sites in Chinatown that could be aggregated into one contiguous parcel that would provide the necessary space for the development of a new hospital would only increase the complexity related to negotiations with multiple owners and Chinese

[48] Chinatown Property Survey. This document is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103, and is available for public review as part of the project file, in Case File No. 2008.0762E.

Hospital Association's desire to find a cost-effective or timely alternative. Therefore, the opportunity to acquire a suitably sized parcel within Chinatown for the development of a new hospital on an off-site location is very limited and is considered infeasible.

Potential off-site locations in Chinatown that are suitably sized for the development of a modern hospital would likely not avoid physical environmental impacts related to the demolition of a historic architectural resource or the impact of a new structure on the NRHP/CRHR-eligible Chinatown historic district, as the existing buildings on these parcels were constructed within the historic period of significance. The potential impacts related to the development of a new hospital would likely be similar to the proposed project. Thus, off-site alternatives to the main project site at 835-845 Jackson Street for the Chinese Hospital Replacement Project are considered infeasible.

CODE-COMPLYING ALTERNATIVE

The San Francisco Planning Department requires that the complete environmental review of a project that requires rezoning, variances, or exceptions must include an alternative that would comply fully with the San Francisco Planning Code. A Code-Complying Alternative is described below.

Under a Code-Complying Alternative, the construction of a new hospital would be required to comply with all relevant Planning Code requirements. These requirements include, but are not limited to, Floor Area Ratio (FAR) limits, height and bulk limits, provision of open space, planting street trees, provision of off-street loading spaces and bicycle parking spaces, and shower and locker facilities. Exceptions to or variances from these requirements would not be requested under the Code-Complying Alternative. The Code-Complying Alternative would require conditional use authorization from the Planning Commission to establish a hospital use in the Chinatown Residential Neighborhood Commercial (CRNC) District (Planning Code Sections 812.20 and 890.44), develop a lot exceeding 5,000 sq. ft. (Planning Code Sections 121.3 and 812.11), and construct a building exceeding a height of 35 feet (Planning Code Section 254).

In the CRNC District, the FAR for hospitals and medical centers is 4.8 to 1. Based on a lot area of 22,516 sq. ft., a maximum of 108,077 gsf could be developed on the main project site. Under the Code-Complying Alternative, the 1979 Chinese Hospital building would be demolished. The existing 29,793-gsf MAB (which is individually eligible for inclusion in the California Register of Historical Resources) and the existing 15,000-gsf Chinese Hospital Parking Garage, which have a combined total of 44,793 gsf, would remain. This would leave 63,284 gsf available for development of a new hospital building on the main project site. Under the Code-Complying Alternative, a new hospital building would be 38,261 gsf smaller than the proposed Replacement Hospital and approximately 19,915 gsf larger than the existing 1979 Chinese Hospital building.

The main project site is in a 65-N Height and Bulk District. Under the Code-Complying Alternative, a new hospital building could not exceed a height of 65 feet. Like the proposed project, a Code-Complying Alternative would feature a new hospital building with floor-to-ceiling heights of 15 feet. With a height limit of 65 feet, a new hospital building would have a maximum of four floors, which would be three stories shorter than the proposed seven-story Replacement Hospital building and one story shorter than the existing five-story 1979 Chinese Hospital building. A new hospital with four floors and 63,284 gsf would have about 15,820 gsf per floor.

Unlike the proposed project, which would involve eliminating bulk controls for the main project site through a requested Zoning Map amendment, the Code-Complying Alternative would be required to comply with the existing "N" bulk controls. The "N" bulk controls, which would be applicable to the portion of the building above a height of 40 feet, limit the maximum plan dimensions of a building or structure to 50 feet in length and 100 feet along a diagonal. Under the Code-Complying Alternative, the floors of the new hospital building above a height of 40 feet would be required to comply with these bulk controls, thus reducing the total square footage that could be developed. As a result, the new hospital building that would be constructed under the Code-Complying Alternative would be 38,261 gsf smaller than the proposed Replacement Hospital building.

Compared to the proposed project, the new hospital building that could be constructed under the Code-Complying Alternative would be 38,261 gsf smaller and would eliminate hospital services in Chinatown for approximately four years during construction. Under Title 22 of the California Code of Regulations, an acute-care hospital must provide all eight of the defined basic services (listed on p. VI.3) to meet the licensing requirements to provide care for inpatients. The construction needed to meet the Code Complying Alternative would disrupt these basic services, and would not provide sufficient space to replace them all on-site.

Most of the project sponsor's objectives, including minimizing the disruption of healthcare services to patients and ensuring that healthcare services continue to be provided during project implementation, and providing sufficient space for 54 acute-care hospital beds and a new 22-bed skilled nursing facility, would not be achieved under the Code-Complying Alternative. For these reasons, the Code-Complying Alternative is considered infeasible.

Under a Code-Complying Alternative that would demolish the 1924 MAB and the Chinese Hospital Parking Garage, a building that would accommodate the entire hospital program could not be constructed. Such an alternative would not avoid the significant impact on the 1924 MAB and would eliminate the continuity of hospital services in Chinatown during the construction period.

SEISMICALLY UPGRADED 1979 CHINESE HOSPITAL ALTERNATIVE

Under this alternative, the 1924 MAB and Chinese Hospital Parking Garage would remain, and the 1979 Chinese Hospital building would be upgraded to ensure provision of acute-care and outpatient-care health services to 2030 and beyond following an earthquake with strong ground motion. This alternative would eliminate the historical architectural resource impacts of the proposed project related to the demolition of the 1924 MAB and the development of the proposed Replacement Hospital. In addition, this full preservation alternative would likely reduce the significant air quality impact associated with the proposed project on nearby sensitive receptors due to a reduction in construction activities that would result from no excavation or building demolition and a smaller volume of demolition debris.

Given the needs particular to provision of healthcare in a hospital environment, the structural upgrades needed to seismically upgrade the 1979 Chinese Hospital building to become an SPC-4 rated structure would limit the amount of net usable space in the upgraded building, making it difficult to replace the current level of healthcare delivery. The change, or decrease, in usable hospital space, would reduce the number of acute-care patient beds by 34 (from 54 acute-care patient beds to 20), would result in the loss of operational efficiencies, and would not address the need to add a third surgical suite to promote operating room efficiencies. Furthermore, the seismic upgrade and building code compliance work that would be required as part of the upgrade of the 1979 Chinese Hospital building would result in the loss of healthcare service in Chinatown for at least 16 months. Under Title 22 of the California Code of Regulations, an acute-care hospital must provide all eight of the defined basic services (listed on p. VI.3) to meet the licensing requirements to provide care for inpatients. The construction needed to complete the seismic upgrades and building code compliance would disrupt these basic services and would not provide sufficient space to replace them all on-site.

Collectively, these building code, hospital design, and seismic safety standards impose a design and construction obligation on the fixed dimensions of the 1979 Chinese Hospital building that can only be met with reductions in the type and amount of healthcare services available under this alternative due to a decrease in the amount of net usable building space. For these reasons, the Seismically Upgraded 1979 Chinese Hospital Alternative would be considered infeasible. Moreover, many of Chinese Hospital's project objectives would not be met under this full preservation alternative, because it would not provide sufficient space for 54 acute-care hospital beds and a new 22-bed skilled nursing facility, would not minimally disrupt the current hospital's acute-care and outpatient services, and would not provide a cost-efficient facility that improves operations.

FULL PROGRAM PARTIAL PRESERVATION ALTERNATIVE

A Full Program Partial Preservation Alternative would resemble the Partial Preservation Alternative, discussed above on pp. VI.41-VI.49, in most respects, except that the new hospital tower under a Full Program Partial Preservation Alternative would house the same program as the proposed Replacement Hospital building, whereas Alternative C, the Partial Preservation Alternative, would have 32 fewer acute-care beds than the proposed Replacement Hospital building and no skilled nursing beds.

Like the Partial Preservation Alternative, this alternative would retain the front 30 feet of the 1924 MAB, and demolish the remaining rear portion of the 1924 MAB, along with the Chinese Hospital Parking Garage. Also like the Partial Preservation Alternative, to the rear of the retained portion of the 1924 MAB, a new hospital tower would be constructed. Unlike the Partial Preservation Alternative, the new hospital tower under the Full Program Partial Preservation scheme would rise 18 stories high in order to house the same program as that of the proposed Replacement Hospital building and would therefore provide 54 acute-care beds and 22 skilled nursing beds. Because of the small floor plate, under OSHPD design requirements only 8 beds could be provided per floor, as compared to the 18 acute-care beds per floor with the proposed project.

This design was rejected outright from further consideration in this chapter as an Alternative. Aside from the staffing inefficiencies that would result from the constrained hospital tower floor plates (see the discussion of program constraints for the Partial Preservation Alternative on pp. VI.49-VI.50), this design was rejected because it would not avoid a significant impact on the 1924 MAB individual historical resource, and would worsen, rather than lessen, a significant impact of the proposed project resulting from new construction within a NRHP/CRHR-eligible Chinatown historic district (as identified for the proposed project in Section IV.C, Historic Architectural Resources). Additionally, the substantially taller height under this Full Program Partial Preservation design would worsen impacts related to Wind and Shadow, as described below, and could potentially result in significant impacts under these topics that were not identified for the proposed project.

Since the new hospital tower would be substantially taller than the existing 1979 Chinese Hospital building and other surrounding buildings, the west façade of the new hospital tower could intercept wind currents and channel them downward. These redirected wind currents could reach the sidewalk below and cause changes to ground-level wind currents that would adversely affect pedestrians.[49]

[49] *Wind Impact Evaluation for Alternatives.*

Since the new hospital tower would be substantially taller than the proposed project, the shadows cast by this alternative would be substantially longer than the shadows cast by the proposed project. Unlike the proposed project, this alternative would cast net new shadow on Portsmouth Square at the end of the day during the summer and on Woh Hei Yuen Recreation Center and Park at the beginning of the day during late winter and early autumn.

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Planning Department Case No. 2008.0762E, 835-845 Jackson Street
Chinese Hospital Replacement Project

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