

CHAPTER 3

Project Description

This chapter describes the Marin General Hospital Replacement Building Project (“proposed project” or “project”) proposed by the Marin Healthcare District. Topics discussed in this chapter include project objectives, geographic setting and location of the project site, project characteristics relevant to the environmental analysis, State of California regulatory context for the project, and permits and approvals required for the project.

3.1 Project Location and Surroundings

3.1.1 Project Location

The project site is located at 250 Bon Air Road, in unincorporated Marin County, California.¹ The project site is approximately 10 miles north of San Francisco and 1.25 miles west of Highway 101. (See **Figure 3-1, Project Location Map.**) The project site is approximately 19.7 acres bounded generally by Bon Air Road to the west and north, Bayview Road to the south, medical offices and apartment buildings to the northeast, and the Spyglass Apartments uphill to the east and southeast. Sir Francis Drake Boulevard is located approximately 1,000 feet to the north of the site. (See **Figure 3-2, Aerial of Project Site and Surroundings.**)

3.1.2 Existing Site Designations

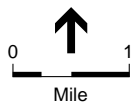
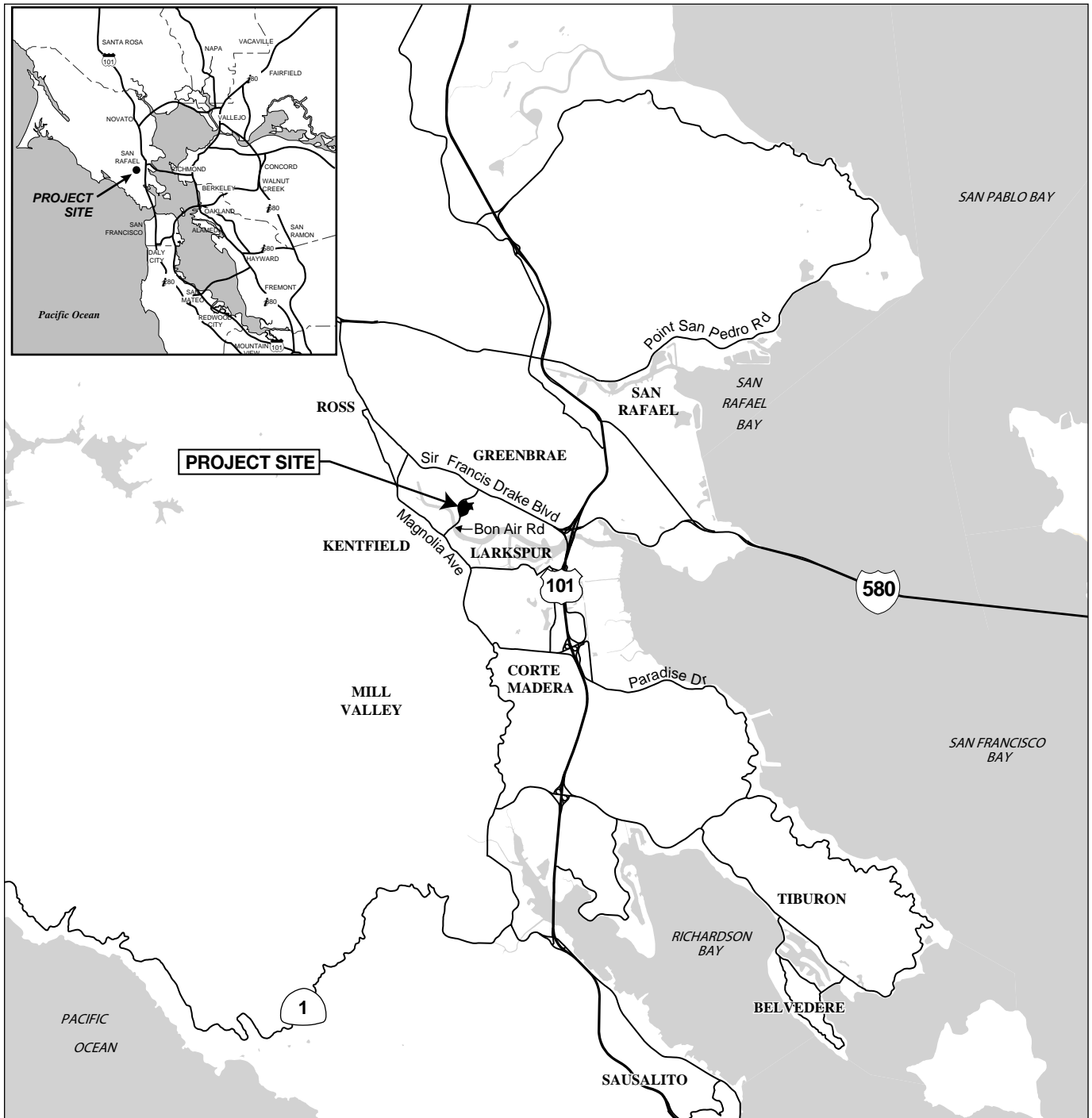
The Marin Countywide Plan Land Use designation for the project site is “PF – Public Facility.” The Marin County Zoning designation for the project site is “PF (Public Facilities District).”

3.1.3 Existing Ownership

The Marin Healthcare District (formerly the Marin Hospital District) is a local healthcare district organized December 9, 1946, under the provisions of the Local Healthcare District Law (Health and Safety Code, Division 32; the District Law).

The Marin Healthcare District and the County of Marin (“County”) entered into a joint venture to construct the Marin Community Mental Health Building that currently exists in the northeast area of the project site. The Marin Healthcare District contributed a 4.9-acre parcel of land, and the County contributed grants and money toward the construction of the Mental Health Building.

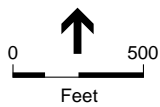
¹ The entire Marin General Hospital campus is considered the project site.



SOURCE: ESA

Marin General Hospital . 210606

Figure 3-1
Project Location Map



SOURCE: ESA

Marin General Hospital . 210606

Figure 3-2
Aerial of Project Site and Surroundings

The land contributed by the District equated to 49 percent of the total value of the Mental Health Building project.

In 2008, as a condition of a loan by the County to the District, a legal description was created that defined the boundaries of the parcel associated with the Mental Health Building. The legal description assigned an undivided 51 percent interest to the County and an undivided 49 percent interest to the District. An easement for parking was granted to provide 37 gated access parking spaces and three open access parking spaces consistent with existing conditions in 2008.

Overall, approximately 14.8 acres (75 percent) of the 19.7-acre project site is owned by the Marin Healthcare District; 4.9 acres (25 percent) at the northernmost corner of the project site is co-owned by the District and the County of Marin (“County”). In order to develop a hillside parking structure on the project site, the Marin Healthcare District would need to lease 0.82 acres of land from the County, or swap that same acreage for the District’s lands. In addition, the Marin Healthcare District would provide an easement for access and parking to the County property. (See **Figure 3-3, Existing Marin County Property and Access Parking Easements.**)

The County Assessor’s Parcel Numbers for the parcels that make up the project site are 022-010-34 and 022-060-20.

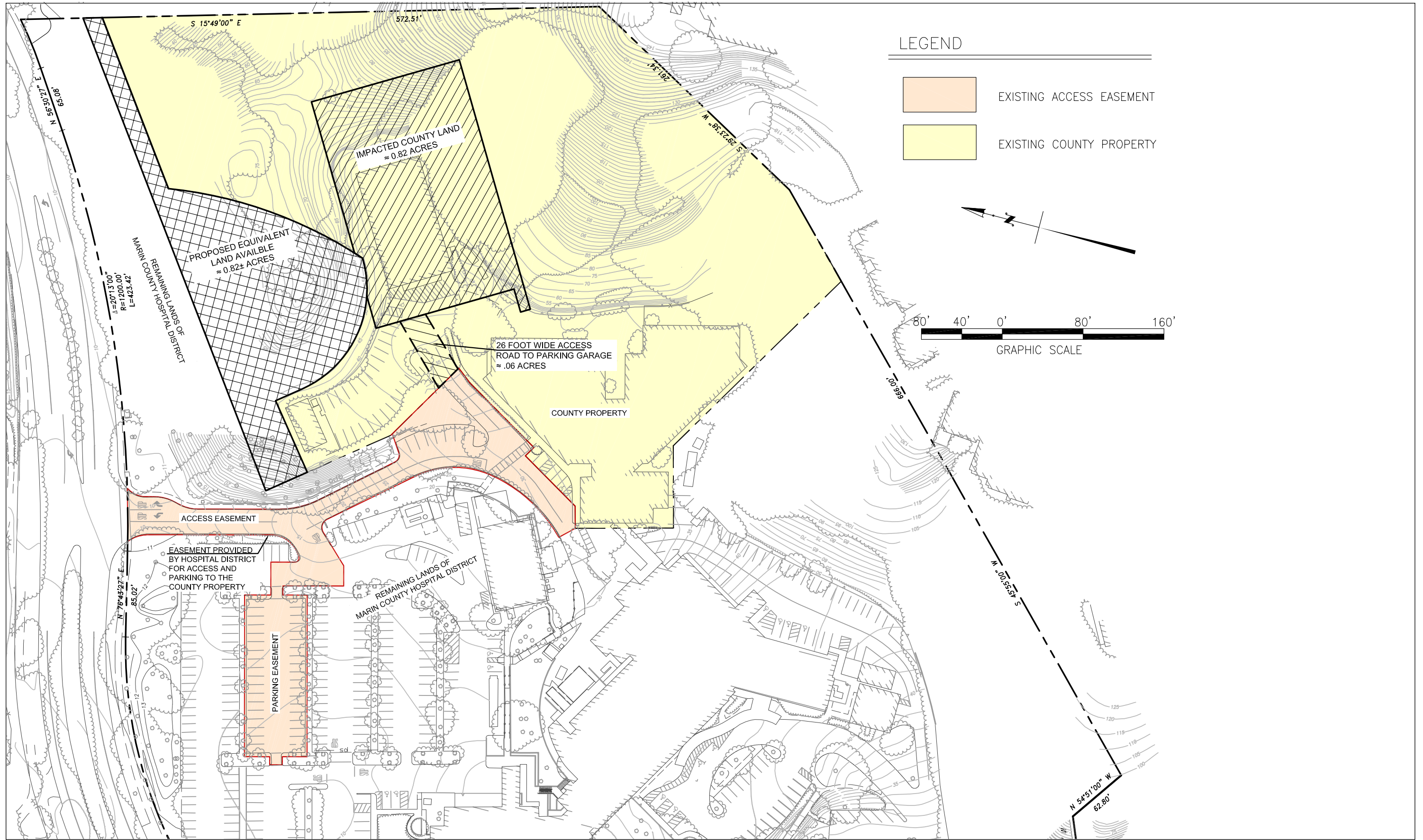
3.1.4 Surrounding Uses

The project site is surrounded by a mix of residential, medical-related and public facility development, as well as public and private open space areas. Surrounding areas include natural and developed ridges, valleys, and hillside topography. The surrounding pattern of developed and undeveloped areas is shown above in Figure 3-2, Aerial of Project Site and Surroundings.

West: The project site is edged on the west by Bon Air Road. The Hal Brown Park at Creekside (Hal Brown Park) (formerly “Creekside Park”) is located west of the site, directly across Bon Air Road.² Hal Brown Park includes a small playground and ball field, as well as open space and estuarial wetlands (also referred to generally as “marsh”), associated with Corte Madera Creek, which is located primarily to the south and west of the project site.

North / Northeast: St. Sebastian’s Catholic Church, the Marin Catholic High School athletic fields and the Bay Club and their associated parking lots are located across Bon Air Road, toward the north. Each of these facilities is accessed off Bon Air Road, except the high school, which is accessed from Sir Francis Drake Boulevard. Medical offices buildings, nursing facilities, and four and three-story apartment buildings are located northeast of the project site.

² Creekside Park Recreational Area reopened on February 14, 2011, following extensive renovations and was renamed “Hal Brown Park.” <http://maringov.org/Depts/PK/Divisions/Parks/Hal%20Brown.aspx>



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East / Southeast: Several townhome and apartment complexes are located on a ridge above and to the southeast of the project site, above and beyond the existing Marin Community Mental Health Building. The ground floors of these multi-family residential units are located at an elevation of approximately 130 feet above mean sea level (amsl), compared to the project site at an elevation of approximately 10 to 45 feet amsl.

South: A small private road, Bayview Road, is located south of the southern boundary of the site. There is a mix of single-family and multi-family residences and commercial uses on Bayview Road. The residences on Bayview Road are the closest to the project site and are separated from the project site by a small hill and grove of eucalyptus trees. The nearest residence is located approximately 200 feet south of the proposed Hospital Replacement Building. Additionally, medical office buildings are located on Bon Air Road and South Eliseo Drive, south of the project site.

Surrounding Natural Characteristics: The topography of the area includes the ridges, valleys, and rolling hills associated with the side hills of Mt. Tamalpais. The project site is within the Corte Madera Creek watershed, a 28-square-mile watershed that extends to the east peak of Mt. Tamalpais and includes the Ross Valley.

3.2 Existing Marin General Hospital Facilities

3.2.1 Existing Buildings and Uses

Existing buildings, facilities, and surface parking areas occupy approximately 11.7 acres (or approximately 60 percent) of the 19.7 acres of the project site. The remaining undeveloped areas of the site are characterized by an area of oak woodland on the low hill on the eastern edge of the property and a eucalyptus grove on the southern edge of the property.

As shown in **Figure 3-4, Existing Site Buildings and Layout**, current facilities within the campus include the existing hospital, the Marin Community Clinic, the Marin Community Mental Health Building, and other small ancillary offices and support services.

Campus Population

The existing hospital houses all of the medical services on the campus, except those provided in the Mental Health Building, and therefore has the highest population and concentration of visitors, patients, and staff compared to other facilities on the project site. The hospital currently has a total of 1,126 full-time equivalent (FTE) employees; approximately 190 acute care visitors and patients visit the hospital daily. An additional approximately 700 ambulatory and 100 mental health visitors and patients visit daily. These numbers do not reflect the employees and visitors to the Health and Human Services function operated by Marin County. However the parking and traffic counts that are factored into the analysis in this Draft EIR were based on actual visitors to the site, including the Health and Human Services population counts.

Existing Hospital and Mental Health Building

The existing hospital building is 292,786 square feet in total floor area. The hospital has three wings: Central, East and West Wings, and also includes the Marin Community Mental Health Building. There are a total of 235 licensed beds on the campus, including 17 beds in the Mental Health Building. The existing wings range from four to five stories in height. The original Central Wing of the hospital was completed in 1952 and was expanded to add the East Wing in 1961. Existing services in the Central and East Wings include Medical/Surgery, Postpartum, the Neonatal Intensive Care Unit (NICU), and Pediatrics. The East Wing also includes administration offices, physicians' offices, and the Oncology Department. There are a total of 139 licensed beds in the Central and East Wings. The West Wing, completed in 1986, includes the Emergency Services Department, Intensive Care Unit (ICU) and surgical operations. There are currently 79 licensed beds in the West Wing.

The Marin Community Mental Health Building was constructed in 1967, north of the existing Central Wing. It includes a 17-bed psychiatric unit. The facility would not be altered as part of the proposed project and would continue to operate the services currently offered after all phases of the proposed project are complete. However, existing site accessibility issues to the Mental Health Building would be resolved by the proposed project, as discussed in Section 3.6.1, *Site Access and Circulation*.

Marin Community Clinic

The Marin Community Clinic and associated offices are located in one-story temporary trailers located north of the Mental Health Building. As mentioned in Section 3.1.3, *Existing Ownership*, for the proposed project, the Marin Community Clinic would move offsite to new space as the existing space no longer meets the clinic's needs.

Ancillary Facilities

Relatively small existing ancillary facilities on the project site include an information technology building, a purchasing department office located in a temporary trailer, a risk management office located in a temporary trailer, and a bulk oxygen facility. Except for the bulk oxygen facility, each of these facilities would be demolished as part of the proposed project.

Heli-stop

Helicopters are currently allowed to land at Hal Brown Park, directly across the street from the project site. The majority of the helicopter flights are critical patients being transferred out to other healthcare facilities with a rare occasion (two times in five years) of a patient being flown in to Marin General. The County of Marin controls the helicopter traffic into and out of Marin General using their communication center and procedures for traffic control. This practice would continue with the proposed project and ensure life-threatening events are treated in an expeditious manner. The proposed project does not include a heli-stop.



LEGEND

- BUILDING TO BE DEMOLISHED
- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- LOT #
- PARKING SUPPLY

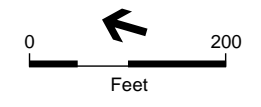
SITE BUILDINGS

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES

DEMOLITION KEYNOTES

- BUILDING TO BE DEMOLISHED
- ① DEMOLISH PARTIAL WEST WING
- ② DEMOLISH WEST WING ENTRANCE CANOPY
- ③ DEMOLISH MOBILE MAGNETIC RESONANCE IMAGING UNIT
- ④ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑤ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑥ DEMOLISH PARTIAL INFORMATION TECH OFFICES
- ⑦ DEMOLISH PURCHASING DEPARTMENT
- ⑧ DEMOLISH MARIN COMMUNITY HEALTH CLINIC OFFICES
- ⑨ DEMOLISH MARIN COMMUNITY HEALTH CLINIC

● Bus Stop



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3.2.2 Existing Access and Circulation

There are two existing vehicular entrances/exits to the project site and one exit-only driveway (see Figure 3-4, Existing Site Buildings and Layout). One entrance is located in the northern quadrant of the project site and provides primary access to the Mental Health Building. It is also primarily used by emergency vehicles, service vehicles, and hospital employees. The main hospital entrance is located in the southwest quadrant of the hospital area and is mostly used by visitors, patients, employees, and transit vehicles. An exit-only driveway, just north of the main entrance, is located west of the West Wing. All driveways provide direct vehicle access to northeast bound Bon Air Road, and each driveway location is an un-signalized intersection. Painted crosswalks are located at both of the driveway entrances.

Two bus shelters are located within and around the project site and are served by Golden Gate Transit and Marin Transit. One bus shelter is located adjacent to the West Wing, and another is located on Bon Air Road at the north vehicular entrance to the project site.

Marin General Hospital operates a morning peak-hour shuttle service from 7:00 to 9:00 a.m. to transport visitors and employees from the St. Sebastian Church parking lot and campus area north of the project site to the hospital, and from the hospital to and from additional medical facilities located within five miles of the hospital (20 miles for senior patients).

Existing pedestrian facilities in and around the project site include several connecting, paved, and stepped sidewalks that connect to the hospital and other on-site facilities. The main public building entrance to the hospital is located at the West Wing, and an additional public building entrance is located between the Central and East Wings.

There is a dedicated bicycle path paralleling Bon Air Road through Hal Brown Park, west of the project site. Bicycle racks and bicycle stalls are provided within the project site for visitors and employees.

3.2.3 Existing Parking

There are a total of 768 surface parking spaces utilized by the existing hospital. Of this total, 605 parking spaces are located throughout 18 surface parking lots on the project site; 73 are on-street parking spaces along Bon Air Road fronting the project site; and 90 are off-street spaces in the neighboring St. Sebastian Church to the north, across Bon Air Road. The project has considered the 73 on-street parking spaces in determining the demand associated with the project site, and factored in the fact that they are available for use by the general public and patrons and residents of other nearby uses, as well as users of the hospital. However, the parking supply count used to calculate the project's parking needs only considered the 605 on-site parking spaces. Most of the existing on-site parking spaces are from Marin County's approvals of the 1985 Marin General Hospital Master Plan and a subsequent 1995 plan amendment, which together required that at least 750 permanent on-site spaces (with a practical capacity of 675 spaces) be provided onsite.

The County of Marin has an easement for parking on a plat of land in the surface parking lot on the campus that includes 37 parking spaces for the employees of the Health and Human Services facility, along with three additional reserved spaces in the Marin Community Clinic parking lot, for a total of 40 spaces (see Figure 3-3, Existing Marin County Property and Access Parking Easements). These spaces are included in the on-site total of 605 parking spaces.

Valet parking is offered onsite to employees and visitors between the hours of 6:30 a.m. and 4:00 p.m. During a typical weekday, three valet attendants are available to park and retrieve vehicles from the three parking lots within the project site that are used for valet operations. Parking at the hospital is currently free of charge.

3.2.4 Existing Landscaping and Vegetation

Landscaping on the project site primarily exists along the Bon Air Road frontage along the West Wing, and in the southern portion of the project site. The landscape palette is a combination of native and non-native species and includes several large oak, eucalyptus, pine and redwood trees with an understory of various shrubs. Varied landscaping also exists within the existing surface parking lots. Landscaping in the median and along the east side of Bon Air Road is characterized by fully mature trees, including pine, redwood, oak and other species.

The undeveloped hillsides along the eastern and southeastern borders of the project site contain remnant oak woodland habitat with mostly native tree species and an herbaceous understory. The oak woodland canopy opens to a grassland area at the top of the eastern hillside. A small hill on the southern boundary is dominated by the stand of large eucalyptus trees and grassland areas below.

3.2.5 Lawrence Halprin Terrace Gardens

An area in the south portion of the project site is characterized by special terrace gardens, one of the first designed by the late landscape architect Lawrence Halprin. The gardens were created as part of the original Marin General Hospital site layout in the early 1950s. The “Ambulatory Terrace” view garden is located within an existing oak grove, between the existing Central and West Wings. The “Bar-B-Que Terrace” is located in the southernmost part of the project site and includes a built -in Bar-B-Que within a manicured lawn and a circle of various palm species and other ornamental varieties. Portions of the garden areas have been disturbed and removed due to parking lot expansions over the years. (The Lawrence Halprin Terrace Gardens are described in detail in Section 4.D, *Cultural and Paleontological Resources*, in Chapter 4 of this Draft EIR.)

3.2.6 Existing Site Constraints, Utilities and Services

Slopes, Drainage and Flooding

The western portion of the project site is relatively flat and rises steeply toward the east. The topography changes from an elevation of 10 feet above mean sea level (amsl) along Bon Air Road at the west, to an elevation of 45 feet amsl (a 35 foot increase) at the back of the existing East Wing. The easternmost portion of the site rises more steeply from an elevation of 50 feet

amsl to an elevation of 130 feet amsl (an 80-foot increase). As a result, the site generally drains from east to west, as well as north to south. An existing storm drain system conveys and collects stormwater runoff through the hospital grounds and discharges to an existing public drainage system in Bon Air Road, which eventually drains directly to Corte Madera Creek.

No portion of the project site is located within the 100-year flood area. (A detailed flood hazards map is Figure 4.H-1, Area Flood Zones, in Section 4.H, *Hydrology and Water Quality*, in Chapter 4 of this Draft EIR.)

Soils Stability

Soft Bay Mud deposits associated with the nearby Corte Madera Creek are found beneath artificial fills in the western portion of the project area, with none in the eastern and southeastern portions of the site, where the bedrock is either exposed or close to the ground surface. Recent shallow slope failures have occurred within the steep cut slopes in the northeast areas of the site where the Marin Community Clinic is located (see detail in Section 4.G, *Geology, Soils, and Seismicity*, in Chapter 4 of this Draft EIR).

The National Wetlands Inventory does not map any wetland areas on the project site but does identify Corte Madera Creek and the associated marshlands to the west of Bon Air Road as estuarine intertidal habitats (as discussed further in Section 4.C, *Biological Resources*, in Chapter 4 of this Draft EIR). Although areas to the southwest of the project site are considered highly susceptible to liquefaction, soils encountered in borings taken onsite were considered too clayey to liquefy.

Utilities

Existing publicly-owned utilities run diagonally through the site and include sanitary sewer, water and gas. Other publicly-owned utilities include telecommunication manholes owned by AT&T and several PG&E meter boxes. Marin General Hospital-owned utilities on the project site include sanitary sewer, gas, electric, telecommunication, non-potable water, site lighting conduit, and oxygen service lines and appurtenances. Each of these utilities would be modified to serve all new and existing facilities on the project site during and after construction. (The proposed modifications to each are described below in Section 3.7.7, *Utilities Work During Construction*, and Table 3-4, Required Utility Infrastructure, in this chapter; and are addressed further and illustrated in Section 4.N, *Utilities and Service Systems*, in Chapter 4 of this Draft EIR.)

Fire Service

Marin General Hospital is in the jurisdiction of Marin County Fire Department, however Marin County Fire contracts this service to the Kentfield Fire District. The Kentfield Fire District fire house is located at the intersection of Sir Francis Drake Boulevard and College Avenue approximately 2.0 miles west of the project site. Fire service related needs during construction and operation of the project are discussed below in Section 3.5, *Proposed Project Characteristics*, and Section 3.7.4, *Grading, Excavation and Runoff During Construction*.

3.3 State-Mandated Compliance with Senate Bill 1953

3.3.1 Applicability of SB1953 and Building Codes

Seismic-safety legislation Senate Bill (SB) 1953 and the Alfred E. Alquist Hospital Facilities Seismic Safety Act (The Alquist Act), described in detail in Chapter 1, Introduction, of this Draft EIR, mandates the replacement or seismic retrofit of existing California acute care hospital facilities that do not meet current earthquake-resistant standards for hospitals within specified timeframes continuing to 2030. Marin General Hospital is classified as an acute care facility.

The Alquist Act also requires that building plans for the retrofit or replacement of acute care hospital facilities be submitted to, and approved by, Office of Statewide Health Planning and Development (OSHPD). OSHPD enforces building standards related to construction of health facilities. Specifically, hospitals with non-ambulatory patients, such as Marin General Hospital, are considered “Institutional Group I Occupancy” structures (as defined in the California Building Code) and are subject to stringent requirements for life safety (fire, health, seismic). Non-OSHPD structures (i.e., structures that do not house OSHPD-regulated hospital functions) are not subject to the same building requirements, but are subject to the 2011 California Building Code and currently applicable building codes, State and federal accessibility requirements and local regulations.

The proposed Ambulatory Services Building, retaining walls, and parking structures are non-OSHPD structures, as are portions of the existing hospital that would no longer be used for the provision of acute care services (as described in detail below in Section 3.5.2, *Major Project Components*).

3.3.2 Building Ratings and Needs

OSHPD has established a Structural Performance Category (SPC) and Non-Structural Performance Category (NPC) rating system for buildings to assess a building’s compliance with SB 1953 regulations. The following describes the ratings and needs of the existing hospital wings, which are discussed in greater detail in Section 4.G, *Geology, Soils, and Seismicity*, in Chapter 4 of this Draft EIR.

West Wing

The West Wing of the existing hospital was built in 1986 and is an SPC-3 rated building that does not require structural upgrades to comply with the Seismic Safety Act.³ Installation of new central plant services may occur in the basement of the proposed Hospital Replacement Building or new equipment could be installed in the existing West Wing central plant. This new equipment would replace aging equipment in the West Wing that would require replacement in the next five years, and would be sized large enough to serve the Hospital Replacement Building.

³ SPC-3-rated buildings are compliant with the SB 1953 regulations. They can be used to January 1, 2030 and beyond.

Putting the new central plant in the existing West Wing space would require upgrading the West Wing to an NPC-4 rating.⁴ That upgrade would require seismic bracing of all architectural, mechanical, electrical, and plumbing systems, their components and equipment, and all medical equipment to meet the requirements of Part 2, Title 24. The work to accomplish this would be internal of the building envelope; thus it is not expected to alter environmental effects of the project identified in this EIR or be material to public consideration of its approval since it would primarily involve interior alterations.

Central/East Wings

The Central/East Wings are rated SPC-1, and all acute care departments and services in the Central and East Wings of the existing hospital would move to the proposed Hospital Replacement Building.⁵ Non-acute care departments and services in the Central and East Wings would either remain in place and/or relocate within those wings, with some being expanded. A breakdown of the departments and services that would be relocated to the proposed Hospital Replacement Building and Ambulatory Services Building, and those departments and services that would remain in the existing hospital is detailed below in Section 3.5.2, *Major Project Components (Renovation of Existing Hospital Wings)*.

3.4 Objectives of Proposed Project

The objectives of the proposed project are:

1. To provide an OSHPD SB 1953 seismically compliant acute care hospital facility for the citizens of Marin County for the foreseeable future.
2. To develop the new Hospital Replacement Building, Ambulatory Services Building, Parking Structures, and internal circulation system, including on-site pedestrian circulation to meet the contemporary energy and design objectives and to adhere to the project's goal for sustainable design that achieves a rating equivalent to the United States Green Building Council Leadership in Energy and Environmental Design's (LEED®) Silver and the LEED® for Healthcare Rating System modeled after the Green Guide for Health Care (GGHC).
3. To promote health, safety and well-being for all future patients, doctors, nurses and employees on the Marin General Hospital campus.
4. To ensure that the Marin General Hospital meets the standards and requirements of the Hospital Facilities Seismic Safety Act (SB 1953). The hospital is proceeding under additional regulations SB 1661, and SB 499, SB 90, and AB 523, pursuing compliance at the earliest practicable date and within mandated State deadlines.

⁴ NPC-4-rated buildings have all architectural, mechanical, electrical systems, components and equipment, and hospital equipment properly anchored. If there is not significant structural damage and problems with water and sewer systems, basic emergency medical care should be able to continue after an event.

⁵ SPC-1 rated buildings have a high risk of collapse in an earthquake. These buildings must be retrofitted, replaced, or removed from acute care classification by January 1, 2015.

5. To allow for uninterrupted operation of medical services currently provided at Marin General Hospital and maintain continuity of care during and after a major earthquake.
6. To improve a medical campus at 250 Bon Air Road that is accessible to all patients, doctors, nurses, employees, and visitors at buildout of the project.
7. To phase construction of the project so as to allow uninterrupted hospital operations.
8. To provide integrated delivery of high quality health care services from the existing Marin General Hospital campus and to provide private patient rooms where possible.⁶
9. To manage development of the proposed project in a responsible manner sensitive to the surrounding area.
10. To minimize existing on-site parking shortfalls for patients, visitors and staff at Marin General Hospital and reduce parking-related problems in the surrounding neighborhood by providing substantial additional on-site parking located near the hospital entrance and future outpatient Ambulatory Services Building; and to locate, design and phase new parking structures onsite to minimize parking shortfalls during and after construction while avoiding any adverse effects to the aesthetic setting of the project site and surroundings.

3.5 Proposed Project Characteristics

This section describes the components of the proposed project, which, combined with all parts of this chapter, constitute the CEQA “Project” analyzed in this EIR.⁷ A brief overview of the project is provided immediately below (Section 3.5.1), followed by more detailed descriptions of each major component of the project (Section 3.5.2), and project activities by phase (Section 3.5.3). Proposed site development and construction activities associated with the project are described further in this chapter (Sections 3.6 and 3.7, respectively).

3.5.1 Project Overview

The proposed project consists of the phased development of Marin General Hospital to include a 412-space Hillside Parking Structure, a 507-space Bon Air Road Parking Structure, a 100,000 square-foot Ambulatory Services Building, and a 300,000 square-foot Hospital Replacement Building. In addition, the project would renovate existing wings of the existing hospital and develop a Nursing Unit Infill Project within the new Hospital Replacement Building. These major components of the project would be developed, in the sequence mentioned above, in six phases over a period of approximately eight years (generally, through 2020).

A total of 426 new employees would be associated with the proposed Ambulatory Services Building and Nursing Unit Infill Project would be added to the site. The project would not result in a net increase in the existing number of licensed beds on the project site.

⁶ Use of private rooms (i.e., hospital rooms with a single patient) is a well-established and growing national trend in new hospital construction to address patient health and safety and operational efficiency.

⁷ CEQA *Guidelines* Section 15378 defines “Project” as “the whole of the action” that has the potential for resulting in physical changes in the environment.

The project would involve site work to relocate existing utilities and to develop new utilities to serve existing and proposed buildings. The project would also involve retaining walls up to approximately 25 feet tall to support the Hillside Parking Structure, and overall site improvements, such as improved site access, new landscaping and outdoor seating areas, and related site amenities, such as enhanced signage and lighting.

The project proposes a ground-level covered walkway from the Bon Air Road Parking Structure to the Hospital Replacement Building and the Ambulatory Services Building. As an alternative option, the project considers an elevated pedestrian bridge following a different route than the ground-level covered walkway between these buildings, if the District is able to secure adequate funding for this optional element. Similarly, the project may incorporate new trellises with a photovoltaic (PV) system on the top levels of the two new parking structures, pending funding availability.

Buildout of the proposed project is illustrated in **Figure 3-5, Proposed Site Plan** and **Figure 3-6, Proposed Site View (Illustrative) - Looking Southeast** (the latter showing the potential elevated pedestrian walkway option), and simulated in **Figure 3-7, Proposed Site View (Simulation) - Looking Southeast**.

3.5.2 Major Project Components

This discussion describes the major building development and demolition components of the proposed project, generally in the sequence that they will be developed (as described in detail in Section 3.5.3, *Project Activities by Phase*).

New Parking Structures

Marin General Hospital currently has substantial parking shortages for its patient/visitor population as well as staff. Currently its patient/visitors and staff compete for close convenient parking to the main hospital entrance given limited parking availability onsite. The project would construct two new parking structures during the initial phases of the project. See conceptual illustrations of the proposed parking structures in **Figure 3-8, Internal Site Views of Proposed Parking Structures and Ambulatory Services Building**.

Hillside Parking Structure

The Hillside Parking Structure would be constructed on the hillside at the northeast portion of the project site, adjacent to the existing Community Mental Health Building, and in the footprint of the existing Marin Community Clinic structure that would be demolished. The parking structure would provide 412 parking spaces and would primarily service staff parking. (See **Figure 3-9, Hillside Parking Structure – Levels and Section**.)

This structure would be five stories (six parking levels), tucked within the contours of the hillside. The top of slab elevation of the Hillside Parking Structure would sit at approximately 35 feet amsl. The entire front (south) elevation of the structure would be visible and 57 feet above

ground. The rear of the structure would be cut into the hillside slope, leaving two to three stories visible above grade on the side and rear elevations. As previously mentioned, retaining walls ranging from approximately three to 25 feet tall would be required for terracing in the northern most area of the site, adjacent to the Hillside Parking Structure.

The structure would also include an elevator. The parking structure would be accessed from Bon Air Road, via the existing north access road which would be widened to accommodate appropriate vehicular queuing to allow functional access to and from the structure.

As previously mentioned, pending Marin Healthcare District's ability to secure adequate funding, the parking structure may incorporate a trellis and PV system in the center aisles of the top parking level.

Bon Air Road Parking Structure

The Bon Air Road Parking Structure would be constructed along Bon Air Road, generally where the existing surface parking lot currently exists at the northern area of the project site. This parking structure would provide 507 parking spaces and would primarily provide patient/visitor parking for the proposed Hospital Replacement Building and Ambulatory Services Building. (See **Figure 3-10, Bon Air Road Parking Structure – Levels and Section.**)

The Bon Air Road Parking Structure would be four stories (five parking levels) and 46 feet above ground level. The top of slab elevation of the Bon Air Road Parking Structure would sit at approximately 12 feet amsl. This structure would also include an elevator. The parking structure would be accessed from two main vehicular access points located on the main internal campus roadway. The parking structure will also have a right-turn exit-only driveway to northbound Bon Air Road to provide an additional vehicular exit from the parking structure that does not direct exiting vehicles back onto the project site. Like the Hillside Parking Structure discussed above, the Bon Air Road Parking Structure may incorporate the trellis and PV system in the center aisles of the top parking level, an optional project component that depends on the Marin Healthcare District's ability to secure adequate funding for it.

Building Demolition

The proposed project would involve demolition of several existing facilities on the project site. As shown in Figure 3-4, Existing Site Buildings and Layout, these facilities include the Marin Community Clinic and Offices and several relatively smaller ancillary buildings totaling approximately 15,500 square feet. These buildings currently house the Risk Management Quality Assurance Offices, the Information Technology Offices, a mobile magnetic resonance imaging (MRI) Unit, and the Purchasing Department. Additionally, a small portion of the existing West Wing and entrance canopy of the existing hospital would be removed to accommodate the Hospital Replacement Building. The hospital departments currently being housed in these spaces would be relocated to the Central / East Wings that would remain. As previously mentioned, the existing Marin Community Clinic, located where the new Hillside Parking Structure is proposed, would move offsite to new space and the existing structure would be removed.



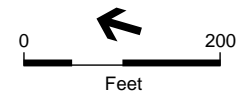
LEGEND

- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- ACCESS AND PARKING EASEMENT
- PROPOSED EASEMENT
- IMPACTED COUNTY LAND
- PROPOSED EQUIVALENT LAND AVAILABLE

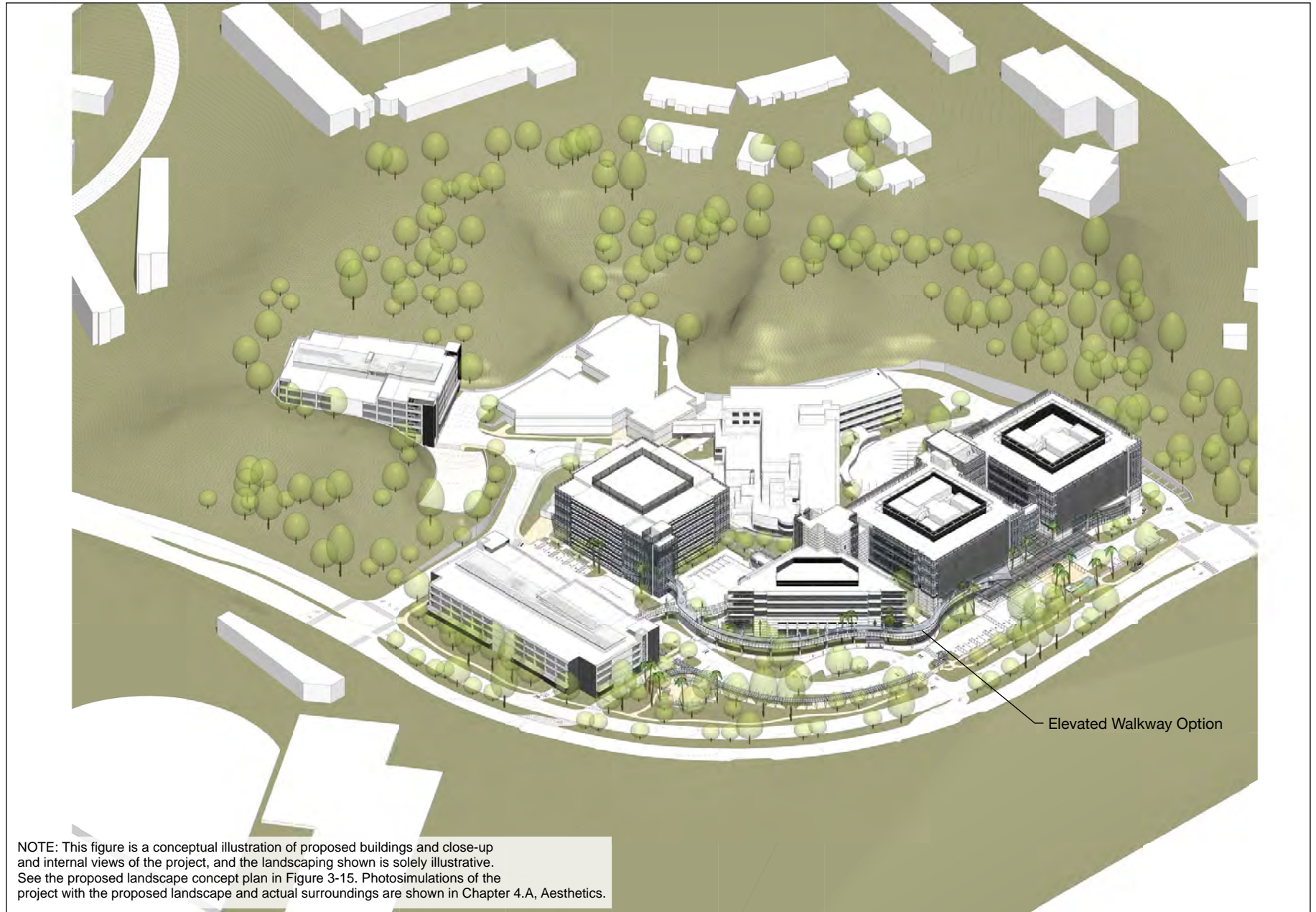
SITE BUILDINGS

- 1 EXISTING WEST WING
- 2A EXISTING CENTRAL WING
- 2B EXISTING EAST WING
- 3 EXISTING MENTAL HEALTH
- 4 EXISTING BULK OXYGEN
- 5 EXISTING INFORMATION TECH OFFICES
- 6 HOSPITAL REPLACEMENT 300,000 SF (5 LEVELS + BASEMENT)
- 7 AMBULATORY SERVICES BUILDING 100,000 SF (5 LEVELS)
- 8A PARKING STRUCTURE 507 SPACES (5 LEVELS)
- 8B HILL SITE PARKING STRUCTURE 412 SPACES (6 LEVELS)
- 9 UNDERGROUND GENERATORS
- 10 SUNKEN GARDEN

● Bus Stop - (N) New



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SOURCE: Lee Burkhart, Liu, Inc.

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Figure 3-6
Proposed Site View (Illustrative) -
Looking Southeast View of the Project Site



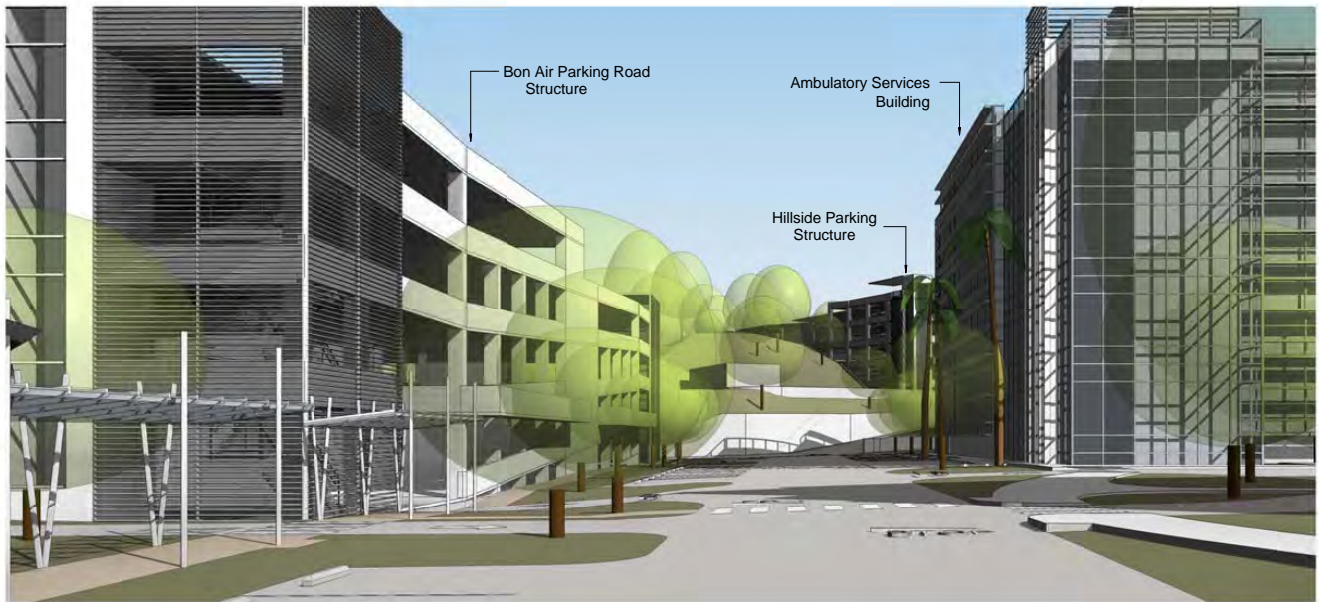
SOURCE: Lee Burkhart, Liu, Inc.

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Figure 3-7
Proposed Site View (Simulation) - Looking Southeast



① View from North Entrance from Bon Air Road



② View from Interior Street from Bon Air Road



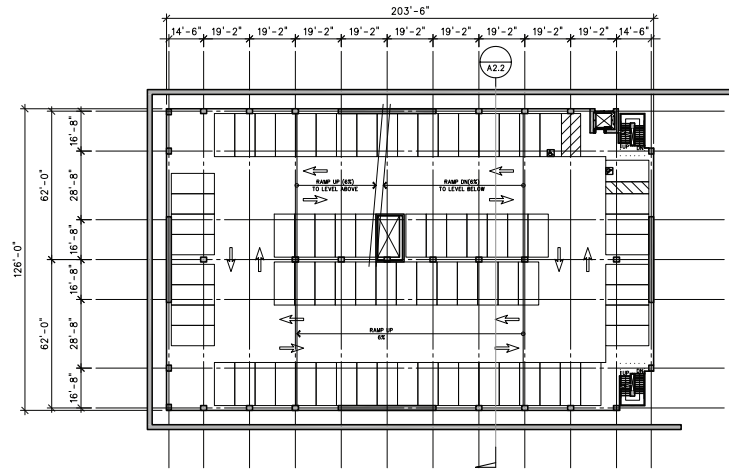
NOTE: This figure is a conceptual illustration of proposed buildings and close-up and internal views of the project, and the landscaping shown is solely illustrative. See the proposed landscape concept plan in Figure 3-15. Photosimulations of the project with the proposed landscape and actual surroundings are shown in Chapter 4.A, Aesthetics.

SOURCE: Lee Burkhardt, Liu, Inc.

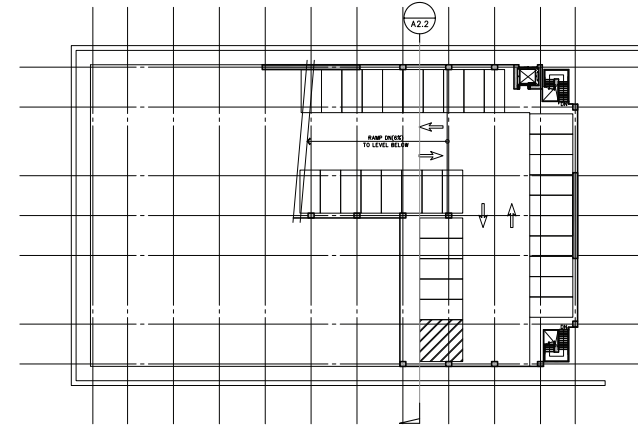
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Figure 3-8
Internal Site Views of Proposed Parking Structures
and Ambulatory Services Building

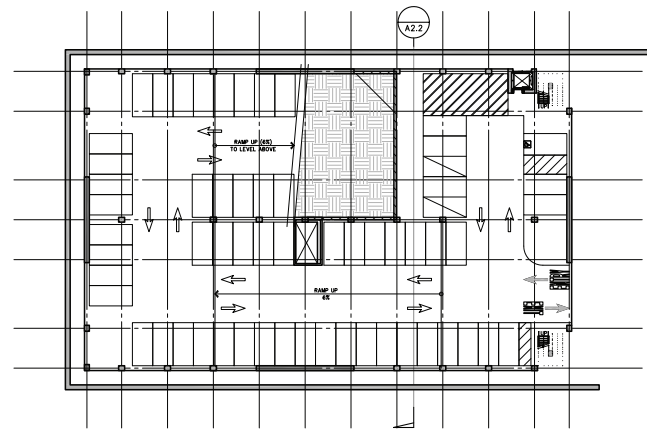
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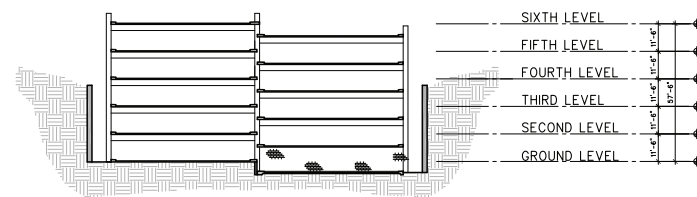
SECOND LEVEL PARKING PLAN (3RD, 4TH & 5TH SIM.)



SIXTH LEVEL PARKING PLAN



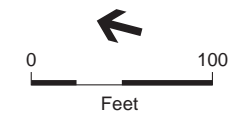
GROUND LEVEL PARKING PLAN

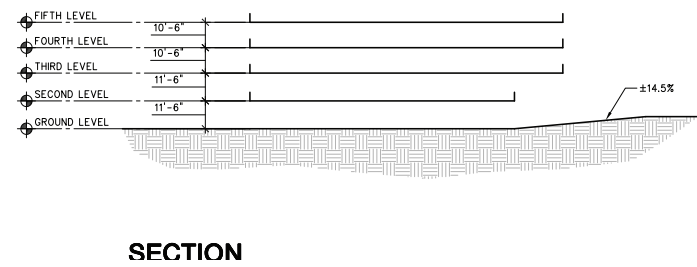
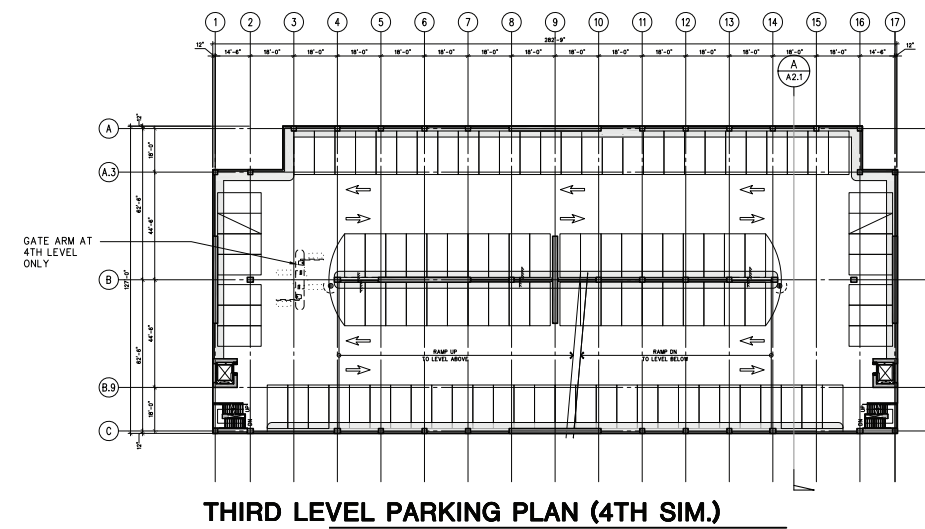
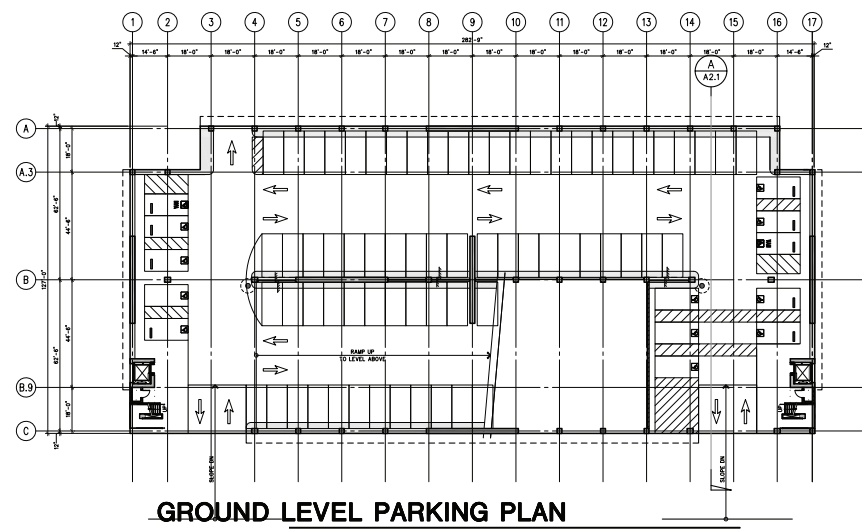
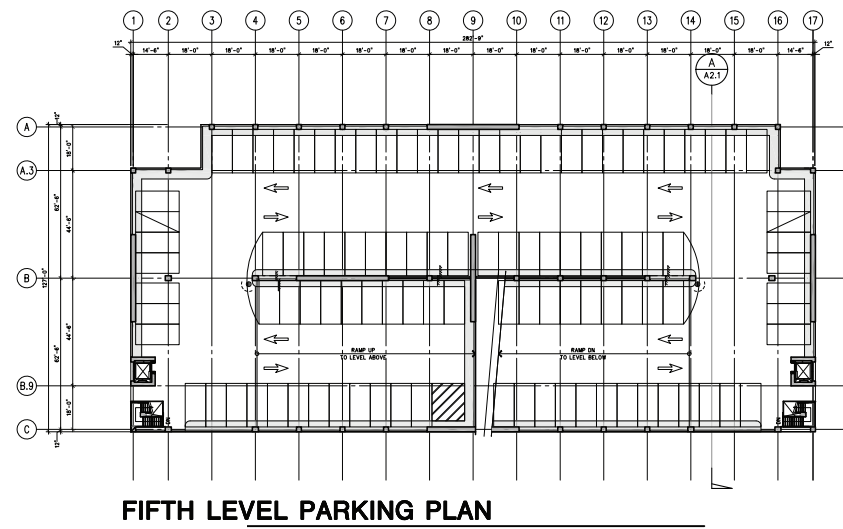
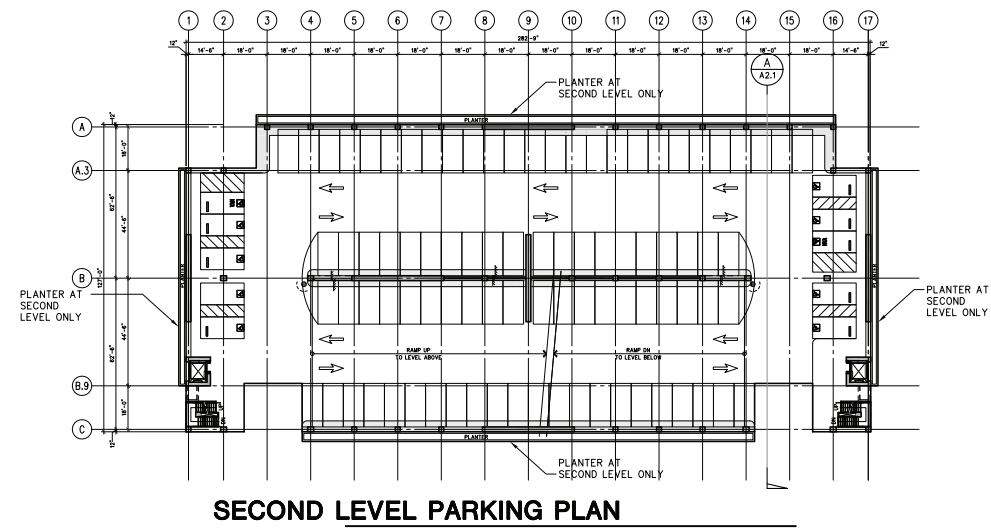


SECTION

A-10 OPTION (6% RAMP) 6/14/11

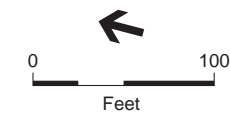
SUMMATION CHART					
LEVEL	UNINSTALL (8'-6"x18'-0")	ACCESSIBLE (9'-0"x18'-0")	TOTAL	SQ. FOOTAGE	SQ. FT./STALL
SIXTH	40	0	40	11,800	358
FIFTH	78	2	80	25,400	330
FOURTH	78	2	80	25,400	330
THIRD	78	2	80	25,400	330
SECOND	78	2	80	25,400	330
GROUND	51	1	52	23,300	388
TOTAL	403	9	412	136,700	341





A-10 OPT 01/13/12

SUMMATION CHART					
LEVEL	UNINSTALL (8'-6"x18'-0")	ACCESSIBLE (9'-0"x18'-0")	TOTAL	SQ. FOOTAGE	SQ. FT./STALL
FIFTH	111	0	111	35,000	333
FOURTH	109	0	109	36,000	330
THIRD	109	0	109	36,000	330
SECOND	88	10	98	37,000	378
GROUND	67	13	80	31,000	388
TOTAL	484	23	507	175,000	349



Ambulatory Services Building

A five-story, 100,000 square-foot Ambulatory Services Building is proposed directly west of the existing West Wing of the existing hospital building (see Figure 3-5, Proposed Site Plan, Figure 3-6, Proposed Site View (Illustrative) – Looking Southeast, and Figure 3-7, Proposed Site View (Simulation) – Looking Southeast). The Ambulatory Services Building would house ambulatory services that are not required to be in OSHPD-compliant space (as discussed above in Section 3.3, *State-Mandated Compliance with Senate Bill 1953*), but that need to be in proximity to the Hospital Replacement Building (as the two buildings may have shared functions) and the new parking structures, to facilitate convenient patient/visitor access. The design and location of the Ambulatory Services Building within the project site are would ensure that the facility functions as an integral component of the Hospital Replacement Building and other existing medical facilities on the campus, including the Community Mental Health Building located northeast of the Ambulatory Services Building. As the doctors who reside in the Ambulatory Services Building would move from office to hospital facilities frequently for pre-surgery and post-surgery inpatient care and emergency surgeries, having the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. Outpatient care would increase satisfaction by reducing wait times for doctors called away to address emergencies during office hours.

Proposed Ambulatory Services Building Uses

The Ambulatory Services Building would include acute care services and physicians directly responsible for inpatient and outpatient continuity of care. The hospital does not intend to lease space in the Ambulatory Services Building to non-hospital affiliated medical practices with infrequent hospital admissions.

“Ambulatory care” (which would be handled in the Ambulatory Services Building) is a defined health care encounter(s) of less than 24 hours in duration that requires direct professional health care support within a specific facility. The Ambulatory Services Building would be fully occupied with outpatient hospital services, these services would be offered as accessory clinics and laboratories to the Hospital Replacement Building, as follows:

- **Pre-Admit / Testing:** This service would allow patients suffering complications during an outpatient procedure to transfer directly to the Hospital Replacement Building inpatient care without having to check out of the outpatient building.
- **Urgent Care / Primary Care:** Urgent care patients have less severe medical needs than those at the Emergency Department however a small percentage of patients at Urgent Care would be transferred to the Hospital Replacement Building inpatient care as required. These patients would utilize the Pre-Admit / Testing services for a less complicated transfer. This would be a new service to the hospital.
- **Neurosurgery:** Neurosurgery outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of neurosurgery out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional

testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services offices to the hospital frequently for pre surgery and post surgery inpatient care and emergency surgeries; thus the Ambulatory Services Building location next to the Hospital Replacement Building would increase both inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.

- **Orthosurgery:** Orthosurgery outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of orthosurgery out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services offices to the hospital frequently for pre surgery and post surgery inpatient care and emergency surgeries; thus the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.
- **Obstetrics/Gynecology:** Obstetrics/Gynecology (OB/GYN) outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. A large percentage of OB/GYN out-patients would become Hospital Replacement Building patients to deliver babies or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services offices to the hospital frequently for pre-surgery and post-surgery inpatient care and emergency surgeries; thus the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.
- **Gastro Intestinal:** Gastro Intestinal outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of gastro intestinal surgery out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from the outpatient services office to the hospital frequently for pre surgery and post surgery inpatient care and emergency surgeries; thus the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.
- **Oncology:** Oncology outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of oncology out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services offices to the hospital

frequently for pre surgery and post surgery inpatient care and emergency surgeries so the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.

- **Cardiology:** Cardiology outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of cardiology surgery out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services to the hospital frequently for pre surgery and post surgery inpatient care and emergency surgeries; thus the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.
- **Urology:** Urology outpatient services located in the Ambulatory Services Building would support both outpatient and inpatient services. Some percentage of urology out-patients would be transferred directly to the Hospital Replacement Building due to complications during surgery or due to the requirement for additional testing. These patients would utilize the Pre-Admit / Testing services offered at the Ambulatory Services Building. In addition, the doctors move from outpatient services offices to hospital frequently for pre surgery and post surgery inpatient care and emergency surgeries so the Ambulatory Services Building location next to the Hospital Replacement Building would increase inpatient safety and care. It would also increase outpatient care and satisfaction by reducing wait times for doctors called away to address emergencies during office hours. These outpatient services would be new to the hospital campus.
- **Outpatient Pharmacy:** This service is provided for the convenience of outpatients, especially for those requiring heavily medicated treatments. This would be a new outpatient service to the hospital.

Hospital Replacement Building

The proposed Hospital Replacement Building would be constructed in the southwestern quadrant of the project site, facing Bon Air Road. The new building would be southeast of the West Wing (the main lobby of the existing hospital) (see Figures 3-5, Proposed Site Plan, Figure 3-6, Proposed Site View (Illustrative) – Looking Southeast, and Figure 3-7, Proposed Site View(Simulation)– Looking Southeast.) The proposed Hospital Replacement Building is approximately 300,000 square feet in size, consisting of a basement, ground level, and four additional floors above ground level. The new hospital would continue to operate with 235 licensed beds resulting in a net increase of zero hospital beds for the project.

Proposed Program for Seismic Compliance and Modernization

The Hospital Replacement Building would incorporate a full range of inpatient and outpatient treatment and diagnostic services, including all ancillary and support activities required for those

services. To meet the structural compliance regulations of the Seismic Safety Act (as discussed above in Section 3.3, *State-Mandated Compliance with Senate Bill 1953*), the project would relocate required acute care services from the Central and East Wings of the existing hospital into the new Hospital Replacement Building.

The program for the Hospital Replacement Building consists primarily of Acute Care Nursing Units (patient beds) and Diagnostic and Treatment departments, which require relocation from the aging, non-structurally compliant existing hospital wings. These services typically serve both inpatients and outpatients, and the range of services is typical of most hospitals.

With the changes in technology and care models, rooms that were sized appropriately in the 1960s and 1970s are half the size of what is required by today's standards. Much of the increased square footage programmed for the replacement of non-compliant acute care services in the Hospital Replacement Building reflects the increased floor area required to provide patient rooms consistent with current design standards.

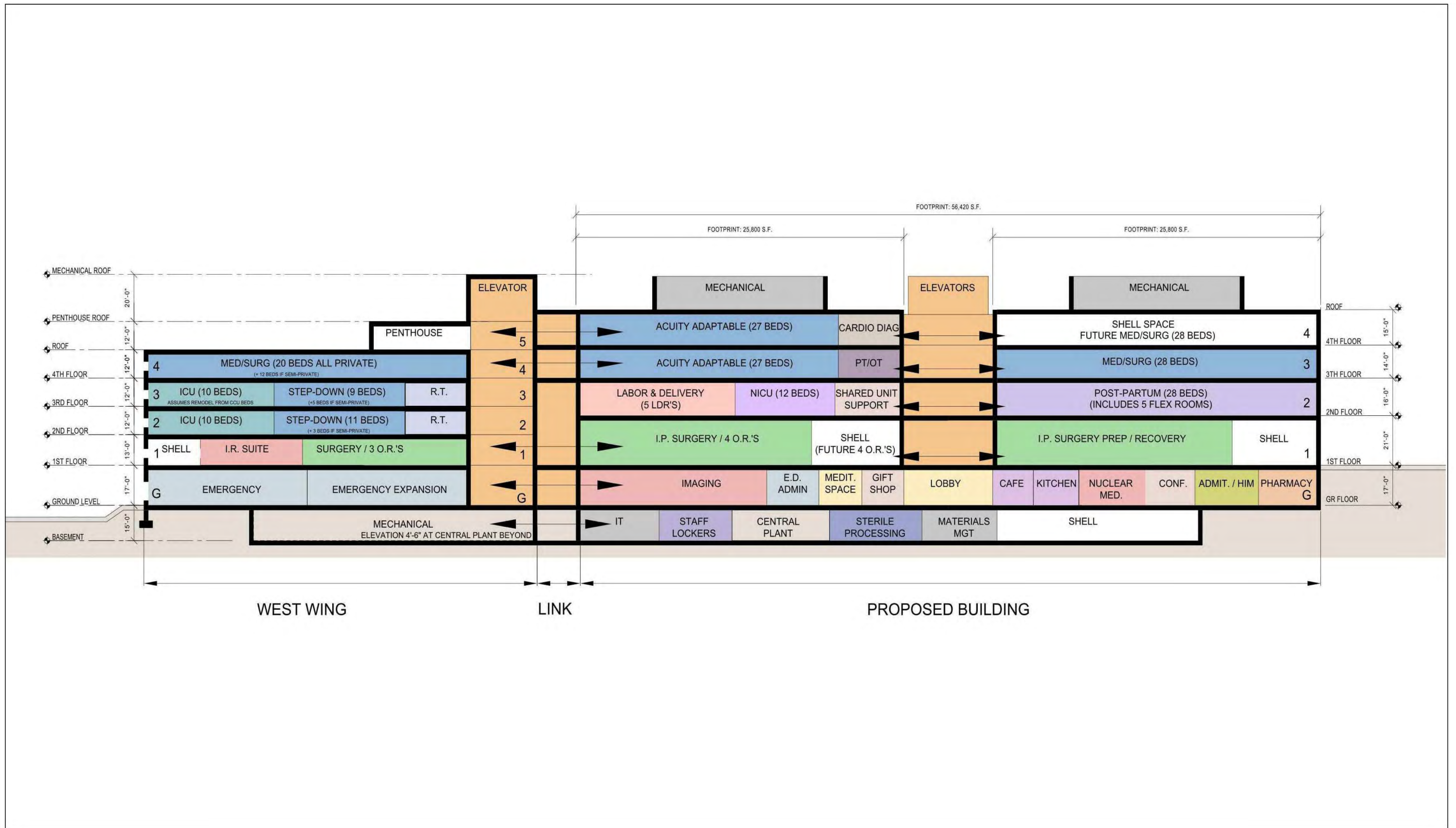
The proposed building is designed to have hospital department functional adjacency and horizontal connections to the West Wing of the existing hospital to maximize operational efficiency. Currently, the connection between the Central (non-OSHPD compliant) and West Wing (OSHPD-compliant) requires varying degrees of ramping necessary to connect the floors. With a replacement building, the floors would align allowing staff to transport patients between the two buildings with increased ease and efficiency compared to existing conditions, although there is one exception on the fourth floor, which requires minimal ramping. The Hospital Replacement Building would also include a new loading dock with five truck spaces at the first floor level.⁸

As illustrated in **Figure 3-11, Hospital Replacement Building Uses by Floor**, the services in the Hospital Replacement Building would be as follows:

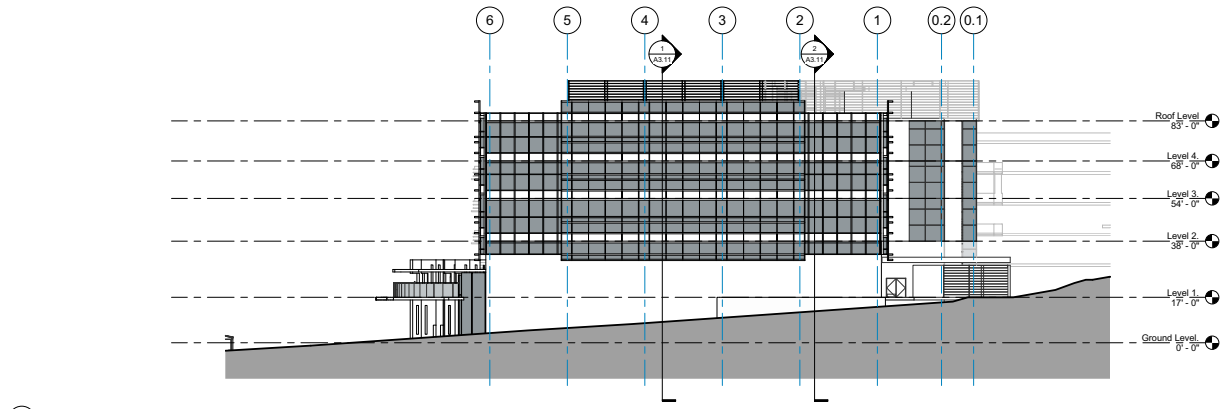
- **Basement:** Central Plant, Information Systems, Materials Management, Sterile Processing
- **Ground Floor:** Main Building Entrance and Lobby and Services, Administrative spaces/Admitting, Gift Shop, Imaging Department, and Dietary and Pharmacy, and Spiritual Center
- **First Floor:** Surgery Department, Loading Dock service spaces, and Lab.
- **Second Floor:** Women's Center: Labor and Delivery (5 beds) and Neonatal Intensive Care Unit Pavilion (12 Beds); Postpartum and Gynecology Pavilion (28 beds)
- **Third and Fourth Floors:** Medical/Surgical patient units (56 beds) and the Acuity Adaptable unit (54 beds)

Elevations of the Hospital Replacement Building are shown in **Figure 3-12a, Hospital Replacement Building – Southeast/Northeast Elevations**, and **Figure 3-12b, Hospital Replacement Building – Southwest/Northwest Elevations**.

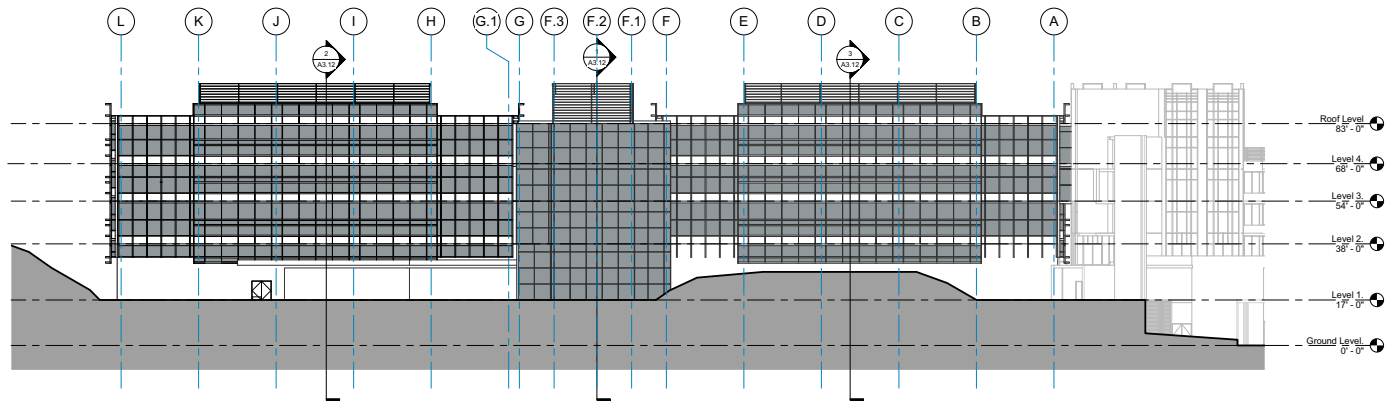
⁸ No loading dock currently exists on the project site; service trucks park along the existing service road at the southern end of the project site and truck lifts are used to load and unload.



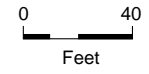
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1 South-East Elevation



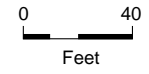
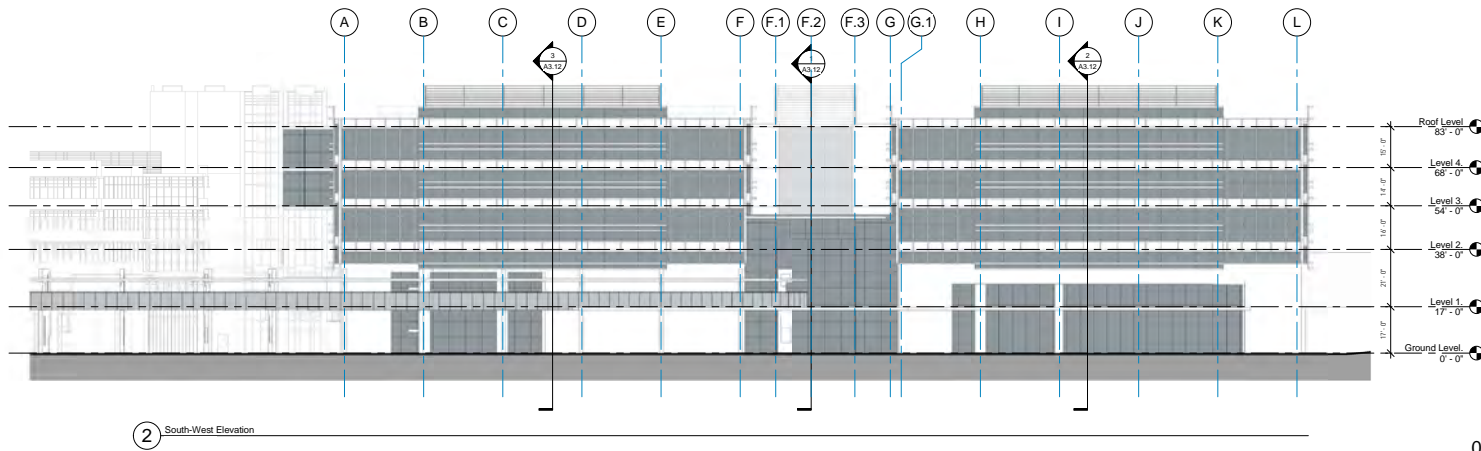
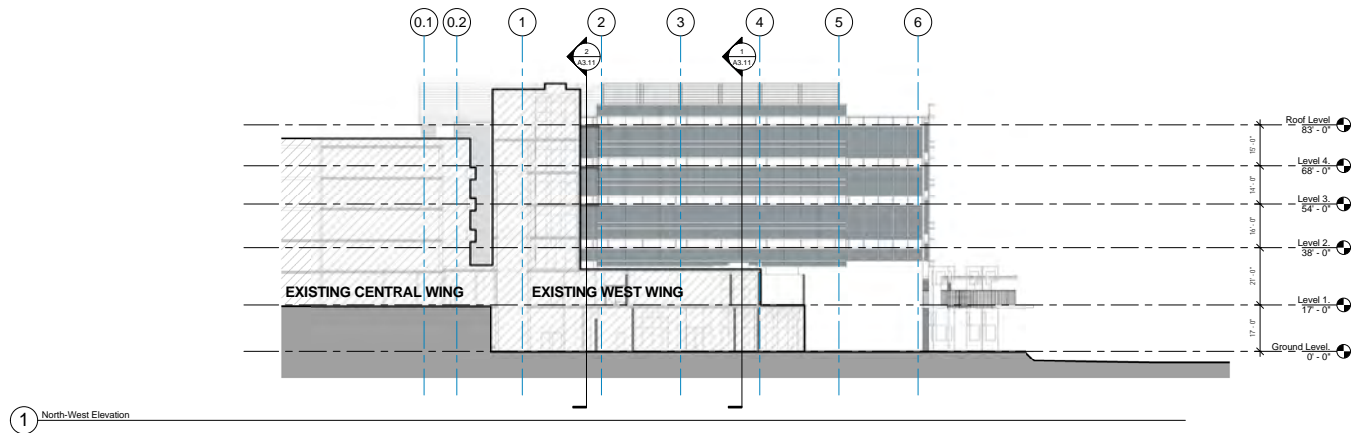
2 North-East Elevation



SOURCE: Lee Burkhart, Liu, Inc.

Marin General Hospital . 210606

Figure 3-12a
Hospital Replacement Building – Southeast/Northeast Elevations



SOURCE: Lee Burkhardt, Liu, Inc.

Marin General Hospital . 210606

Figure 3-12b
Hospital Replacement Building – Southwest/Northwest Elevations

Covered Pedestrian Walkway / Elevated Pedestrian Bridge Option

The proposed project would include pedestrian walkways to facilitate pedestrian movement between all major building elements of the site. (See Section 3.6.1, *Site Access and Circulation [Pedestrian and Bicycle Access]*, for discussion of general pedestrian access to the site and project buildings.) The project specifically proposes a covered, ground-level pedestrian walkway between the Bon Air Road Parking Structure and the Hospital Replacement Building (which is depicted in Figure 3-14, Landscape Concept Plan). This covered walkway across the internal roadway from the Hospital Replacement Building would provide a safe, lighted path providing additional separation of pedestrians from vehicular traffic and inclement weather.

The Marin Healthcare District is also considering an option that would instead develop an elevated pedestrian bridge, following a different route than the ground-level covered walkway, that would link the Hospital Replacement Building as well as the Ambulatory Services Building to the Bon Air Road Parking Structure (as shown in Figure 3-6, Proposed Site View (Illustrative) - Looking Southeast, and Figure 3-14, Landscape Concept Plan). This option depends on the District's ability to secure adequate funding for it.⁹ The elevated pedestrian bridge would originate from the southeastern corner of the Bon Air Road Parking Structure at the third floor (above grade) and would span the on-site circulation and parking areas between the parking structure, the Hospital Replacement Building, and the Ambulatory Services Building.

While, the potential elevated pedestrian bridge could increase safety by vertically separating pedestrians from ground-level vehicular traffic, it would not be required for pedestrian access safety; proposed ground-level sidewalks and crosswalks would accommodate safe pedestrian movement between all buildings on the project site. The clearance under the elevated bridge would be a minimum 16 feet, 8 inches (finished floor of the West Wing of the existing hospital to bottom of the bridge). Where the bridge crosses internal roadways, the clearance would range from 16 feet, 8 inches to 18 feet, 1 inch.

Renovation of Existing Hospital Wings

Approximately 74,986 square feet of the Central and East Wings of the existing hospital would be renovated for non-acute care outpatient services (i.e., uses that would not be required to move to the new Hospital Replacement Building). The remaining 45,462 square feet of Central and East Wing space would not be renovated and the departments that currently occupy this space would continue to operate under existing conditions. These uses do not require space complying with the new seismic requirements. Further, the expansion of the services provided in the Central and East Wings would be to support the hospital; it is not intended to be client/patient treatment space.

The renovated 74,986 square feet would be occupied by the following user types:

- 9,116 square feet to replace the Internet Technology (IT) building and onsite trailers to be demolished.

⁹ The analysis in this Draft EIR evaluates the elevated pedestrian bridge option (as well as the ground-level walkway), in case the District implements the bridge in the future, pending funding.

- 19,570 square feet by departments that are relocating from the West Wing or are now in the East or Central Wings and moving to other areas. The West Wing space being vacated would be used for expansion of the Emergency Department. The East/Central Wing space being vacated would be used for expansion of adjacent departments.
- 25,880 square feet by departments currently in the East and Central Wings that are keeping their present space and expanding.
- 20,420 square feet by departments relocating from off-campus space at Drakes Landing currently leased by the Marin Healthcare District.

Many departments are in overcrowded or otherwise poorly functioning arrangements. Their space would be enlarged to improve work conditions and facilities (e.g., adding conference rooms, waiting rooms, facility engineering shop space and work areas). The enlarged departments are not expected to increase the number of employees; at most the renovation may lead to adding a few new employees in total, which is too speculative to estimate at this time and, moreover, would not affect the impact analysis of the overall project.¹⁰

The project would also involve renovation of the West Wing Emergency Department.

3.5.3 Project Activities by Phase

The major components of the project described above would be developed in the following sequence, over a period of approximately eight years (generally, 2012 through 2020), as detailed in **Table 3-1, Project Development Summary by Phase and Buildout**. This section focuses on the sequence of activities and changes that would occur throughout the project. Greater detail about changes to parking, grading, and infrastructure during construction activities are discussed further below in Section 3.7, *Construction Activities*.

- **Phase I – Hillside Parking Structure (2012-2013):** The work in Phase I would be under the jurisdiction of the County of Marin for Design Review, Public Right-of-Way Encroachment Permits, and Building Permits. The approximately 412 parking spaces in the Hillside Parking Structure would be primarily dedicated to staff, except during the Phase II construction of the Bon Air Road Parking Structure when it would be used by visitors/patients and staff who currently park in the surface parking lot where the Bon Air Road Parking Structure would be located. The parking lot that currently serves the Marin Community Clinic would be utilized by the general contractor for construction parking and lay down area during this phase.

As detailed in Section 3.7, *Construction Activities*, improvements to the north access road and service road to and from the Hillside Parking Structure would include retaining wall construction, the extension of utilities, and temporary relocation of an existing bus stop. A traffic signal at the intersection of Bon Air Road and the north access road would also be

¹⁰ This is primarily because project-related vehicle trips (and resulting effects on traffic, air quality, total greenhouse gas emissions, and roadway noise) are based on the number of hospital beds and building floor area, rather than number of employees. If additional employees were to result from the enlarged departments in the Central and East Wings, the number of new employees would be too few to significantly affect any population-based effects (population growth; public services; per capita greenhouse gas emissions; and utilities and service systems).

**TABLE 3-1
PROJECT DEVELOPMENT SUMMARY BY PHASE AND TOTAL BUILDOUT**

	Proposed Hospital Replacement Building	Existing Hospital (West and Central/ East Wings)	Existing Hospital Mental Health Building	Existing Mental Health Building (County Offices)	Proposed Ambulatory Services Building	Existing Ancillary Buildings / Areas Affected by the Project ^a	Change from Existing Conditions ^b	Total / Running Total on the Project Site
Existing Conditions								
Site Acres ^c								19.7
Building Area (square feet) ^a		255,000	16,500	18,500		15,500		305,500
Hospital Beds		218	17					235
Total On-Site Parking Spaces						605		605
Total employees (FTE) ^c						1,126		1,126
Phase I Hillside Parking Structure (2012 – 2013)								
Demolished Building Area (square feet)							0	
New Building Area (square feet)							0	305,500
Hospital Beds							0	235
Total On-site Parking							398	1,003
Phase I Net Change in On-site Parking						398	398	398
<i>Removed On-Site Parking Spaces</i>						(14)	(14)	(14)
<i>New On-Site Parking Spaces</i>						412	412	412
Total employees (FTE) ^c						0	0	1,126
Phase II Site Preparation and Bon Air Road Parking Structure (2013 – 2014)								
Demolished Building Area (square feet)							0	0
New Building Area (square feet)							0	305,500
Hospital Beds							0	235
Total On-site Parking							328	1,331
Phase II Net Change in On-site Parking						328	328	726
<i>Removed On-Site Parking Spaces</i>						(179)	(179)	(193)
<i>New On-Site Parking Spaces</i>						507	507	919
Total employees (FTE) ^c						0	0	1,126
Phase III Ambulatory Services Building (2013 – 2015)								
Demolished Building Area (square feet)							0	0
New Building Area (square feet)					100,000		100,000	405,500
Hospital Beds							0	235
Total On-site Parking							(58)	1,273
Phase III Net Change in On-site Parking						(58)	(58)	668
<i>Removed On-Site Parking Spaces</i>						(58)	(58)	(251)
<i>New On-Site Parking Spaces</i>							0	919
Total employees (FTE) ^c					286		286	1,412
Phase IV Hospital Replacement Building and Potential Elevated Pedestrian Bridge (2015 – 2019)								
Demolished Building Area (square feet) ^d						(15,500)	(15,500)	15,500
New Building Area (square feet)	300,000						300,000	690,000
Hospital Beds	122	(122)					0	235
Total On-site Parking							(194)	1,079
Phase IV Net Change in On-site Parking						(194)	(194)	474
<i>Removed On-Site Parking Spaces</i>						(1943)	(194)	(445)
<i>New On-Site Parking Spaces</i>							0	919
Total employees (FTE) ^c							0	1,412

TABLE 3-1 (Continued)
PROJECT DEVELOPMENT SUMMARY BY PHASE AND TOTAL BUILDOUT

	Proposed Hospital Replacement Building	Existing Hospital (West and Central/ East Wings)	Existing Hospital Mental Health Building	Existing Mental Health Building (County Offices)	Proposed Ambulatory Services Building	Existing Ancillary Buildings / Areas Affected by the Project ^a	Change from Existing Conditions ^b	Total / Running Total on the Project Site
Phase V Central and East Wing Renovations (2019 – 2020) / Phase VI Nursing Unit Infill Project (2023 – 2025)								
Demolished Building Area (square feet)							0	15,500
New Building Area (square feet)							0	690,000
Hospital Beds	28 ^e	(28)					0 ^e	235
Total On-site Parking							0	1,079
Phase V-VI Net Change in On-site Parking							0	474
<i>Removed On-Site Parking Spaces</i>							0	(445)
<i>New On-Site Parking Spaces</i>							0	919
Total employees (FTE) ^c	140 ^e						140	1,552

^a Includes floor area and employees only for existing buildings affected by the proposed project: approximately 290,000 square feet in the existing hospital, and approximately 15,500 square feet of office and support service uses in temporary buildings. A small bulk oxygen facility would not be altered by the proposed project and thus are not included in this table. All floor area data are approximate.

^b "Change" column represents the overall physical change in the Marin General Hospital campus evaluated in this EIR.

^c FTE is full time equivalent employees.

^d Demolition of all ancillary buildings, including an approximately 1,500 square-foot portion of the existing Internet Technology (IT) offices located north of the proposed Ambulatory Services Building.

^e New 28-Unit Nursing Unit Infill Project at the Hospital Replacement Building.

installed and would be operational near the end of this phase. During this phase of construction a total of 38 spaces would be removed from service, and the current parking demand of 36 spaces associated with the Marin Community Clinic would be met offsite. As a result, the net loss of parking spaces during Phase I construction is two spaces. After construction, the footprint of the Hillside Parking Structure would take two parking spaces out of service. Improvements to the service road to and from this structure would remove another 12 parking spaces from service. When Phase I is complete, there would be a total of 1,003 spaces available onsite.

- Phase II – Site Preparation and Bon Air Road Parking Structure (2013-2014):** The work in Phase II would be under the jurisdiction of the County of Marin for Design Review, Public Right-of-Way Encroachment Permits, and Building Permits. It involves relocation and replacement of on- and off-site utilities and construction of the Bon Air Road Parking Structure that would provide 507 new parking spaces when complete. Parking in the structure would be dedicated to both hospital visitors/patients and Ambulatory Services Building visitors/patients.

As detailed below in Section 3.6.1, *Site Access and Circulation*, a median cut to provide left turn access for emergency vehicles from Bon Air Road to the new ambulance access road would be completed during this phase. Work in the public right of way would include the relocation of several public utilities as well as the median cut and new driveway.

As detailed below in Section 3.7, *Construction Activities*, construction of the Bon Air Road Parking Structure would require removal of 200 existing on-site surface parking spaces.

However, construction of the structure would not start until after completion of the Phase I Hillside Parking Structure that would have provided 398 net new spaces to the project site, which would accommodate the loss of the 200 on-site parking spaces during construction of the Phase II Bon Air Road Parking Structure. When Phase II is complete, there would be a total of 1,331 spaces available on site.

- Phase III – Ambulatory Services Building (2013-2015):** This phase of work would be under the jurisdiction of the County of Marin for Design Review and Building Permits. The approximately 100,000 square-foot Ambulatory Services Building would provide a full range of outpatient hospital services which support the hospital. Approximately 65 existing on-site surface parking spaces would be removed from service during construction of the Ambulatory Services Building, however, this would be offset by the net total of 668 new spaces added to the project site during Phases I and II. A total of 286 new employees associated with the Ambulatory Services Building would result during this phase.
- Phase IV – Hospital Replacement Building and Potential Elevated Pedestrian Bridge (2015-2019):** The work in Phase IV would be under the jurisdiction of OSHPD for the Building Permit, and the County of Marin for Design Review and Public Right-of-Way Encroachment Permits. Activities early in this phase would prepare a small portion of the existing West Wing and entrance canopy (see Figure 3-4, Existing Site Buildings and Layout, demolition structures “1” and “2”) to accommodate construction of the Hospital Replacement Building. This phase would also involve relocation of healthy palms and specific components of the Lawrence Halprin Gardens within the project site, where feasible (see Section 3.6.4, *Usable Outdoor Spaces / New Healing Garden [Lawrence Halprin Garden Elements]*, below). If the elevated pedestrian bridge is developed, it would also be developed in this phase, linking the Hospital Replacement Building to the Ambulatory Services Building constructed in Phase III and the Bon Air Road Parking Structure constructed in Phase II. This phase would also involve the location of new bus stops along Bon Air Road, at the north and south access roads. At the end of Phase IV the Hospital Replacement Building would become operational and the existing departments would relocate into the new building.

As detail below in Section 3.6.1, *Site Access and Circulation*, another median cut would be created in this phase to provide left turn access for the public to the Emergency Room drop off. Additionally, this phase of work includes installation of an interim left-turn refuge lane for outbound traffic at the south driveway and Bon Air Road. This configuration would remain in place until a new traffic signal is warranted at this driveway at buildout. As detailed below in Section 3.7, *Construction Activities*, approximately 295 existing on-site surface parking spaces would be removed from service during construction of the Hospital Replacement Building. At the completion of Phase IV however, 101 spaces would be placed back into service, and the net total of new spaces added to the project site would be 474 spaces.

- Phase V – Renovate Existing Hospital Wings (2019-2020):** The work in Phase V would be under the jurisdiction of OSHPD for Building Permits. It involves renovation of the West Wing Emergency Department and Surgery suite and the Central/East Wings of the existing hospital for non-acute outpatient care uses. No changes to the site access, infrastructure, or on-site parking would occur during Phase V, except if a signal is warranted to replace the interim left-turn refuge lane (Phase IV).

- **Phase VI – Nursing Unit Infill Project at the Hospital Replacement Building (2023-2025):** The work in Phase VI would be under the jurisdiction of OSHPD for Building Permits. It involves construction of a 28-bed nursing unit in the south pavilion of the new Hospital Replacement Building constructed in Phase IV. No changes to on-site parking would occur during Phase VI, except if the signal to replace the interim left-turn refuge lane (Phase IV) was not warranted by the end of Phase V, in which case it would be installed in Phase VI. A total of 140 new employees associated with the new nursing unit would result during this phase, for a total of 426 new employees at buildout (when combined with the 286 new employees in the Phase III Ambulatory Services Building).

3.5.4 Project Design Characteristics

Building Design Materials and Wayfinding

Detailed exterior building materials have not been specified for each building of the project. However, representative finishes (as depicted in a series of photosimulations in Section 4.A, *Aesthetics*, in Chapter 4 of this Draft EIR) includes a combination of primarily glass, metal panel, and some precast concrete elements. Overall, the materials would be selected to resist decay and complement the exterior of the existing West Wing. The existing West Wing would receive some minor exterior upgrades to ensure a consistent look with the new structures. Screened mechanical areas would be located on the roof level of the Hospital Replacement Building and the Ambulatory Services Building. The new loading dock proposed at the first floor level of the Hospital Replacement Building would be covered with a “green” roof with natural landscaping, essentially screening the new loading dock from view from patients, hospital rooms, and project site neighbors. Similarly, both parking structures would be open air structures, constructed of concrete with natural landscaping situated to shield the circulation of vehicles within from off-site areas and patient views.

“Wayfinding” is also integral to the design approach of the project. New site and building access points have been designed to clearly define new building entry points for vehicles and pedestrians. The design considers distances and signage for appropriate queuing space to improve connections between services and buildings throughout the site, and between service and patient waiting areas within the hospital.

Natural Light and Views (Hospital Replacement Building)

To maximize the availability of natural light and views within the Hospital Replacement Building, primary circulation (i.e., public corridors, elevators and stairs) would be located to allow more public spaces and patient rooms facing toward the west and Mt. Tamalpais. As depicted in Figure 3-6, Proposed Site View – Looking Southeast, (and in several photo simulations in Section 4.A, *Aesthetics*), the Hospital Replacement Building would have a courtyard created between two pavilions to allow natural light into patient rooms, consistent with the California Building Code, and into the lobby and first floor of the hospital.

Functionality and Efficiency (Hospital Replacement Building)

The basic building floor plate of the Hospital Replacement Building uses modules of clinical spaces (pod-like designs) that facilitate sharing of spaces, thus increasing efficiency, reducing the program area for clinical spaces, lowering potential future alteration costs, and allowing for design flexibility. For example, the planning module for nursing units (all of which require direct natural light) can be designed to provide 28 beds per floor or a 12 bed ICU / 14 bed Step-down unit.¹¹ The hospital can select the bed configuration required based on the projected level of care needs.

3.5.5 Sustainability Elements

As stated in Section 3.4, *Objectives of the Proposed Project*, the project maintains a goal of achieving a rating equivalent to LEED® Silver. The LEED® for Healthcare Rating System is modeled after Green Guide for Health Care (GGHC), a self certifying checklist and best practice guideline that set high standards for the design, construction and operation of healthcare facilities.

The list below includes design and operational characteristics that the Marin Healthcare District has committed the project to and that align with LEED® Silver certification and the LEED® for Healthcare Rating System modeled after GGHC. Additional characteristics may be incorporated into the project as more detailed design and construction specifications of the buildings are identified, and through the implementation of mitigation measures identified in this EIR. Because the project sponsor has committed to the characteristics listed below, they are factored into the environmental analyses in this Draft EIR, where appropriate:

- **Stormwater Design:** Intent is to limit disruption and pollution of natural water flows by managing stormwater runoff. The requirement is to implement a stormwater management plan that reduces impervious cover, promotes infiltration and captures and treats the stormwater runoff from 90 percent of the average annual rainfall using acceptable best management practices (BMPs).
- **Water Efficient Landscaping:** Intent is to limit or eliminate the use of potable water or other natural surface or subsurface water resources available on or near the project site for landscape irrigation. The requirement is to reduce potable water consumption for irrigation by 50 percent from a calculated midsummer baseline case. Also, water use during construction would be restricted to critical activities, such as dust control.
- **Building Systems Set to Operate at Optimal Efficiency:** Intent is to achieve increasing levels of energy performance beyond the prerequisite standard to reduce environmental and economic impacts associated with excessive energy use. The requirement is to demonstrate a percentage improvement in the proposed building performance rating compared with the baseline building performance rating.
- **Construction Waste Management Plan:** Intent is to divert construction and demolition debris from disposal in landfills and incineration facilities and to redirect recyclable recovered resources back to the manufacturing process and reusable materials to appropriate sites. The requirement is to recycle and/or salvage nonhazardous construction

¹¹ A “Step-down Unit” addresses cases in medium crisis, whereas “ICU” handles cases in high crisis status.

and demolition debris. At a minimum the plan will identify the materials to be diverted from disposal and whether the materials will be sorted onsite or comingled. The project would comply with County of Marin Ordinance No. 3389 regarding Construction and Demolition Waste Recovery.

- **Construction Air Quality Management Plan:** Intent is to reduce indoor air quality (IAQ) problems resulting from construction or renovation and promote the comfort and well-being of construction workers and building occupants. The requirement is to develop and implement an IAQ management plan for the construction and preoccupancy phases of the building.
- **Low Emitting Materials, Adhesives, Sealants, Paints, Flooring:** Intent is to reduce the quantity of indoor air contaminants that are odorous, irritating and/or harmful to the comfort and well-being of installers and occupants. The requirement for all adhesives and sealants used on the interior of the building (i.e., inside of the weatherproofing system and applied on-site) must comply with the adopted standards for Volatile Organic Compound (VOC) limits for the different architectural finish applications.
- **Emergency Lighting Used only During Evening Hours:** The project seeks an Innovation in Design credit for this idea where it would achieve significant, measurable environmental performance using a strategy not addressed in the LEED® 2009 for New Construction and Major Renovations Rating System. Also, the project would use energy efficient lighting for temporary and security lighting during construction.

3.6 Site Development

3.6.1 Site Access and Circulation

General Vehicular Access

There are currently two main access/exit points into the project site, with a third serving as an exit only (see Figure 3-4, Existing Site Buildings and Layout). The project proposes the following improvements and additions to the site access/exit points for vehicular access by the general public (as shown in Figure 3-5, Proposed Site Plan):

- a signalized northern entrance/exit for access to both proposed parking garages – operational at the end of Phase I;
- an interim left-turn (southbound) refuge lane from the southern exit – installed in Phase IV¹²;
- a median cut to provide left turn access (currently exit only) from Bon Air Road by the public to the Emergency Room drop off in front of the West Wing to reduce vehicle congestion onsite and the mixing of general traffic with emergency traffic – installed in Phase IV; and
- a signalized southern entrance/exit (and special service vehicle entrance/exit) – operational at the end of Phase V or VI.

¹² Allows motorists turning left out of the south driveway onto Bon Air Road to do so in a two-part turn. The first, crossing the northbound traffic lanes to an approximately 25-foot long “refuge lane” in the center of Bon Air Road before making the second part of the turn by merging into the southbound traffic lanes when traffic flow allows.

All signal timings would be coordinated with Marin County and the City of Larkspur. Also, the design installation and maintenance of each of these improvements would be coordinated with Marin County. Each of these improvements is discussed in greater detail in Section 4.M, *Transportation and Circulation*, in Chapter 4 of this Draft EIR.

Emergency Response Access

An ambulance access road – a dedicated emergency response vehicles access driveway - would be created off Bon Air Road just south of the Bon Air Road Parking Structure (see Figure 3-5, Proposed Site Plan). To accommodate this new road, the project proposes the following improvement:

- a median cut to provide left turn access from Bon Air Road to the ambulance access road to create Emergency Room drop off, in front of the West Wing – installed in Phase IV.

This turn lane would be appropriately marked for emergency response vehicles only and would allow direct access to the new ambulance access road and into the ambulance drop off area.

Delivery Access

Delivery and service vehicles for the Hospital Replacement Building would enter and exit the site via the signalized southern entrance/exit to access the new loading dock at the rear of the building, via a service road branched off the southern access road. Delivery and service vehicles for the Ambulatory Services Building would continue to enter and exit the site via the signalized northern entrance/exit to use the north access road to the existing loading area near the Central Wing. Primarily food service delivery and other smaller truck would use the Central Wing loading area, therefore the elevated pedestrian bridge would not pose height clearance issues if it is incorporated into the project.

Transit Access

The project proposes three new dedicated bus stops on Bon Air Road (including relocation of an existing bus stop onsite, where the Hospital Replacement Building will be constructed), for a total of four bus stops at the project site (see Figure 3-5, Proposed Site Plan). The sequencing of the proposed bus stops is described above in Section 3.5.3, *Project Activities by Phase*, and shown in Figures 4.N-3 through 4.N-6 in Chapter 4 of this Draft EIR. An existing bus stop at the north access road will be adjusted in Phase I to accommodate widening and utility work in that area, and the proposed new stops would be implemented primarily in Phases IV and/or V of the project, with completion of the Hospital Replacement Building and proposed new crosswalks and signals at the north and south access driveways. Marin Healthcare District will continue coordination with Marin Transit and the Golden Gate Transit District to consider the appropriate and feasible locations for new and relocated facilities and potential adjustments to bus routes, as well as with the Marin County about right-of-way and safety considerations and requirements. There would also be ADA accessible sidewalks from the proposed bus stops to the front door of the Hospital Replacement Building.

Pedestrian and Bicycle Access

The proposed project would include pedestrian walkways within the project site that provide safe and efficient connections between all public buildings and parking areas within the campus, including existing buildings not proposed for change with the project, such as the Community Mental Health Building (see Figure 3-5, Proposed Site Plan). Pedestrian access improvements would also include crosswalks at internal streets, and ADA accessible ramps. The project will comply with all applicable State and federal accessibility requirements. As described above in Section 3.5.2, *Major Project Components (Covered Pedestrian Walkway / Elevated Pedestrian Bridge Option)*, the project also proposes a covered, ground-level pedestrian walkway to connect the Bon Air Road Parking Structure and the Hospital Replacement Building (See Figure 3-14, Landscape Concept Plan). As also discussed in Section 3.5.2, the project may incorporate an optional elevated pedestrian bridge to connect the Bon Air Road Parking Structure, the Hospital Replacement Building, and the Ambulatory Services Building.

The new main hospital entrance would be located in the proposed Hospital Replacement Building, between its two pavilions and facing Bon Air Road. The entrance would have a large lobby facing the area where patients and visitors can be dropped off or picked up. A second entrance, for the Emergency Department walk-in only, is proposed west of the existing West Wing. This entrance would include a new vehicular patient drop off and canopy. This entrance would be at grade, allowing direct drop off for emergency cases.

The proposed Ambulatory Services Building would have an entrance lobby across the street from the Bon Air Road Parking Structure. A vehicular drop off area and canopy would also be provided at grade.

New pedestrian crossings associated with the two new traffic signals proposed along Bon Air Road from the project site to adjacent parks, trails and tidal marshlands are proposed to improve pedestrian safety and encourage the connection between the hospital and adjacent parks and recreation areas. (Also see Section 3.7.3, *Vehicle and Pedestrian Access During Construction*, below.)

There is a dedicated bicycle path paralleling Bon Air Road through Hal Brown Park, just across from the project site. Bicyclists would continue to access the project site via this path to the proposed southern entrance off Bon Air Road (see Figure 3-5, Proposed Site Plan). Facilities for bicycle parking would also be located throughout the project site.

3.6.2 Parking Supply at Buildout

The proposed project would result in 1,079 parking spaces throughout the project site: 160 on-site surface spaces in 12 lots, 412 spaces in the Hillside Parking Structure, and 507 spaces in the Bon Air Road Parking Structure, as shown in **Figure 3-13, Parking Supply Site Plan**, and summarized in **Table 3-2, Parking Summary**. A total of 445 existing on-site surface parking spaces would be removed and replaced in other new or reconfigured parking lots onsite or in the parking structures.

**TABLE 3-2
PARKING SUMMARY**

Area / Type	Total Spaces (Near-Term 2018)	Total Spaces (2035)
Surface Parking:	160	160
Hillside Parking Structure:	412	412
Bon Air Road Parking Structure:	507	507
Total On-Site Parking Provided	1,079	1,079
Total Parking Demand	1,098	1,172
Surplus / (Short-fall)	(19)	(93)
Projected Long-term Shared Parking Agreement ^a	90	90
Surplus / (Shortfall)	71	(3)

^a No change is proposed to existing off-site parking at St. Sebastian Church, which the Marin Healthcare District would seek to keep available for hospital parking, but that is not included in the total parking used to meet the required parking demand of the project.

The total 1,079 parking spaces provided by the project would be 19 spaces less than the 1098 space demand of the project in Year 2018 (after the Ambulatory Services Building is operation, but before completion of the Hospital Replacement Building). The parking demand in Year 2035 would increase to 1,172 parking spaces due to additional employees in the Hospital Replacement Building, increasing the on-site parking shortfall to 93 spaces.

The Marin Healthcare District would seek to continue its present arrangement and enter into a long-term shared parking agreement with St. Sebastian Church located just northwest of the campus. A long-term agreement would secure an additional 90 parking spaces for employee use. With these additional spaces, the project would exceed parking demand by 71 spaces in Year 2018, and would have a three-space shortfall compared to parking demand in Year 2035. The church parking lot would continue to be served by hospital shuttle services if the 90 spaces are secured long term. As described in the following section, the project would also provide landscaping that would ensure safe driver sightlines within the site, as well as strategically-located pedestrian crossings as previously discussed under *Pedestrian Access*. (Also see Section 3.7.2, *Parking During Construction*.)

3.6.3 Landscape Concept

The proposed landscape design concept for the project is depicted in **Figure 3-14, Landscape Concept Plan**. The landscape design is intended to reinforce the character of the surrounding natural environment while complementing the new buildings and programs. The existing hillside or knoll located on the southeast corner of the project site would be maintained and supplemented with native oak trees and grasses to reinforce an oak woodland vegetation mix, while providing a visual and acoustic buffer to adjacent uses. Likewise, **Figure 3-15, Landscape Concept Sections**, highlights the landscaping concept across key portions of the site. Section A shows that, to the extent feasible, existing pine, oak and redwood trees located to the north would be saved and infilled with additional evergreen trees and shrubs to screen the proposed parking structures

from Bon Air Road. Specifically, each the Hillside Parking Structure and the Bon Air Road Parking Structure would incorporate a dense vegetation zone on their perimeter, where feasible. Section B shows the proposed landscape concept through the surface parking lot fronting Bon Air Road, in front of the Hospital Replacement Building.

To the extent feasible, 16 mature palms that must be removed due to the construction of the Hospital Replacement Building would be saved and relocated elsewhere on the project site.

Special paving elements and the select reuse of existing mature palms, where feasible, would also be incorporated to highlight entrance features. If relocation of these mature palms is not feasible, similar species of palm would be incorporated onsite at each building's main entry point. Overall, a total of approximately 230 trees would be removed. Approximately 264 trees would be planted in new landscaping, approximately 159 trees would be retained in place for development of the project, and approximately 35 trees would be relocated within the project site. As the Hospital Replacement Building would displace much of the existing vegetation, proposed replacement plant species are predominantly native to mitigate the proposed tree removal and promote local vegetation and habitat. (See Section 4.C, *Biological Resources*, for detailed discussion of tree removal and plantings to occur with the project, including Figure 4.C-2, Tree Inventory and Plan.)

As mentioned in previous sections, the Marin Healthcare District is exploring the viability of locating PV panels on top of trellises that would be developed on the top level of each parking structure. This project component would only be developed if the District is able to secure adequate funding for it. The trellises would be situated along the central aisles of the top parking levels and would partially screen the top parking decks visible from higher elevations. If constructed, the trellises would be approximately 34 feet wide by 160 feet long for the Hillside Parking Structure, and approximately 34 feet wide and 190 feet long for the Bon Air Road Parking Structure. The trellises would be constructed of light gauge steel framing and would feature a non-reflective coating on top. The PV panels would be sized to provide most of the power necessary for the parking structures. Panels would be oriented to maximize efficiency while mitigating the potential for glare to adjacent hillside properties.

A Vegetation Management Plan would be prepared as part of the overall landscape development of the project site. The plan would describe the management, restoration and maintenance of plantings, including defensible space zones with requirements for each zone, planting standards and plant selections, and any special site conditions or requirements.

3.6.4 Usable Outdoor Spaces / New Healing Garden (Lawrence Halprin Elements)

The project proposes several new outdoor terraces and gardens around the Hospital Replacement Building for use by visitors, patients and employees. These are shown in Figure 3-14, Landscape Concept Plan, generally where ornamental / accent plantings are proposed. A new "sunken garden" that would provide a new healing garden for patients, staff and visitors is proposed near the West Wing of the existing hospital and across the street from Hal Brown Park. The garden site is



LEGEND

- LOT #
- PARKING SUPPLY
- BIKE PARKING
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE

NEW PARKING SUPPLY

Lot Number / Location	Parking Supply
Lot 1	10
Lot 2	13
Lot 3	21
Lot 4	7
Lot 5	13
Lot 6	8
Lot 7	-
Lot 8	-
Lot 9	27
Lot 10	-
Lot 11	-
Lot 12	37
Lot 13	3
Lot 14	21
Total Surface On-Site Parking	160

Parking Structure 8A	507
Parking Structure 8B	412

TOTAL NEW SUPPLY	1,079
REQUIRED PARKING	1,098
	-19

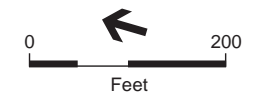
NEW BIKE PARKING SUPPLY

Lot Number / Location	Bike Parking Supply
Lot 2 (Hospital side)	18
Lot 2 (Bon Air side)	18
Lot 4	27

TOTAL NEW SUPPLY	63
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SITE BUILDINGS

- EXISTING WEST WING
- EXISTING CENTRAL WING
- EXISTING EAST WING
- EXISTING MENTAL HEALTH
- EXISTING BULK OXYGEN
- EXISTING INFORMATION TECH OFFICES
- HOSPITAL REPLACEMENT 300,000 SF (5 LEVELS + BASEMENT)
- AMBULATORY SERVICES BUILDING 100,000 SF (5 LEVELS)
- PARKING STRUCTURE 501 SPACES (5 LEVELS)
- HILL SITE PARKING STRUCTURE 401 SPACES (6 LEVELS)
- UNDERGROUND GENERATORS
- SUNKEN GARDEN





MARIN GENERAL PLANT LIST

- TREES**
- EXISTING
 - OAK WOODLAND (99)
 ARBUTUS MENZIESII
 QUERCUS BERRICOLA
 QUERCUS LUBATA
 - EVERGREEN CONIFER (74)
 PRUNUS RADATA
 PSEUDOTSUGA MENZIESII
 SEQUOIA SEMPERVERENS 'SANTA OLIVIA'
 - DECIDUOUS SHADE (38)
 ACERUCILLA CALIFORNICA
 URSYNDONON FLUPPIFFIA
 PTERIS CAUCASICA
 PLATANUS ACERIFOLIA
 - ORNAMENTAL ACCENT (18)
 ACER FRAXINOSA
 LAGERSTRÖMIA INDICA
 MANGROVIA & SOLLANUM
 - ★ PALM (35)
 PHOENIX CAROLINENSIS
 MEXICANUM FLUPPIFFIA
- (264) TOTAL TREES PROPOSED

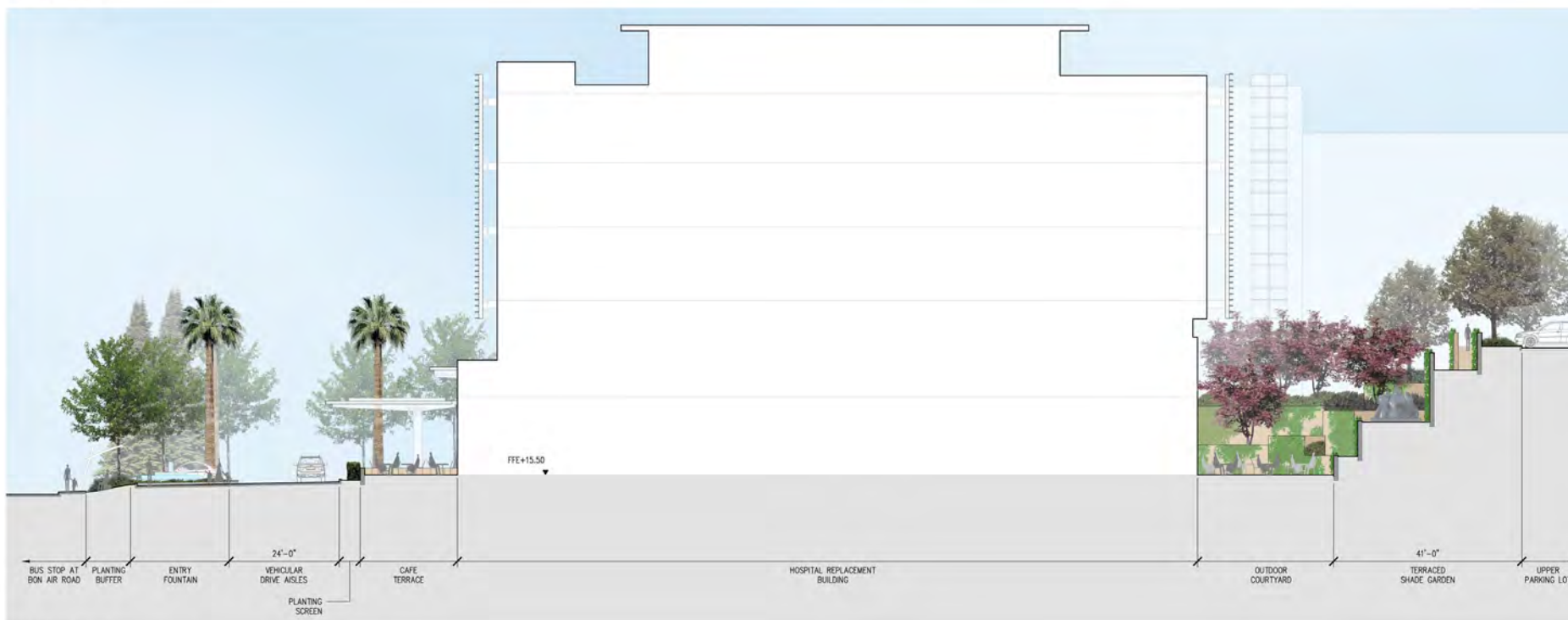
BUILDING INVENTORY

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES
- ⑥ HOSPITAL REPLACEMENT BUILDING
- ⑦ AMBULATORY SERVICES BUILDING
- ⑧A PARKING STRUCTURE
- ⑧B HILL SITE PARKING STRUCTURE
- ⑨ UNDERGROUND GENERATORS

LANDSCAPE INVENTORY

- Ⓐ ENTRY FOUNTAIN
- Ⓑ COVERED DROP-OFF
- Ⓒ BUS STOP
- Ⓓ CAFE TERRACE
- Ⓔ OUTDOOR COURTYARD
- Ⓕ COVERED WALK
- Ⓖ SUNKEN GARDEN
- Ⓗ UPPER TERRACE
- Ⓘ SHADE GARDEN
- Ⓝ BIOSWALE PLANTING
- Ⓚ GREEN ROOF
- Ⓛ STORMWATER GARDEN
- Ⓜ SCREENING TREES





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also proposed to commemorate the design influence of Landscape Architect Lawrence Halprin on the project site, and to address the loss of existing historic landscapes (namely the Ambulatory Terrace and the Bar-B-Q Terrace) as a result of the project. (The Halprin Gardens are introduced in Section 3.2.5, *Lawrence Halprin Terrace Gardens*, and described in detail in Section 4.D, *Cultural and Paleontological Resources*, in Chapter 4 of this Draft EIR.

Further, a detailed description and assessment of the historical and other remaining site landscapes by Lawrence Halprin are presented in Appendix F to this Draft EIR.) The design of the new healing garden would include commemorative elements, materials, grading, and plantings – much reused from the existing Halprin Gardens where feasible.

3.6.5 Lighting Concept

The project proposes a comprehensive lighting program that provides a variety of lighting types. As depicted in **Figure 3-16, Site Lighting Plan**, new and enhanced lighting would include pedestrian area lighting poles in parking lots, as well as lighted bollards and step lighting along other pedestrian paths of travel, including the potential elevated pedestrian bridge, if it is implemented. Mounted lighting on buildings and landscape walls would be cast downwards, as would lighting in architectural canopies and the potential parking structure trellises. The project will remove one existing street light at the south access road entrance, on the west side of Bon Air Road. New street lights would be introduced with the traffic signal standards at the controlled intersections at the north and south access roads.

3.6.6 Storm Drainage and Erosion Control

The proposed storm drainage scheme for the project site includes directing all stormwater runoff from new or modified impervious areas of the site to landscape-based stormwater filtration areas. As shown conceptually in **Figure 3-17, Stormwater Control Plan**, the proposed stormwater management treatment features include infiltration swales, surface bioswales, infiltration planters, and porous pavement. The peak stormwater discharge runoff rate after development of the project would be approximately 9.3 percent less than existing conditions; the total volume of stormwater discharge runoff would not change substantially, with an approximately 0.2 percent reduction from existing conditions.

Site improvements also would incorporate temporary and permanent erosion and sediment control measures consistent with regional and local standards and regulations. The overall drainage patterns would be redirected by curbs, gutters, inlets, and/or catch basins to accommodate new buildings, modified parking areas, walkways, and planting areas. All stormwater drained from the garage would be treated in an oil/grease separator prior to being discharged into the storm drain.

3.6.7 Heli-stop Exclusion

The proposed project does not include a heli-stop. The construction and operation of any future heli-stop would require separate environmental review and approval by multiple agencies.

3.7 Construction Activities

3.7.1 Construction Schedule and Activities

Schedule

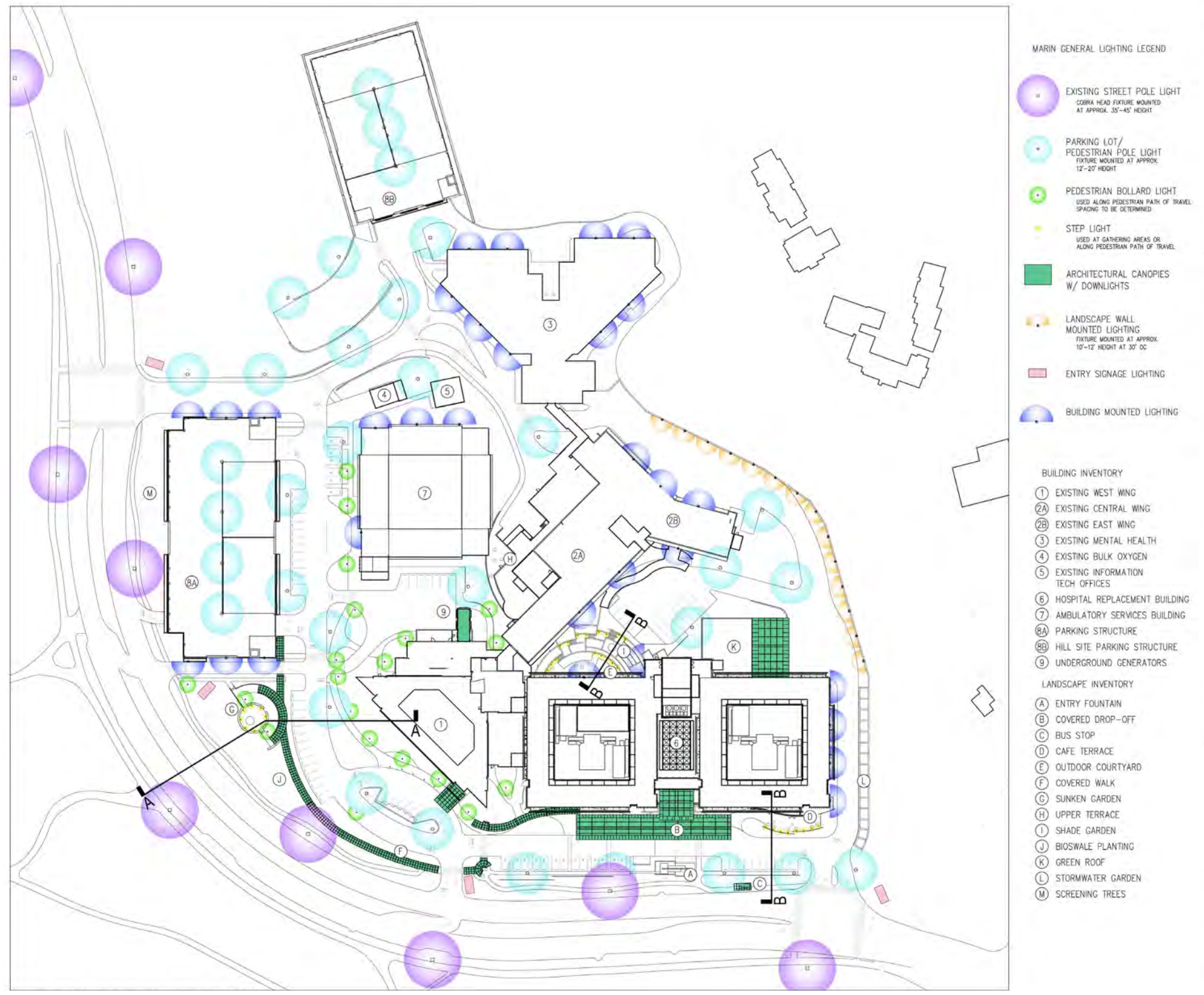
A summary of the proposed construction schedule for each major component of the proposed project is presented in **Table 3-3, Construction Activities Schedule**. Overall, initial construction activities for the first phase would start in 2012, and all major construction associated with the project would be completed by 2020.

As shown in Table 3-3, each construction phase includes specific construction activities that are relevant to assessing the duration and intensity of certain construction effects. Major components of site preparation (Site Make Ready) would involve removal of an existing 10,000 gallon fuel underground storage tank (UST) that would be replaced with a 20,000 gallon UST; demolition of existing structures, some of which are older and have asbestos containing materials and lead based paint in isolated locations; grading of the development areas; and (as summarized

below in Section 3.7.7, *Utility Work During Construction*, and illustrated and described in greater detail in Section 4.N, *Utilities and Service Systems*, in Chapter 4 of this Draft EIR), installation and/or relocation of utility lines. Regarding demolition and grading activities in particular, all hazardous material quantities would be determined at the time of removal and in accordance with federal, State and Marin County requirements. Major components of building construction would involve excavation and drilling piers to support building foundations, constructing the building frame (Superstructure”), pouring concrete/asphalt, and completing the interior of each building (Finish Work) with architectural coatings.

Construction Management Plan / Right of Way Activity

Marin Healthcare District will prepare for the Marin County Design Review process a detailed construction management plan that describes site logistics for each phase of construction. The District has prepared preliminary information that describes and illustrates phased utility work that would affect existing right of ways, primarily Bon Air Road and the existing north access road, during construction (one element required in the detailed construction management plan), as shown in Figures 4.N-3 through 4.N-6 in Chapter 4 of this Draft EIR. Work proposed in the right of way includes but is not limited to the following: widening the north access road; creating new driveway exits and entrances off Bon Air Road; providing median cuts and turn pockets on Bon Air Road; installing two new traffic signals and pedestrian crosswalks; removing and installing new or replacement landscaping; improving or replacing sidewalks; installing new and replacement signage; removing public off-site parking spaces on Bon Air Road; relocation and installation of utility and lighting infrastructure; relocating and constructing new bus shelters; and repairing, as necessary, roadways resulting from construction truck activity associated with project.



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**TABLE 3-3
CONSTRUCTION ACTIVITIES SCHEDULE**

Phase	Start Activity (Quarter [Q]-Year)	Duration (projected number of months [mo])^a
Phase I Hillside Parking Structure (2012 – 2013)		
a) Site Make Ready	Q1 – 2013	1 mo
b) Demolition	Q2 – 2013	1 mo
c) Excavation/Foundations	Q2 – 2013	4 mo
d) Superstructure	Q3 – 2013	5 mo
e) Finish Work	Q1 – 2014	1 mo
Phase II Site Preparation and Bon Air Road Parking Structure (2013-2015)		
a) Site Make Ready	Q1 – 2014	2 mo
b) Utility Relocation	Q2 – 2014	4 mo
c) Demolition	Q2 – 2014	1 mo
d) Excavation/Foundations	Q3 – 2014	4 mo
e) Superstructure	Q4 – 2014	5 mo
f) Finish Work	Q1 – 2015	1 mo
Phase III Ambulatory Services Building (2013 – 2015)^b		
a) Site Make Ready	Q2 – 2014	2 mo
b) Utility Relocation	Q2 – 2014	4 mo
c) Demolition	Q3 – 2014	1 mo
d) Excavation	Q3 – 2014	2 mo
e) Substructure	Q4 – 2014	2 mo
f) Superstructure	Q4 - 2014	4 mo
g) Exterior Skin	Q1 – 2015	4 mo
h) Interior Construction	Q3- 2015	8 mo
Phase IV Hospital Replacement Building and Possible Elevated Pedestrian Bridge (2015 – 2018)		
a) Site Make Ready	Q1 – 2015	4 mo
b) Utility Relocation	Q2 -2015	2 mo
c) Demolition	Q3 – 2015	2 mo
d) Excavation	Q3 – 2015	3 mo
e) Substructure	Q4 - 2015	5 mo
f) Superstructure	Q2 – 2016	7 mo
g) Exterior Skin	Q1 – 2017	10 mo
h) Interior Construction	Q2 – 2017	18 mo
i) Owner Fit Up	Q3 – 2018	6 mo
Phase V Central and East Wing Renovations (2019 – 2020) / Phase VI Nursing Unit Infill Project (2023 – 2025)		
a) Interior Construction		
b) Finish Work		

^a Demolition activities include all preparation and post-demolition activities in addition to actual structural demolition activity.

^b The Ambulatory Services Building is only in the conceptual design stage and therefore the associated construction schedule and activities are preliminary, yet based on conservative estimates for EIR purposes.

SOURCE: Lee Burkhart, Lui, Inc.

The following **Figure 3-17a** through **Figure 3-17e** delineate, by phase, the proposed boundaries of construction activity and the alignments for ADA accessible pathways during construction. They also specify the construction activities to occur. This information will also be further refined for the detailed construction management plan required by the County.

3.7.2 Parking During Construction

Hospital User Parking

The phasing of the two new parking structures in Phase I and Phase II would ensure adequate on-site parking for hospital users during all construction activities (as described in Section 3.5.3, *Project Activities by Phase*, and Table 3-1, Project Development Summary by Phase and Buildout). To summarize, compared to existing conditions, there would be a net increase of on-site parking at the end each phase:

- 398 net new spaces by the end of Phase I (Hillside Parking Structure)
- 726 net new spaces by the end of Phase II (Bon Air Road Parking Structure)
- 668 net new spaces at the end of Phase III (Ambulatory Services Building)
- 474 net new spaces at the end of Phase IV (Hospital Replacement Building)¹³

Construction Worker Parking

During all phases of construction, the contractor would utilize a parking lot on the hillside for construction parking. This lot is currently used by the Marin Community Clinic, which would relocate off the hospital campus prior to the start of Phase I construction. These spaces then would accommodate construction parking needs for Phase I, and additional construction period parking would be secured for Phases II, III and IV through the lease of an off-site parking lot and shuttle service for workers to the specific phase of construction underway. The Marin Healthcare District would continue its existing parking lease for 90 spaces with the St. Sebastian's Church located north of the project site, across Bon Air Road, for the duration of the construction.

3.7.3 Vehicle and Pedestrian Access During Construction

The project intends to maintain vehicular access onto the project site through the two existing main driveways (at the north and south access roads) and through all phases of construction, with a new driveway added in Phase II (new ambulance access road to/from Bon Air Road) and in Phase IV (inbound driveway from southbound Bon Air Road to the Emergency Room drop off, for public use). Fire lane access would also be maintained during construction in accordance with the latest fire and building codes and would particularly be a requirement of the construction of the Hillside Parking Structure.

¹³ Phases V and VI would not affect on-site parking.

Phase I – 12 months

1. Demolish Temporary Modular Buildings
2. Construct Hillside Parking Structure
3. Widen North Access Road
4. Install Signal and Crosswalk at North Entrance
5. Install Utilities in Right of Way (see Figure 4.N-3)
6. Relocate Bus Stop at North Entrance approx. 100 feet north.



LEGEND

- BUILDING TO BE DEMOLISHED
- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- LOT # PARKING SUPPLY

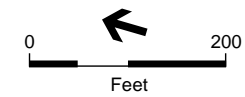
SITE BUILDINGS

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES

DEMOLITION KEYNOTES

- BUILDING TO BE DEMOLISHED
- ① DEMOLISH PARTIAL WEST WING
- ② DEMOLISH WEST WING ENTRANCE CANOPY
- ③ DEMOLISH MOBILE MAGNETIC RESONANCE IMAGING UNIT
- ④ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑤ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑥ DEMOLISH PARTIAL INFORMATION TECH OFFICES
- ⑦ DEMOLISH PURCHASING DEPARTMENT
- ⑧ DEMOLISH MARIN COMMUNITY HEALTH CLINIC OFFICES
- ⑨ DEMOLISH MARIN COMMUNITY HEALTH CLINIC

- Construction Fence
- Bus Stop



Phase II – 17 months

1. Construct Bon Air Road Parking Structure
2. Create New Ambulance Access Road
3. Create New Left Turn Across Bon Air Road Median
4. Install Utilities in Right of Way (see Figure 4.N-4)



LEGEND

- BUILDING TO BE DEMOLISHED
- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- LOT # PARKING SUPPLY

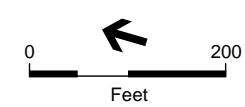
SITE BUILDINGS

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES
- ⑧B HILL SITE PARKING STRUCTURE 412 SPACES (6 LEVELS)

DEMOLITION KEYNOTES

- BUILDING TO BE DEMOLISHED
- ① DEMOLISH PARTIAL WEST WING
- ② DEMOLISH WEST WING ENTRANCE CANOPY
- ③ DEMOLISH MOBILE MAGNETIC RESONANCE IMAGING UNIT
- ④ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑤ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑥ DEMOLISH PARTIAL INFORMATION TECH OFFICES
- ⑦ DEMOLISH PURCHASING DEPARTMENT
- ⑧ DEMOLISH MARIN COMMUNITY HEALTH CLINIC OFFICES
- ⑨ DEMOLISH MARIN COMMUNITY HEALTH CLINIC

- Construction Fence
- Bus Stop



Phase III – 27 months

1. Demolish Information Technology Offices
2. Construct Ambulatory Services Building



LEGEND

- BUILDING TO BE DEMOLISHED
- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- LOT # PARKING SUPPLY

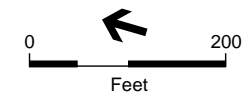
SITE BUILDINGS

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES
- ⑧A PARKING STRUCTURE 507 SPACES (5 LEVELS)
- ⑧B HILL SITE PARKING STRUCTURE 412 SPACES (6 LEVELS)

DEMOLITION KEYNOTES

- BUILDING TO BE DEMOLISHED
- ① DEMOLISH PARTIAL WEST WING
- ② DEMOLISH WEST WING ENTRANCE CANOPY
- ③ DEMOLISH MOBILE MAGNETIC RESONANCE IMAGING UNIT
- ④ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑤ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑥ DEMOLISH PARTIAL INFORMATION TECH OFFICES
- ⑦ DEMOLISH PURCHASING DEPARTMENT
- ⑧ DEMOLISH MARIN COMMUNITY HEALTH CLINIC OFFICES
- ⑨ DEMOLISH MARIN COMMUNITY HEALTH CLINIC

- Construction Fence
- Bus Stop



Phase IVa – 6 months

1. Create New Emergency Department Patient Drop-off
2. Create New Emergency Department Lobby Entrance
3. Create New Sunken Garden
4. Create New Left Turn Across Bon Air Road Median



LEGEND

- BUILDING TO BE DEMOLISHED
- BIKE PATH
- ACCESSIBLE PATH OF TRAVEL
- PROPERTY LINE
- LOT # PARKING SUPPLY

SITE BUILDINGS

- ① EXISTING WEST WING
- ②A EXISTING CENTRAL WING
- ②B EXISTING EAST WING
- ③ EXISTING MENTAL HEALTH
- ④ EXISTING BULK OXYGEN
- ⑤ EXISTING INFORMATION TECH OFFICES
- ⑦ AMBULATORY SERVICES BUILDING 100,000 SF (5 LEVELS)
- ⑧A PARKING STRUCTURE 507 SPACES (5 LEVELS)
- ⑧B HILL SITE PARKING STRUCTURE 412 SPACES (6 LEVELS)
- ⑨ UNDERGROUND GENERATORS

DEMOLITION KEYNOTES

- ① DEMOLISH PARTIAL WEST WING
- ② DEMOLISH WEST WING ENTRANCE CANOPY
- ③ DEMOLISH MOBILE MAGNETIC RESONANCE IMAGING UNIT
- ④ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑤ DEMOLISH RISK MANAGEMENT Q.A. OFFICES
- ⑥ DEMOLISH PARTIAL INFORMATION TECH OFFICES
- ⑦ DEMOLISH PURCHASING DEPARTMENT
- ⑧ DEMOLISH MARIN COMMUNITY HEALTH CLINIC OFFICES
- ⑨ DEMOLISH MARIN COMMUNITY HEALTH CLINIC

- Construction Fence
- Bus Stop

0 200
Feet

Phase IVb – 21 months

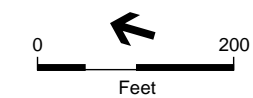
1. Demolish West Wing Lobby
2. Construct Hospital Replacement Building Foundation and Building Shell
3. Create New Service Road and Perimeter Site Walkways
4. Install Utilities in Right of Way (see Figure 4.N-5)
5. Install new Bus Stop at North Entrance.
6. Remove existing Bus Stop from site of Hospital Replacement Building Construction



LEGEND	
	BIKE PATH
	ACCESSIBLE PATH OF TRAVEL
	PROPERTY LINE
	ACCESS AND PARKING EASEMENT
	PROPOSED EASEMENT
	IMPACTED COUNTY LAND
	PROPOSED EQUIVALENT LAND AVAILABLE

SITE BUILDINGS	
①	EXISTING WEST WING
②A	EXISTING CENTRAL WING
②B	EXISTING EAST WING
③	EXISTING MENTAL HEALTH
④	EXISTING BULK OXYGEN
⑤	EXISTING INFORMATION TECH OFFICES
⑥	HOSPITAL REPLACEMENT 300,000 SF (5 LEVELS + BASEMENT)
⑦	AMBULATORY SERVICES BUILDING 100,000 SF (5 LEVELS)
⑧A	PARKING STRUCTURE 507 SPACES (5 LEVELS)
⑧B	HILL SITE PARKING STRUCTURE 412 SPACES (6 LEVELS)
⑨	UNDERGROUND GENERATORS
⑩	SUNKEN GARDEN

- Construction Fence
- Bus Stop - (N) New - (X) Removed





As previously depicted in Figures 3-17a through 3-17f, safe and ADA accessible pedestrian access would also be maintained throughout construction, consistent with current conditions or, if needed, through the construction of temporary sidewalks. As described in greater detail in Section 4.N, *Utilities and Service Systems*, pedestrian traffic would be redirected during construction only in Phase II, along the Bon Air Road sidewalk (in front of the hospital), during utility work in preparation for the Bon Air Road Parking Structure; pedestrians would be directed to cross Bon Air Road at a new crosswalk proposed in Phase I or at South Eliseo Drive to the south. All sidewalk or other right of way improvements will occur only within the frontage of the project site.

3.7.4 Grading, Excavation and Runoff During Construction

The site grading for the project primarily involves working within and designing around existing site features and elevations that are not part of the expansion, as each work area is constrained on nearly all sides. The most significant grading would occur where the new buildings, parking structures and expanded surface parking lots are planned. The proposed buildings, parking areas, and drive aisles would be graded to connect with the existing site elevations as much as possible, however, re-grading portions of driveway aisles, walkways, and constructing retaining walls would be required where significant changes in grade occur.

Retaining walls would be developed in the following areas:

- along the south access road, near the south site entrance (up to 10 feet high);
- south of the Hospital Replacement Building, between the new loading dock and visitor parking area (two to four feet);
- along the west side of the internal access road north of the Ambulatory Services Building (one to four-feet); and
- the northernmost area of the site, terracing near the Hillside Parking Structure (three to 25 feet tall).

It is expected that the project would require a total of 133,000 cubic yards (CY) of excavation during the various construction phases (as discussed in Section 4.M, *Transportation and Circulation*). The total includes 15,000 CY during the Hillside Parking Structure construction, 17,000 CY during the Bon Air Road Parking Structure construction, and 101,000 CY during the hospital construction. The soil would be sent to the appropriate disposal site based on the test results of the soil. As previously mentioned, all hazardous material quantities associated with excavated soils would be determined at the time of removal and in accordance with federal, State and Marin County requirements.

All construction activities for the project would be conducted pursuant to a compliant SWPPP, which California State and Regional Water Quality Boards require be implemented for each project site, and which the County of Marin Department of Public Works would review and

approve (as discussed above in Section 3.6.6, *Storm Drainage and Erosion Control*, and discussed in detail in Section 4.H, *Hydrology and Water Quality*, in Chapter 4 of this Draft EIR).

3.7.5 Demolition Debris

The project estimates roughly 18,400 cubic yards of debris from demolition to be generated and removed from the site. The project's goal is to recycle 20 percent or more of the construction waste, consistent with LEED® standards. The asphalt and concrete would be sent to a site to be crushed and reused. As mentioned above, all hazardous material quantities from demolition and grading activities in particular, would be determined at the time of removal and in accordance with federal, State and Marin County requirements.

3.7.6 Construction Vehicles and Trips

Most of the heavy traffic during construction would be during excavation and off haul days during the placement of concrete. This traffic would most likely be comprised of 10-wheel dump trucks and concrete trucks, plus delivery trucks for equipment and supplies. During the excavation and off haul of the soil the 10-wheel dump truck traffic would be fairly continuous and regular. Truck trips would also occur during the off haul of demolition debris from the site, but in substantially smaller numbers and not during periods that would overlap with the truck trips associated with construction and excavation.

The truck trip generation during the most intense hospital construction is approximately 120 truck trips per day, the equivalent of about 20 passenger car trips (10 in/10 out) during both the a.m. and p.m. peak hours.¹⁴ (See Section 4.M, *Transportation and Circulation*, for detailed discussion of construction period truck trips.)

All the phases would also require cranes of different sizes to come in and out of the construction site. The construction traffic will proceed from Highway 101 to Sir Francis Drake Boulevard to Bon Air Road and back out the same way. Construction would take place during the hours mandated by Marin County and according to Marin County guidelines for noise, lighting and dust control.

3.7.7 Utilities Work During Construction

As indicated in Section 3.2.6, *Existing Site Constraints, Utilities and Services*, utilities on the project site include existing publicly-owned utilities as well as Marin General Hospital-owned utilities. Most utilities would need to be modified to serve all development on the project site, as described below. (Public and private existing and proposed utility lines pertinent to the project site are illustrated in Figures 4.N-1 and 4.N-2 in Chapter 4 of this Draft EIR.)

¹⁴ Because construction trucks represent a potential higher traffic impact (due to their greater length and slower acceleration characteristics), a Passenger Car Equivalent factor of 1.5 is applied to the truck trips, consistent with standard traffic methods.

The following **Table 3-4, Required Utility Infrastructure**, summarizes the utility infrastructure required for each project building, and the discussion that follows summarizes the proposed modifications to major utilities (except the storm drain system, which is discussed above in Section 3.6.6, *Storm Drainage and Erosion Control*).

**TABLE 3-4
REQUIRED UTILITY INFRASTRUCTURE**

	Hillside Parking Structure	Bon Air Road Parking Structure	Ambulatory Services Building	West Wing Make-Ready ^a	Hospital Replacement Building
Potable Water	●	●	●		●
Storm Drain	●	●	●	●	●
Electric Service and Meter	●	●	●		●
Sanitary Sewer	●	●	●	●	●
Gas Service and Meter			●		●
Telecommunication Lines	●	●	●		●
Oxygen Line			●		●
Irrigation	●	●	●		●
Treatment of Impervious Areas	●	●	●		●

^a Work to modify the existing West Wing entrance to the existing hospital.

SOURCE: KPFF

To ensure continuous utility services to the project site during construction, and avoid the inadvertent damage to or conflict with existing infrastructure, the project applicant would prepare and submit a Preconstruction Plan and Advanced Construction and Emergency Plan to the County for review and approval prior to the start of construction activities (as discussed in greater detail in Section 4.N, *Utilities and Service Systems*, in Chapter 4 of this Draft EIR.)

Potable Water Supply and Fire Flows

The publicly-owned water system is owned by Marin Municipal Water District (MMWD) and the project would realign that system, only as needed to accommodate the project.

A portion of the existing eight-inch diameter high-pressure water main running adjacent to Bon Air Road and through the existing hospital parking lot would be relocated into the Bon Air Road public right of way to avoid conflict with the Bon Air Road parking structure. This relocated main would be upgraded from an eight-inch line to a proposed 12-inch line by the MMWD. The new connection to the Hospital Replacement Building domestic service would be a six-inch water lateral from the existing main that travels through the hospital parking lot.¹⁵

¹⁵ If the realigned pipe is located on the hospital property then a minimum of a 20-foot wide easement would be required.

Total estimated average daily domestic water demand of the new buildings proposed by the project is approximately 96,000 gallons per day (gpd). Total estimated peak flows (used to size plumbing systems) is approximately 480 gallons per minute (gpm).¹⁶ (See Section 4.N, *Utilities and Service Systems*, in this Draft EIR for greater detail regarding projected demand and planned service flows.)

Existing fire hydrants would be kept in operation during construction or until new hydrants have been tested and approved to be operational by the Marin County Building Department and Marin County Fire. The project would require approval of a phased fire protection plan, which the Marin Healthcare District would be required to maintain throughout the construction process by the Building Department and Fire District.

Sanitary Sewer

The publicly-owned sanitary sewer main is owned by Ross Valley Sanitation District (RVSD) and the project would require the realignment of the existing sanitary sewer pipe and modification to the existing pressure pipe.

The proposed project would relocate a portion of an existing 12-inch sanitary sewer force main into the Bon Air Road public right of way. A new line would extend from the Hillside Parking Structure, down the north access road, and extend into the public right of way on Bon Air Road. The line then would run 400 feet along the length of Bon Air Road (close to the center median) from the north access road to the new ambulance access road, before turning back onto the project site and reconnecting to the existing sanitary sewer line. The sanitary sewer line is the only utility that would newly encroach into the public right of way. Upon completion and approval of the realigned sanitary sewer facilities the existing line would be abandoned and removed per RVSD standards.

The Hospital Replacement Building and Ambulatory Services Building would generate up to approximately 73,000 gpd of wastewater flow. (See Section 4.N, *Utilities and Service Systems*, in this Draft EIR.)

Gas and Electricity

The publicly-owned gas main is owned by Pacific Gas and Electric (PG&E) and the project would require the realignment of the existing high pressure gas pipe.

Gas and electric would be located in a joint trench that runs 400 feet from the north access road entrance to the proposed emergency vehicle road entrance (on the west side of the Bon Air Road Parking Structure). At that point, gas would continue onto the project site for approximately 580 linear feet and reconnect to the existing gas service; electric would terminate at a proposed new transformer at the emergency vehicle road entrance. The relocation of existing lines within the rights-of-way and construction of new lines within the project site would be permitted through

¹⁶ These estimates do not reflect subtracting out the portion of the existing hospital being replaced, 5,000 gpd of non-potable water for landscape irrigation, or for sprinkler/fireflow service.

a public utility easement approved and granted to PG&E. (See Section 4.N, *Utilities and Service Systems*, in this Draft EIR).

Telecommunications Systems

Other publicly-owned utilities include telecommunication manholes owned by AT&T. AT&T telecommunication lines would be located in the joint trench between the north access road and the ambulance access road (with gas and electricity, discussed above) and then continue onto the project site.

Modifications to the existing AT&T system would introduce new, more efficient communications and data infrastructure on systems already existing at the project site. These include underground fiber systems that would integrate with existing utilities connections. Approximately four new four-inch conduits for fiber/copper are proposed to extend from the Hospital Replacement Building to Bon Air Road, where they would connect with local providers. This would result in ample feeds onto the project site for current and unknown future needs. The Hospital Replacement Building would feature a roof-mounted dish device or wireless antennae for data connections, if necessary (as discussed further in Section 4.A, *Aesthetics*, in Chapter 4 of this Draft EIR).

3.8 Project Entitlements and Approvals

3.8.1 Lead Agency

Marin Healthcare District

Marin Healthcare District is the Lead Agency primarily responsible for preparing this EIR (CEQA *Guidelines* § 15051). This EIR is intended to provide CEQA clearance for all required discretionary actions for the proposed project. The Marin Healthcare District would make decisions on the following discretionary actions (and other considerations and approvals) that have been identified, without limitation, at the time this EIR was prepared:

- Certification of this EIR
- Approval of the Mitigation Monitoring and Reporting Plan (MMRP)
- Project Approval

3.8.2 Responsible and Trustee Agencies

“Responsible Agencies” include “all local and state public agencies other than the lead agency that have discretionary approval power over the project (CEQA *Guidelines* § 15381). A “trustee agency” is a “state agency having jurisdiction by law over resources affected by the project that are held in trust for the people of the State of California” (CEQA *Guidelines* § 15386). It is not anticipated that any federal agencies would have permit authority over aspects of the project. These agencies may also consider this EIR in their review and decision-making processes. A list of these other agencies and their jurisdictional permits and approvals include, but are not limited to, the following:

County of Marin

Marin County is a Responsible Agency pursuant to CEQA because it has the authority to grant other discretionary approvals required before the Marin Healthcare District can implement the proposed project. (CEQA *Guidelines* § 15381). The project site is located in unincorporated Marin County. The County would make decisions on the following discretionary actions (and other considerations and approvals) that have been identified at the time this EIR was prepared:

- Approval of Property Swap or Lease Agreement for construction of the Hillside Parking Structure (County Administrator);
- Design Review (pursuant to Development Code section 22.14.040, Special Purpose District Development Standards) (County Community Development Agency);
- Any work in the Bon Air Road Right of Way (County Public Works); and
- Building Permit for Parking Structures and Ambulatory Services Building (County Building Department); and
- Elimination of parking spaces on Bon Air Road.

Although the project does not propose or anticipate any temporary public road closures, the approval of such, if warranted, must be granted by the Marin County Board of Supervisors.

Office of Statewide Health Planning and Development (OSHPD)

OSHPD enforces building standards related to the construction of acute care health facilities, and the issuance of all building and occupancy permits for these facilities, to ensure compliance with the regulations developed by OSHPD as mandated by the Alquist Act, as amended in 1994 by Senate Bill (SB) 1953. The project is subject to the Phased Plan Review Process and building permit issuance from OSHPD prior to implementation.

San Francisco Bay Regional Water Quality Control Board (RWQCB)

The RWQCB administers the National Pollutant Discharge Elimination System (NPDES), authorized by the federal Clean Water Act, as well as State water laws to protect water quality. The project would require compliance with NPDES through preparation and approval of a Stormwater Pollution Prevention Plan (SWPPP), which encompasses Standard Urban Stormwater Mitigation Plan requirements and a Stormwater Mitigation Plan. The project would require Section 401 Water Quality Certification. The project would also require RWQCB acceptance of a Notice of Intent (NOI) to obtain coverage under the General Construction Activity Storm Water Permit (General Construction Permit), and Notice of Termination after construction is complete.

Bay Area Air Quality Management District (BAAQMD)

The BAAQMD has jurisdiction over regional air quality issues, including the operation of stationary equipment, such as emergency generators, that emit air pollutants. The BAAQMD

could require a new or revised *Authority to Construct* and *Permission to Operate* (PTO) permits. The BAAQMD typically reissues PTOs annually.

California Department of Fish and Game (CDFG) and U.S. Fish and Wildlife Service (USFWS)

The project may affect fish and wildlife under the jurisdiction of CDFG as a trustee agency and may require consultation or permits issued by CDFG or USFWS regarding potential impacts to federally and State-listed sensitive species.

Other Local Utility and Service System Providers

The project would involve new and modified utility systems and potentially expanded services that would require review and/or approval by local agencies that include, but are not limited to, the following:

- Marin County Fire
- Kentfield Fire District
- Marin Municipal Water District (MMWD)
- Ross Valley Sanitation District (RVSD)
- Pacific Gas and Electric (PG&E)
- AT&T
- Golden Gate Transit
- Marin Transit