King County
Department of
Construction and Facility Management
Cheryl Batalon Fambles, *Director*
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104
(206) 296-0648
(206) 296-0100 TDD
(206) 296-0186 FAX

November 12, 1999

RE: Final Environmental Impact Statement (EIS) for the Harborview Medical Center Major Institution Master Plan (MIMP)-King County Project Number S9804983

To Whom It May Concern:

King County is the Lead Agency responsible for environmental compliance with provisions of the State Environmental Policy Act (SEPA) associated with this project. As Director of the Department of Construction and Facilities Management, I am the Responsible Official. King County, in cooperation, consultation and agreement with the City of Seattle Department of Construction and Land Use (DCLU) and Department of Neighborhoods (DON) have directed the areas of research and analysis that were undertaken for the final EIS.

The purpose of the EIS is to assure that SEPA policies are an integral part of the county and local programs and actions. The Final EIS allows citizens and interested agencies to review and comment on the Proposed Action to improve upon the decision-making and resulting outcomes. This Final EIS is accompanied by the Final MIMP, and the two volumes are intended to be considered together. Potential impacts of the proposed Master Plan and alternatives along with mitigation measures are identified in the EIS. The Final MIMP provides more detail of the proposed action. Both documents are available and distributed by the Lead Agency.

A Draft MIMP and Draft EIS were issued on April 30, 1999. Public comment was requested over an extended 45-day comment period and a public hearing was held on May 24, 1999. (See following Fact Sheet for specific details.) Recommendations will be made by the Citizens Advisory Committee, the Director of the City of Seattle Department of Construction and Land Use and by the Hearing Examiner. There are opportunities for additional public input with the Hearing Examiner and before the Seattle City Council. The Lead Agency will make final decisions on the EIS, and the Seattle City Council will make final decisions on the MIMP.

If you have any questions regarding the proposed Harborview Master Plan or EIS, please contact me at the number noted below.

Sincerely,

Cheryl B. Fambles
Director

King County Department of Construction and Facility Management
C/O Harborview Medical Center
Department of Planning, Box 339952
325 Ninth Avenue
Seattle, WA 98104-2499
Telephone (206) 521-1650 Fax (206) 521-1658

cover: west entrance

harborview medical center

FINAL ENVIRONMENTAL IMPACT STATEMENT

Prepared in compliance with the State Environmental policy Act of 1971 (Chapter 43.21C, Revised Code of Washington);the SEPA Rules, effective April 4, 1984, as amended (Chapter 197-11, Washington Administration Code); and rules adopted by the City of Seattle implementing SEPA (ordinance 114057, as amended). Preperation of this document is the responsibility of King County, Department of Construction and Facility Management in cooperation with the City of Seattle Department of Construction and Land Use (DCLU). The County has determined that the document has been prepared in a responsible manner using appropriate methodology and has directed the areas of research and analysis that was undertaken.

Date of Final EIS Issuance: November 12, 1999

Fact Sheet

Project Name/Proponent	Harborview Medical Center Major Institution Master Plan (Harborview MIMP)/Harborview Medical Center
Location	325 Ninth Avenue Seattle, WA. 98104-2499
Proposed Action	The Proposed Action is preparation, adoption and implementation of a revised Major Institution Master Plan (MIMP) for Harborview Medical Center that would replace the MIMP approved in 1988 by Ordinance 113894, as amended. Planned Projects (near-term) and Potential Projects (long-term) are described. Six Planned Projects total about 442,900 SF of new construction, plus skybridges/tunnels and parking amounting to about 353,000 SF/1000 spaces. Existing building demolition is about 270,746 SF that results in approximately 172,154 SF of net new building plus the skybridges/tunnels and parking. Seismic upgrades and interior renovations are also planned. Four Potential Projects amount to about 526,000 SF. There are also seismic upgrades/interior renovations/ demolitions in the Potential Projects. Planned Projects are envisioned to occur over the next decade, from 2000 to 2010. Potential Projects would occur from 2010 to 2020. Phasing may vary with actual construction. The Harborview campus boundary is also proposed to be modified. First, the boundary at the northwest campus corner would be corrected to correspond with actual property parcels and Harborview ownership. Secondly, the block bounded by James/ Jefferson/Terry/9th would be included in the Major Institution Overlay (MIO) District. The 13.2-acre campus would be expanded to 13.6 acres. Street and alley vacations are proposed.
Alternatives	Given the flexibility needed for long-range planning in a Major Institution Master Plan, the Proposed Action includes a number of on-site variations. Four alternatives to the Proposed Action are evaluated: No at-grade 9th Avenue vacation; Add parking under the East Clinic (former South Wing) Clinical Services Building; Remove Boren garage from MIO district; and Increased Heights/Increased Intensity. A No Action Alternative is also evaluated in the EIS. Off-site alternatives are not discussed in this EIS because there are no reasonable off-site alternatives that could attain or approximate the proposal's objectives. The decision to not include off-site alternatives is explained further in the Alternatives section on this EIS.

Fact Sheet (continued)

Master Plan Term	No time limit to the Master Plan is proposed, although the Planned Projects are assumed to occur from 2000 to 2010 and the Potential Projects from 2010 to 2020.
Lead Agency	King County, Department of Construction and Facility Management
Responsible Official and Contact Person	Cheryl Fambles, Director King County Department of Construction and Facility Management King County Administration Building 500 Fourth Avenue, Room 320 Seattle, WA.98104 (206) 521-1650
King County Project Number	S9804983
Final Action/Date	Approval of the Major Institution Master Plan by the Seattle City Council is estimated in early year 2000.
Required Approvals	Approvals by agencies with jurisdiction that may be required include the following. Additional permits/approvals may be identified during project review. King County SEPA compliance Health Department Permits Bond Issue voter approval Funding State of Washington Elevator Permits Hazards Materials Permits City of Seattle City Council approval of MIMP (rezone) City Council approval of public right of way vacations Skybridge and tunnel Permits Hearing Examiner recommended approval DCLU Director recommended approval CAC recommended approval DCLU Master Use Permits DCLU Demolition Permits Administrative Conditional Use Permit DCLU construction permits/approvals (building, grading, shoring, mechanical, electrical, drainage, occupancy) SEATRAN permits/approvals (street use, street improvements) Possible city approval for landmark demolition

Fact Sheet (continued)

Authors and Principal Contributors	NBBJ - lead consultant, project management, environmental analysis TRANSPO Group – traffic and parking analysis SWMB –Utilities analysis (sewer, water, drainage, wastes) Perbix Structural Engineering – Seismic/structural analysis Abacus – Utilities/Energy analysis (gas, steam, chilled water) Sparling – Utilities/Energy analysis (electrical, communications) Sheridan Consulting Group – Historical Resources analysis Foster Pepper and Shefelman – Legal advice
Location of Background Data	Harborview Medical Center Institutional Planning and Regulatory Affairs 325 Ninth Avenue Seattle, WA. 98104 (Elise Chayet & Maureen McCarry) NBBJ 111 S. Jackson St. Seattle, WA. 98104 (Vince Vergel de Dios)
Draft EIS Issuance Date	April 30, 1999
Public Comment	The Draft EIS was issued for a 30-day public review and comment period and then extended for 15 more days per public request. Written comments were received by the Lead Agency contact person noted above until June 16, 1999. Oral or written comments were also provided at the public hearing.
Public Hearing Date/Place/Time	May 24, 1999, 7:00 P.M., Harborview Cafeteria, 325 Ninth Avenue, Seattle, Washington
Final EIS Issuance Date	November 12, 1999
Final EIS Availability/Cost	Copies of this Final EIS and the accompanying Final MIMP have been distributed to agencies, organizations, and citizens identified in the Distribution List (see appendix). Copies are available for review at the King County Department of Construction and Facility Management (500 Fourth Avenue, Room 320) and the Seattle Public Library main branch (1000 Fourth Avenue). Copies are also available for the cost of reproduction from the Contact Person.

Table of Contents **Page**

* For each Element of the Environment there is discussion of 1) the affected environment, 2) impacts of the Proposed Action and the alternatives, 3) mitigation measures, and 4) unavoidable adverse impacts.

List of Tables **Page**

List of Tables **Page**

List of Figures **Page**

I. Summary

A. Purpose, Master Plan Proposal/Alternatives and Objectives

PURPOSE

The purpose of the Master Plan is to direct continued improvement of the Harborview Medical Center (Harborview) campus to fulfill the institution's mission. A specific purpose of the current planning effort for the Major Institution Master Plan (MIMP) and its Environmental Impact Statement (EIS) is to satisfy relevant regulatory requirements (including RCW 43.12C(2) (c), WAC 197-11, SMC 23.69, SMC 25.05) and to secure Seattle City Council approvals.

The Master Plan is intended to comply with all applicable local and state regulatory requirements. Extensive neighborhood participation seeks to assure compatibility and facilitate necessary City approvals. Harborview has made substantial changes to the proposed Master plan during the public process to date in response to questions and concerns. The Master Plan, when approved, will direct improvement actions and establish the entitlements for project implementation.

MASTER PLAN PROPOSAL/ALTERNATIVES

The Master Plan furthers the commitment of Harborview to provide safe and efficient facilities for the highest quality of health care, teaching, research, and community service. The plan focuses upon future improvements for the years from 2000 to 2010, although it is recognized that the nature of projects and their timing will probably change. Projects are described as 'Planned Projects' that are in the nearer term (next decade, 2000-2010) and more defined, and 'Potential Projects' that are in the longer term (next decade and beyond, 2010-2020) and less defined. However, given the needs for flexibility and uncertainties with healthcare, this distinction of the projects may change and is only provided as a possible timing sequence. The Planned and Potential Projects discussion is intended to present the total proposal for the State Environmental Policy Act (SEPA) purposes and allow comprehensive consideration of the projects.

The Harborview Master Plan proposal includes:

- Six Planned Projects totaling about 442,900 sf of new construction, parking for approximately 1,000 spaces/353,000 sf of construction and demolition of about 172,154 sf of existing space
- Four Potential Projects totaling approximately 526,000 sf
- Seismic upgrades, interior renovations and building upgrades
- Campus boundary expansion from a 13.2 acre campus to 13.6 acres
- Multiple street and alley vacations and skybridge/tunnel permits (below grade, aerial and at-grade)
- Addition of landscaped open space and pedestrian amenities
- Modification/new development standards
- Modification/new transportation management program
- Master plan project variations such as underground garage connections, shifts in new construction/renovation/demolition amounts, changes in specific project building measurements/heights/massing

Four alternatives and a No Action Alternative are evaluated:

- No at-grade 9th Avenue vacation
- Add parking under East Clinic site, Clinical Services Building
- Remove Boren Garage from Major Institution Overlay (MIO) District
- Increased Heights/Increased Intensity

A discussion of Off-Site Alternatives is also provided. Harborview currently occupies/leases space off-campus for a variety of functions and will continue to do so as part of the Master Plan (including off-site parking.) The off-campus development is not subject to master plan approval but must be consistent with applicable zoning and other requirements.

OBJECTIVES

The primary Harborview Master Plan objectives are summarized as follows:

- Meet essential patient care needs
  - Expand critical care capacity
  - Increase the number of beds due to the increased acuity and increased demand from population growth
  - Ensure that clinical support and diagnostic services are provided consistent with growth demands and improvements of health care delivery

- Upgrade seismic standards for added safety in patient care areas
  - Increase seismic stability for inpatient units to 'essential facility' standards
  - Demolish facilities with the greatest seismic and facility limitations
  - Increase seismic stability of older non-patient facilities

- Develop a campus that respects the community context
  - Create a campus 'heart'
  - Plan for open space within the campus
  - Create parking capacity for patients, visitors and staff

- Address anticipated increase in clinical and support services
  - Respond to increase in clinical services' volume
  - Provide diagnostic and treatment in close proximity to clinics and inpatients
  - Recognize need for offices, research and clinical support

- Phase development based on constructability and funding
  - The MIMP is long range and must be flexible
  - Planned Projects are projections for 10 years (2000-2010)
  - Potential Projects are projections for 10 to 20 years (2010-2020)
  - Construction must be sensitive to the community and must be phased

A further objective of the Master Plan is to satisfy the requirements of the Major Institutions Policies and Land Use Code and obtain necessary approvals that allow responsive and flexible improvement of Harborview.

B. Needs and Issues

Harborview completed a year-long effort in 1998 to develop a Master Site Development Plan that included patient volume forecasts, pre-design planning, needs assessment, site and facility assessment, and capital cost estimates to prepare for the future and to facilitate the Major Institution Master Plan. The purpose of that effort was to define a direction for future campus development based on Harborview's mission for patient care, teaching and research needs, respecting the community context, that is fiscally responsible. The planning also was intended to prioritize and phase future development for purposes of constructability, funding, and project definition for the MIMP. The Harborview planning effort identified the healthcare issues and needs to be addressed by the proposed Master Plan.

Volume forecasts were estimated based on assumptions that support the future directions of Harborview programs and services, anticipated demographic changes in Harborview's service areas and anticipated changes in factors that are likely to influence the overall care delivery system (services, reimbursement, technology, etc.). Recent years have shown a marked increase in the demand for critical care functions. It is not unusual for occupancy rates of critical care beds to exceed 100%, when patients are treated in the Emergency Department or Recovery Department. In addition, many clinics are pressed for additional exam rooms.

The Central King County region[1] population is expected to increase by about 9% by 2010, while the remaining King County is expected to grow by 12% during the same timeframe. Remaining Washington is expected to increase by some 16%. These population increases are expected to put greater demands on Harborview's already stressed systems.

The inpatient forecast estimates a need for approximately 50 additional beds by the year 2010. This increases the number of beds from the current bed number of 349 to 399. The clinic forecast estimated a need to accommodate a total volume on the Harborview campus of 387,000 visits by the year 2010, a significant increase from 308,455 visits in 1997.

C. Scoping

Scoping to focus the analysis of the Draft EIS was conducted in October 1998, including a public meeting held on October 15, 1998. The scoping meeting transcript is included in the Appendix. The initial scope suggested by the Lead Agency was confirmed and clarified, with areas identified for particular emphasis. The Citizen Advisory Committee and others provided input that expanded the environmental analysis. Long-term and cumulative impacts analyzed include earth/seismic, energy/natural resources, environmental health/noise/toxic releases, land use, plan/policy relationships, population/housing, light/glare/shadows, aesthetics (height/bulk/scale), historic/cultural preservation, transportation, parking, and public services (safety and security)/utilities. Short-term construction related impacts analyzed include earth, air, water, noise, vehicular and pedestrian traffic, and parking. (See Appendix 2.)

The Final EIS identifies potential long-term, short-term, and cumulative impacts of the Planned and Potential Projects for those elements of the environment defined by scoping. Impacts of four alternatives plus the No Action alternative are compared and mitigation measures proposed. Unavoidable adverse impacts are identified.

---

[1] Central King County region includes Seattle South, Seattle Central, Seattle CBD, and Seattle North.

D. Summary Comparison of Proposal and Alternatives Impacts

Impacts of the proposed action and alternatives are summarized in Table 4. More detailed discussion of the impacts is given in Section III of this document.

Table 1
Summary of Probable Significant Adverse Impacts

LONG TERM/ CUMULATIVE IMPACTS	Proposed Action	No At grade 9th Vaca Alternative	Add Parking to Clini Services Building	Remove Boren Garage from MIO D	Increased Heights/ Increased Intensity	No Action Alternative
Earth/Seismic	No impacts	Similar to Proposed Action	Similar to Proposed Action	Same as Proposed Action	Similar to Proposed Action; reduced space efficiency with larger structural components	Continued seismic risks with maintenance of existing buildings
Energy	Increased demand for and consumption of utilities; 997 billion BTU's for construction; annual operation consumption of 275 billion BTU's of energy (Planned and Potential Projects)	Similar to Proposed Action	3499 million BTU's more energy for operation than Proposed Action	Same as Proposed Action	Same as Proposed Action, but redistributed loads; some efficiencies	Existing demand and consumption of utilities would continue
Environmental Health/Hazards/ Noise	Approx. 51% increase in medical waste (10,300 to 11,900/Planned and 31,500 to 36,300 Potential gal/mo.); increased quantity of hazardous waste and need for disposal; increased building and activity noise; increased frequency of siren noise	Same as Proposed Action	Same as Proposed Action	Same as Proposed Action	More concentrated noise impacts; extended noise exposure	Continuation of existing conditions

Table 1 (continued)

Summary of Probable Significant Adverse Impacts

LONG TERM/ CUMULATIV IMPACTS	Proposed Action	No At grade 9th Vaca Alternative	Add Parking to Clini Services Building	Remove Boren Garage from MIO D	Increased Heights/ Increased Intensity	No Action Alternative
Land Use/Patterns	Expansion and intensification of major institutional use; (57% increase over existing SF) displacement of existing commercial and residential uses	Similar to Proposed Action; less shadows on 9th Avenue	Similar to Proposed Action; increased intensity	Inconsistent with established use	Same as Proposed Action; increased core density; reduced need for future land acquisition	No change to existing land use patterns and density except cumulative changes in larger area
Housing/ Population	Loss of 64 housing units in 4 buildings	Same as Proposed Action	Inreased local compatibility impacts	Same as Proposed Action	Similar to Proposed Action; greater impacts to housing near intensified core	No change to existing housing conditions
Light / Glare/ Shadows	No significant light/glare impacts; no shadow impacts to public parks, partial shadowing of proposed eastside campus open space	Similar to Proposed Action; less shadows on 9th Avenue	Same as Proposed Action	Same as Proposed Action	Greater glare and shadow impacts; future elimination of central open space	No shadow impacts to public parks
Aesthetics	Increased height/bulk/ scale of development	Similar to No Action	Same as Proposed Action	Same as Proposed Action	Greater height, bulk, and scale impacts near core campus	No change except possible deterioration of development
Historic and Cultural Preservation	No impact to Old Fire Station #3 (Seattle Landmark); demolition of Harborview Hall and buttressing of East Hospital facade (former Center Wing.)	Full demolition of East Hospital (former Center Wing)	Same as Proposed Action	Same as Proposed Action	Same as Proposed Action	No impact

Table 1 (continued)

Summary of Probable Significant Adverse Impacts

LONG TERM/ CUMULATIVE IMPACTS	Proposed Action	No At grade 9th Vacation Alternative	Add Parking to Clinical Services Building	Remove Boren Garage from MIO District	Increased Heights/ Increased Intensity	No Action Alternative
Transportation and Parking	Planned Projects trip generation of 630 trips per day including 76 trips in AM peak hour and 46 trips in PM peak hour; Potential Projects trip generation of 936 trips per day including 112 in AM peak hour and 62 in PM peak hour Master Plan generated traffic would impact 5 study area intersections that operate at LOS F during the peak hours with or without the Master Plan Parking demand increases of 160 spaces for Planned Projects and 200 spaces for Potential Projects; impacts of increased demand and existing deficit of 810 spaces would be mitigated by proposed net increase of on-site parking supply of 792 spaces	Impacts associated with potential diversion of through traffic would be eliminated; maintaining through traffic on 9th Avenue would increase potential vehicle/ pedestrian conflicts compared to the Proposed Action	Additional 200 parking spaces would eliminate calculated deficit of 120 spaces with development of the Planned and Potential Projects identified under the Proposed Action	This alternative would generate no additional transportation impacts compared to those for the Proposed Action	Same as Proposed Action except for additional traffic and parking impacts associated with the capability for future long-term expansion with additional development beyond the master plan program that this alternative would allow	No impacts except traffic increases associated with general growth in the area and with previously approved Harborview projects 5 study area intersections would operate at LOS F during peak hours Harborview parking supply deficit relative to demand would continue, impacting availability of local parking
Public Services (safety/security) and Utilities	No adverse impacts to safety/security No adverse impacts police/fire Relocation of utilities in vacated streets/alleys Increased water, sewer flow and storm drainage demand	Less impact than proposal	Slightly greater than the Proposed Action; relocation of utilities may be required	Same as Proposed Action	Shifted utility demands but same cumulative impact as Proposed Action	No change to safety/security conditions No change to police/fire service demands No impacts No impacts

Table 1 (continued)

Summary of Probable Significant Adverse Impacts

Short-Term Construction Impacts

SHORT TERM CONSTRUCT RELATED IMPACTS	Proposed Action	No At grade 9th Vaca Alternative	Add Parking to Clini Services Building	Remove Boren Gara from MIO District	Increased Heights/ Increased Intensity	No Action Alternative
Earth	Demolition/excavation/ disposal of 178,800 cubic yards/Planned and 10,200 cubic yards/Potential of material; yruck traffic increases	Similar to Proposed Action; significantly greater disruption impact to Harborview	Greater than proposal; increase of 26,000 cu. yds. excavation		Increased excavation related impacts from space inefficiency due to larger structural components	No impact
Air Quality	Short term deterioration of air quality; CO and particulate (dust) level increase	No Impacts	Slight increase in dust, air pollutants	Same as Proposed Action	Similar to Proposed Action	No impact
Water	Increased water consumption; minor change to runoff quantity and quality	Similar to Proposed Action	Slight increase in excavation runoff impacts	Same as Proposed Action	Similar to Proposed Action	Continuation of existing conditions
Environmental Health/Noise	Increased construction and demolition noise levels	Similar to Proposed Action	Similar to Proposed Action; slight increase in noise	Same as Proposed Action	Similar or slightly greater than the Proposed Action	No impact
Transportation and Parking	8,230 truck trips for Planned Projects and 460 for Potential Projects; construction worker parking demand; displacement of existing parking supply; temporary lane and street closures	Similar to Proposed Action	Slight increase in construction activity impacts	Same as Proposed Action	Same as Porposed Action except for additional construction traffic and parking impacts associated with the capability for future long-term expansion with additional development beyond the master plan program that this alternative would allow	No impact

E. Mitigation Measures

Mitigation measures are identified for each of the elements of the environment where potential impacts may occur. The measures are specific and detailed in the relevant sections of this document, and rather than repeating them, they are indexed for convenience as follows:

II. Project Description and Alternatives

A. Proponent/Project Location/Proposal Statement

PROPONENT

Harborview Medical Center, owned by King County and operated by the University of Washington, is the Master Plan proponent. King County Department of Construction and Facilities Management is the Lead Agency for the environmental review, working in cooperation with the City of Seattle. Master Plan approval is sought from the Seattle City Council.

PROJECT LOCATION

The proposed projects are part of the Harborview Medical Center campus, located at 325 Ninth Avenue, Seattle, WA. 98104-2499. The location is within the City of Seattle in the First Hill neighborhood, to the east of the Interstate 5 freeway and the downtown (see Figure 1).

STATEMENT OF PROPOSAL

The proposed action is preparation, adoption and implementation of a revised Major Institution Master Plan (MIMP) for Harborview Medical Center that would replace the MIMP approved in 1988 by Ordinance 113894, as amended (minor amendments 9203065, 9203065, 9501017). The plan would guide development projects on the Harborview campus over the next two decades (2000 – 2020), although no expiration date is proposed. Master planning is used to provide an overall framework for future development. It provides discussion of projects in terms of building envelopes, overall square footages, basic number of parking spaces, etc. It is not intended to provide specificity in terms of individual building design. The Draft EIS describes and evaluates the total proposal (Planned and Potential Projects). However, it focuses the majority of the impact analysis on the Planned Projects. It evaluates the Potential Projects in terms of cumulative and programmatic impacts. Additional environmental review of the Potential Projects likely will be required when these less certain projects reach the design phase.

B. Proposed Action Description

OVERVIEW

The proposed development is described in terms of Planned Projects and Potential Projects consistent with Major Institution Code requirements (SMC 23.69.030). Planned Projects include development that is more definite and will likely occur in the near future, from year 2000 through 2010. Potential Projects include development that is less definite and may occur in the long-term future, from year 2010 through 2020. Actual phasing may vary. A more in depth description of the development program is provided in the Major Institution Master Planning document (MIMP) Pages 22 through 48. In both cases, the conceptual Master Plan projects are likely to change in terms of program updating, project design and implementation timing. Refinements and modifications are expected, as actual building projects are more specifically determined. The nature of a Master Plan requires flexibility in the project definition to facilitate meaningful impact analysis.

EXISTING CAMPUS

Currently, the existing Harborview campus is developed with 11 facilities amounting to over 1.3 million square feet. These include approved projects under the current MIMP. Some of these approved projects have yet to be built, but are included (and assumed completed) for discussion of existing conditions in this EIS document. Figure 2 shows the existing campus, including these approved/unbuilt projects.

MIO BOUNDARY CHANGE

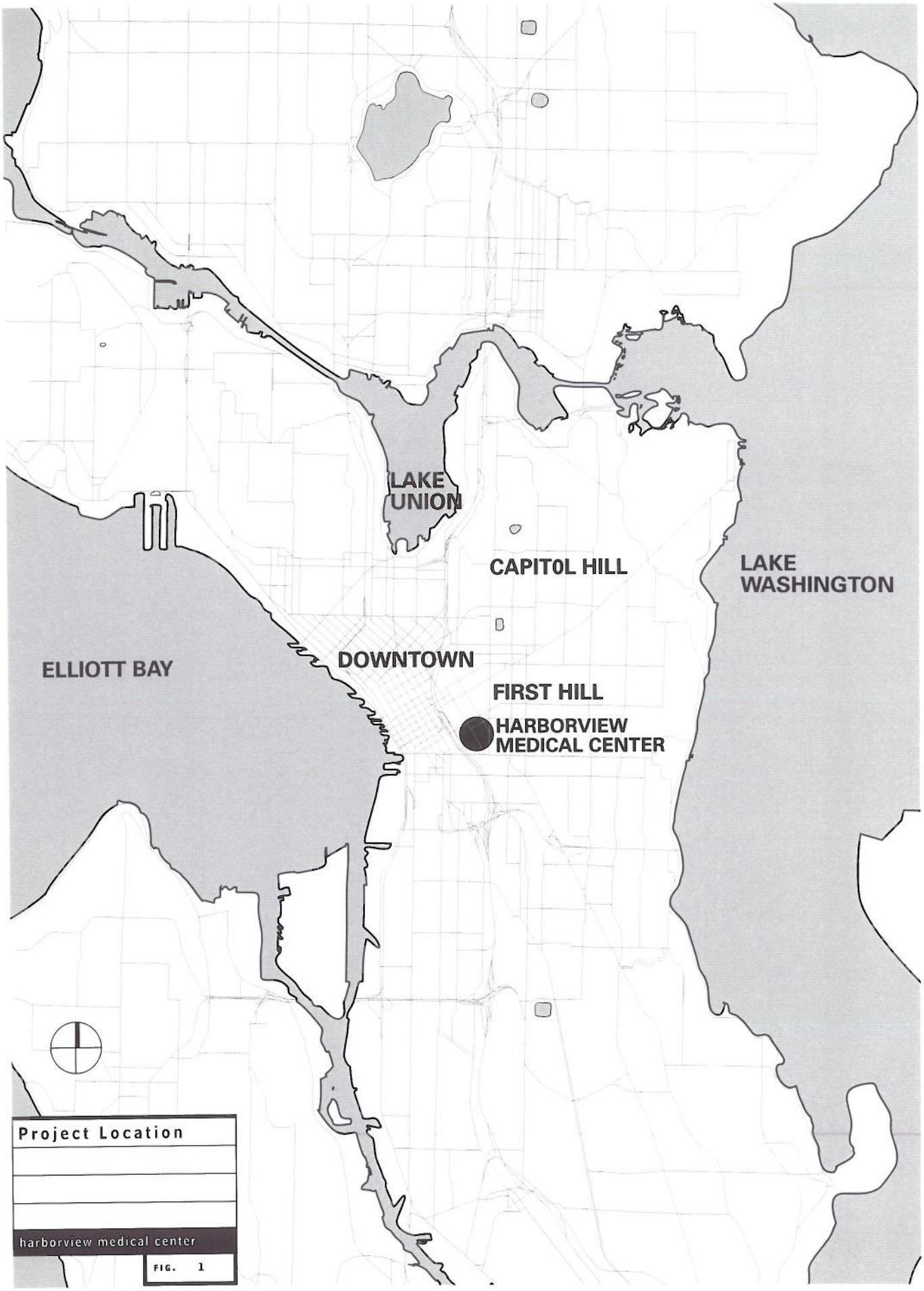
The previously approved and new Major Institution Overlay (MIO) boundary is depicted in Figure 3. The

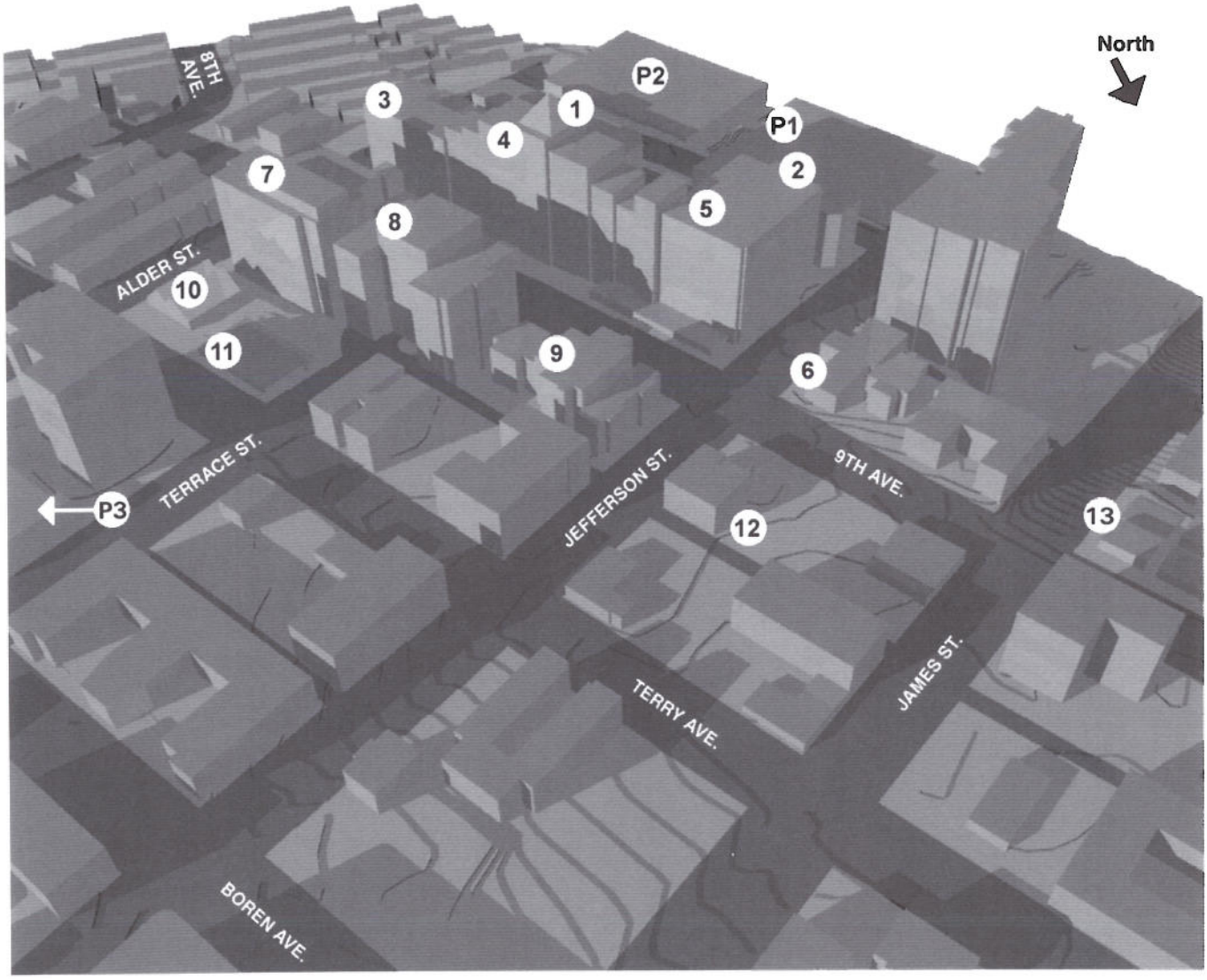
proposed Master Plan changes the boundary. The boundary change would increase the acreage currently owned or under option by Harborview from 13.2 to 13.6 acres.

PLANNED PROJECTS

Six projects are planned for development within the next decade. These projects total about 442,900 SF of new construction. Existing building demolition totals about 270,746 SF resulting in approximately 172,154 SF of new building space. Associated parking amounts to about 353,000 SF (1000 spaces) of new construction. Seismic upgrades and interior renovations are also planned. There are two vacations of public right-of-ways proposed with the Planned Projects: 1). Vacation of the alley on the block bounded by James / Jefferson / Terry / 9th and; 2). Aerial vacation over 9th Avenue for the Inpatient Expansion Project. Additional skybridge and tunnel permits are also proposed. These are described in detail in the MIMP document.

The Harborview Master Plan Planned Projects development is summarized in the following Table 2 and depicted in Figure 4. The projects may be developed over the next decade.


LAKE
UNION
CAPITOL HILL
LAKE
WASHINGTON
ELLIOTT BAY
DOWNTOWN
FIRST HILL
HARBORVIEW
MEDICAL CENTER
Project Location
harborview medical center
FIG. 1



1. West Clinic
2. West Hospital
3. East Clinic
4. East Hospital (former Center Wing)
5. East Hospital (former North Wing)
6. Block 68 (former Medic One & Apt. House Site)
7. Research and Training Building
8. Harborview Hall
9. Harborview Mental Health Services
10. Firehouse
11. Personnel Building
12. Block 81 (Parking, Apt. Building, Retail)
13. Child Care Center

P1. View Park Garage
P2. Garage Expansion & Heliport
P3. Boren Avenue Garage (not shown)

Existing Conditions

harborview medical center

FIG. 2


MIO 240/HR
SWEDISH MEDICAL
CENTER
9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
MIO 90/
HR
MIO 70/
MR
JAMES ST.
BROADWAY
8TH AVE.
NC3
160
HR
NC3-
85
JEFFERSON ST.
HR
HR
NC3-
85
7TH AVE.
HR
MIO 240/
HR
MIO
105/MR
MR
TERRACE ST.
HR
MIO 240/
HR
MR
ALDER ST.
L-3
L-3
SPRUCE ST.
L-3
L-3
8TH AVE.
MIO Boundary /
Zoning
harborview medical center
FIG. 3
PREVIOUSLY APPROVED
MIO BOUNDARY
NEW MIO
BOUNDARY
EXISTING HMC
PROPERTY OWNERSHIP

Table 2
Harborview Medical Center Planned Projects

Map Reference (See Figure 4)	Project	Location
A1	Clinical Services Building (Phase I) 11 levels; 215,000 SF Ambulatory surgery, clinics, medical staff offices, office based research, diagnostic and treatment, support, street level retail/pedestrian orinted uses Below grade parking 175,000 SF; 500 spaces Possible below grade connection to Plaza garage (Project D) Alley vacation Skybridge/tunnel connections across Jefferson and 9th	Block bounded by Jefferson/9th/James/Terry
B	Multi-use Building 6 levels; 62,000 SF Hospital support, clinics, offices, King County court, medical examiner, Medic One 2 levels of below grade parking 18,000 SF; 50 spaces Demolition of Old Medic One buildings and adjacent sixplex residential building (509 9th Avenue) (10,766 SF) Skybridge/tunnel connections across Jefferson	Block at northwest corner of 9th/Jefferson intersection
C	Harborview Hall Demolition (95,900 SF) and Tunnel Renovation Harborview Mental Health Services – HMHS Building Demolition (42,000 SF)	East side of 9th between Jefferson and Alder
D*	Plaza with 4 levels of Below Grade Parking 160,000 SF; 450 spaces Possible below grade connection to Clinical Services garage (Project A1) Personnel Building demolition (9000 SF) Tunnel connections across 9th	East side of 9th between Jefferson and Alder, between inpatient expansion and research/training building (under HMHS and under Harborview Hall sites).

*Variation to include added structural capacity for future building on top of garage may increase building area/reduce efficiency to provide same quantity of parking

Table 2

Harborview Medical Center Planned Projects (continued)

Map Reference	Project	Location
E	East Clinic Demolition (113,080SF)	North side of Alder between 9th and freeway
F	Inpatient Expansion Building (Bridging above 9th Avenue and connecting East Hospital with possible additional improvements under 9th above grade vacation of 9th) 6 levels; 165,900 SF hospital beds, D & T, medical staff offices, clinics, operating rooms	Over 9th, between Jefferson and Terrace
*	Seismic/interior renovation of East Hospital (former North Wing)	Southwest corner of Jefferson and 9th intersection
-	Patient Transport System	Between helipad and emergency department on west side of hospital

*Interior renovation projects not subject to MIMP approval; included for information only.

The Planned Projects of the Master Plan are proposed on Harborview property, owned or under option. Public right-of-ways are proposed to be vacated and permits will be sought for skybridges and tunnels.

Design variations are proposed as part of the master plan that is needed to allow flexibility in the development. The variations include possible underground connections of parking garages, different garage recess / egress locations, shifts in building program and heights among campus sites, and variations in new construction / renovation / demolition. The alternatives also consider master plan variations and evaluate the related impacts.

Offsite development / uses will continue as part of the master plan. A variety of functions, including parking may be located outside the Harborview MIO boundaries.

The proposed building and parking areas are given in Table 3. Actual project areas may vary when the design is refined. The total Planned Project building area is about 442,900 square feet of new construction plus parking amounting to about 353,000 square feet/1000 spaces. Existing building demolition is about 270,746 square feet, which results in approximately 172,154 square feet of net new building construction (plus parking).

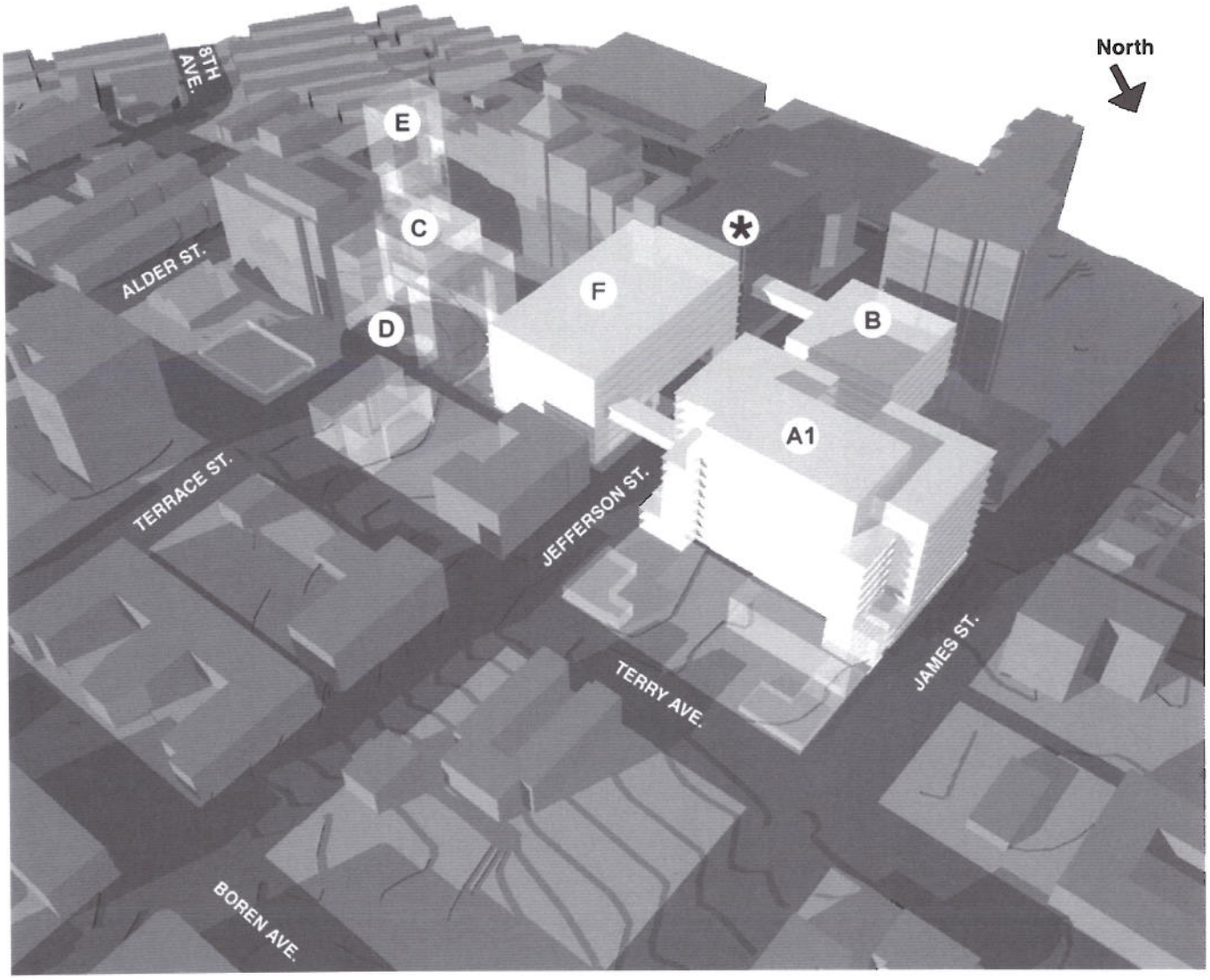
The proposed building and parking areas are given in Table 3. Actual project areas may vary when the design is refined. The total Planned Project building area is about 442,900 square feet of new construction plus parking amounting to about 353,000 square feet / 1000 spaces. Existing building demolition is about 270,746 square feet, which results in approximately 172,154 square feet of net new building construction (plus parking).

Table 3
Planned Project Approximate Building Areas

Development	**Area (square feet)**
New Building Construction	442,900
Demolition of Harborview Existing Buildings	270,746
Net New Construction	172,154
Accessory Parking	353,000 SF/1000 spaces

Note: The circulation space associated with tunnels and skybridges is not accounted for in the net new construction building area and would be additional.

As part of site improvements, a patient transport system may be proposed that would move patients from the heliport to the emergency department. The design and configuration is to be determined, but the conceptual project is included as part of this Master Plan.



A1. CLINICAL SERVICES BUILDING (PHASE 1)
B. MULTI-USE BUILDING
C. HARBORVIEW HALL DEMOLITION
D. PLAZA WITH BELOW-GRADE PARKING
E. EAST CLINIC DEMOLITION
F. INPATIENT EXPANSION
* SEISMIC UPGRADES / INTERIOR RENOVATIONS

Planned Projects

harborview medical center

FIG. 4

POTENTIAL PROJECTS

The Harborview Potential Projects development is less certain, less defined and would likely be developed beyond the next decade, from year 2010 to 2020. These include four projects amounting to about 526,000 SF. There are potential seismic upgrades/interior renovations/demolitions as well. These projects are intended to improve understanding of the campus concept and the 'total proposal' for environmental impact analysis.

The longer-term future Potential Projects of the Harborview campus are described in Table 4 and depicted in Figure 5. The Potential Projects amount to almost 526,000 SF.

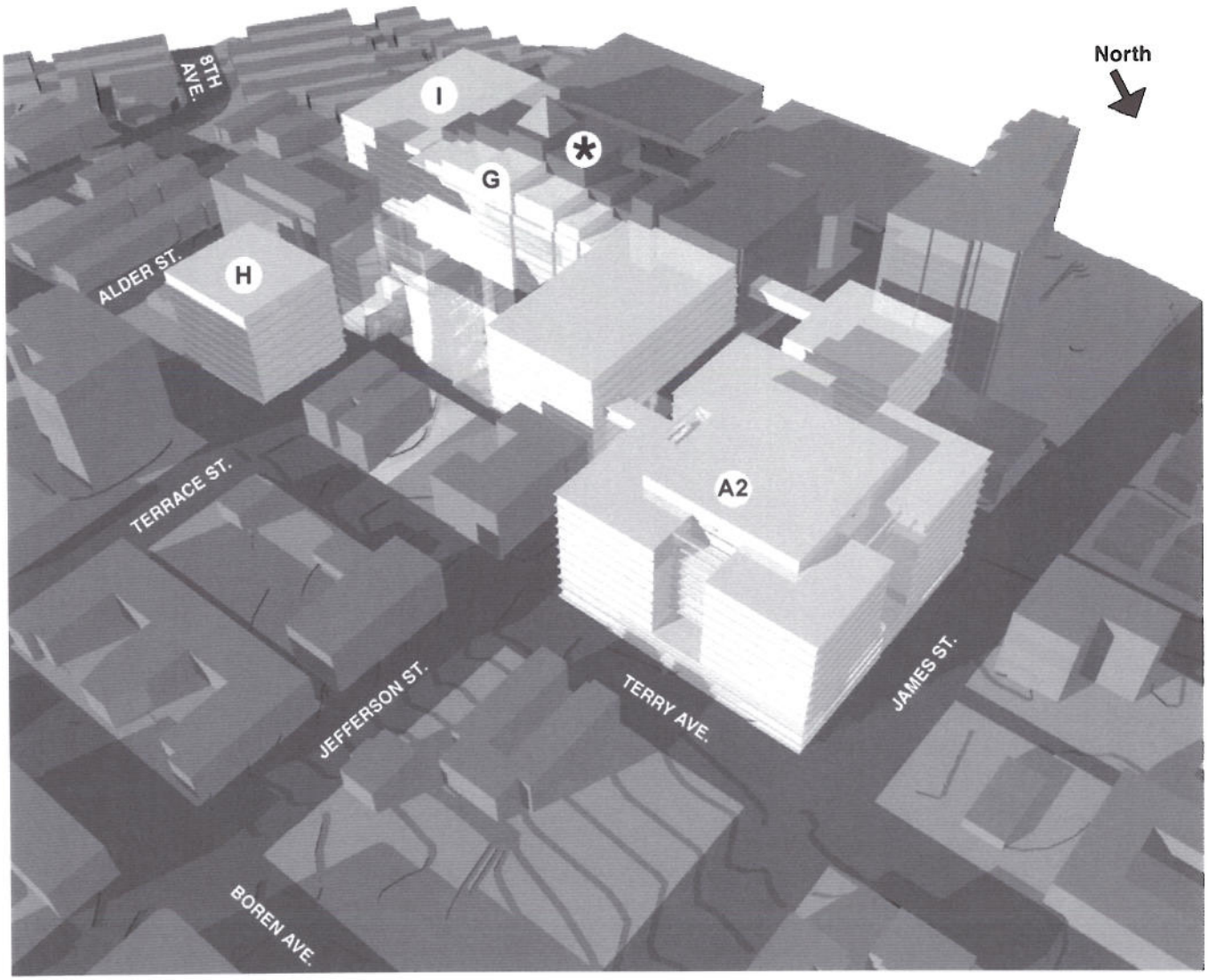
Table 4
Harborview Medical Center Potential Projects

Map Reference (See Figure 5)	**Project**	**Location**
A2	Clinical Services Building (Phase II) 11 levels; 214,000 SF Ambulatory surgery, clinics, medical staff offices, diagnostic and treatment, support, street level retail/pedestrian orinted uses	Block bounded by Jefferson/9th/James/Terry
G	East Hospital Upgrade/Expansion (former Center Wing) 8 levels (varies); 111,800 SF	On vacated 9th, between Jefferson and Alder
H	Research Building 7 levels; 100,000 SF	West side of Terry, between Terrace and Alder
I	Clinical Services/Research Building 7 levels; 100,000 SF	Northwest corner of 9th/Alder intersection
*	Seismic Upgrades/Interior Renovations/Demolitions	West side of 9th, between Jefferson and Alder

*Interior renovation projects not subject to MIMP approval; included for information only.

The Potential Projects include the vacation of 9th Avenue, between Alder and Jefferson Streets. The dead-end segment of Terrace Street, from Terry Avenue to the Harborview Hall site would also be vacated for campus open space. Skybridge / tunnel permits would also be sought.

A variation to the Potential Projects is to the East Hospital expansion project where the existing East Hospital (former Center Wing) would be demolished and replaced, rather than renovated and buttressed as proposed. The demolition / new construction variation would not require vacation of 9th Avenue. The impacts of this vacation are evaluated in the No at-grade 9th Avenue Vacation Alternative.



A2. Clinical Services Building (Phase II)
G. East Hospital (former Center Wing) Expansion
H. Research Building
I. Clinical Services/Research Building
* Seismic Upgrades / Interior Renovation

Potential Projects
harborview medical center

FIG. 5

TRANSPORTATION MANAGEMENT PROGRAM

The Harborview Transportation Management Program (TMP) is detailed in the Final MIMP. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. These strategies and actions provide staff and employees with incentives and disincentives to reduce or eliminate commuter trips in Single Occupant Vehicles (SOV). The Harborview TMP is intended to be consistent with the City's Director's Rules regarding TMP's (DCLU Director's Rule 2-94) and includes the following elements:

- Transportation Coordinator
- Promotional Events
- Commuter Information Centers
- Ridematching Coordination
- Parking Fees
- Carpool/Vanpool Subsidies
- Carpool/Vanpool Preferential Parking
- Transit Pass Subsidy
- Health Sciences Shuttle
- First Hill Express Shuttle
- Bicycle Racks and Lockers
- Motorcycle Parking
- Residential Parking Zones
- Guaranteed Ride Home
- Telecommuting
- Pedestrian Access Plan

C. Alternatives

As noted in the Master Plan, variations to the projects or programs, changes in phasing and shifts in priorities are likely and are anticipated for the proposed Master Plan. The described Planned and Potential Projects are the best definition at this time of future Harborview development. On-site alternatives are inherent of such master plans and are included as part of the Proposal.

Four alternatives and a No Action Alternative are evaluated. The EIS uses the Proposed Action as a benchmark for comparing the impacts of the other alternatives. Using the Proposed Action as a benchmark for comparing alternatives is specifically contemplated by the SEPA Rules. (See WAC 197-11-440(5)(c)(v). Discussion of Off-Site Alternatives is also provided.

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Under the Proposed Action, the Harborview Potential Project, the East Hospital (former Center Wing) Expansion would be located partially within the 9th Avenue street right of way and require its vacation. Through vehicular traffic along 9th Avenue that bisects the campus would be eliminated.

This alternative suggests not vacating 9th Avenue and maintaining through traffic. (Other street, aerial and alley vacations are still proposed). The East Hospital Expansion would have to be re-configured, such as by demolishing the adjacent former Center Wing to achieve the desired larger floorplate and eliminate seismic risks. The alternative would require more new construction and less renovation and would be more disruptive to on-going hospital operation. However, 9th Avenue would remain as a north/south vehicular route with full public access and would reduce traffic and parking impacts, and certain construction related impacts. The remainder of the alternative would be the same as the Proposed Action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING ALTERNATIVE

Under the Proposed Action, the East Clinic (former South Wing) is proposed to be demolished as a Planned Project and the site would be redeveloped with a new Clinical Services Building as a Potential Project. No parking is proposed with the building.

This alternative adds parking below grade with the redevelopment of the Clinical Services Building. The alternative would include a three level underground garage with about 200 parking spaces with an area of about 78,000 square feet. The overall campus parking supply would be increased, which would create less parking impacts than the Proposed Action. Garage access would probably be along Alder Street. The remainder of the alternative would be the same as the Proposed Action.

REMOVE BOREN GARAGE FROM MIO DISTRICT ALTERNATIVE

Under the Proposed Action, the existing Harborview Boren Street Garage is within the previously approved Major Institution Overlay District. The Master Plan proposes no change to the boundary or to the use. Harborview intends to continue to use the facility for parking.

This alternative suggests that the Harborview MIO District boundary would be amended to delete the Boren Street Garage, which would reduce the amount of land within the already approved Major Institution boundary. The remainder of the alternative would be the same as the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Under the Proposed Action, approximate building heights and building areas are given by site location that do not reach the maximum height limits of the MIO District. Greater intensification of the core campus may be possible, as an alternative to greater horizontal campus expansion. Flexibility in transferring development from one location to another is needed.

This alternative proposes increased building heights that would shift the proposed amount of development to different campus locations. The total amount of Planned and Potential development program is the same as proposed; it is located differently and configured in different building volumes than the proposal.

NO ACTION ALTERNATIVE

The No Action Alternative is required to be analyzed as a baseline for comparing impacts (WAC 197-11-440 5.b.ii and SMC 25.05.440.D.2.b). This alternative would involve no Planned or Potential Projects, no boundary change and no change to the development standards and transportation management program. The distribution of space among programs may shift and interior renovations may occur, but no Harborview program growth is included in the No Action Alternative. No new or expanded buildings or other physical development is included in the No Action Alternative, but impacts related to population growth are expected to occur under the No Action Alternative.

OFF-SITE ALTERNATIVES

SEPA requires that an EIS consider reasonable alternatives that 'could attain or approximate the proposal's objectives, WAC 197-11-440(5). When the proposal is considered a "public" project the alternatives analysis should include an evaluation of reasonable alternatives that can achieve the proposal's objective on sites other than the site of the proposal, WAC 197-11-440(5)(d). (These alternatives are known as "off-site" alternatives). However, if there are no off-site alternative locations that could attain or approximate the proposal's objective, it becomes unnecessary to analyze off-site locations because they will not achieve the proponent's goals.

Due to the unique characteristics of the Level One Trauma Center, the Lead Agency has determined that there are no off-site alternatives that could attain or approximate the objectives of the Harborview Master Plan to be the premier trauma center for critical care.

Objectives of the Master Plan include:

- Meeting essential patient care needs,
- Upgrading Harborview for seismic safety purposes,
- Continuing to develop a campus community, and
- Addressing the anticipated increase in need for services.

These objectives would not be achieved if the proposal and development occurred elsewhere because the development proposed in this Master Plan is functionally related to existing facilities. The improvements to services and facilities proposed under this Master Plan, such as essential critical care and services that follow through in the continuum of care, are directly linked to the Harborview Medical Center site. Accordingly, there is a need to link the improvements and development associated with proposal's objectives to the existing Harborview Medical Center campus rather than develop duplicative or inefficient services and facilities off-site. The reasons for needing to link the services and facilities that will be expanded as part of this Master Plan to the existing campus are explained below.

The proposal contributes to the improvement of the only Level One Trauma Center for the four states, and this state's only pediatric Level One Trauma Center. The proposal would improve the facilities and space for services inextricably linked to the care and recovery of those effected by trauma or critical conditions. Another significant aspect of the proposal is to seismically upgrade the existing buildings on the Harborview campus. The proposal arises from the need to meet the essential patient care needs and keep up with the growth of the region. In order to do so, Harborview must expand and improve its existing facilities.

The facilities proposed for expansion, especially the expansion of critical care beds, must be located in close proximity to the existing facilities to avoid the unnecessary duplication of equipment and care providers. For example, the anticipated increase in the number of beds provided for patients must be located near the existing critical care equipment and in close proximity to specialized critical care providers in order to provide the immediate care essential to critically injured patients. In-patient expansion also must occur at locations where existing staff and equipment are located to maintain the continuity and functionality of patient care. Locating patient facilities, including equipment and personnel, at medical offices off-site would increase the time it takes medical staff to arrive and provide immediate, essential trauma and critical care services. In trauma situations, time is an essential factor in care and any increase in time to provide services due to travel from an off-site location would jeopardize patient care and cost lives. State law also requires state approval of these types of Level One Trauma Centers.

Development of the Clinical Service Building also must be located near the existing patient care facilities because the staff and equipment needed for the Clinical Service building are located on-site. An off-site facility would require unnecessary duplication of equipment and mental health personnel, and would create inefficiencies in patient care. Services such as County medical examiner services must continue to be on-site because of the current demands placed on examiners, and off-site locations would require unnecessary duplication of staff and equipment, which may not be available to the County. A partial relocation of services could adversely impact the medical examiner's ability to serve King County.

Additionally, the proposal's objective to upgrade the seismic integrity of Harborview's existing building could not be attained if the proposal were to be located off-site. The existing buildings would still need upgrading if development occurred off-site. Similarly, the objective to continue the campus community of Harborview could not be approximated or attained at off-site locations.

If provided off-site, the objectives involving patient care and keeping up with anticipated increase in needs for services would be hindered, rather than approximated. Because locating the proposed services and facilities off-site would disrupt the function of the medical center, adversely impact the level of health care services provided to the public and hinder the proposal's objectives, the Lead Agency has determined to not examine off-site alternatives in this EIS.

Notwithstanding that off-site locations cannot attain or approximate this Master Plan's objectives, Harborview currently and in the future will continue to work with other institutions to provide health care services at locations other than the Harborview campus. The trauma center system includes decentralized services to manage differing degrees of trauma care based on patient needs. There are partnerships with the University of Washington Medical Center and Children's Regional Hospital and Medical Center. Complimentary and coordinated relationships avoid duplication of services essential to the Harborview mission. The proposed Master Plan includes the projects that would deliver those essential services to meet the Harborview mission. (Also see MIMP document, Decentralization Plans, page 24.)

III. Affected Environment, Analysis of Probable Significant Impacts and Mitigation Measures.

A. Long-Term/Cumulative Impacts

EARTH/SEISMIC

1. AFFECTED ENVIRONMENT

Geology/Topography as Related to Seismic Conditions

Harborview Medical Center is located on First Hill overlooking Downtown Seattle. Seattle, along with the western portions of the Pacific Northwest, has experienced significant seismic activity in the past 150 years and many large earthquakes in geologically recent time. These historic events, depending on location, magnitude and local geology, may have a serious effect on the ability of Harborview to continue its mission after an earthquake.

There are three different, although related, source mechanisms that produce earthquakes in the Pacific Northwest:

(1) crustal, or shallow, earthquakes (within 10 kilometers from the surface
(2) intraplate earthquakes (approximately 40-60 kilometers below the surface)
(3) subduction earthquakes (located between the coast and the Olympic Mountain Rante)

However, when compared to coastal California, the seismicity of the Pacific Northwest is not as well understood with regard to fault locations, activity, and recurrence intervals and has been the subject of numerous investigations over the past decade. Specifically, both the shallow and subduction earthquakes have been a research focus by the United States Geological Survey (USGS) as they attempt to quantify the activity rates and recurrence intervals. The information gathered has served to increase the estimated earthquake hazard, especially for the Seattle area. Still, the three-source mechanism associated with the Pacific Northwest serves to define the seismicity at Harborview Medical Center.

Harborview Medical Center is located in an area comprised of generally dense, consolidated soils with excellent bearing capacities. The seismic response of the soils underlying the site is likely to be less severe than soft soil sites, such as those associated with alluvial deposits, fills or organics. Regardless of the positive local geology, Harborview can expect severe shaking during a significant event, and the damage caused could close portions of the buildings necessary for emergency response and damage other areas beyond repair.[1]

[1] Seismic analysis conducted by Perbix Structural Engineering as part of the facility assessment completed in 1998.

Requirements/Standards for Essential Facilities

Traditionally, seismic design and evaluation have been based on a single all-purpose philosophy of preferred seismic response. In the last several years, however, a consensus has developed, among engineers and other professionals, concerning acceptable responses for buildings with special uses like Harborview. The Guidelines, which embody these new Performance Levels for existing buildings are the "NEHRP Guidelines for the Seismic Rehabilitation of Existing Buildings, (FEMA 273)" published by the Federal Emergency Management Agency.

Using FEMA 273, performance can now be selected, based on an acceptable damage limit for a building in an earthquake of a particular probability. Obviously, the more severe and, thus, rare an earthquake, the greater expected damage in any structure. Harborview has been evaluated, and design modifications proposed, based on a so-called "rare" event, having a probability of recurrence once in every 475 years. This probability is consistent with Design Basis Earthquake (DBE) used in the design of new structures and represents the benchmark for evaluation methodologies as well.[1]

Harborview Medical Center has a variety of operational needs, and operates at varying levels of criticality over different operational time frames. To achieve the variety of performance required by Harborview's needs, performance has been divided into two basic Performance Level categories: 1) Life Safe, and 2) Immediate Occupancy. The underlying assumption of all of the work proposed by Harborview is that the standards of "Life Safe" must be maintained during the rare event that is noted above. "Life Safe" means that for all structures, building occupants should be able to safely exit the structures after an earthquake. Defined physically, no significant portion of the structure should have collapsed and that the exits should be passable subsequent to the earthquake.

For the most critical facilities necessary to the Medical Center's mission following an earthquake, a higher Performance Level has been established. This structural performance is termed "Immediate Occupancy" and is applied to in-patient areas, emergency facilities, operating rooms, and critical care facilities and their support areas. The intent of this Performance Level is that, for these critical functions, the structure would have only very limited damage and would retain nearly all of its pre-earthquake strength and stiffness. Minor structural repairs may be appropriate but would not generally be required for re-occupancy.

The earthquakes that could generate forces at the risk level used in this building design include:

- A Richter magnitude of 6.0 very near Harborview
- A magnitude 7.5 earthquake similar to those in 1949 and 1965, or
- An 8.5 off-shore earthquake

[1] Seismic analysis conducted by Perbix Structural Engineering as part of the facility assessment completed in 1998. The performance levels applied to Harborview are based on the FEMA 273 guidelines. As a regional trauma center, the high standards of the 'rare event' are justified to ensure continued facility operations.

Facility Assessment Findings (Structural)

- East Hospital (former Center Wing)

The East Hospital was assessed assuming a Performance Level of Life Safe, based on previous decisions made by Harborview about the future services to be located in the building.

The East Hospital was assessed for earthquake resistance in 1996. Analysis was based on a concrete shear wall and moment frame building. That report indicates numerous geometric, global and elemental deficiencies, including overstressed diaphragms, walls and strong beam/weak column.[1] In general, the building is under-strength for the Life Safe objective by between 100% and 500%. Additionally, the East Hospital was designed with limited live load capacity and should not be used for any high occupancy (assembly) use without modification. There are more opportunities for external seismic bracing of the East Hospital than for Harborview Hall because of the building shape and its center of gravity. The East Hospital has a long narrow floor plan so east or west facade buttresses could get closer to the building mass. Harborview Hall has a more square floor plan and buttresses would need to be on two adjacent facades. The East Hospital also has some seismic shear capability in its stair and elevator cores.

- Harborview Hall

This evaluation is based on a Life Safe Performance Level.

This building is the same vintage and structural type as the East Hospital. Consequently, based on the analysis, the deficiencies are basically the same. However, Harborview Hall does have large public assembly spaces at the lower level that is an added problem in comparison to the East Hospital. The high public space contributes to the 'soft story' seismic problem[2]. Harborview Hall is a post and beam type of construction that lacks substantial seismic shear capability.

- East Clinic (former South Wing)

Significant deficiencies noted in the East Clinic, include plan irregularities, soft stories,[2] inadequate separation from adjacent buildings, high drift ratios,[3] and likely poor global performance. Elemental deficiencies are likely to include strong beam/weak column and inadequate shear strength in walls and columns (except columns appear to have some positive detailing). Generally, on brief review, this building appears to be a seismic risk under existing circumstances. Substantial damage would likely occur.

- Harborview Mental Health Services (HMHS)

A Performance Level of Life Safe was selected for this building, since no in-patient facilities are planned within the structure.

From a seismic perspective, the Harborview Mental Health Services building appears to be generally well designed for its era. The shear walls are well distributed and numerous. There appear to be only minor plan irregularities and no soft story. Subject to further analysis, minor inadequacies are likely in concrete shear walls, particularly in coupling beams, diaphragm connections with shear walls, and at re-entrant corners of the plan. On the whole, however, none of these deficiencies would have a significant effect on the Life Safe performance of this building.

---

[1] The structural preference is to have columns stronger than beams, because columns support a larger part of a building.

[2] A 'soft story' is a building level with less stiffness. Usually this is a ground floor that has a higher height.

[3] A 'high drift ratio' means a building moves side to side or sways excessively during a seismic event.

- East Hospital (former North Wing)

The East Hospital contains in-patient and emergency facilities. Consequently, it was reviewed with a structural Performance Level of Immediate Occupancy (see page 28 for definition).

The East Hospital was analyzed in 1996 based on Immediate Occupancy criteria. The building was considered a concrete moment frame[1] above the first floor. The analysis indicates significant geometry and mass irregularities, as well as nominal excesses in wall shear, weak column/strong beam and drift criteria.

- West Clinic and West Hospital

The recently developed West Clinic and West Hospital were designed as essential structures. This criteria is comparable to the structural criteria of Immediate Occupancy.

The West Clinic and West Hospital were designed to contemporary seismic codes (UBC 1991) using concrete shear walls and an Importance Factor of 1.25, which is the standard for Immediate Occupancy (A standard of 1.0 is no change to increase seismic force resistance.) These criteria are consistent with its use as an in-patient and emergency facility. No improvements are anticipated.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

- East Hospital (former Center Wing)

The Center Wing would be seismically improved as a part of a longer term Potential Project. The building would be improved to Life Safety criteria consistent with the uses planned. Work would likely include bracing the entire building internally with an adjacent buttress building and bracing of individual parts of the building to limit nonstructural damage.

- Harborview Hall

Harborview Hall is planned for demolition due to the cost of retrofit and the limited utilization of the site. The Planned Project of demolition would occur in the near term. The building deficiencies with the associated seismic risks would be eliminated.

- East Clinic (former South Wing)

The East Clinic has severe seismic safety issues and demolition is planned as a Planned Project. The seismic risks would be eliminated.

- Harborview Mental Health Services (HMHS)

The Planned Projects at Harborview would require demolition of the Harborview Mental Health Services.

[1] A concrete structure where rigid connections of vertical and horizontal members withstand lateral seismic loads.

- East Hospital (former North Wing)

Critical in-patient and emergency services are located in the East Hospital. Seismic strengthening to resist earthquake forces and remain functional is part of the near-term Planned Projects.

- West Clinic and West Hospital

The West Clinic and West Hospital are new structures and require no improvements to meet current seismic safety standards.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Earth/seismic impacts of this alternative would be similar to the Proposed Action. The Performance Level of Life Safe would still apply. The development for this alternative would require demolition of the East Hospital and new in-fill construction.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The existing East Clinic would be demolished as described in the proposed action and would eliminate seismic risks of this building. The construction of three levels of underground parking under the Clinical Services Building would not significantly impact earth/seismic conditions in the long-term. The development would be designed to meet current seismic requirements.

REMOVE BOREN GARAGE FROM MIO DISTRICT

This alternative would have impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

All new construction at increased heights would be consistent with the current standards for the Performance Level for the envisioned use to avoid seismic risks. The same building demolitions and provisions for seismic bracing/buttressing of existing buildings as the Proposed Action are included. Impacts to earth/seismic conditions of this alternative would be similar to the Proposed Action. However, the increased structural requirements for the increased heights and development intensity would reduce space efficiency with larger structural components. More building area may be required to accommodate the same functions. The underground Plaza parking garage (4 levels, 450 spaces) may require 5 levels for the same number of parking spaces if the foundation size is increased to enable future above grade building development.

NO ACTION ALTERNATIVE

If the Planned and Potential Projects are not undertaken, several buildings would incur substantial damage during a significant seismic event. All buildings presently on the campus, with the exception of the West Clinic, West Hospital and the Research and Training Building, are unable to respond to earthquake forces at the required level and this would substantially interfere with patient care. In the case of a moderate to severe event, it is likely that portions of those buildings would be damaged. Those buildings necessary for post-earthquake response may not be available, and support buildings could be significantly damaged. Identified seismic risks would not be addressed by this alternative and may result in public hazards.

3. MITIGATION MEASURES

Mitigation measures proposed, as part of the Planned and Potential Projects would have the following effects:

- Buildings with essential, post-earthquake uses would be improved to allow continuing function after a seismic event.
- Some buildings that have significant seismic deficiencies, and/or are functionally inadequate, would be demolished.
- All remaining buildings at Harborview would comply with FEMA 273 for the Performance Objective selected based on their use.
- Nonstructural elements would be braced to restrict damage associated with earthquake.
- Planned Projects include the removal of several buildings with seismic deficiencies. Buildings with seismic deficiencies that would remain a part of Harborview would be corrected as part of future Potential Projects.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

No significant adverse impacts are expected.

ENERGY

This section provides an analysis of the energy usage for the proposed new facilities and the associated impacts to the affected environment. Implementation of the master plan would consume increased energy during all phases of the projects. Energy estimates are based upon energy load usage of similar building types and functions at Harborview.

1. AFFECTED ENVIRONMENT

Energy sources currently used at Harborview Medical Center are electricity (provided by Seattle City Light), steam (provided by Seattle Steam Corporation) and natural gas (provided by Puget Sound Energy). Total campus energy consumption is currently 198 Billion British Thermal Units (BTU's) per year (see Table 5). Of the energy total 50.1% is supplied by electricity, 49.1% by steam and 0.2% by natural gas. Figures 6, 7 and 8 show the existing electrical, steam and natural gas distribution systems.

Harborview Medical Center currently implements a series of energy conservation measures that include - variable speed drives on fan motors, digital HVAC controls, energy efficient lighting equipment, and heat reclaim.

Table 5
Harborview Medical Center Current Annual Energy Consumption by Building (BTU's[1])

Building	GFA	Electric	Steam	Gas	Total
Harborview Mental Health Services	42,170	3.0057×10^9	3.44×10^9	----	6.4457×10^9
Harborview Hall	95,915	6.455×10^9	6.94×10^9	0.0104×10^9	13.4054×10^9
East Clinic, East Hospital	563,985	43.14×10^9	53.42×10^9	0.314×10^9	96.874×10^9
West Hospital	285,960	47.89×10^9	33.54×10^9	----	81.43×10^9
West Clinic	142,980	In West Hospital	----	----	----
Total	1,131,010	100.491×10^9	97.34×10^9	0.3244×10^9	198.1551×10^9

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

Seismic and back-up system provisions for Harborview mechanical equipment are intended to assure continued operation of facilities during and after a major earthquake. Building systems of the vacant additions have seismic bracing. Planned renovations will address conditions of the older facilities. The essential systems have back-up components to allow continued operation in case of major equipment being unavailable. For example, heat as provided by Seattle Steam has multiple, independent generation plants, each with multiple boilers and a grid of steam piping that can heat Harborview through multiple paths. If a boiler or whole plant were inoperative, Seattle Steam has other boilers and another boiler plant that could provide steam. If an underground pipe breaks, it can be isolated and flow diverted through other piping to continue service to Harborview.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Implementation of the proposed Harborview Medical Center master plan would consume energy resources during construction, renovation, demolition and operation of the proposed buildings. For Planned Projects in the next ten years, energy consumption would increase by 62% over the energy consumption of the total existing campus. For both Planned and Potential Projects, including those between 2000 and 2020, energy usage would increase by 139% over total existing energy use. The new buildings would meet or exceed the Building Energy Performance Standards (BEPS) that have been established by Seattle City Light, and would be more energy efficient than existing buildings.

It is estimated that the Planned and Potential construction and renovation would consume approximately 997 billion BTU's of all kinds of energy. Annual operation of the new buildings would consume 122 billion BTU's (total energy consumption) for Planned Projects and about 153 billion BTU's (total energy consumption) for all Potential Projects.

Construction

It is estimated that construction of the Planned Projects would consume approximately one trillion BTU's of energy based on the U.S. Department of Energy factors for estimating energy impacts of residential and commercial building development (1979). Estimated energy consumption for constructing the Planned Projects is shown in Table 6. For Potential Projects, it is estimated that those projects would consume 860 billion BTU's of energy. See Tables 6 and 7 below for detail.

Table 6
Energy Consumption by Building (BTU's[1]) For Constructing Planned Projects 2000 – 2010

Building	Tota Area (GSF)l	Energy Cost BTU/SF[2]	Total BTU
	215,000	$1.64x10^6$	$3.53x10^{11}$
Clinical Services Parking	175,000	$7.7x10^5$	$1.34x10^{11}$
Multi-use Bldg.	62,000	$1.64x10^6$	$1.01x10^{11}$
Multi-use Parking	18,000	$7.7x10^5$	$.139x10^{11}$
Plaza & Below Grade Parking	160,000	$7.7x10^5$	$1.23x10^{11}$
Inpatient Expansion Bldg.	165,900	$1.64x10^6$	$2.72x10^{11}$
Total	795,900		$9.97x10^{11}$

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.
[2] Estimating Energy Impact of Commercial Bldg. Development, Mathematical Sciences NW, 1979.

Table 7
Energy Consumption by Building (BTU's[1]) For Constructing Potential Projects 2010 – 2020

Building	Total Area (GSF)	Energy Consumption BTU/SF	Total BTU
Clinical Services Bldg. (Phase II)	214,000	$1.64x10^6$	$3.51x10^{11}$
East Hospital Expansion	111,800	$1.64x10^6$	$1.83x10^{11}$
Research Building	100,000	$1.64x10^6$	$1.64x10^{11}$
Clinical Services/Research Bldg.	100,000	$1.64x10^6$	$1.64x10^{11}$
Total	525,800		$8.62x10^{11}$

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

Demolition

A number of buildings would be demolished as part of the Planned Project to eliminate seismic risks and improve patient care as part of the master plan implementation. These include the former Medic One Building, Harborview Hall, Harborview Mental Health Services, Personnel Building, and part of the East Clinic. The total energy savings resulting from demolition of these buildings is 129 billion BTU's. Estimates are based on the last 12 months records of energy usage supplied by Harborview Engineering Department.

Table 8
Energy Consumption for Demolished Buildings (BTU's[1])

Building	GSF	Electric in millions	Steam in million	Gas in million	Total in millions
Medic One	10,766	245	---	---	245
Harborview Hall	95,900	10,500	31,710	---	42,210
HMHS	42,000	3,100	21,710	---	24,810
South Wing	119,660	59,300	2,200	---	61,500
Personnel	9,000	190	---	---	190
Total	277,326	73,335	55,620	---	128,955

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

Operation

It is anticipated that all new buildings would use gas or steam as the primary source of heating, and electricity for lighting, HVAC equipment, and user receptacle and equipment loads, elevators and building equipment. Preliminary estimates of electrical energy consumption for proposed facilities are calculated based on anticipated watts per square foot electrical loads using a diversity factor of 50%, and current Seattle City Light Rate Schedules that are used now for the Harborview campus.

The estimated energy usage is based on similar types of facilities with similar infrastructure systems, assume peak usage for 16 hours per day, and non-peak usage for 8 hours per day.

Table 9
Annual Energy Consumption and Peak Demand (BTU's[1])
Planned Projects 2000 – 2010

Building	GSF	Electric		Steam		Gas		Total
		Consumption in millions of BTU's	Peak in KW	Consumption in millions of BTU's	Peak in millions of BTU'shr	Consumption in millions of BTU's	Peak in CFH	Consumption in millions of BTU's
Clinical Services Building Phase I	215,000	37,500	2,150	2,680	5.9	---	---	40,180
Clinical Services Parking	175,000	7,850	263	---	---	---	---	7,850
Multi-use Building	62,000	9,470	543	2,028	3.1	---	---	11,498
Multi-use Building parking	18,000	808	27	---	---	---	---	808
Plaza & Below Grade Parking	160,000	7,180	240	---	---	---	---	7,180
Inpatient Expansion Building	165,900	47,600	1,908	6,430	4.9	---	---	54,030
Totals	795,900	110,408	5,131	11,138	13.9	---	---	121,546

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

Table 10
Annual Energy Consumption and Peak Demand (BTU's[1])
Potential Projects 2010 – 2020

Building	GSF	Electric		Steam		Gas		Total
		Consumption in millions of BTU's	Peak in KW	Consumption in millions of BTU's/hr	Peak in millions of BTU's	Consumption in millions of BTU's	Peak in CFH	Consumption in millions of BTU's
Clinical Services Building Phase II	214,000	37,300	2,140	2,680	5.9	---	---	39,980
East Hospital	111,800	22,400	1,286	4,840	4.3	---	---	27,240
Research Building	100,000	29,900	1,200	11,478	7.8	2,300	1,560	43,678
Clinical Services/Research	100,000	29,900	1,200	10,330	7.1	2,100	1,400	42,330
Totals	525,800	119,500	5,826	29,328	25.1	4,400	2,960	153,228

[1] A British Thermal Unit (BTU) is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

Seattle City Light has stated that they would be able to support this growth and would provide power as required by Washington State Law, to any new planned construction.

Lifetime Energy Costs and Revenues

Implementation of Planned and Potential Projects would add load to Seattle City Light's energy resources and would result in an increase for the average and peak electrical load demands. This could require Seattle City Light to seek additional resources and/or make improvements to their power distribution, generation and transmission. Resource acquisition and expansion of facilities could result in increased costs to Seattle City Light customers, and could cause environmental impacts on soil, air quality, water quality, plant and animal resources, as well as generation of hazardous and non-hazardous wastes and land impacts.

Because of the calculation method that is used by Seattle City Light, comparison of lifetime costs of providing electric energy with the lifetime utility revenues indicates that over the life of every project within the City that Seattle City Light's costs would exceed their projected revenues generated by the project. Discrepancies between lifetime costs and revenues are built into the calculation formula. These discrepancies are due to the differences between the marginal cost of providing electrical energy and the average retail rates at which it is sold.

Implementation of the Planned and Potential Projects would cause impacts to energy consumption and thus resources required for generating and transmitting that energy. Seattle City Light may need to enhance their resources and transmission lines in the area both to accommodate the increased usage, as well as accommodate physical conflicts caused by the new construction.

Seismic/Back-Up System Provisions

Seismic bracing of mechanical systems and the continued provision of back-up systems are included with the proposed projects. Specific back-up provisions are outlined as follows:

- *Water*: There are large water tanks in the East Hospital (former Center Wing). This water would be available in case of interruption of City service. The City supply is unlikely to be interrupted as Harborview is served from two independent grids that overlap the campus.

- *Medical Gas*: There are compressors for generating medical air, vacuum pumps for medical vacuum and large central tanks for oxygen. If any of these were unavailable, there are small tanks and small vacuum pumps that could provide interim support.

- *Cooling*: Cooling is not generally considered an essential service except in the surgery suites and other critical areas. These areas have multiple means to get the cooling to essential occupancies.

ALTERNTIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

The alternative would have energy impacts similar to the proposed action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The additional energy consumption for the construction of the 78,000 square feet (200 spaces) of underground parking is calculated at about 6.0×10^{10} BTU. The additional operational energy consumption and peak demand to the Clinical Services/Research Building (Potential Project) due to the parking is 3,499 million BTU's.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The development program is the same for this alternative as the Proposed Action so the total energy consumption and demands would be similar. Specific building envelopes would differ and would result in different energy usage by project. Some efficiency may result with intensification. System loads may also vary from the Proposed Action with the redistribution of building spaces. However, cumulative impacts to energy would be similar to the proposal.

NO ACTION ALTERNATIVE

If the Planned and Potential Projects are not implemented, then expansion is limited to the existing/approved projects, which would cause an insignificant increase on energy resources. There would be no increase in building efficiency without building renovations.

3. MITIGATION MEASURES

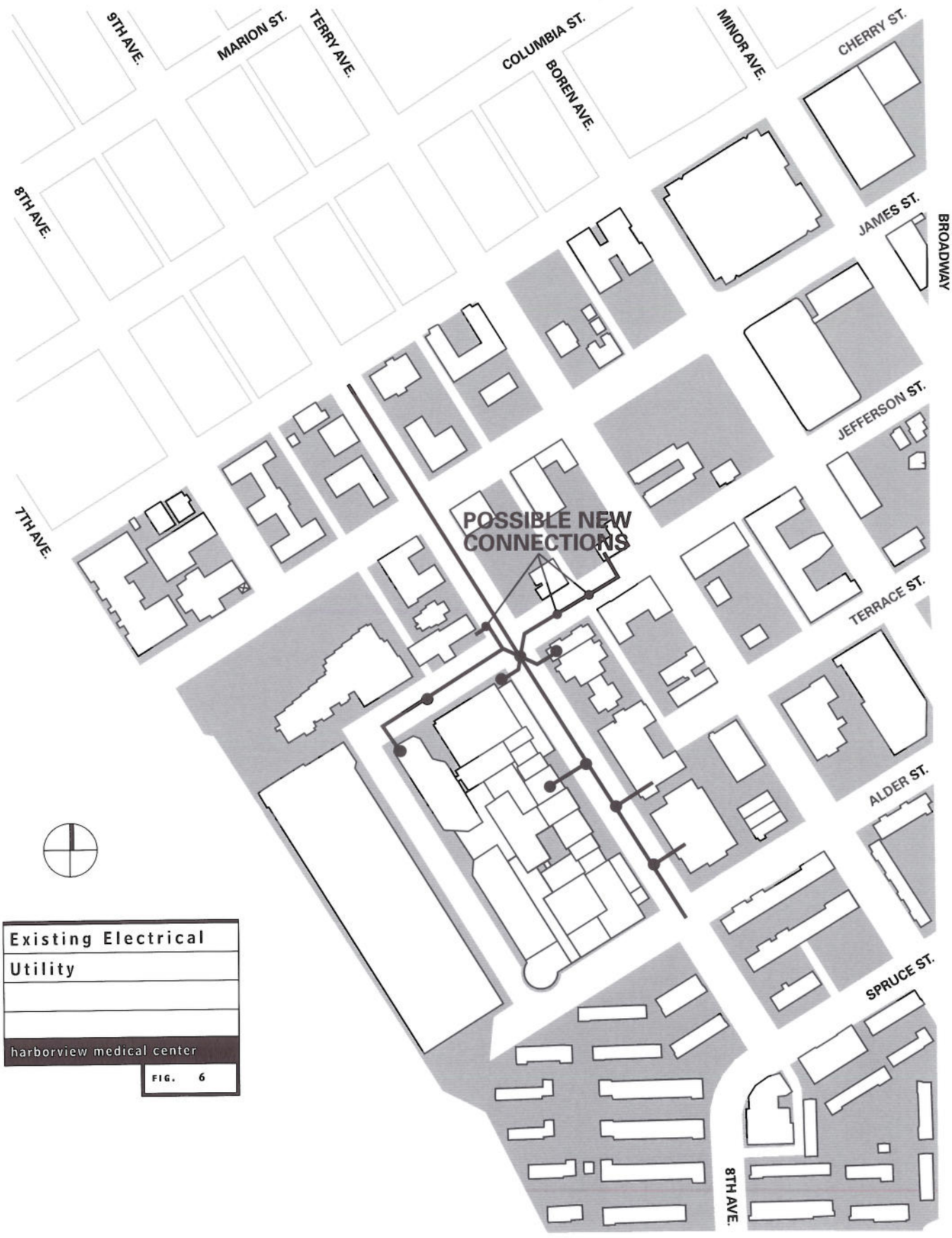
The Planned and Potential Projects would be designed to incorporate requirements of the Seattle Energy Code, which are intended to reduce overall energy consumption. Aggressive pursuit of energy conservation measures in the new and renovated buildings would result in greater energy savings.

In new construction, mechanical systems would be braced to comply with standards for critical facilities in active seismic zones. The existing mechanical systems would also be braced throughout the facilities as part of proposed renovations. Much of this work would be on exposed piping in the basement and where structural work would be done, but would also occur elsewhere in the buildings.

Provisions would continue for multiple back-up systems and alternative system service routing to assure continued facility operation in seismic events. Harborview also has an emergency operations plan.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

Energy resources, including petroleum and electricity, as well as embodied energy in materials, would be consumed during construction, renovation and demolition of structures. There would be an increase in on-site energy consumption as a result of implementing the Planned and Potential Projects.

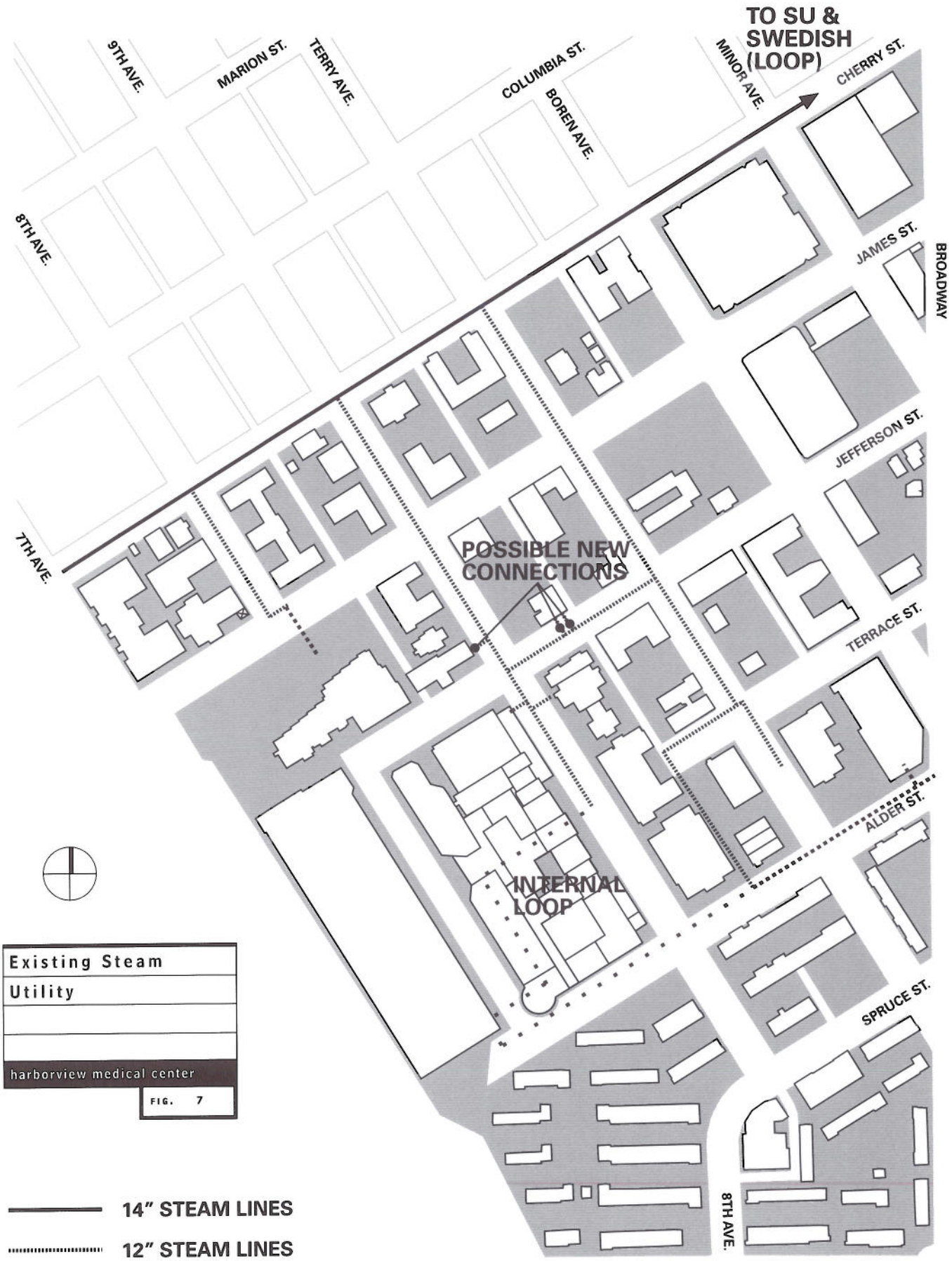


Existing Electrical Utility

harborview medical center

FIG. 6

EXISTING POWER LINES



Existing Steam Utility

harborview medical center

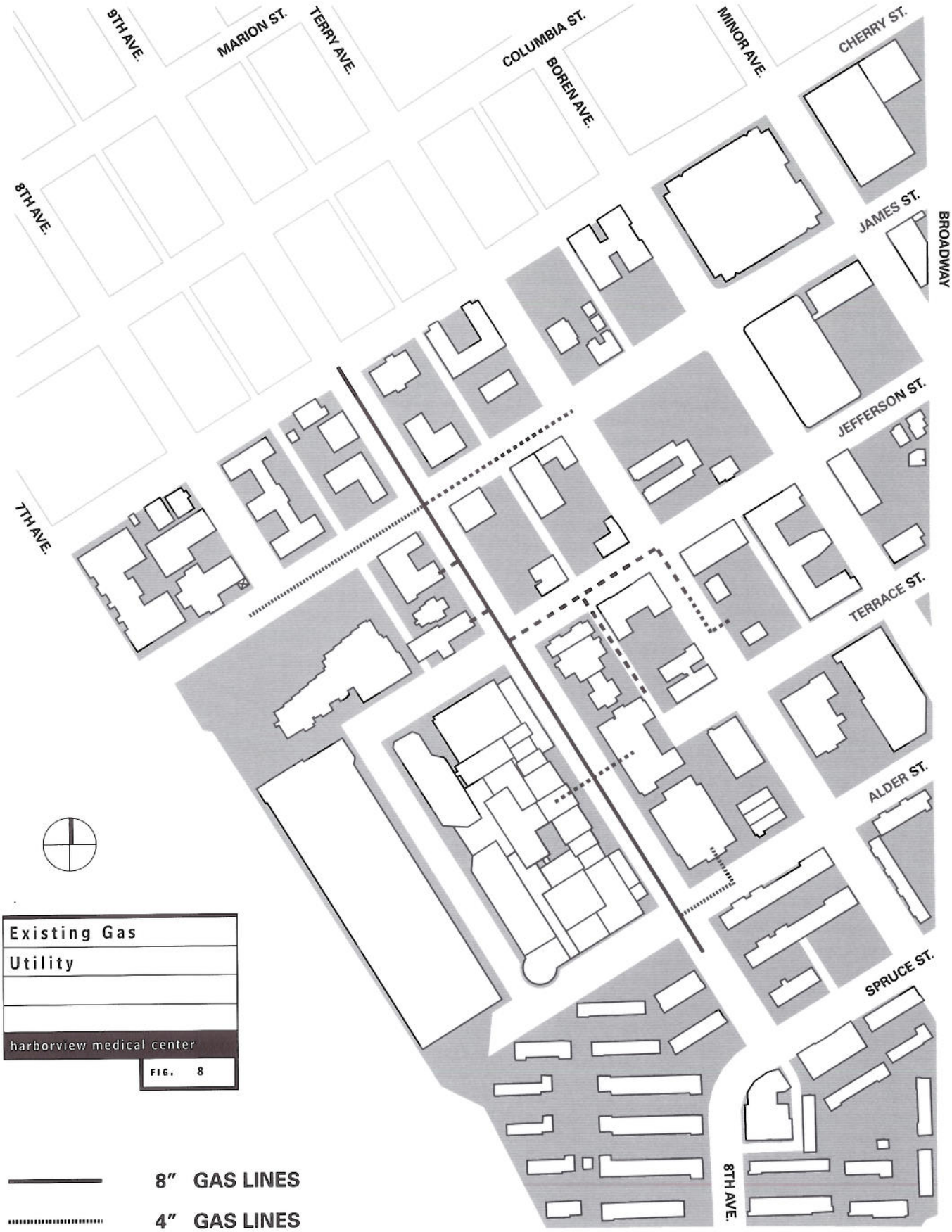
FIG. 7

14" STEAM LINES

12" STEAM LINES

10" STEAM LINES

6" STEAM LINES



Existing Gas Utility

harborview medical center

FIG. 8

8" GAS LINES

4" GAS LINES

2" GAS LINES

+/- 1" GAS LINES

ENVIRONMENTAL HEALTH HAZARDS/NOISE

1. AFFECTED ENVIRONMENT

This section addresses Harborview's hazardous materials/infectious-biohazardous waste management and long-term noise conditions, particularly associated with building systems and emergency vehicle operations. (Noise associated with construction activity is considered under section B, Short-Term Construction Related Impacts).

Hazardous Materials/Wastes

Harborview generates and manages hazardous wastes including chemical waste, biomedical waste, and radioactive waste. Use, handling, storage, transport and disposal are all aspects of the waste stream that are strictly monitored and controlled.

Harborview Medical Center generates a variety of regulated hazardous waste each year. Volumes have been holding steady at around 5,000 to 6,000 kilograms per year for the last few years. Most wastes are mixtures of many components, generated on a regular basis. The waste stream consists of seven basic components: labpacks, aqueous solvents, poisonous and toxic solutions, corrosives, mercury/batteries/paint and paint-related materials, chemotherapy waste, and pharmaceutical waste.

A labpack is a drum that contains any number of smaller chemically compatible waste containers. Aqueous solvents tend to be alcohols, esters, ketones, glycol ethers, aromatic hydrocarbons, and aliphatic hydrocarbons. Poisonous and toxic solutions are generally phenol/chloroform extraction solutions, buffers, and halogenated hydrocarbons. Batteries are lead acid, nickel cadmium, silver oxide, mercury oxide, alkaline, carbon zinc, lithium and metal hydride.

Harborview also currently generates about 81,500 to 93,500 gallons/month of medical waste. Both hazardous and medical wastes are transported off-site for disposal.

As a responsible waste generator, Harborview Medical Center uses a hierarchy system to determine the most appropriate waste disposal method. The technology of choice once minimization options[1] have been exercised is that of incineration. Incineration is performed off-site and is seen as a way to provide a more permanent solution followed by treatment, stabilization and landfilling.

ENSCO is the primary contractor being used by most state agencies and higher educational institutions for regulated waste disposal services. ENSCO is the current holder of the State of Washington Hazardous Waste Disposal contract administered through the State Office of Procuring. The use of this contract further ensures that wastes are being managed to protect the environment and that wastes are being managed in accordance with all regulatory standards.

---

[1] 'Minimization options' are different ways to reduce the quantity of generated waste. Options range from different technologies to different equipment and to different operating protocols.

Harborview contracts with certified companies for the collection, transportation, processing and disposal of medical wastes. Currently, Browning-Ferris Industries, Inc. transports medical wastes from Harborview and Recomp of Washington (located in Ferndale, Washington) treats and incinerates medical wastes. Leak resistant and reusable containment systems are used for transport. The processing utilizes 'best available control technologies' (BACT) by removing 95% of gases, particulates and other pollutants and meets or exceeds air emissions standards. High temperatures (1600 degrees Fahrenheit) virtually eliminate bacteria, viruses, and dioxins while rendering the waste unrecognizable. The reusable containment system tubs are also sanitized by water heated in the incineration process. The Recomp facility is a 'waste to energy' facility, meaning it generates electricity from steam created by the incinerator's heat in burning the waste. Excess power is sold to Puget Power (enough for 1500 homes in the Bellingham area). There is a 95% reduction in waste material volume with a 5% residual ash leftover. The final depository of ash is by Regional Disposal Company located in Roosevelt, Washington. This is the only Subtitle D landfill in the state of Washington (the landfill is fully lined to protect surrounding groundwater from leachates).

Harborview has adopted and continuously implements a Hazardous Materials and Waste Management Plan and detailed Environmental Services Operational Policies[1]. The purpose of the plan is to insure that Harborview creates and maintains a facility environment that minimizes the risk of hazardous materials and waste exposure and minimizes the risk to fire. It is Harborview policy to manage hazardous materials and waste in accordance with U. of W. plans, and in compliance with applicable City, County, State, Federal, and Joint Commission Accreditation Hospital Organization (JCAHO) rules, standards, regulations and laws. The Harborview laboratories chemical hygiene plan is specifically required by the Washington State Industrial Safety and Health Act (WISHA). Reports are filed as required to the Washington State Department of Ecology. (Hazardous Waste Large Quantity Generator RCRA Site ID# WAD096767967). Specific programs are established, organizational responsibilities are defined, emergency procedures are outlined, and annual effectiveness evaluations per performance indicators are conducted. Results serve to update/modify the plan.

Regulations define regulated wastes and identify proper management and disposal of these wastes. These include federal regulations such as the Resource Conservation and Recovery Act (RCRA) of 1976, 40 CFR 260-281, Hazardous Material Regulations (HMR), 49 CFR 171-180, and Toxic Substance Control Act of 1976, 40 CFR 700-799, and state and local regulations such as the Dangerous Waste regulations (DWR), WAC 173-303, and Pollution Prevention Planning, WAC 173-307.

---

[1] Harborview Medical Center Hazardous Materials and Waste Management Plan, revised 7/29/96 and Harborview Environmental Services Policy and Procedures for Infectious Waste Handling #2901,effective 6/23/94; Waste Handling: Disposal of Potentially Infectious Waste, #2901.01, effective 6/30/85; Biohazardous Waste Handling, #2902, effective 6/30/94, and #2902.1, effective 7/13/94. The waste management plan provides overall policy guidance and specific operational procedures to minimize risks and wastes.

Noise

The affected noise environment includes two aspects:

1) Ambient noise existing in the area; and

2) The permissible noise levels generated by a land use impacting other land uses.

Current Ambient Noise Levels

The First Hill location near downtown is a relatively noisy urban area with ambient sound levels of 65-70 dBA[1]. These ambient sources include vehicular traffic on the freeway and local streets, emergency vehicles and air traffic, building mechanical/electrical systems and the concentration of people activities. When recent noise assessments were taken at Harborview for the previously approved heliport, the noise levels were within the existing ambient noise range. Emergency helicopter operations are expected to continue with no significant changes proposed in the Planned or Potential Projects.

Seattle Noise Ordinance

The City of Seattle Noise Ordinance (SMC 25.08) establishes acceptable noise levels for each land use zone. The purpose of the regulations is to, "control the level of the noise in a manner which promotes commerce; the use, value, and enjoyment of property; sleep and repose; and the quality of environment." Commercial projects, including institutional projects must meet with the requirements of the Noise Ordinance. Projects are screened for noise issues, particularly when located near residential zones. A noise abatement program is enforced by DCLU. Harborview is not defined as a 'major noise generator' (typically industrial, manufacturing, and transportation type uses).

The Noise Ordinance prescribes maximum permissible noise levels in dBA for on going operations (such as from building equipment noise) given in Table 11 and for construction noise limits (for discussion of short-term noise, see page 197). Harborview's land use is best approximated by commercial land use. The permissible noise level for commercial land use is 57 dBA day/47 dBA night for receiving residential users and 60 dBA for receiving commercial properties. These applicable standards for Harborview are highlighted in the table.

[1] Harborview Medical Center Helipad Noise Evaluation, February 29, 1999, King County/The Greenbusch Group

Table 11
Seattle Noise Ordinance Permissible Sound Levels

Land Use Zone of Noise Sourc	Land Use Zone of Receiving Property		
	Residential Day/Night	Commercial	Industrial
Rural	52/42 dBA	55 dBA	57 dBA
Residential	54/45 dBA	57 dBA	60 dBA
Commercial	57/47 dBA	60 dBA	65 dBA
Industrial	60/50 dBA	65 dBA	70 dBA

Source: Seattle Noise Ordinance, SMC 25.08.410-420. The noise measurement is in decibels.
In order to account for human sensitivities to noise, decibels are measured on the 'A scale', abbreviated dBA.

Patient delivery statistics to the Harborview emergency department were compiled to quantify the number of ambulance trips and characterize the associated siren conditions. As can be seen in Table 12, there are about 45,000 to 47,000 annual trips with about 45 to 46% by emergency vehicle that could use a siren (ambulance, aid car, Medic One, law enforcement)[1]. The policy for emergency vehicles is to cut-off sirens within two blocks of the hospital. Drivers of emergency vehicles use their own judgement when arriving and departing from the hospital, with the use of sirens largely dependent on traffic conditions and emergency vehicle speed. Most vehicle approaches to the emergency department are from the north via 9th/James/Jefferson, because of the access to arterials and the freeway. It is likely that other emergency vehicle sirens occur from pass-by trips to non-Harborview destinations. Timing is throughout 24 hours a day and seven days a week. Noise sensitive receivers are primarily the residential uses in the Harborview vicinity. Current ambient noise levels in the vicinity already exceed the noise ordinance standards. In addition, the noise ordinance exempts siren noise and aircraft noise.

.

[1] More typically, some 11 to 12% of the emergency vehicles would regularly use sirens (aid cars and Medic One). Note that the ambulance delivery statistics include all the air flight trips (patients arriving by helicopter are moved by ambulance to the ER from the helipad and no sirens are used). Ambulances seldom use sirens because they are not typically used to deliver trauma patients. Similarly, trauma patients are not typically delivered by law enforcement vehicles

[1]. Adopted by Ordinance #117221, July 25, 1994 as amended by Ordinance #117436, December 12, 1994

Table 12

Harborview Emergency Department Patient Delivery Statistics

Mode of Arriving ED Patients	1998 Trips	% 1998 Trips	1997 Trips	% 1997 Trips
Private Car	13,707	29%	13,011	29%
Bus/Taxi	5,056	11%	4,969	11%
Ambulance[1]	14,021	30%	14,026	31%
Aid Car[1]	740	2%	592	1%
Air Flight	2,231	5%	2,050	4%
Walk-In	3,721	8%	3,414	8%
Medic One[1]	4,682	10%	4,327	10%
Other	510	1%	535	1%
Community Services Officer	14	-	21	-
Detox Van	276	1%	236	1%
Law Enforcement[1]	1,758	3%	1,948	4%
TOTAL	46,716	100%	45,129	100%

[1] Emergency vehicles with sirens. The aid car and medic one vehicles would more typically use sirens because of the urgency in delivering trauma patients.

2. IMPACTS

HARBORVEW PROPOSED ACTION

Hazardous Materials/Wastes

If Harborview and its associated medical facilities develop according to the proposed Master Plan, the number of locations generating waste would increase. This increase would be directly linked to any waste volume increases. Increases in the volume of regulated waste increase the need for waste minimization. Harborview's Pollution Prevention Plan is intended to assist in the reduction of hazardous substance use and hazardous waste generation where it is economically and technically practicable. The reduction of hazardous substance use and hazardous waste generation would diminish the present and future threat to human health and the environment.

Planned Projects may generate an additional 10,300 to 11,900 gallons of medical waste per month and Potential Projects may generate an additional 31,500 to 36,300 gallons per month. The total cumulative amount of estimated medical wastes (from existing plus Planned Projects and Potential Projects) is about 123,300 to 141,700 gallons per month. This is about a 51% increase from current levels. The quantity estimate assumes that the ratio of current waste levels to building space remains constant and that this ratio is a reasonable measure for forecast purposes.

With a 51 percent increase in waste generation comes an increase in the need to transport waste materials off-site for incineration and other methods of disposal. The transport system, as described earlier, is carefully controlled, but the possibility for leakage or spilling still exists and likely would increase relative to increased transport requirements. The likelihood of a spill is minimal. In addition, the impact from incineration, though minimal, increases with an increase in generation of waste. The cumulative impacts are considered negligible given the amount of waste generation transported off-site.

Noise

Long-term impacts would primarily concern noise associated with Harborview operational activity and from building equipment. Increases in traffic may contribute to ambient noise levels (see following discussion related to emergency vehicles/sirens). Noise levels may also increase from vehicles accessing the proposed parking garages. Noises from vehicles using existing surface lots would be reduced with the redevelopment of these sites. Traffic noise increases would likely be slightly noticeable, within the 3 to 5 dBA range. The adjacent high traffic corridors of the I-5 freeway and James Street already establish higher urban traffic noise levels.

Building related noise impacts may occur from heating, ventilating and air-conditioning equipment and from emergency generators. The proposed medical uses have substantial equipment support needs. The design would be subject to meeting the requirements of the Seattle Noise Ordinance of 57 dBA daytime and 47 dBA nighttime for residential noise receivers. The residential uses located closest to the proposed projects would be most impacted.

Building noise, associated with the long-term operation of Planned and Potential Projects, is not expected to be a significant impact. Proposed mitigation measures would reduce the extent of possible impacts. Traffic increases, associated with the increased development concentration, would also contribute to area noise. However, the cumulative noise increase would not be significant. Intermittent noise events of short duration may occur. The noise episodes would contribute to overall noise levels, but would not substantially change ambient noise levels.

No significant changes to noise levels are expected associated with the continued emergency helicopter operations.

The Inpatient Expansion Planned Project is the primary project that may directly affect the occurrence of emergency vehicle siren noise. This project increases the hospital inpatient capacity in response to projected population and service growth with an increase of 50 beds. In terms of building area, the in-patient project is about 24% of the total net increase in Harborview space. Assuming that the growth in space is related to emergency patient trips, a 24% increase in total ER trips could be forecast, with about half of the increase by emergency vehicles with sirens transporting patients. This would amount to 5,000 to 6,000 annual ER patient delivery trips by vehicles using sirens. This projection is likely a "worst case" and a high number because not all emergency vehicles with sirens actually use their sirens when delivering patients to Harborview. Noise impacts to the area would increase due to the increase in the number and frequency of trips. Siren noise is not regulated by the Noise Ordinance.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Impacts to environmental health hazards/noise conditions would be the same as identified for Proposed Action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Impacts to environmental health hazards/noise conditions would be the same as identified for Proposed Action.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have the same impacts as the Proposed Action

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Noise impacts associated with operational activity and building systems may be more concentrated at the center of the campus. Rooftop equipment may be further away from sensitive receivers but the higher heights may extend the noise exposures. Impacts would be similar to and possibly greater than the Proposed Action.

NO ACTION ALTERNATIVE

The No Action Alternative would continue the existing conditions of hazardous wastes and noise conditions. There would be no significant adverse impacts.

Regarding noise, it is likely that due to population growth there would be an increase in emergency room patient delivery and related siren noise. The issue would be insufficient hospital capacity to accommodate the patient volume demands. The existing noise generated from existing buildings would continue, and as equipment ages, noise levels may increase.

3. MITIGATION MEASURES

Hazards

- Continue to implement, monitor and update the Harborview Hazardous Materials and Waste Management Plan and specific programs to minimize hazard risks.
- Comply with all applicable laws, regulations, standards and policies related to hazardous materials.
- Maintain an environmentally responsible waste management stream that protects the public interest in the collection, transportation, processing and disposal of hazardous/medical wastes.
- Continue annual effectiveness evaluations and modify the waste management plan as appropriate.

Noise

- Comply with the requirements of the Seattle Noise Ordinance (SMC 25.08).
- Assure that building-related noise sources such as heating, ventilating and air conditioning equipment and emergency generators are designed within the allowable noise levels permitted by the Seattle Noise Ordinance.
- Consider orienting parking facilities, loading areas, material transfer and waste facilities away from noise sensitive residential uses and provide adequate acoustical buffers to reduce noise exposure.
- Install acoustic baffles for sound control on HVAC equipment and fans.
- Continue to implement policy of 'shutting-down' emergency vehicle sirens within two blocks of the hospital (for both arriving and departing emergency vehicles), except when prevented by safety/traffic conditions.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

The quantity of hazardous waste would increase. However, the significance of the impact would be effectively mitigated.

Impacts would occur from the increase in emergency vehicles using sirens. The balance of siren noise to traffic safety issues requires that sirens be used as necessary. The siren 'shut down' mitigation would reduce impacts to residential areas.

LAND USE/PATTERNS

1. AFFECTED ENVIRONMENT

Community Land Use

As shown in Figure 9, Harborview is located in a medium density urban area containing a mixture of residential, institutional and commercial land uses, including some of Seattle's major institutions. The First Hill neighborhood north and east of the campus includes many apartment buildings, retail/commercial buildings, religious facilities, an art museum, several medical centers and other institutional facilities. Swedish Hospital Medical Center is located to the northeast of Harborview, with Seattle University just east of Swedish. Virginia Mason Medical Center, Seattle Life Science Center (the former Fred Hutchinson Cancer Research Center) and many medical office buildings are also located on First Hill.

A variety of retail and service businesses, parking lots and apartment buildings are located along James Street, just north of the Harborview campus. There is a small retail grocery on James, one of two located in south First Hill that serve residential uses. Further northeast of the campus across Madison Street is the Boren - First Hill neighborhood, a dense development of older apartment buildings and historic homes. Several blocks northeast of that are the Pine/Pike Street neighborhood and Broadway commercial district containing commercial, residential, mixed-use buildings, parking lots and Seattle Central Community College.

Immediately west of the campus and across Interstate-5 is Seattle's commercial core, which includes high-density office space and the King County Jail. South of the campus is the Yesler Terrace neighborhood, with its mixture of low and medium density housing and south of that is a portion of the International District with a high concentration of Asian restaurants and businesses. Still further south across Interstate-90 is the Beacon Hill neighborhood containing the Pacific Medical Center and medium to low-density housing.

RETAIL/OFFICE/COMMERCIAL

INSTITUTIONAL/PUBLIC

RESIDENTIAL

PARKING/VACANT

OTHER

Community Land Use

harborview medical center

FIG. 9

Existing Campus Land Uses

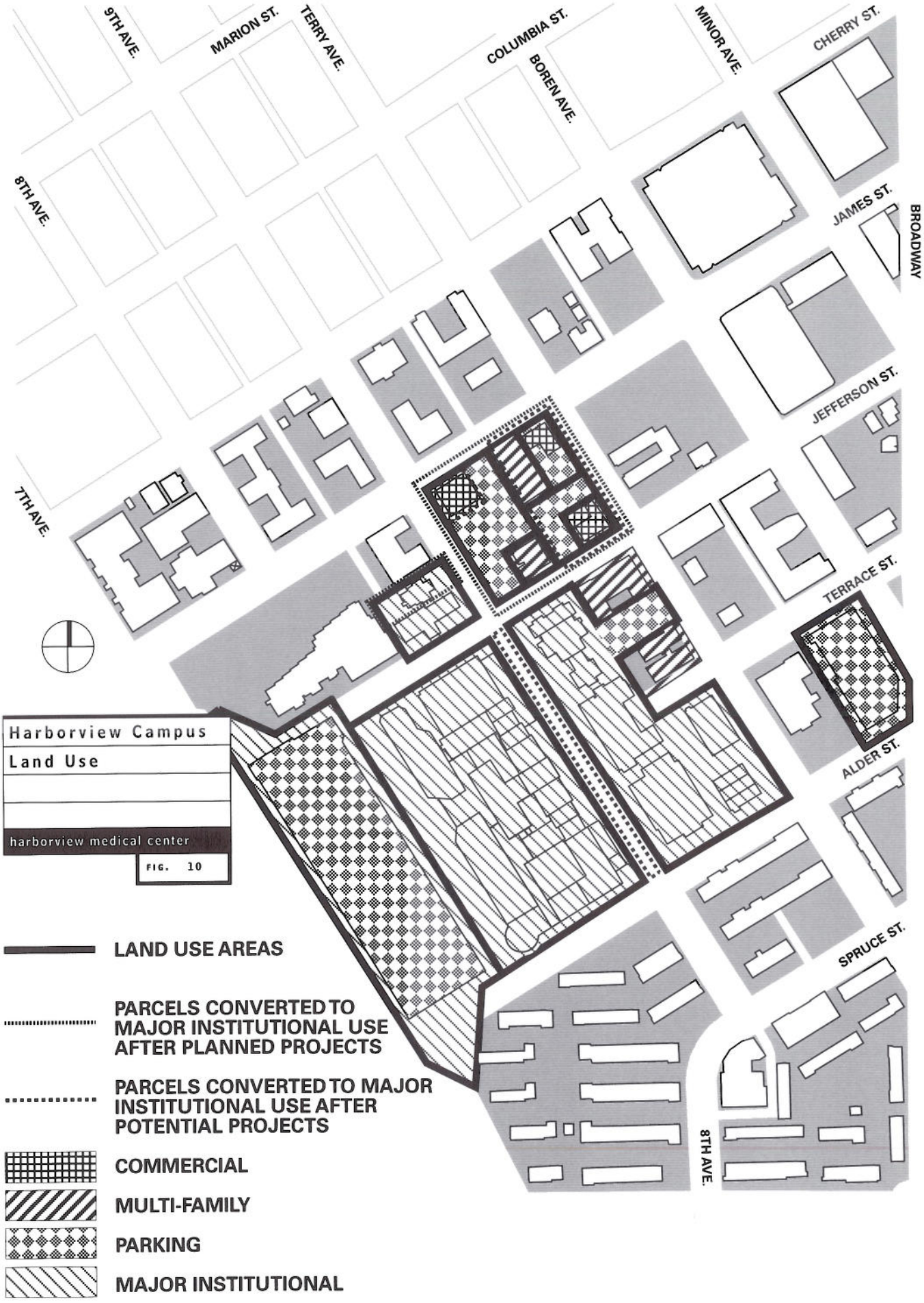
Ninety-percent of the land area on the existing Harborview campus (including approved projects) is currently related to major institution functions. Just over 7% of the remaining land area is vacant/surface parking. Another 1% is currently retail/commercial use, and 2% is residential/multi-family. The land uses outside the previously approved MIO boundary but within the new MIO boundary include two apartment buildings (Lafayette and 908 Jefferson Apartments).

An additional 36,036 SF of land area that fronts the hospital (the portion of 9th Avenue between Jefferson and Alder Streets) is a dedicated right-of-way. The Harborview property also includes 17,082 SF in alleys and a segment of Terrace Street. With other streets inside the new MIO boundaries, the existing right-of-ways total about 111,462 SF.

Table 13
Existing Harborview Property Land Uses

	Land Area (SF)	Percent of Total
Harborview Property (within existing M boundary)		
Major Institution	514,464	90%
Retail/Commercial	7,200	1%
Multi-Family Residential	10,800	2%
Vacant/Parking Lot	42,000	7%
Total	**574,464**	**100.00%**
Property Not Owned by Harborview (in adjacent land use areas–Figure 10)		
Major Institution	0	
Retail/Commercial	7,200	
Multi-Family Residential	16,890	
Vacant/Parking Lot	0	
Right-of-Ways Within Fut. Campus	111,462	
Total	**135,552**	

Figure 10 shows the existing land uses in the immediate Harborview area.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
TERRACE ST.
ALDER ST.
SPRUCE ST.
8TH AVE.
Harborview Campus
Land Use
harborview medical center
FIG. 10
LAND USE AREAS
PARCELS CONVERTED TO MAJOR INSTITUTIONAL USE AFTER PLANNED PROJECTS
PARCELS CONVERTED TO MAJOR INSTITUTIONAL USE AFTER POTENTIAL PROJECTS
COMMERCIAL
MULTI-FAMILY
PARKING
MAJOR INSTITUTIONAL

Development Activity

Other development in the First Hill area is part of the changing land use conditions and may impact future plans for Harborview. For example, traffic mitigation plans and costs associated with the increased cumulative development density must be considered. The following summarizes development activity in the area. Table 14 includes both ongoing/recently completed projects, plus planned projects in varying states of implementation. Together, the development activity amounts to over 4 million square feet of new projects.

Table 14
Development Activity

Ongoing/Recently Completed Projects	**Size of Development**	**Status**
Harborview Campus		
Harborview* Trauma Center	440,000 SF	Completed
Harborview Research & Training	170,000 SF	Completed
Surrounding Area		
Seattle University Chapel	8,000 SF	Completed
Seattle University Campus Student Housing	135,000 / 202 units & 600-car garage	Completed
Seattle University Law School	140,000	Under Construction
Swedish Medical Center SE Wing Base	78,000 SF / 600 parking spaces	Completed
Swedish Medical Center SE Wing Tower	178,000 SF	Completed
Frye Art Museum	18,000 SF	Completed
Benaroya Research Institute at Virginia Mason	218,000 SF / 275-car garage	Completed
Harvard Market Mixed Use Project (Broadway & Union)	88,000 SF Retail / 1,500 SF Office, 2 Apartments, 31 Parking Spaces	Completed
Total Ongoing/Recently Completed	**1,479,500 SF**	

*Emergency Department, operating rooms, inpatient, outpatient, ancillary support services.

Table 14 (continued)
Development Activity

Planned Projects	Size of Development	Status
Harborview Campus		
Harborview View Park Garage Expansion	96,000 SF / 325 Parking Spaces	Permitting
Surrounding Area		
Virginia Mason Medical Center Master Plan projects	500,000 SF over 15 years	MIMP Approved
Swedish Medical Center Master Plan projects	Hospital: 256,000 SF	MIMP Approved
Seattle University Master Plan projects	593,000 SF (7 new buildings) & 320,000 SF Parking (1,015 spaces) over 10 to 15 years)	MIMP Approved
Providence Medical Center projects	500,000 SF over 15 years	MIMP Approved
Seattle Central Community College Learning Resource/Technology Center	30,000 to 60,000 SF (Total SCCC Master Plan projects: 190,000 SF over 15 to 20 years)	New MIMP Underway
Gas Station/Convenience Retail (12th&Terrace)	2,600 SF	-
24-Unit Apartment/Parking (Broadway & Terrace)		-
Mixed Use Building 1001 Madison	127 units, 16 storys, senior housing	Permitting
Silver Cloud 1100 Broadway	175 room hotel, 125 parking spaces	Permitting
401 Boadway	170,000 SF office	Permitting
Regional Transit Authority: Underground Light Rail (Boren/Madison/Broadway)		Planning Underway/Preparing FEIS
Total Planned	**2,687,600 square feet**	

In addition to the projects occurring on First Hill, there is a large amount of development activity occurring west of I-5 in South Downtown. Currently proposed, under construction or recently completed projects range from roadway improvements, office buildings, condominiums, to parking structures and large sports stadiums including those listed below:

- Millenium Tower
- Coronal Hotel
- Butler Garage
- Terry/Denny Building
- Colman Dock Pier Rehab
- Fifth and Yesler Condo.
- King Street Access Imp.
- King Street Station
- King Street Center Offices
- RTA Commuter Rail/BNSF Mainline Expansion
- Fifth and Jackson Hotel/Condo.
- Occidental Street/Sidewalk Paving
- Occidental Avenue Water Main
- Union Station Complex
- Fujisada Condominiums
- Uwajimaya Project
- SR-519 City Surface Street Imp.
- New Football Stadium
- First Avenue Sidewalk Widening
- Ferry Terminal Remote Holding A
- Palmer Building
- Exhibition Hall
- Football Stadium Pkg Garage
- Ballpark
- SR-519
- Ballpark Parking Garage
- Amtrak Maintenance Facil.
- Ryerson/Metro Bus Base
- Smith Tower Block

2. IMPACTS

HARBORVIEW PROPOSED ACTION

The most substantial nearby land use development changes are identified. Major institution development based on other nearby institutional master plans represents a large part of cumulative change over the next decade. As shown in the previous Table 14, Seattle University, Swedish Medical Center, Providence Medical Center and Virginia Mason Research Center have on-going projects and Planned Projects for the future. The specific timing is uncertain, but the cumulative growth contributes to land use intensification, which, in turn, has an increased cumulative impact on residential, retail, and small business land uses. The increase of major institutional uses may reduce the mix of other land uses on First Hill. Because the sustainability of residential neighborhoods is dependent in part on the ability to provide necessary services within the community (grocery, retail, small business), the reduced mix of land uses reduces the viability of residential neighborhoods as people have to travel farther and farther from home to meet their basic needs. In addition, proposed public and private projects in the south downtown commercial core would increase activity in the area West of I-5.

Table 15
Harborview Planned and Potential Project Land Uses within New MIO Boundaries

Land Uses	Existing Land Ar (SF)	% of Total L Area	Planned Pro	% of Total L Area	Potential Proj	% of Total Area
Major Institution	504,864	79%	572,394	90%	637,196	99%
Retail/Commercial	14,400	2%	-	-	-	-
Multi-Family **Residenti**	27,690	4%	-	-	-	-
Parking	42,000	7%	20,400	3%	-	-
Right-of-Ways	53,118	8%	49,278	7%	4,896	1%
Total[1]	**642,072**	**100.00%**	**642.072**	**100.00%**	**642,072**	**100.00%**

[1] Total land area includes property not owned by Harborview but within the future Harborview boundaries (zoning boundaries assumed to typically be at street centerlines). Total existing Harborview property is 574,464 SF, and total future property is 594,480 SF

Planned Projects

The major land use changes related to Planned Projects would occur north and east of the existing hospital. Projects converting parcels to Major Institutional use include the development of the Harborview Multiuse Building at the northwest corner of 9th Avenue and Jefferson St., the development of the first phase of the Clinical Care Services Building (with below grade parking on the entire block) on Block 81, and the development of the open plaza in the center of campus. (The Inpatient Expansion replacing Harborview Mental Health Services maintains the existing major institutional land use on that site.)

The existing land use on the northwest corner of 9th Avenue currently is the former Medic One unit and a six-plex residential building. Block 81 displaced land uses are two grocery stores, a dry cleaners, a laundromat, parking and two apartment buildings.

The overall impact of the Planned Projects may further decrease the small amount of commercial use and would reduce residential land uses in the immediate neighborhood. Within the new MIO boundaries, the current 79% major institutional use would increase to 90% with Planned Projects and to 99% with Potential Projects. Public right-of-ways would decrease from 8% to 1% (Potential Projects) due to proposed vacations. The overall land use in the area is already dominated by major institutions. The Proposed Action would continue this trend toward intensification of land uses.

Potential Projects

Land use changes related to Potential Projects would further extend the intensity of Major Institutional land use. The Clinical Services Building expansion (which fully develops Block 81), and the expansion to the East Hospital into 9th Avenue, together would change most remaining uses to major institutional. This would result in the loss of the grocery store, laundromat and restaurant on Block 81,and the vacation of 9th Avenue. Street level retail space is proposed along James Street so new business would replace the existing uses.

All of these projects would intensify development but not change the large majority of land uses further established through the Planned Projects described above. The increased development density may contribute to cumulative increases in traffic and parking demand, as well as losses in housing stock, small business, and retail uses.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

The alternative would maintain the segment of 9th Avenue between Jefferson and Alder Streets as public right of way. The land area amounts to about 36,000 square feet (0.8 acres). Public use for vehicular, pedestrian and utility purposes would continue. The open space of the right of way would also be maintained, with no encroachment by the East Hospital Expansion project.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Impacts to land use would be similar to the Proposed Action. The site is already institutional use; parking would be added to the mix with the medical functions. Development intensity would be increased but would not be apparent with the parking development below grade. The area devoted to parking would be increased.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The recognition of the major institutional use would be eliminated by the zoning change (see consistency with plans/policies/regulations). The Boren Garage site area of 30,480 square feet would reduce the amount of institutional land from a regulatory viewpoint. However, the garage would continue to be owned and operated by Harborview.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The land area impacts would be the same as the Proposed Action since all of the same sites would be institutional use. However, density would be substantially increased in the campus core area and reduced toward the campus edges. Also, longer-term campus expansion impacts may be reduced with the ability to add future development within the current campus versus future additional land acquisition. Compatibility impacts may be lessened with the most activity located toward the campus center, away from campus edges that abut sensitive uses (such as residential). Less future displacement impacts may occur. Less campus open space would be developed with more development intensification.

NO ACTION ALTERNATIVE

As described above, other significant development projects are planned in the surrounding area. The No Action Alternative would not impact current land uses around the site, but without expansion of parking options, there would be no relief in current parking demand. Other planned projects - particularly the expansion of Swedish Medical Center – could also further impact parking needs in the neighborhood.

3. MITIGATION MEASURES

- Locate the most intensive and people-generating functions away from residential buildings.
- Improve the quality of landscaped open space through development of the east side and west side spaces.
- Buffer and screen potentially objectionable views of support and service uses by landscaping, walls and fences.
- Provide opportunity for retail space in the Clinical Care Services Building along James Street.
- Increase street level setbacks to widen sidewalks that encourage pedestrian activity/uses along James Street.

4. UNAVOIDABLE ADVERSE IMPACTS

Existing retail commercial and residential uses would be displaced, continuing a trend in the area toward intensification of institutional uses; however, the Planned Project on Block 81 would provide opportunities for other retail functions at street level. Public right-of-way use would be reduced through the vacation of 9th Avenue, Terrace Street and alley.

CONSISTENCY WITH PLANS/POLICIES/REGULATIONS

The relationship of the Harborview Master Plan with adopted plans, policies and regulations plus on-going planning efforts is discussed in this section. Key elements are identified and consistency or inconsistency with the Harborview proposal is discussed. The following land use elements are addressed:

Seattle SEPA Policies
Seattle Comprehensive Plan
Major Institution Policies
Seattle Land Use Code
First Hill Neighborhood Plan
Central Puget Sound Regional Transit Authority/Sound Transit Plan
Street Vacation Policies
Adjacent Major Institution Master Plans

HARBORVIEW PROPOSED ACTION

Seattle SEPA Policies

Environmental policies and procedures that adopt state environmental requirements are established for the City of Seattle in Chapter 25.05 of the municipal code. The 'SEPA Rules' are required to locally implement the State Environmental Policy Act (WAC 197-11). The procedural and substantive requirements for environmental compliance are detailed in the Seattle SEPA policies. The policies are the basis for this environmental impact statement.

As established by the Seattle SEPA Ordinance (ordinance 144057, as amended), the plans, policies, rules and regulations of the City of Seattle provide the basis for the City's authority to condition or deny a project to mitigate environmental impacts (SMC 25.05.660). It is the City's policy to protect the environment and provide for reasonable property development. In order to provide predictability in its land use regulations, the City has incorporated environmental concerns into its codes as much as possible. In most cases compliance with applicable codes will provide adequate mitigation of the anticipated effects of development. However, regulations cannot always anticipate or effectively mitigate all adverse environmental impacts. Therefore, the Seattle SEPA Rules provide a framework for mitigation of impacts, which are not necessarily incorporated into codes and regulations. The Seattle SEPA Rules describe specific environmental policies (SMC 25.05.675) that can be used, in addition to adopted City codes and regulations, to exercise the City's authority. The elements include: air quality, construction impacts, drainage, earth, energy, environmental health, height/bulk/scale, historic preservation, housing, land use, light and glare, noise, parking, plants and animals, public services and facilities, public view protection, shadows on open space, traffic and transportation, and water quality.

Application of the rules to the Harborview proposed action have resulted in the determination that King County is the Lead Agency (25.05.926), and that an EIS is required (25.05.330). In addition, the rules were the basis of public scoping that focussed the impact analysis (25.05.408), of the Draft EIS preparation and issuance (25.05.420-.444). This Final EIS is prepared consistent with the rules (25.05.460). Other policies and procedures described in these rules have guided all aspects of this environmental review process.

Seattle's Comprehensive Plan

The City of Seattle's Comprehensive Plan (*Seattle's Comprehensive Plan, Toward a Sustainable Seattle, A Plan for Managing Growth 1994-2014,* adopted July 25, 1994 and subsequently amended by one resolution and eleven ordinances) is a 20-year policy plan describing a desired vision for growth while maintaining the City's "livability.[1]" The plan meets the State requirements of the Growth Management Act and is supportive of the multi-urban centers concept of the Multi-County Planning Policies (Puget Sound Regional Council, 1993), the King County Countywide Planning Policies (King County, 1994), and the City of Seattle's Framework Policies (Seattle, 1992).

The Comprehensive Plan includes seven elements: land use, transportation, housing, capital facilities, utilities, economic development and neighborhood planning. Each element describes goals and policies intended to guide development of the City in the context of regional growth management. The plan is intended to direct the development of regulations that govern land use and development rather than to be used to review specific project proposals. While all elements affect growth and development at and around Harborview, the most relevant element to the Master Plan is the Land Use Element.

Therefore, the Land Use goals and policies are described in more depth than other goals within the Plan. Other elements described in lesser detail include relevant goals for open space, housing, economic and transportation elements.

Harborview is located within the designated First Hill/Capitol Hill Urban Center, one of five Urban Centers within the City. (See Figure 11) The Seattle Comprehensive Future Land Use Map[1] designates the existing Harborview campus as 'Major Institutions' and the View Park garage is designated 'Public Open Space'. The surrounding area is noted as 'Multi-Family Residential Areas'. The area along the Boren and Broadway corridors is identified as 'Commercial Mixed Use Areas inside Urban Centers/Villages'.

The City Executive Department, Strategic Planning Office, establishes an annual amendment process. Harborview proposes to amend the Land Use Map to reflect the proposed MIO boundary change. This boundary change is described in detail in the Final MIMP document (see III. Development standards, A. Zoning District).

The First Hill Neighborhood planning was recently completed and the Seattle Comprehensive Plan was amended (Council Bill 112487, passed March 22, 1999) to include the results. The amendments include First Hill goals and policies, map and land use element changes and capital facilities/utilities/ transportation analysis. (Also see First Hill Neighborhood Plan discussion). Adopted goals and policies particularly relevant to Harborview[2] include:

---

[1] Adopted by Ordinance #117221, July 25, 1994 as amended by Ordinance #117436, December 12, 1994

[2] Council Bill No. 112487, Attachment 2

Community Character

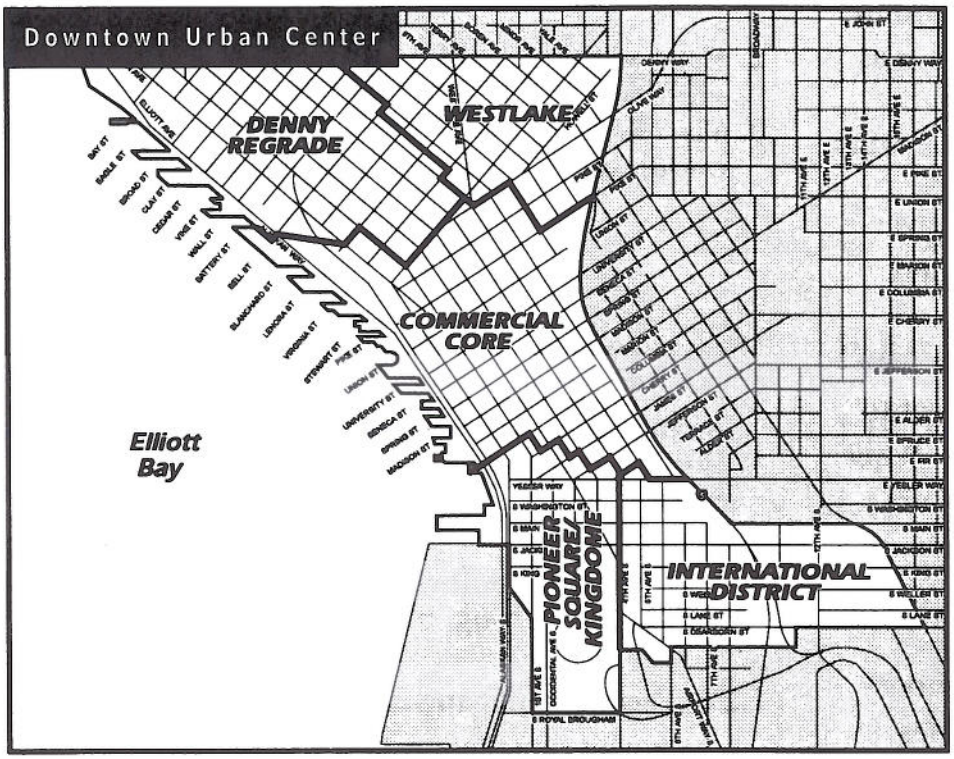
- G1: A community with a culturally and economically diverse residential population, that is also a major employment center, home to many of the region's state-of-the-art medical centers and related facilities.

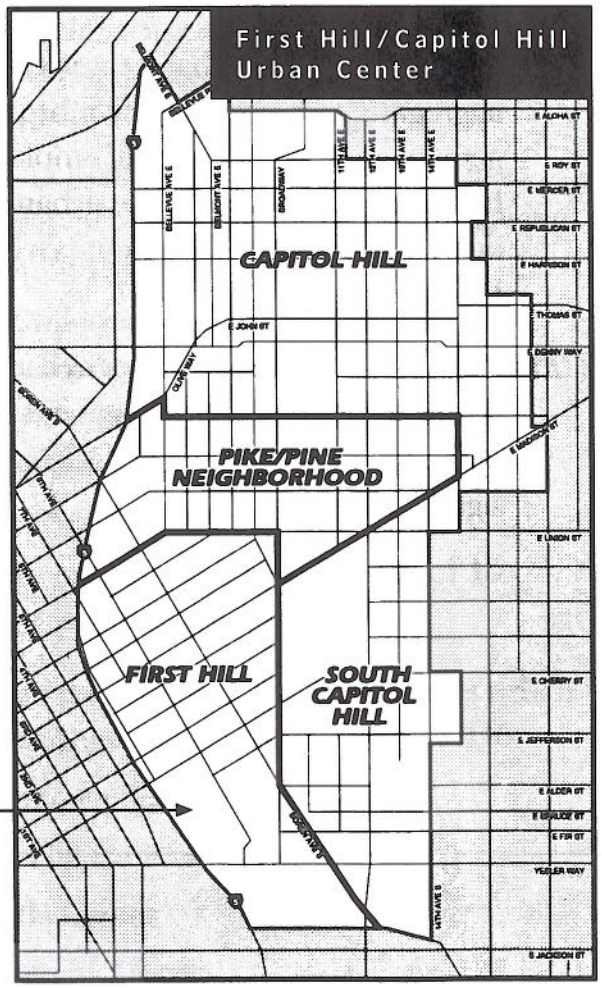
- P5: Encourage major institutions and public projects to work to preserve, maintain, and enhance the important qualities of the neighborhood plan, i.e., open space, housing and pedestrian environment.

Transportation

- P20: Seek to resolve transportation and parking problems associated with being both a major medical employment center and a residential urban center village and improve the environment for pedestrians.

Selected relevant goals and policies of the Comprehensive Plan and discussion of their consistency with the Harborview Master Plan are given in Table 16.





Note:
Boundaries of Urban Center Villages within Urban Centers are Preliminary Planning Boundaries and are subject to change in neighborhood planning processes.

Seattle
Comprehensive Plan

harborview medical center

FIG. 11

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan

Goals and Policies	Consistency with Harborview Master Plan
Preferred Development Pattern	
G2 – Respect the City's human scale, history, aesthetics, natural environment, and sense of community identity	The plan seeks to create a campus environment with pedestrian amenities; building bulk/heights would increase; development standards control scale; the Old Fire Station #3 is maintained/preserved; Harborview Hall and the East Hospital (Center Wing) are demolished
G4 – Promote densities and mixes of uses that support walking and use of public transportation; Urban Centers are intended to identify and reinforce concentrations of employment and housing in locations that would support and have direct access to the regional high capacity transit system	Campus intensification is proposed in the defined First Hill/Capitol Hill Urban Center; Harborview is near downtown where substantial transit service is available; the TMP promotes increased transit use
G7 - More efficiently use limited land resources	Underdeveloped sites are proposed to be intensified; existing sites with deteriorated buildings would be re-developed; A high density, compact campus is proposed
G 10 - Maximize the benefit of public investment in infrastructure and services	The location is already well served by urban infrastructure and services; street vacations would require some utility relocation
L 6a - Consider zoning sufficient to accommodate the residential and employment growth targets established for that village	The Master Plan would increase employment opportunities from the current 2700 FTE's; however, the local housing stock would decrease by 64 units
L 6e – Consider zoning regulations that restrict those public facilities that are incompatible with the type of environment provided for in centers and villages	The MIO District overlay concentrates the major institution development on adjacent County owned property; zoning seeks to mitigate residential/institutional compatibility
L 9 – Permit, through the neighborhood planning processes, recommendations for the revision of zoning to better reflect community preferences for the development character of an area, provided that the consistency between the zoning and this plan is maintained	The MIO District and planning process with the Citizen Advisory Committee (CAC) allows direct local input to tailor zoning; the CAC chair also co-chaired the neighborhood plan (which is discussed under the First Hill Neighborhood Plan)

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan (continued)

Goals and Policies	Consistency with Harborview Master Plan
Categories of Urban Villages	
G 20 – Identify and reinforce concentrations of employment and housing in locations that would support and have direct access to the regional high capacity transit system	Harborview is served by existing transit (buses) and is adjacent to the I-5 corridor; Harborview is not located along the possible light rail route to First Hill (5 blocks away at Madison which is within a ¼ mile walking distance)
L-22 - Permit employment and/or housing densities in zoning consistent with the designated functions of each urban center village	The proposed MIO district is supportive of the employment density but reduces the housing density
Distribution of Growth	
G 33 – Achieve the following 20-year growth targets in Seattle's urban centers, First Hill/Capitol Hill: Residential growth approx. 5540 households and employment growth approx. 11,700 jobs	No new housing is proposed on the Harborview campus and existing housing units would be demolished for a loss of 64 units; employment opportunities would increase
G-37 – Guide the increase in density over the life of the plan so that each type of area progresses toward full development as an urban village at a pace appropriate to current conditions in the area	The Harborview proposal would occur from 2000 to 2010 and from 2010 to 2020; the proposal is a substantial amount of development to the area
Major Institution Overlay Areas	
G 67 – Maximize the public benefits of major institutions including health care and educational services, while minimizing the adverse impacts associated with development and geographic expansion	The Master Plan and identified mitigation measures seek this balance; proposed growth does create impacts described in this EIS
G 68 – Recognize the significant economic benefits of major institutions in the City and the region and their contributions to employment growth	The proposed Master Plan is necessary to maintain and enhance the benefits of the Harborview medical campus; Harborview based physicians attract almost $40 million annually of research funds which attracts an additional $14.6 million of private funds
G 69 – Balance each major institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods	The Master Plan together with identified mitigation measures seeks this balance

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan (continued)

Goals and Policies	Consistency with Harborview Master Plan
G 70 - Promote the integration of institutional development in the overall planning for urban centers	CAC members are also key participants in the institutional development and the neighborhood plan, improving integration of the processe; the Harborview plan supports First Hill neighborhood plan recommendations described on pages 85 - 89 of this document
L 127 - Support the development of major medical and educational institutions as significant contributors to broad public benefits and to economic vitality while protecting the character of neighborhoods adjacent to those institutions, and substantially mitigating the transportation and other impacts of such development	The Master Plan and identified mitigation measures seek this balance; the TMP will be revised and is intended to reduce transportation impacts; the institutional/ neighborhood balance will be weighed by decision-makers in this review process
L 128 - Permit exceptions to underlying zone provisions within the boundaries of major institutions pursuant to adopted major institution master plans to facilitate Planned Projects	Proposed development standards of the MIO District facilitate Planned Projects and modify underlying zoning; exceptions to the underlying residential zoning are necessary to accommodate the medical functions
L 129 - Provide for the coordinated growth of major institutions through major institution conceptual master plans and the establishment of major institutions overlay zones	Harborview is following the major institution requirements and process consistent with this policy
L 130 - Require significant community involvement in the development, monitoring, implementation, and amendment of major institution master plans, including the establishment of citizen's advisory committees containing community and major institution representatives	A CAC was formed for the Harborview master planning process and has been meeting monthly since September, 1998

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan (continued)

Goals and Policies	Consistency with Harborview Master Plan
Open Space Network	
G 73 – Support the objectives of the urban village strategy through strategies to achieve the following: Provide amenities in more densely populated areas Provide recreational opportunities for daytime populations in urban centers Mitigate the impacts of large scale development Increase opportunities to walk regularly to open spaces by providing them close by Create connections linking Urban Centers and Villages, through a system of parks, boulevards, community gardens, urban trails, and natural area Establish a network of connections to the regional open space system, including the vision for the Mountains to Sound Greenway Protect environmentally critical areas Enhance the tree canopy thoughout the City (policy amended 11/96)	The proposed Master Plan has the stated objective of creating a 'campus that respects the community context;' open space, landscaping, amenities and pedestrian connections are proposed which are consistent with the goals
G 74 - Goals for the provision of open spaces and related facilities are as follows	The goals are intended for the larger geographical areas, not for a specific project; however, Harborview will contribute to the overall goals by providing the East and West campus landscaped open spaces

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan (continued)

City open space and recreation facility goals

	Goal	Area
1 acre per 100 residents	Breathing room open space	City-wide
¼ to ½ acre within ¼ to ½ mile of every resident	Usable open space	Areas outside Urban Villages
Specific Goals for Recreation Facilities such as Community Centers, swimming pools and athletic fields are contained in the Parks COMPLAN	Recreation facilities	City-wide, except as modified by Village Open Space and Recreation Goals

Goals and Policies	Consistency with Harborview Master Plan
Housing	
G 1 – Accommodate a range of 50,000 to 60,000 additional households over the next 20 years	First Hill's share of the growth is 2400 households for 20 years; Harborview would displace 64 housing units
G 2 – Maintain housing affordability over the life of this plan	
G 14 – Preserve existing low-income housing, particularly in urban centers and urban villages where most redevelopment pressure will occur	Low income and market rate housing would be displaced (see Housing/Population sections of this EIS document)
G 17 – Encourage safe, habitable and affordable housing for existing residents of distressed areas through such means as rehabilitation and adequate maintenance of privately-owned rental housing	Low income and market rate housing would be displaced (see Housing/Population sections of this EIS document)
Economic/Development	
G 1 – Achieve employment growth in the City of between 131,400 and 146,600 jobs over the next 20-year period; stimulate job growth and alleviate and prevent economic distress or decline throughout the City so as to ensure long-term economic and social equity to all Seattle residents	The First Hill share of the employment growth is 6100 jobs for 20 years; the Harborview plan is supportive of the employment growth by providing new jobs.

Table 16

Relationship of Relevant Seattle Comprehensive Plan Land Use Goals and Policies to the Harborview Master Plan (continued)

Goals and Policies	Consistency with Harborview Master Plan
Transportation	
E 8 – Support the development of Seattle's major public and/or non-profit institutions which significantly contribute to a diversified economy comprised of high wage jobs, bring new activity and capital into the economy, develop and promote advanced technology, and provide substantial public benefits and needed services to Seattle's residents; balance this support with the interests and needs of the surrounding neighborhoods and other goals of this plan	The Harborview plan furthers this policy
G 5 – Provide a range of viable transportation alternatives, including transit, bicycling, and walking	The Harborview TMP includes provisions of these modes and supports the goal (see Transportation Section)
G 7 – Ensure that land use and transportation decisions, strategies, and investments are coordinated, are complementary, and support the urban village strategy	The disclosure of the Harborview plan allows early consideration of broader transportation improvements
G 10 –Support a shift towards transit, carpools and vanpools, bicycling and walking	The Harborview TMP goal is consistent with this goal. (see MIMP)
G 15 – Provide enough parking to sustain the economic viability and vitality of commercial areas while discouraging commuting by single-occupancy vehicles	Harborview proposes parking exceeding minimum/ maximum code range (see Transportation Section)
G 16 – Reduce use of cars over time, particularly for commute trips	Consistent with Harborview TMP
G 17 – Make the best use of the City's limited street space, seek balance among competing uses, and protect neighborhoods from overflow parking	Harborview proposed off-street parking increases the supply and may relieve some existing pressures for on-street parking space
G 19 – Increase transits ridership, and thereby reduces use of single-occupant vehicles to reduce environmental degradation and the societal costs associated with their use	Consistent with Harborview TMP

Major Institutions Policies

The most recent policies and land use regulations for Major Institutions were adopted in December 1996, by Ordinance 118362. The policies place high value on hospitals and higher educational facilities for the needed service they provide, but the policies also recognize that the institutional activity can have negative impacts on adjacent residential and neighborhood commercial areas. Special land use provisions that modify the underlying zoning are established while ensuring that the impacts of major institution development are satisfactorily mitigated.

Policies particularly relevant to the Harborview Master Plan are discussed in Table 17.

Table 17
Relationship of Key Major Institution Policies to the Harborview Master Plan[1]

Highlighted Major Institution Policies	Consistency with Harborview Master Plan
Framework Policies: "The intent of these policies is to balance the public benefits of the growth and change of major institutions with the need to maintain the livability and vitality of adjacent neighborhoods"	The Master Plan and identified mitigation measures seek this balance; Harborview proposes future development that requires functional adjacency to the core campus; however, some neighborhood uses are displaced
Policy 1: Definition "A Major Institution shall be defined as an institution providing medical or educational services to the community which, by nature of its function and size, has the potential to change the character of the surrounding area"	Harborview is a major institution by this definition. The policies and code provisions apply
Policy 2: Overlay District "The intent of an overlay is to permit appropriate institutional development within boundaries while minimizing the adverse impacts associated with development and geographic expansion	An existing MIO overlay district exists for Harborview; the Master Plan proposes a boundary expansion to the north of the existing campus (see Final MIMP document, Section III Development Standards)
Policy 3: Housing Preservation The preservation of housing shall be encouraged within MIO districts and the surrounding areas; conversion of housing within a major institution campus shall be discouraged but may be allowed under certain conditions	64 existing housing units would be demolished

[1] The policies are highlighted in this table. The complete text can be reviewed under SMC 23.12.120

Table 17

Relationship of Key Major Institution Policies to the Harborview Master Plan[1] (continued)

Highlighted Major Institution Policies	Consistency with Harborview Master Plan
Policy 4: Master Plan A master plan shall be required for each major institution proposing development which could affect the livability of adjacent neighborhoods or has the potential for significant adverse impacts on the surrounding areas; the master plan shall be a concept plan for development to facilitate a comprehensive review of benefits and impacts of the major institution development	Harborview is following the policy by preparing a Draft/Final MIMP and Draft/Final EIS
Policy 5: Re-zones A re-zone shall be required to establish an MIO district or change an existing major institution boundary or height limit, except that a boundary adjustment caused by the acquisition, merger, or consolidation of two same type major institutions with contiguous boundaries shall not constitute a re-zone and shall not be subject to this policy	The MIO District expansion (boundary change) requires a re-zone of the affected properties; the MIO 240' overlay on the HR district and the MIO 105' overlay on the MR district (vacated Terrace Street right of way) are proposed (see Final MIMP document, Section III Development Standards)
Policy 6 Transition Provisions (transition provisions related to the new code)	This MIMP is intended to replace the previously adopted and expired MIMP

[1] The policies are highlighted in this table. The complete text can be reviewed under SMC 23.12.120

Seattle Land Use Code (Zoning)

Major institution uses are subject to the provisions of the underlying zoning unless those standards are modified by the development standards of the adopted major institution master plan (SMC 23.69.030B), or unless specific major institution development standards under the Land Use Code apply. The underlying zoning of the Harborview campus includes two multi-family residential zoning districts: HR Highrise and MR Midrise residential. A Major Institution Overlay district already applies to Harborview, as approved in the prior master plan. Figure 12 shows the existing zoning, based on the Seattle Land Use Code.

The Harborview Master Plan proposes a boundary expansion (see Final MIMP document, Section III, Development Standards) to include the block to the north of the campus (Block 81, bounded by James/Jefferson/9th/Terry) and the vacated Terrace Street right of way. The full block to the north is proposed to be MIO 240' and the vacated Terrace Street right of way is proposed to be MIO 105', the same as the existing, adjacent MIO districts. Proposed zoning modifications include changes in density, height, setbacks, lot coverage, landscaping, and open space. The boundary change and overlay standards that modify the underlying zoning are requested as part of this Master Plan.

The probable significant adverse impacts of the development standards are discussed below. The physical impacts resulting from development are discussed in other sections of the EIS.

MIO District

The proposed boundary extension of the Major Institution Overlay (MIO) District would directly impact the full block and two parcels for which the zoning district is proposed. The boundary change requires a rezone, proposed as part of the MIMP. The institutional development standards (discussed in Final MIMP document, Section III), would replace the underlying zoning. The proposed projects of the Master Plan would directly impact land use on the sites and possibly, indirectly impact land use nearby. The overlay expresses a long-term intention for institutional use. The existing uses and development would change to medical institutional use, with the displacement of existing commercial, residential, and surface parking uses. New major institutional development would be allowed at an increased density, height and bulk than now exists or is currently allowed under the underlying zoning. Major institutional uses are permitted in the MIO district. Other institutional development is permitted outside the MIO district but would have to conform to the underlying zoning standards. Permitted uses include residential-like uses, such as congregate residences, adult family homes, nursing homes, and public facilities meeting all development standards. Accessory parking is also permitted (23.45.140 and .142).

Harborview proposes to continue to include the Harborview Boren Street Garage within its major institutional boundaries. This non-contiguous parcel would be deleted from the campus per the Major Institution's Policy 6. The deletion may cause adverse impacts to Harborview's planned/continued use of the facility. Removing the Boren Garage from the MIO District is evaluated as an alternative to the Proposed Action.

Density (23.69.030.E.2)

The underlying Midrise and Highrise multi-family residential zoning has no standards controlling development density in terms of maximum floor area ratio (FAR). There are no density limits to the number of units; the number depends on their size within the allowable building envelope. A combination of other zoning standards has the overall effect of limiting the amount of development.

Existing
Seattle Zoning

harborview medical center

FIG. 12

MIO – Major Institution Overlay
HR – Highrise Residential
MR – Midrise Residential
NC – Neighborhood Commercial

Harborview proposes a maximum density standard of FAR 3.4 with the usual code provisions for calculating chargeable floor areas and calculated on the basis of the entire campus. As noted, the underlying zoning has no density limit (FAR) so, this FAR limit is an additional standard proposed by the major institution. The impact would be to establish a total campus limit on the amount of permitted development. The density limit would restrict Harborview to a total build-out of 2,030,100 square feet of chargeable space (FAR 3.4 X 606,000 square feet campus land area). With an approximate existing amount of 1,291,414 square feet of chargeable development, there would be an incremental increase of 738,686 chargeable square feet over the lifetime of this Master Plan development program. (See FAR calculations in Draft MIMP, Section III B, and Planned Projects Density). The total level of growth (Planned and Potential Projects) is about a 57% increase over current development. The increase would impact the intensity of land use patterns in the neighborhood and on the Harborview campus.

For comparison with the multi-family residential zones, a five-story apartment covering the entire site (MR 60') would amount to a FAR 5. Required modulations and chargeable area reductions would reduce the potential density somewhat. Neighborhood Commercial zones (85' to 160' heights) have single purpose structure density limits of FAR 4.5 to 5.0. The downtown zone (DOC 2) west of the freeway has a base FAR 4 and maximum FAR 10. Height, bulk/scale impacts are discussed under the Aesthetics section of this EIS document.

Height (23.69.030.C.3.b)

The maximum height of the Highrise residential zone is 160 feet, with a possible special exception to achieve 240 feet. The Midrise residential zone maximum height is 60 feet. The current Harborview MIO Districts allow maximum heights of 240 and 105 feet. The adjacent, proposed boundary expansion would continue with these two height designations. The highest existing development of the campus is approximately 212 feet above 9th Avenue at the East Clinic (former Center Wing) tower. The Planned and Potential Projects of the Harborview Master Plan are all less than the proposed zoning limit. The tallest proposed project is the Clinical Services Building (Phases I and II), with eleven levels. If the floor to floor height were 15 feet, then this building would rise to 165 feet in height, plus mechanical penthouses. The impacts from Harborview projects in terms of height would be similar to that from development following the underlying zoning (also see Aesthetics section of this EIS document).

Setbacks (23.69.030.C.3.a)

The institutional standards for setbacks must be no less than the standards of the underlying zone or the zone of abutting lots or directly across a street or alley from the campus, whichever is greater. For Harborview, the setback provisions of the HR and MR zones apply. The minimum structure setbacks apply along public right-of-ways and at the boundary of the MIO District. Setbacks are also indicated along abutting lots. The setback requirements of the underlying zoning are summarized as follows:

Table 18
Underlying Zoning Setbacks

Zone	Location	Institution Requirements	Underlying or Abutting Zone Requirements
Lowrise	Front	Average of setbacks of structures on adjoining lots. 10' minimum average 20' maximum	Average of setbacks of structures on adjoining lots. 5' minimum 15' maximum
	Rear	10'	15' minimum 25' or 15% lot depth maximum
	Side	10'	Based on building height and depth: 5' to 8' range for minimum 5' to 23' range for average
Midrise	Front	Average of setbacks of structures on adjoining lots. 10' minimum average 20' maximum. Average of setbacks of structures on adjoining lots. 20' maximum	Average of setbacks of structures on adjoining lots. 5' minimum 15' maximum
	Rear	10'	10' minimum 15' average
	Side	10'	Based on building height and depth: 8' to 10' range for minimum 8' to 28' range for average
Highrise	Front	Average of setbacks of structures on adjoining lots. 20' maximum	Average of setbacks of structures on adjoining lots if façade is less than 37' in height 10' or no more than 5' beyond setback on neighboring building maximum 20' average of façade is over 37'
	Rear	20'	10' up to 65' in height 20' for over 65'
	Side	Increasing with height: 10' for up 91' in height 14' for 91' to 120' height 16' for over 120' in height Additional setbacks may be required where building depth exceeds 65'	Based on building height and depth: 5' for 16' range for minimum 10' to 40' range for combined total of both sides

One aspect of the residential zone setback is the variation in the setback dimension based on adjacent structure conditions, as well as the specific height, depth and width of the proposed structure. Such variation is appropriate for residential structures because of the ability to vary the building envelope with different combinations of the residential unit 'building blocks'. However, such building envelope flexibility is not appropriate for a medical institutional use where functional floorplates are larger units and cannot be fragmented. Therefore, the institutional setback standard for Harborview is proposed to be a fixed dimension, the same at the base and at greater tower heights (i.e. no upper level setbacks are proposed).

Because of Harborview's need for consistent floor plates to create a functional hospital, the Planned and Potential Projects seeks application of the administrative conditional use permit concurrent with the Master Plan adoption to modify the upper level setback requirements.

The City of Seattle may modify the underlying zones setback requirements for institutional uses through the administrative conditional use process (23.45.122A). In determining whether to modify the setback requirements, the City balances the institutional needs with the character of the surrounding neighborhood.[1] Per the Land use code (23.76.015) the conditional use process provides for additional public input.

The transition between the major institutional use and the adjacent uses is a primary consideration in the definition of the setbacks. The combination of the setbacks with other proposed requirements, including pedestrian oriented activity, streetscape amenity improvements and landscaping are intended to achieve compatibility. The setbacks would result in greater bulk than development following the underlying zoning, thereby increasing the impact to neighboring land uses (see Aesthetics Section). There would likely be compatibility impacts from the proposal. The transition from institutional to residential land use would be abrupt and would likely decrease compatibility with surrounding uses. The administrative conditional use permit under the City of Seattle requirements will balance these impacts for the neighborhood with the institution's needs.

The setbacks proposed for Harborview are fixed dimensions that do not vary by building height, width, depth or adjacent conditions. The setbacks range from none to 10 feet, depending on the specific campus location. Ground level pedestrian amenities are also proposed in combination with the setbacks.

The proposed standards would result in uniform structure setbacks along the frontages of development. This impact is different from the modulated form created by varied setbacks of the underlying residential zoning. The uniform setback would result in greater perceived building bulk impacts. (See Aesthetics Section)

Lot Coverage (23.69.030.C.3.c)

The multi-family residential zones have no specified lot coverage standard. Coverage is controlled by open space, setbacks, and width and depth limits of the residential zones. Similarly, Harborview proposes no lot coverage standard. The coverage would be controlled by the combination of the other development standards as occurs in the underlying zoning. Since no width and depth limits are proposed and no upper level setbacks are proposed, the building massing would be greater than allowed in the underlying zoning. Impacts would include increased building bulk.

---

[1] The Master Plan may also propose a variance/amendment/exception/waiver or other relief from the residential setbacks.

Landscaping (23.69.030.C.3.d)

(See open space)

Open Space (23.69.030.C.3.e)

The underlying Highrise residential zone has a minimum open space requirement of 50% of the lot area that may be provided in balconies or desks. The underlying Midrise residential zone has a minimum open space requirement of 25% of the lot areas for apartments, or 30% if up to a third of the space is provided in balconies or decks. These standards are proposed to be replaced by the tailored institutional standard.

No numerical standard of landscaped open space on the Harborview campus is proposed. Rather, the standard is proposed to consist of three concept elements: 1) the west side landscaped open space on top of the existing garage, 2) the east side campus 'Heart,' and 3) street trees and pedestrian amenities along campus edges and streets. All spaces are available to the public. Open space on the existing Harborview campus is in the form of plazas, landscaped areas, pedestrian walkways and building setbacks. These areas may be modified over time to better serve and complement campus buildings. Pedestrian's amenities may include benches, kiosks, weather protection and special lighting.

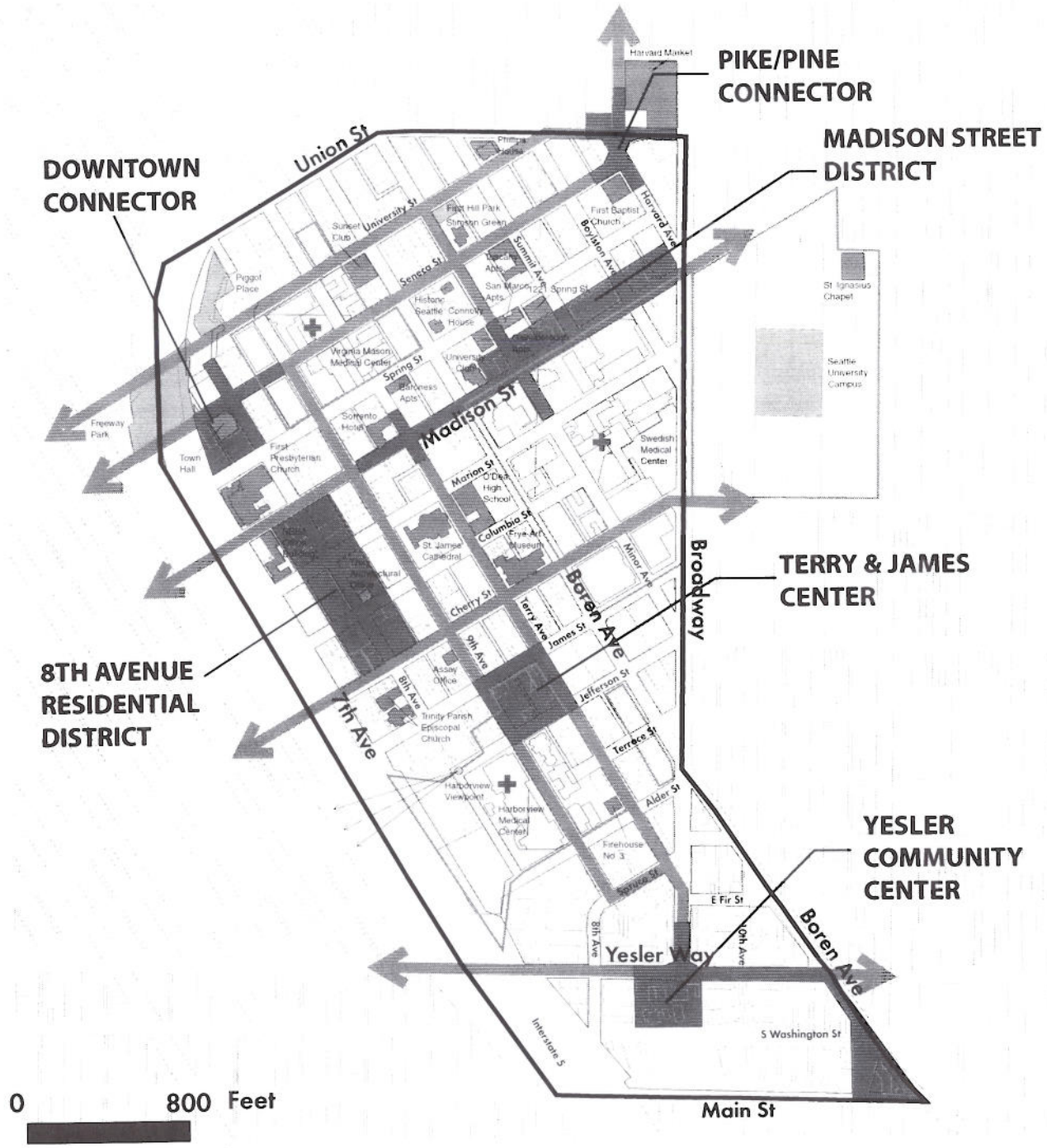
The proposal would result in more dedicated public, landscaped open space than currently exists. The perceived openness of the area would be reduced, however, as areas such as parking lots are developed and other 'under developed' sites are intensified. Thus, though the amount of open space increases within the proposal's boundaries, the placement of this open space does not necessarily reduce the impact to neighborhoods at the transition from institutional to other land uses. There would be a reduction in public right of way, particularly with the vacation of a segment of 9th Avenue (also see Land Use Section of this EIS document).

First Hill Neighborhood Plan: Final Plan

The neighborhood plan is a step toward implementing the Seattle Comprehensive Plan goal of 'urban villages' by integrating citizen's values with overall growth targets. A two phased process initially developed a vision and issues (Phase 1) and recommended strategies (Phase 2) to guide the neighborhood's future. A Draft Plan went through a review and community validation process. The Final Plan was recently approved by the Seattle City Council.

First Hill's estimated growth in households would increase from the existing 4657 by 438 (6 years) and 2400 (20 years). The number of existing jobs, 20,626 would grow by 1,993 (6 years) and 6,100 (20 years). The First Hill neighborhood has a land area of 225 acres with open space amounting to 1.62 acres/1000 households. Plan goals are for four sites of ¼ acre open space and three sites for community gardens. The zoned development capacity of First Hill allows 4,900 housing units, 2,700 jobs, and 811,000 SF of commercial space. The affordable housing in the neighborhood is 56% (total units affordable to households below 50% of median income).

Figure 13 shows the First Hill Neighborhood Plan. The vision and goals for First Hill expressed in the plan are given in Table 19 and related to the Harborview master plan proposal.



First Hill
Neighborhood Plan

harborview medical center

FIG. 13

Table 19

Relationship of First Hill Neighborhood Plan Vision and Goals To the Harborview Master Plan

First Hill Vision	Consistency with Harborview Master Plan
A home to people with a full range of incomes, abilities and interests	The Harborview plan reduces housing in the neighborhood with demolition of 64 units
A regional center for state-of-the-art health services	Harborview furthers this vision
A dynamic neighborhood ready to meet the challenges of the future	The First Hill plan anticipates redevelopment of a 'Terry and James Center;' harborview proposes development of this Block 81 (Clinical Services Building)
A community that celebrates its rich history and cultural heritage	The historic Old Fire Station #3 is preserved
A premier business and employment center with opportunities to grow	Employment opportunities are increased
First Hill Goals	
Economic Development: Continue to promote First Hill as a regional center for state-of-the-art health services	Harborview furthers this goal
Develop the small business market	Two small businesses are displaced; new opportunities are created with proposed leased street level space in Harborview projects
Public Safety: Improve public safety on First Hill	Harborview and First Hill share the same goal; safety and security measures are planned
Transportation: Improve the existing infrastructure for car, bus, bike and pedestrian travel on First Hill	The Harborview TMP addresses this goal
Open Space: Increase the amount of open space on First Hill	The Viewpoint and new 'campus heart' increase usable open spaces
Housing: Develop housing opportunities that retain the economic mix of First Hill residents and are compatible with other neighborhood goals	Harborview proposes no housing and would reduce the current housing supply by 64 units

Other specific recommendations included in the First Hill Plan relevant to the Harborview master plan are:

- Neighborhood wide recommendations include neighborhood participation in the design review process of projects to ensure no blank walls at street level, ground floor pedestrian activity and safety. Note: Design Review is not required for any structure located within a MIO District (23.41.004A). The extensive major institution process with the CAC enables review of the Master Plan at an early planning stage.

- The plan recommends pedestrian/safety improvements at locations around Harborview, including Yesler/Boren, Yesler/freeway bridge, Alder between 9th and Terry (lighting), Terry intersection and between Madison/Yesler (lighting and crossings), 9th between Seneca and Alder (lighting), and James/9th (crossing).

- The need is expressed for a 'Terry and James Center' that would increase pedestrian and retail activity, improve pedestrian crossing of James, and locate open space.

- Participate in the Harborview CAC and promote revitalization goals of ground floor retail, urban design elements, and pedestrian activity at James/Terry.

- Improving 'paratransit' for the residents south of James to reach the north end of First Hill and Capitol Hill is noted in the plan.

- Designate the Harborview Viewpoint Parking Garage open space as 'passive open space'.

- Identify Existing Parking areas with sign and maps; explore opportunities for shared parking with major employers.

- Work with Parks Department to locate a park and/or p-patch in the vicinity of Terry and James if a suitable site becomes available.

- Improve surveillance of the bus stops in the vicinity of Jefferson and 9th, including cooperation between Harborview and the SPD to improve safety.

The Harborview master plan relates to these First Hill neighborhood recommendations in that:

- The CAC is reviewing the master plan concept, considering design aspects such as land use and height/bulk/scale. Harborview has agreed to future standing committee input on projects when they are detailed.

- Pedestrian improvements proposed by Harborview such as lighting, signage and landscaping will contribute to improved safety.

- Street level retail/pedestrian activity is proposed with the redevelopment along James Street.

- Additional parking is proposed.

- The viewpoint at the end of Jefferson will continue to be available to the public.

The proponent made changes to the proposed master plan in response to requests of the CAC who cited specific concerns of master plan consistency with the First Hill Plan. Specifically, the proposed MIO District boundary was eliminated around the Broadmore Apartments and the Terry Terrace Apartments to promote continued residential use along Terry Avenue. The acquisition of the Terry Terrace Apartment by Harborview was eliminated from the master plan. Increased setbacks along the James Street frontage were added to the master plan to respond to the First Hill Plan's "Terry and James Center' objectives. Increased setbacks between master plan projects and adjacent residential buildings were also added to the master plan to improve height / bulk / scale compatibility. Finally, vehicular circulation and access / egress to parking were changed to reduce local circulation impacts.

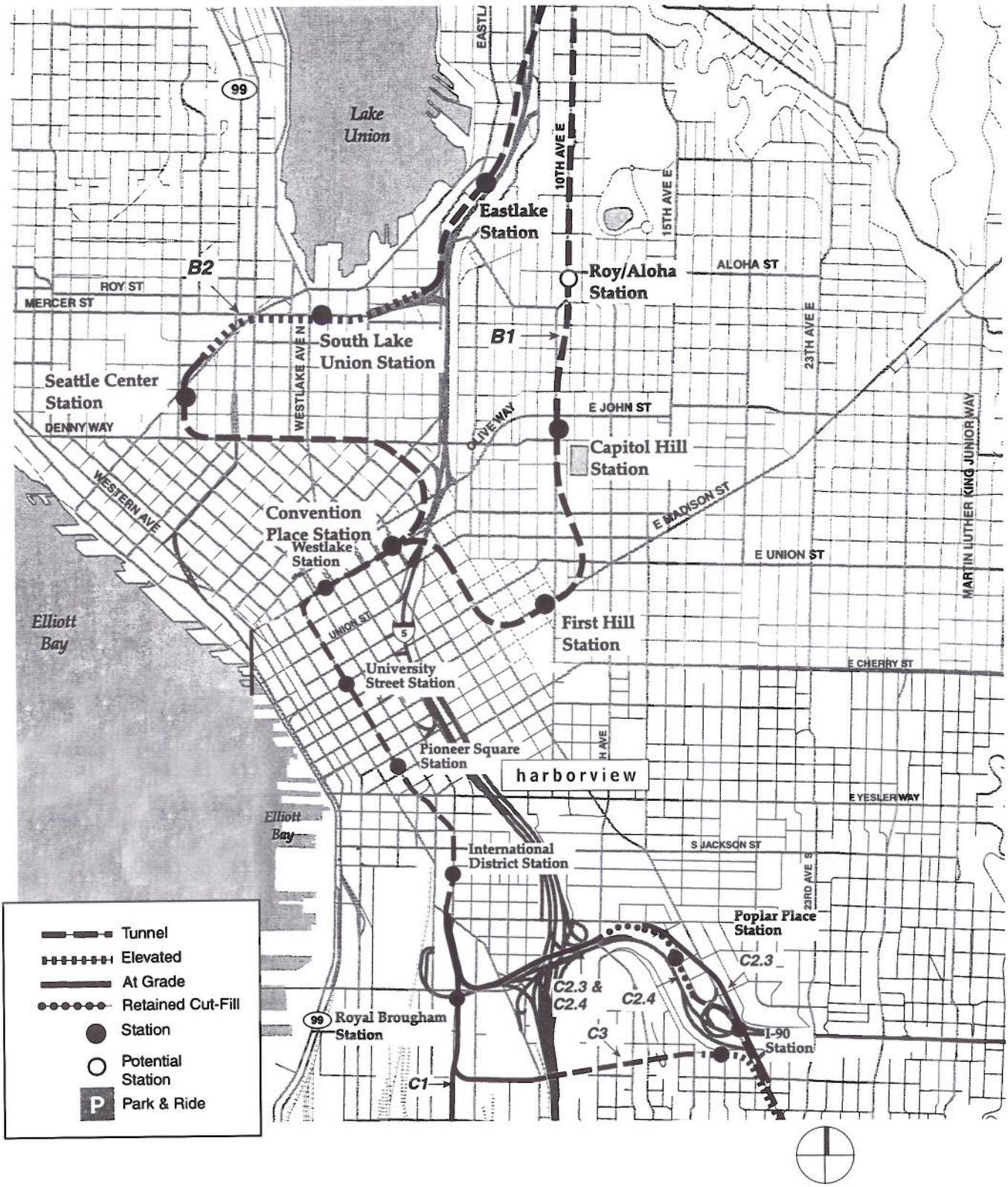
Central Puget Sound Regional Transit Authority/Sound Transit Planning

Sound Transit and the Central Puget Sound Regional Transit Authority are studying alternative routes and station locations for the 23-mile link electric light rail system, which includes a possible route for First Hill and Capitol Hill (see Figure 14). The route/station nearest Harborview is along Madison Street, about 5 blocks to the north. A Draft EIS on the Central Link light rail system was issued on December 4, 1998. The alternative routes and station areas are analyzed. Station area planning by the city analyzed commercial and residential real estate trends around the possible station locations. This market analysis information was also published in November. Station area plans are expected to be completed by mid-2000. The Final EIS was issued in early November, 1999.

The rail system is one part of the system improvements. Other proposed facilities include commuter rail service, HOV expressway and regional express bus routes. The City of Seattle is working with Sound Transit on station planning to assure that local land use policies and regulations are considered. The City is also considering transit-oriented development and compatibility with neighborhoods. It is expected that Sound Transit will complete the environmental review, 30% of the engineering design and make decisions on the locally preferred alternative in late 1999.

Street Vacation Policies

The City of Seattle has adopted comprehensive street vacation policies and procedures (Resolution 28605, adopted April, 1993) intended to promote consistency, equity and predictability in determining actions in the best public interest. Land dedicated for streets and other public right-of-ways are held in trust by the city. Petitions to vacate the public right-of-ways are evaluated by a series of policies highlighted in Table 20. Harborview proposes multiple vacations of streets and alleys as part of the Master Plan. The vacations are required for the development of critical care Inpatient Expansion (and buttress) constructed as a 'bridge building', the Clinical Services Building, and underground parking. The street vacation for specific project proposals is subject to a separate, more detailed process that would include a detailed application of the street vacation policies. Harborview intends to initiate this process for the 'bridge building' aerial vacation and the vacation of the alley on the full block fronting James Street. Concurrent review of the vacation requests will occur with the Master Plan to enable coordinated action. Additional skybridge and tunnel permits are also required.



B1 Capitol Hill Tunnel
B2.1 Seattle Center via High Level Bridge
B2.2 Seattle Center via Portage Bay Tunnel
C1 South Lander St. Tunnel
C2.3 West of Ranier Ave. S. Elevated
C2.4 Rainier Ave. S. Tunnel
C3 South Massachusetts St. Tunnel

Sound Transit:
Possible 1st Hill
Light Rail Alignment

harborview medical center

FIG. 14

The street vacation process can be initiated by petition with the concurrence and signature of the abutting property owners. The City Council can also initiate the process. A filing fee and sketch (vacation map) is submitted and the Street Use Appeals Board, at the request of the Council Transportation Committee, makes a report and recommendations. The engineering department (SeaTrans) provides staff support and solicits comments from public agencies and community groups. The Board meets in open sessions to prepare their report and formalize the recommendations, with the petitioner invited to participate. A public hearing is held before the Transportation Committee and findings are forwarded to the full Council for vote. If approved, conditions must be fulfilled and the property appraised. When all requirements are satisfied, the Council passes an ordinance formally vacating the public right- of-way. The process can take 12 months or more, with no guarantee of approval.

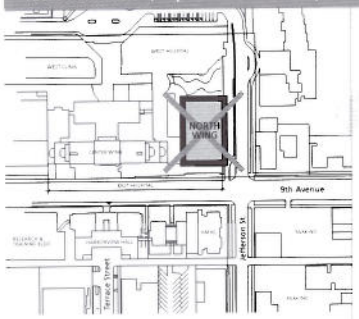
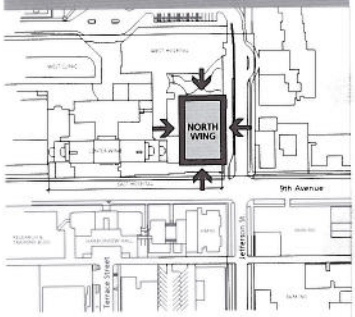
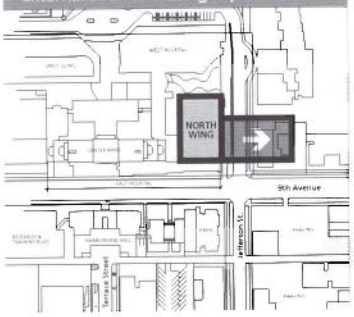
The proposed aerial vacation of 9th Avenue for the Inpatient Expansion project (bridge building) is needed to improve existing emergency department deficiencies and to meet future demands. The project also remediates seismic problems of the East Hospital/North Wing. Alternative project locations were studied extensively to try to avoid the requested street vacation. A summary of the alternatives considered and their advantages/disadvantages is given in Table 20. The analysis found that there are unresolvable problems or extreme public cost penalties with all other solutions. The previously approved Harborview Master Plan included the same project solution. The Harborview Citizen Advisory Committee supports the aerial vacation and the building projects.

Table 20

Harborview Medical Center

East Hospital/North Wing Seismic Upgrade and Inpatient Expansion

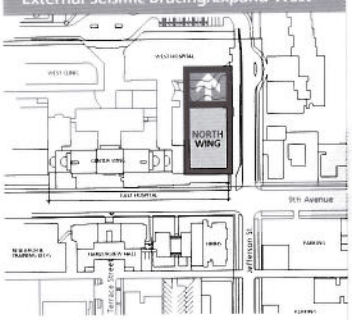
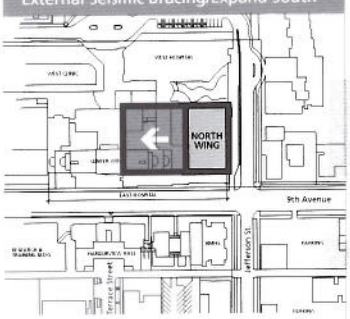
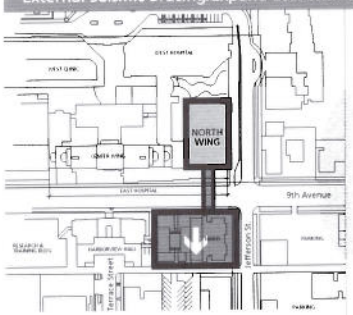
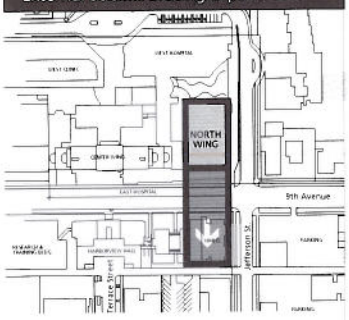
Comparison of Alternatives

Alternative	Advantages	Disadvantages
Total demolition, replacement and expansion 	• No aerial vacation • Eliminates seismic risk/provides additional space	• Construction disrupts most critical hospital functions: **MUST CLOSE EMERGENCY DEPT. & LOSS OF 57% OF TOTAL EXISTING BEDS FOR AT LEAST 2 YEARS*** • Demolition of good building that needs seismic strengthening
Internal Seismic Bracing 	• No aerial vacation • Eliminates seismic risk	• No additional expansion space (see alternative 6 or must convert • Less existing space (new shear walls, window infill) **LOSE UP TO 56 EXISTING BEDS*** • Operational disruption
External Seismic Bracing/Expand North 	• Eliminates seismic risk • Less disruptive to on-going operations	• Asymmetrical seismic bracing (inefficient) • Building floorplate is too small **SPACE DOES NOT MEET PROGRAM NEEDS*** • **LOSE 67 EXISTING PATIENT BEDS (ALONG NORTH SIDE)*** • Disrupts emergency access (below) • Aerial vacation of Jefferson

* FATAL FLAW

Harborview Medical Center

East Hospital/North Wing Seismic Upgrade and Inpatient Expansion

Alternative	Advantages	Disadvantages * FATAL FLAW
External Seismic Bracing/Expand West 	• No aerial vacation • Connects with West Hospital Wing • Eliminates seismic risk	• Building floorplate too small **SPACE DOES NOT MEET PROGRAM NEEDS*** • Major disruption to emergency department and critical care units • Lose existing patient rooms in new West Hospital
External Seismic Bracing/Expand South 	• No aerial vacation • Compact expansion	• Extreme disruption of hospital functions (center sterile supply, critical care, dietary) • **MUST CLOSE HOSPITAL CENTRAL SUPPORT SYSTEMS FOR AT LEAST 2 YEARS*** • Destroys historic Center Wing tower
External Seismic Bracing/Expand East with 6 level Skybridge 	• Skybridge permit vs. aerial vacation • Less visual impact	• **ADDITIONAL COST OF $12 MILLION FOR SEISMIC FIX*** • Less existing space (new shear walls, window infill) **LOSE UP TO 56 EXISTING BEDS*** • Operational disruption • Operational inefficiency/split beds
External Seismic Bracing/Expand East* 	**Proposed Project** • Meets seismic safety need and bed need • Least disruptive to hospital functions • Most efficient operationally • Most cost effective • Supported by citizens advisory committee • Previously approved in master plan	• Requires aerial vacation • Requires creative architectural design

The Proposed Project is the best solution in the greater public interest.

Table 21
Relationship of Street Vacation Policies to Harborview Master Plan

Street Vacation Policies	Consistency with Harborview Master Plan
Framework Policy: Public Interest: The public interest with respect to street vacations has three major components, all of which must be present for any vacation: 1) Protection of the public trust, 2) Provision of public benefit, and 3) Protection from adverse land use effects	Harborview as a regional public facility supports the public trust and benefit policies; the vacations are necessary for the plan implementation; specific impacts to transportation and utilities are identified in this EIS along with mitigation
Policy 1: Circulation and Access: Vacations may be approved only if they do not result in negative effects on the City's vehicular, bicycle, or pedestrian circulation systems or on access, unless the negative effects can be mitigated	A Harborview Potential (long-term) Project would vacate 9th to through traffic; this project has the greatest traffic impact regarding street vacation; the impact and mitigation are identified in this EIS (see Transportation and Parking section under Long Term/Cumulative Impacts)
Policy 2: Utilities: Rights-of-Way which contain or are needed for future utility lines or facilities may be vacated only when the utility can be adequately protected with an easement, relocation, fee ownership or similar agreement satisfactory to the utility owner	Harborview would be responsible for mitigating all impacted utilities, particularly where street and alley vacations include below grade development (see Public Services and Utilities section of this EIS document)
Policy 3: Light, Air, Open Space and View: When the City Council determines that the light, air, open space or view provided by a particular street or alley should be retained, the right of way may be vacated only if the public open space, light, air or view can be retained or substituted by dedication to the public of other comparable street right-of-way or other property such as open space property or on a future development on the vacated and abutting property	The impacts to the policy items are addressed in this EIS (see Aesthetics section for views, height/bulk/scale impacts on open space); views would be restricted and shadows created along 9th and Jefferson; new views and open space would be created at the 'campus heart' at Terrace Street
Policy 4: Land Use: A proposed vacation may be approved when the increase in development potential that is attributat the vacation would be consistent with the land use policies adopted by the City Council; the criteria considered for mak individual vacation decisions will vary with the land use po and regulations for the area in which the right-of-way is loc the City Council may place conditions on a vacation to miti negative land use effects	The proposed vacations support the policies intended to concentrate major institutions within their MIO districts. In including land use and visual conditions are assessed in this specific facility expansion alternatives to the aerial street va were evaluated in detail (see prior discussion on page 83-84

Table 21
Relationship of Street Vacation Policies to Harborview Master Plan (continued)

Policy 5: Public Benefit: Proposed vacations may be approved only when they provide a long-term public benefit; vacations will not be approved to achieve short-term public benefits or for the sole benefit of individuals. Mitigation of the adverse effects of a vacation does not in itself constitute a public benefit	The long-term public benefits from the vacations are improved healthcare services of the regional center and seismic stability
Policy 6: City Council Initiation of Street Vacation Petitions: The City Council may initiate street vacations by resolution, rather than by requiring a street vacation petition, only for a public purpose or when extraordinary circumstances prevent the following of the petition process	Harborview is initiating the street vacation process concurrent with the MIMP process

Adjacent Major Institution Master Plans

Other adopted major institution master plans in the vicinity include Seattle University, Virginia Mason Medical Center, Swedish Medical Center, and Providence Medical Center. Seattle Central Community College also had its master plan adopted in 1985 and is in the process of preparing an updated master plan.

Multiple projects are proposed as part of the master plans. Cumulative impacts would occur to housing, small businesses, land use and transportation. Details of the cumulative change are included in the discussion of land use (see Land Use/Patterns section). In addition, the EIS's of the above noted major institutions are incorporated by reference.

The proposed Harborview MIMP is not inconsistent with any aspect of the adopted master plans of the other nearby major institutions.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

The alternative is less consistent with Harborview goals and objectives than the Proposed Action because the campus would continue to be bisected by a through vehicular route and pedestrian movement as exists today. With intensified medical uses and more people, greater conflicts with cars on 9th Avenue are expected. Efficient, less disruptive, and less costly development objectives are not fulfilled with the modified East Hospital Expansion project.

The alternative is more consistent with City plans, policies and regulations than the Proposed Action because it preserves 9th Avenue.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The alternative's consistency with plans, policies, and regulations is similar to the Proposed Action. The provision of additional on-campus parking may better respond to Major Institution and First Hill Plan objectives by improving the balance of land uses.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative appears to support the Transition Policy 6 of the Major Institution Policies and Land Use Code. The effect would be to eliminate the MIO Overlay District on the Boren Garage property. The underlying Midrise Residential (MR) zoning would become the applicable zoning. The garage would be a legally established non-conforming use. The use would be allowed to remain, but could not be expanded or changed. Any institutional development would have to be consistent with the MR zoning and subject to design review.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

This alternative is similar to the Proposed Action in its consistency with plans, policies and regulations. It may be more supportive of the Major Institutional code intention of concentrating facilities within boundaries and avoiding encroachment into adjoining neighborhoods. Increased heights would be consistent with the established height limits.

NO ACTION ALTERNATIVE

The No Action Alternative is inconsistent with the proponent's goals and objectives and would fail to satisfy the mandated Harborview mission. Trying to respond to program and community needs without a formally established plan (MIMP) would likely increase uncertainty and associated impacts.

With the No Action Alternative, the general trend toward institutional land uses and accompanying loss of housing, small business and retail would be reduced, as would impacts associated with increased height, bulk and scale of institutional uses. General increases in traffic would not be as great. However, employment opportunities would be reduced, parking demand/supply inconsistencies would not be remedied and the general consistency with goals and policies would be decreased.

The relationship of the alternatives with the previously discussed plans and policies is highlighted in the following Table 22.

Table 22
Consistency of Alternatives with Plans & Policies

Seattle SEPA Policies	No Action provides the required baseline comparison of impacts; it is a continuation of existing conditions The four additional alternatives seek to approximate Harborview's objectives but at a lower environmental impact
Seattle Comprehensive Plan	No Action would do nothing to further the goals and policies; it would not satisfy the neighborhood growth targets The four additional alternatives are similar to the Proposed Action in relationship to the Comprehensive Plan
Major Institution Policies	No Action would maintain existing neigborhood conditions and would not address the proposed Harborview growth and change Removing the Boren Garage from the MIO district appears inconsistent with other Major Institution provisions Increased heights / intensity supports concentration versus encroachment
Seattle Land Use Code	The existing MIO districts and underlying zoning would continue to guide development
First Hill Neighborhood Plan	The goals and policies would not be furthered by No Action Not vacating 9th and increased heights / intensity may be more supportive of the First Hill Plan
Sound Transit Plan	The RTA improvements, as approved by the voters, would proceed regardless of No Action by Harborview
Street Vacation Policies	No street vacations would occur with No Action The street vacation policies would not apply to 9th Avenue if it were not vacated
Adjacent Major Institution Master Plans	The nearby major institution would likely proceed with or without No Action by Harborview Similarly, the adjacent plans would likely proceed with or without the other four alternatives

HOUSING/POPULATION

Affected Environment

The First Hill neighborhood surrounding the Harborview campus includes a mixture of multi-family housing ranging from high to low density. According to the 1998 Human Development Study based on the 1990 Census data[1], income levels are moderate to low and lower than the rest of Seattle. In 1989, residents of First Hill earned 57% of the City's normal median household income, 71% of normal median family income, and 71% of normal median non-household income. In addition, 28% of First Hill residents lived below the poverty line compared to the Seattle average of 12.4%. Yesler Terrace and Jefferson Terrace, Seattle Housing Authority complexes, are housing the majority of low-income residents in the neighborhood.

The First Hill neighborhood had fewer families compared to other neighborhoods in Seattle. Based on the 1990 Census, First Hill had a 1.4 person-per-housing-unit ratio, compared to the City's ratio of 2.07.

Ninety-one percent of the units were renter occupied (the city's average renter occupancy rate is 51%.) The median gross rent was $394 compared to the citywide rent of $463 (see Table 23). The housing stock in the neighborhood is relatively older and includes fewer owner-occupied dwellings than other neighborhoods throughout Seattle. Pre-1940 housing makes up 37.6% of the housing stock. Only 10% was constructed after 1980.

[1] Human Development Study, 1998, Capitol Hill/First Hill/Pike-Pine Neighborhood Planning Committee

Table 23
First Hill Demographics[1]

Housing Characteristics	**First Hill**	**Seattle**
Total Number of Units	6,085	249,032
Persons per Unit	1.4	2.07
% of Pre-1940 Housing	37.6%	36.2%
% of 1940-1979 Housing	52.4%	51.9%
% of Post-1980 Housing	10.0%	11.9%
Total Occupied Housing Units	5,372	236,402
% Renter Occupied	91.3%	51.1%
% Owner Occupied	8.7%	48.9%
Median Gross Rent	$394	$463
Affordable Housing		
# Of Units Affordable to Household with less than 50% of Median Income	2,939	N/A
% of Total Units Affordable to Household with less than 50% of Median Income	56%	N/A

[1] Human Development Study, 1998, Capitol Hill/First Hill/Pike-Pine Neighborhood Planning Committee

There are numerous multiple-family residences within or bordering the Harborview campus. Approximately 1,000 residences are located within a one-block distance from the campus. The First Hill neighborhood also provides housing for special populations in transitional housing. Table 24 shows the number of housing units in the neighborhood around Harborview, within and outside the proposed Harborview MIO boundaries. The housing location is referenced to Figure 15, Existing Housing Inventory.

Table 24
Existing Housing Inventory
Existing Housing within Proposed Harborview MIO Boundaries

Map Location	Description	Address	Number of Housing Units
1	Six-plex Apartments	509-9th Ave.	6
2	Apartments	908 Jefferson	26
3	Lafayette Apartments	917 James St.	31[1]
4	Mixed-Use Building with Apartment	918 Jefferson St	1[2]
		Sub Total Housing Units within Harborview MIO boundaries	64

[1] One additional 'unit' is in the basement and is used for storage.
[2] The unit has been vacated and is not used for housing.

Table 24
Existing Housing Inventory (continued)

Existing Housing Outside Proposed Harborview MIO Boundaries

Map Location	Description	Address	Number of Housing Units
5	Terry Terrace Apartments	403 Terry Avenue	23
6	The Broadmore Apartment	423 Terry Ave.	45
7	Jefferson Terrace	800 Jefferson St.	300
8	Terrace Crest Apartments	517 9th Ave.	34
9	Cobblestone Court Apartments	6210 8th Ave.	17
10	Seventh & James Apartments	600 7th Ave.	96
11	Harbor View Apartments	600 9th Ave.	51
12	Americana Apartments	905 Cherry St.	41
13	Cherry Terrace Apartments	915 925th Cherry St.	52
14	Duplex	610 Terry Ave.	2
15	Old Colony Apartments	615 Boren Ave.	34
16	San Juan Apartments	504 Terry Ave.	42
17	Broadview Emergency Shelter	520 Terry Ave.	33
18	Monticello Apartments	415 Boren Ave.	108
19	Fontenac Apartments	420 Boren Ave.	22
20	Apartments	412 Broadway Ave.	10
21	Single Family	400 Broadway Ave.	1
22	Single Family	322 Broadway Ave.	1
23	Single Family	316 Broadway Ave.	1
24	Single Family	916 E. Alder St.	1
25	Alder House Apartments	925 E. Alder St.	42
26	Hilltop House Ret. Res.	1005 Terrace St.	144
27	Yesler Terrace	1009 Alder St.	12
28	Yesler Terrace	210 Terry Ave.	24
29	Yesler Terrace	911 Alder St.	24
30	Yesler Terrace	215 Terry Ave.	24

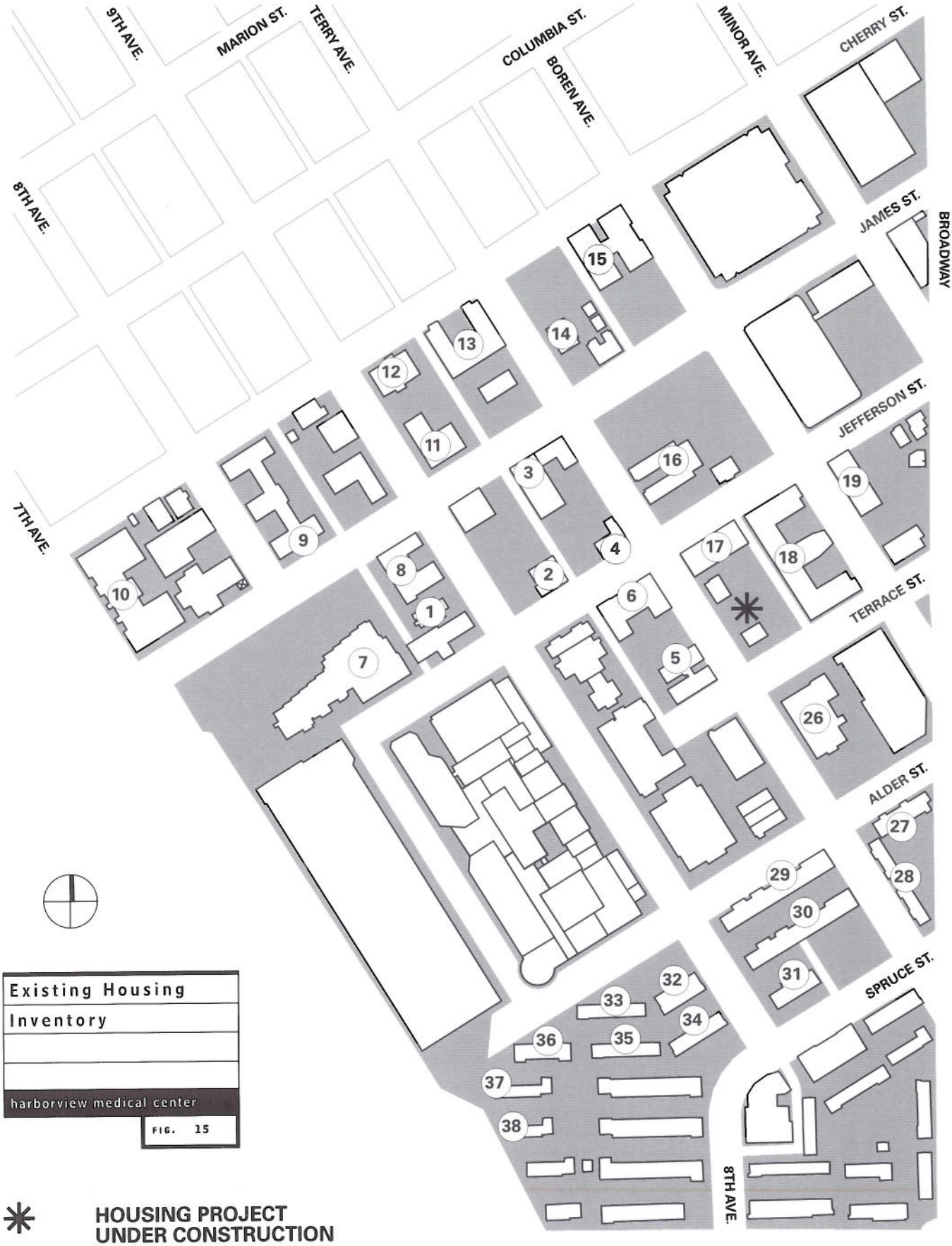
Table 24
Existing Housing Outside Proposed Harborview MIO Boundaries (continued)

Map Location	Description	Address	Number of Housing Units
31	Yesler Terrace	906 Spruce St.	9
32	Yesler Terrace	211 9th Ave.	8
33	Yesler Terrace	213 9th Ave.	6
34	Yesler Terrace	207 9th Ave.	10
35	Yesler Terrace	209 9th Ave.	6
36	Yesler Terrace	731 Alder St.	5
37	Yesler Terrace	713-721 Alder St.	5
38	Yesler Terrace	121 8th Ave.	4
		Sub Total Housing Units Outside Harborview MIO boundaries	1,237
		Total Housing Units within and outside Harborview MIO boundaries	1,301

2. IMPACTS

HARBORVIEW PROPOSED ACTION

The Harborview Master Plan would result in the displacement of 64 existing housing units. At the current date, fourteen housing units in the Lafayette (31 units total) are market rate with 17 Plymouth Housing or Section 8. The housing units at 908 Jefferson (26 units) are presently affordable level housing. The six-plex includes 5 market rate units with one Shelter Plus Care unit.



Existing Housing Inventory

harborview medical center

FIG. 15

✱ HOUSING PROJECT UNDER CONSTRUCTION

(#) REFERENCE NUMBER

(Buildings 20-25 are located east of Broadway)

Table 25
Housing Displacement Impact

Planned Projects	Housing Displaced	Map Location	Number of Housing Units
Mixed Use Building	Six-plex Apartment	1	6
Clinical Services Building (Phase I includes full block below grade parking)	908 Jefferson Apartments	2	26
	Lafayette Apartments	3	31
	Mixed Use/Apartments	4	1
Potential Projects			
N/A	None		0
	Total Housing Displaced		**64**

The Planned Projects would directly impact and displace the two apartment buildings and the mixed use building with one apartment unit on Block 81, which amount to a total of 58 units. Planned Projects would also displace/impact the six-plex residential building at the northwest corner of 9th Avenue and Jefferson Street bringing the total displacement of housing units to 64.

Losing the market rate housing may increase the proportionate mix of low-income residents in the neighborhood. Other impacts to surrounding residents may be the availability of commercial services currently provided by displaced businesses on Block 81. New retail may replace the displaced businesses. A total of 64 units would be directly impacted and displaced by the proposal. The loss of housing on First Hill has the potential for reducing neighborhood viability due to loss of housing opportunities.

Approximately 1,301 units, by nature of their proximity, could be cumulatively impacted by institutional expansion.

ALTERNTIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Impacts to housing and population of this alternative would be the same as the Harborview Proposal Action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Vehicular access and traffic may intensify near the garage impacting Yesler Terrace along Alder Street. However, the provision of additional parking may increase the on-street parking availability to local residents.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have impacts similar to the Proposed Action

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Impacts from this alternative would be similar to the impacts of the Proposed Action. The same number of units would be displaced because the same sites are proposed to be developed. The greater heights and intensity may increase impacts to nearby housing with the greater concentration of activity in close proximity. However, the future vertical expansion capability by Harborview may reduce future housing displacement or encroachment impacts by reducing needs for future land acquisition.

OTHER ALTERNATIVE CONSIDERED

The Clinical Services Building Phase 1 (Planned Project) would displace existing housing on Block 81 with the full-block underground garage and half-block above grade building. One alternative considered, but determined to be not feasible, is development of the half-block only. Housing displacement impacts on the east half of the block (Lafayette apartments) would be postponed to the Potential Project phase. About half of the proposed parking would be constructed (250 spaces vs. 500 spaces). Phasing of the garage development would add costs. There would be interim operational inefficiencies of the garage, increasing costs. There would also be reduced availability of parking supply in the near term. The necessary shoring for excavation and the stability of the apartment building also raise concerns. Construction impacts, such as noise, light and dust would be greater in the near term. Height/bulk/scale and land use compatibility impacts would occur with the first phase of the project. The completion of the proposed project in the future would result in the same housing displacement impacts as the proposal. Increased short-term impacts as well as increased costs to Harborview outweigh postponing the long-term impacts. The Lead Agency determined this not to be a feasible alternative because the increased costs and impacts would hinder achievement of the proposal's objectives. (SMC 25.05.440D).

NO ACTION ALTERNATIVE

The No Action Alternative would not directly impact housing in general, and more specifically, the four apartment buildings and the mix of residential units around the site. However, by not increasing the service capabilities of Harborview the availability and convenience of health services to local residents would remain the same or worsen.

3. MITIGATION MEASURES

- Harborview/King County guarantee the replacement of affordable housing units lost under the Proposed Action, with strong commitment to replacement housing within the general vicinity of Harborview, either through contributions to existing programs or through participation in new partnerships for housing development.

- Provide tenant relocation assistance to eligible tenants per applicable local requirements.

- Locate most intensive uses away from residences.

- Provide amenities with access by neighborhood residents such as development of the east side (plaza) and west side (existing) open spaces.

- Provide opportunity for leased retail space for services to support local residents, particularly along James Street.

- Encourage public access and use of Harborview plazas and open spaces by local residents.

- Continue to work with First Hill institutions, churches, social service providers and governmental agencies to provide additional housing programs.

4. UNAVOIDABLE ADVERSE IMPACTS

The loss/displacement of 64 housing units is an unavoidable adverse impact. There would be a reduction in the market rate and low income housing supply and the associated population in the south First Hill area. However, mitigation to replace lost housing is proposed.

Unavoidable impacts on residents of the Planned and Potential Projects include potentially increased traffic volumes around the neighborhood, higher density development, and increased presence of institutional uses in the neighborhood.

LIGHT/GLARE/SHADOWS

1. AFFECTED ENVIRONMENT

Public scoping identified artificial light and glare as an element of the environment to be analyzed in the EIS. Principal sources of light in the Harborview area include illumination by streetlights, car headlights, and lighting of the nearby Interstate 5 freeway, building and parking lighting and other security lighting. In general, land uses and development generates a relatively small amount of ambient light. Harborview, as an emergency trauma center open 24-hours a day, generates continuous building and site lighting. The mixture of commercial, institutional, and residential activities presents some nighttime sensitivities to light, but the condition is typical of an urbanized mixed-use area. The elevated location uphill from the downtown Seattle core also exposes the Harborview area to nighttime lighting. There are no unusually bright sources of light or extraordinary levels of illumination or glare from the campus.

The exterior Harborview campus areas (building entry plazas, walkways, etc.) require lighting for safety and security. Light also emanates from the upper levels of Harborview buildings. Mature street trees and vegetation in the area tends to buffer and screen light. In some cases, the canopy of mature trees blocks sidewalk illumination from elevated streetlights. Sidewalk/street lighting, as related to public safety, is identified as a 'second priority' in the First Hill Neighborhood Plan for the 9th/Terry/Jefferson/James Block 81. Institutional controls are also noted for the lengths of 9th and Terry in the vicinity of the Harborview campus[1]. (See Public Services and Utilities Section for further discussion of public safety issues).

Natural solar light/glare/shadow conditions were not identified as a significant affected condition. There are no buildings in the area or on the Harborview campus that have highly reflective surfaces, mirrored glass, or other glare causing materials. The surrounding terrain, relationships to major traffic corridors and solar exposures do not present any unusual conditions or hazards. The Master Plan projects are located east of the existing Harborview core buildings and are obscured from the freeway traffic corridor.

One design condition identified as sensitive to shadows is the proposed eastside landscaped open space (proposed campus heart). Although not subject to SEPA authority, the usability of the proposed space if shadowed by tall buildings is a concern. There are no public parks or spaces subject to SEPA review (25.05.675Q) that would be affected by shadows from Harborview.

The location at the proposed eastside campus landscaped open space is now primarily occupied by Harborview Hall (proposed to be demolished). Likely peak usage times of the outdoor space would be from spring to summer and mid-day. The new Research Building, East Hospital (former Center Wing) and East Clinic (former South Wing) are located to the south and west of Harborview Hall. The buildings currently cast shadows on the proposed eastside open space area.

[1]First Hill Neighborhood Plan, Final Plan, November 1998, pages 27-30.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Light and glare impacts from the Harborview proposed projects are possible but limited to the immediate campus environs. The increased building height may increase the exposure to light and glare. The amount and level (intensity) of light and glare impacts are not expected to be significant and potential impacts can be effectively mitigated. The impacts would be similar to existing conditions with nighttime illumination of buildings and the lighting of the campus grounds. The greatest sensitivity to these light impacts would be adjacent residential uses.

Lighting levels may increase along surrounding streets with improved illumination for safety and visibility. The Planned and Potential Projects would impact the street and sidewalk frontages within the Harborview campus area and specifically around Block 81 (bounded by 9th/Terry/Jefferson/James). The proposed lighting, along with increased setbacks, street level activity, weather protection, sidewalk amenities and landscaping would all contribute to improved visibility and pedestrian public safety.

Harborview plans no highly reflective surfaces or materials for the proposed projects. Facility renovations and seismic upgrades are not expected to create any significant light and glare impacts.

No probable significant light and glare impacts are identified that cannot be mitigated for either the Planned or Potential Projects.

A shadow analysis of both the Planned and Potential Projects in comparison with existing conditions was completed. The analysis is intended to improve design of the campus open space by understanding and then improving the solar exposure (There is no substantive environmental control of the shadowing).

The key times considered were the Vernal Equinox (March 21) and the Summer Solstice (June 21). The Winter Solstice (December 21) was considered for comparison purposes. The analysis showed that the southern portion of the proposed eastside campus open space would be shadowed at times of the day and year (spring, summer, mid-day and afternoon), when sunlight could enhance its use. The northern portion of the open space, near the Terry Terrace Apartment, would have the best solar exposure. The shadowing is least at mid-day in summer when the sun is high in the horizon and shadows cast from buildings are shortest.

The west side campus open space on top of the parking garage would have the highest solar exposure. This area is unobstructed due to its topographic location above and to the east of the freeway corridor.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Light and glare impacts would be similar to the Proposed Action. Shadow impacts upon 9th Avenue would be reduced with the siting of the Harborview East Hospital Expansion located away from the 9th Avenue right-of-way. However, the difference in shadow impact would not be significant.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The alternative would have impacts similar to the Proposed Action.

REMOVE BOREN GARAGE FROM MIO DISTRICT

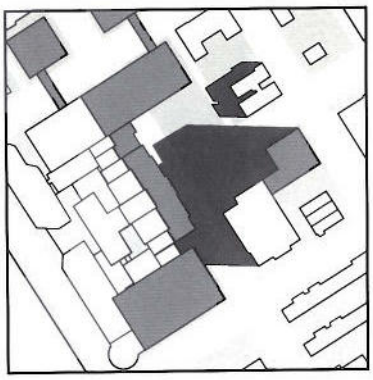
The alternative would have impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

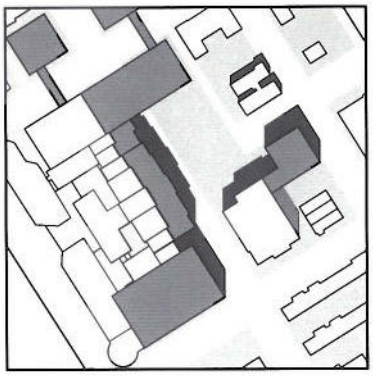
Buildings with increased height may increase light and glare impacts. The impacts may extend over a larger geographic area; particularly if new building heights are greater than the existing Harborview core buildings. Shadow impacts would also be greater than impacts of the Proposed Action. If future expansion capability at the central plaza occurs, then this 'campus heart' open space would be eliminated. Shadow impacts would not be an issue. Increased shadow impacts to the existing apartments to the north would occur. The southern exposure to light would be greatly reduced for these residential uses. Critical spring/summer/fall times would have increased shadows. Shadow impacts during the winter would be similar to the Proposed Action. If building heights were increased on the southern half of the full block site nearest the campus core (projects A1 and A2), shadow impacts would likely extend north of James Street. Glare may impact the James Street traffic corridor. No public parks would be impacted by shadows.

NO ACTION ALTERNATIVE

The No Action Alternative would result in a continuation of existing light/glare/shadow conditions. The proposed East campus open space would not be developed so shadows would not be a concern. The existing Research and Training Building would cast shadows on the Terrace Street segment. Harborview Hall, not demolished under the No Action Alternative, would maintain shadows on Terrace Street, particularly in late afternoons. The current type, amount and location of light and glare, intensity of illumination and shadowing of sidewalks by vegetation would remain the same as exists today. No public parks or spaces are impacted by shadows from either the No Action Alternative or the proposed action.

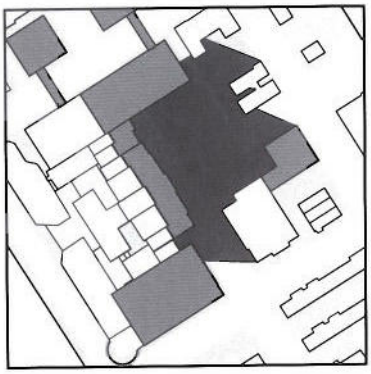


June 21st: 8am

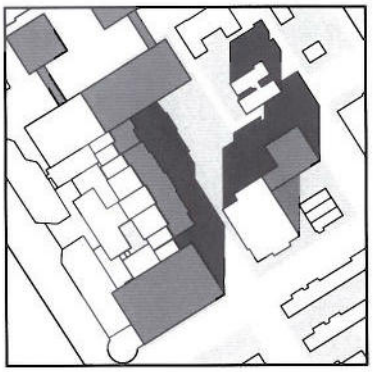


June 21st: NOON

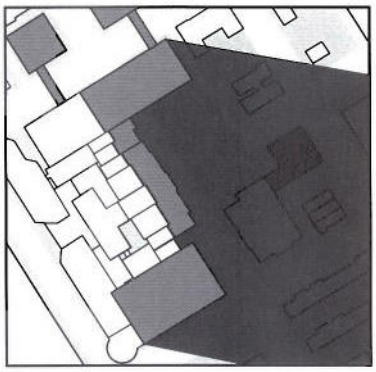
June 21st: 5pm



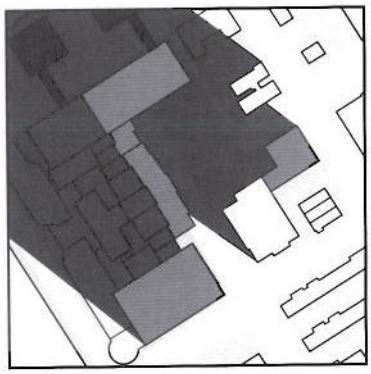
Mar/Sept 21st: 8am



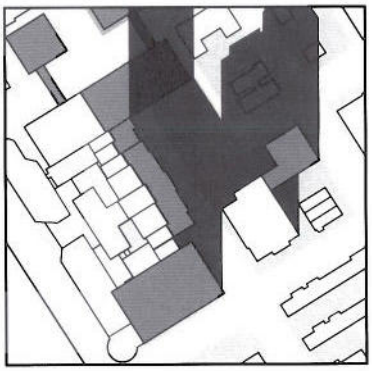
Mar/Sept 21st: NOON



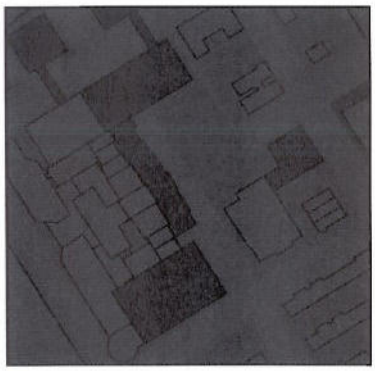
Mar/Sept 21st: 5pm



December 21st: 8am



December 21st: NOON



December 21st: 5pm

DATE	TIME	ALTITUDE	AZIMUTH
June 21st			
	8:00 am	37.22	86.15
	Noon	67.45	0.00
	5:00 pm	26.82	96.80
Mar/Sept 21st			
	8:00 am	20.32	67.45
	Noon	44.00	0.00
	5:00 pm	10.36	79.09
December 21st			
	8:00 am	1.86	52.65
	Noon	20.55	0.00
	5:00 pm	Sunset	Sunset

Shadows On
Proposed "Campus
Heart" Open Space

harborview medical center

FIG. 16

3. MITIGATION MEASURES

- Shield or direct exterior lighting fixtures away from adjacent residential uses.
- Consider motion sensitive or light level sensors to control lighting adjacent to residential uses.
- Locate lighting poles away from and/or at heights compatible with residential development.
- Install screening and shading devices to reduce or eliminate spillover lighting, particularly across from sensitive residential receivers.
- Use glass and building materials that are not highly reflective to avoid potential glare issues.
- Consider design of building facades with wall and glazing articulation and recesses to avoid large expanses of uniform surfaces. Spandrels, mullions and architectural detailing could lessen the effect of reflective glare from both artificial and natural light.
- Include landscaping to diffuse and obscure light and glare impacts.
- Consider solar exposure and potential adjacent building sun blockage in the design of the proposed campus open spaces, particularly the east campus 'heart', to avoid shaded landscaped open spaces to the extent practical.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

None.

AESTHETICS

1. AFFECTED ENVIRONMENT

Public scoping identified height, bulk and scale, as it relates to compatibility of Harborview with the neighborhood, as a potentially affected element of the environment to be analyzed.

The existing Harborview core campus buildings visually dominate the local area and are clearly distinguishable above downtown in terms of urban form and development massing. The campus 'super block' west of 9th Avenue with the vacated 8th Avenue, and the half-block wide 'super block' east of 9th Avenue with the vacated segment of Terrace Street, contribute to the contrast with the surrounding neighborhood. The Harborview block extends some 545 feet along the 9th Avenue frontage and about 278 feet along both Alder and Jefferson Streets. Typical platting establishes block sizes of 256 feet by 240 feet. However, the change in street grid alignments (Broadway, Boren, Yesler, James, I-5 freeway) in the Harborview area creates irregularly shaped blocks of varying area. The larger blocks allow larger floorplate buildings. The block shapes also affect building placement and orientation.

The tallest existing Harborview building is the East Hospital (former Center Wing) located along 9th Avenue with its pyramid shaped top with tower that rises to about 212 feet above the average 9th Avenue grade. The two adjacent building steps rise to about 140 feet in height. Other existing wings of the Harborview building complex along 9th Avenue have heights of about 143 feet (East Clinic, former South Wing), and 130 feet (East Hospital, former North Wing). The new Research and Training Building along 9th Avenue is about 128 feet in height above the 9th Avenue average street grade (the highest mechanical tower extends to a height of about 156 feet).

The neighborhood is mixed use with high-and low-density multi-family residences ranging in height from 2 levels (Yesler Terrace) to 18 levels/about 160 feet (Jefferson Terrace). Commercial and retail uses are located along James, Boren and Broadway ranging from 1 level to 6 levels. There are also institutional uses, including churches, and an art museum that are characterized by more massive building volumes. Swedish Medical Center is located two blocks to the north. Its tallest building (Southeast Wing), now under construction, rises to about 182 feet along Broadway. These medical buildings and parking garages also have an institutional scale.

The Harborview campus institutional scale and massing contrasts with the residential building pattern along the local streets. The streets provide the public visibility of the Harborview campus. Selected existing views that may be impacted by the proposed action throughout the campus are identified in the reference map (see Figure 17, Camera Views and Figures 18 – 22).

Views are generally limited and localized with some distant mountain and water views to the west and east from higher elevations/upper floors. There are no designated view corridors in the area although views do occur along public right-of-ways. SEPA authority does not address view impacts upon private property.

SEPA Polices in Seattle address view protection from public parks and places. There are no rules regarding private view protection. The SEPA Policies include one location near Harborview where the impacts of views must be considered: Harborview Hospital Viewpoint, Eighth and Jefferson (25.05.675P, Attachment 1). This location is the street-end between the Harborview emergency entrance and the Jefferson Terrace high-rise housing project.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

The proposed Master Plan projects would intensify the Harborview campus massing and bulk to the east and north of the existing core. Development scale would increase around a new central open space at 9th Avenue and Terrace Street. There would be a new Harborview height/bulk/scale presence on the more visible James Street frontage, between 9th and Terry Avenues. With the Potential Projects, 9th Avenue would be narrowed as a visual connection. The existing East Hospital (former Center Wing) tower would remain to be the tallest campus structure. The overall affect of the proposal would be increased height/bulk/scale impacts to land uses along all boundaries of the Harborview campus. Because proposed development standards include no upper level setbacks, the perceived bulk of the proposed buildings would be largely increased over existing bulk and over the allowable bulk if developed within the underlying zoning. This increases the impact of the transition from institutional to residential land uses as well as the perceived reduction in light and air to neighboring buildings. There would be little to no visual change of the overall campus massing from downtown views, looking uphill, towards Harborview. The greatest visual change would occur on the First Hill side at the campus edge.

Figure 17 shows a key of the 'camera views.' The views shown in Figures 18 - 22 compare the existing conditions with the visual change impacts from the Planned and Potential Projects. Impacts upon views along the public right-of-ways/streets and the impacts due to changes in height, bulk, and scale are depicted. The impacts are highlighted by each view as follows:

- **View 1 towards west on James Street** (Figure 18)

The Clinical Services Building of 11 levels (approximately 165 feet) would replace the 1 to 4 level existing buildings. The collection of smaller buildings would change to a single large half-block-sized building (Planned Project), which would become a full-block sized building (Potential Projects). Note that 5-foot setbacks are shown along the adjacent streets, except a 10-foot setback is shown along James Street, with no upper level setbacks. This change in scale would substantially change the character of this block. In addition, the proposed envelope of this full block building largely increases the contrast between institutional and residential uses. The width of the James Street view corridor would be more limited with the taller, more bulky building. The City would determine the balance of institution's need with neighborhood character.

- **View 2 towards north on 9th Avenue** (Figure 19)

The view shows the Inpatient Expansion Building spanning over 9th Avenue. The demolition of the East Clinic can be seen in the left foreground, which would open up the space at the 9th/Alder intersection. The Clinical Services Building can be seen in the distance. In the Potential Project phase, the East Hospital Expansion would be developed in the 9th Avenue right of way. Also, the open site at 9th/Alder is redeveloped with the 7 level (approximately 105 feet) Clinical Services/Research Building. All projects contribute to the substantial increase in development density.

- **View 3 towards south on 9th Avenue** (Figure 20)

The Planned Project Multiuse Building with 6 levels (approximately 90 feet) can be seen in the right side of the view, in comparison with the adjacent Terrace Crest Apartments. The building would be of greater height and bulk than the adjacent apartment. The Inpatient Expansion Building spans across 9th Avenue. In addition, the Planned Project initial phase of Clinical Services Building can be seen along the left side (east) of 9th Avenue. The building would rise 8 levels (120 feet) and substantially increase development density. The future Potential Project of the building cannot be seen in this view.

- **View 4 towards west on Jefferson Street** (Figure 21)

Planned Projects would be developed along both sides of Jefferson Street. Along the south Jefferson street edge, the Inpatient Expansion would replace the HMHS Building with 6 levels (approximately 90 feet), plus extend over 9th Avenue with a clearance of approximately 25 feet. Along the north Jefferson street edge, the first phase of the Clinical Services Building would rise 11 levels (approximately 165 feet), replacing the 1 to 3 level small buildings. The Multiuse Building with 6 levels can be seen behind the Clinical Services Building in the view. Mechanical floors/penthouses would likely rise another level in height on each building. The height and bulk at the Jefferson/9th intersection would be substantially changed from existing conditions. The contrast impacts would also be great between the Harborview buildings and the adjacent existing apartments (Broadmore and Terrace Crest and Terry Terrace). Two skybridges are also depicted that would span over Jefferson Street. The skybridges would reduce westerly views along the street corridor. Views from the Jefferson Street Viewpoint would not be impacted.

- **View 5 towards west on Terrace Street** (Figure 22)

The view shows the demolition of Harborview Hall and the creation of the central campus open space as part of the Planned Projects. The Potential Projects would result in the East Hospital Expansion in front of the old Center Wing and on the 9th Avenue right of way. The new 7 level Research Building on the south side of the open space would also be developed. Impacts upon views would include a more distant terminus of views along Terrace Street due to the demolition of Harborview Hall. There would be greater openness but more intense buildings would border the space at the end of Terrace Street.

The general overall impact from Planned and Potential Projects would be reduced light and air to the street levels due to increased height and bulk; noticeable increases in height/bulk/scale contrast between the neighboring residences and the proposal; and reduced transition in scale on boundary edges. An overall comparison of the Harborview Campus height/bulk/scale impacts showing existing conditions with Planned Projects and Potential Projects is given in Figure 23.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

The alternative would maintain the existing 66-foot street right of way width. The East Hospital Expansion would likely be developed to the Harborview property line. Views along the 9th Avenue street corridor would not be obstructed in the same manner or to as great an extent as would occur under the Proposed Action. The proposed East Hospital Expansion would probably have a similar scale to the proposed action but would be shifted out of the public right of way to the west.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The alternative would have impacts similar to the Proposed Action.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Structures would rise to heights of up to 240 feet on the blocks around 9th and Jefferson and up to 105 feet along the Terry Avenue frontage (also see New Height Standards figure in Final MIMP document, page 53). The increased heights and density is assumed to include facade modulations, setbacks and detailing that would reduce apparent massing. These building volume reductions would be balanced by a floorplate size that accommodates the functional requirements.

The tallest heights would exceed the highest existing Harborview building (East Hospital former Center Wing) and reduce its prominence. There would be greater contrast in the height, bulk and scale of Harborview and the adjacent buildings. The greatest impacts would be between the one and two level residences of the Yesler Terrace and the 16 to 20 level new Harborview buildings (number of stories is dependent on specific use and needed floor to floor height). Views along the local street corridors would be more narrowly defined as canyons bordered by highrise structures, particularly along 9th Avenue. The condition would be similar to the downtown area to the west of the freeway. Impacts would be different and cumulatively greater than those of the Proposed Action.

With the same total development program, the increased massing would be toward the center of the campus with buildings at the campus edges reduced in massing. The transition in campus scale may result in less impact at the campus edges because of greater similarity with surrounding existing development. However, the adjacent zoning allows buildings heights of 105 (out-right) to 240 feet (with special exception) so underdeveloped/parking lot sites may be more intensively developed similar to Harborview in the future.

New development may replace the visual prominence of existing buildings due to their greater heights. The most intense development core would visually shift to the east side of 9th Avenue at the Harborview Hall site. The proximity of building space would create a more compact and concentrated campus. Aesthetic impacts would be different from those of the Proposed Action with the campus core massing located more to the east. The Proposed Action provides a landscaped open space at this location that creates a transition to the residential areas to the east. The increased development of the alternative may have greater height, bulk and scale impacts to this adjacent residential area.

NO ACTION ALTERNATIVE

No impacts upon views, height, bulk, and scale would occur in this alternative. The existing massing of Harborview buildings would continue as they exist today.

3. MITIGATION MEASURES

- Follow the development standards of the MIMP that consider both the development pattern directed by neighborhood zoning and the needs of the major institution.
- Consider design solutions that use architectural detailing, modulation, stepbacks, materials, and other techniques to reduce the apparent scale of new buildings.
- Consider designing buildings that do not completely fill the maximum zoning envelope.
- Seek to soften the appearance of structures and assure that pedestrian scaled improvements are at street level.
- Continue to include retail and pedestrian oriented functions along envisioned pedestrian corridors (James) and avoid blank facades/massive structures in the neighborhood context.
- Consider artworks, lighting, signage and graphics to reduce building bulk and scale.
- Maintain pedestrian connections through the campus and with the neighborhood (such as at the campus 'heart') to break-up building groupings and collective massing.
- Include landscaping to soften building scale and to create amenities.

Unavoidable Significant Adverse Impacts

The development of Planned and Potential Projects would result in a substantial increase in height, bulk and scale of development in the Harborview area. This increase is perceived to have less impact on sites interior to the Harborview campus because surrounding land uses also are institutional in nature. However, on the MIO boundaries, these changes become less compatible with the neighboring residential uses. There would be greater contrast between the institutional buildings and existing multi-family residences. Mitigation measures reduce these impacts, but do not eliminate them.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
TERRACE ST.
ALDER ST.
SPRUCE ST.
8TH AVE.
1
2
3
4
5
Camera Views
harborview medical center
FIG. 17
PROPOSED MIO BOUNDARY
CAMERAS

Existing Campus

Planned Projects

Potential Projects

View 1 Towards West
On James Street

harborview medical center

FIG. 18

Existing Campus

Planned Projects

Potential Projects

View 2 Towards North
On 9th Avenue

harborview medical center

FIG. 19

Existing Campus

Planned Projects

Potential Projects

View 3 Towards South
On 9th Avenue

harborview medical center

FIG. 20

Existing Campus

Planned Projects

Potential Projects

View 4 Towards West
On Jefferson Street

harborview medical center

FIG. 21

Existing Campus

Planned Projects

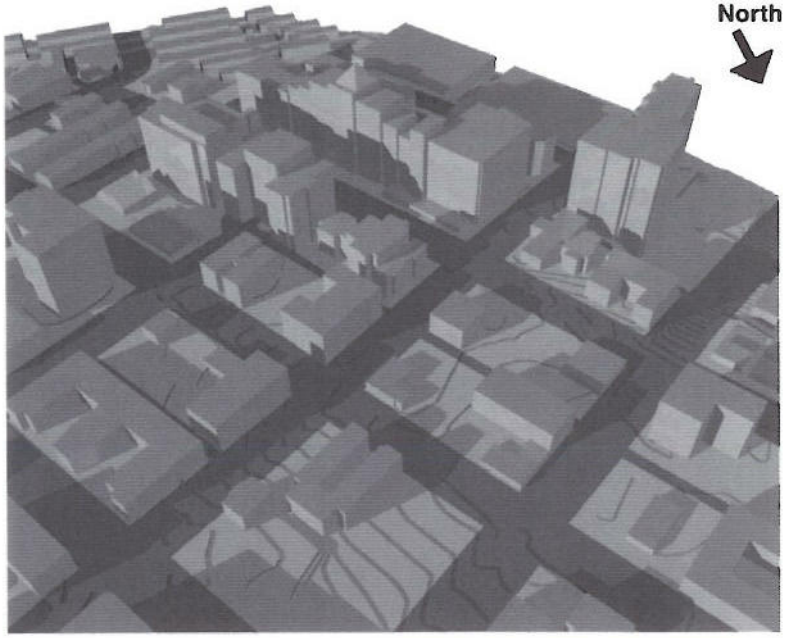
Potential Projects

View 5 Towards West
On Terrace Street

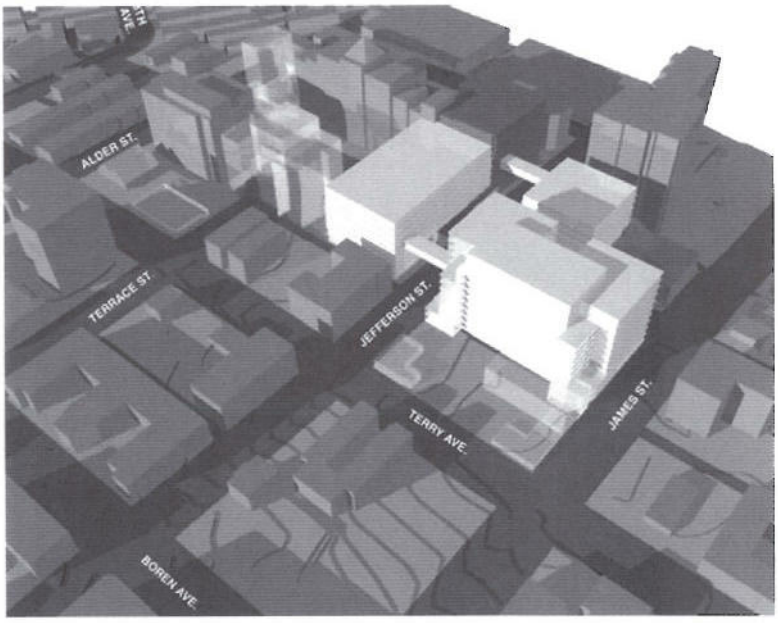
harborview medical center

FIG. 22

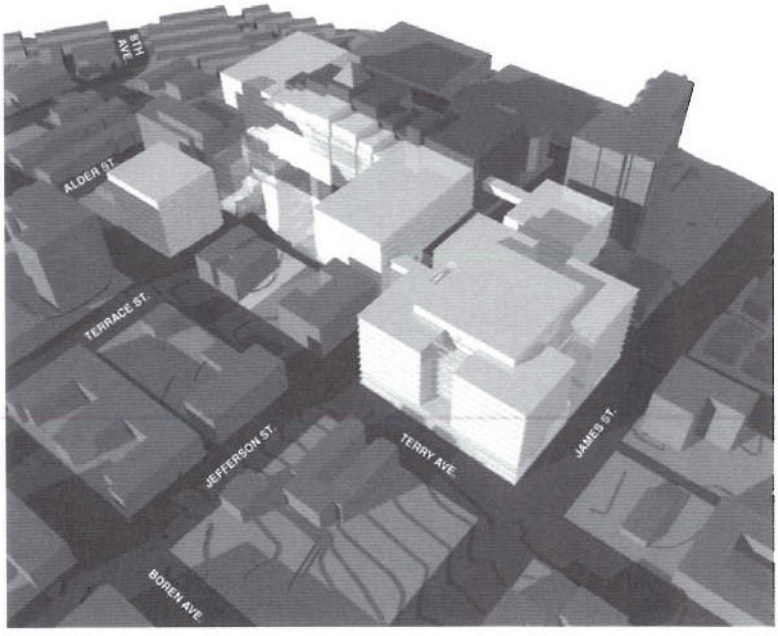
Existing Campus



Planned Projects



Potential Projects



Comparison of
Height/Bulk/Scale

harborview medical center

FIG. 23

HISTORIC AND CULTURAL PRESERVATION

1. AFFECTED ENVIRONMENT

Harborview Medical Center sits above downtown Seattle on the western edge of First Hill. Due to its proximity, First Hill was one of the first areas to attract those seeking to leave the city's increasingly crowded commercial center. By 1890, First Hill was the home of some of Seattle's most prominent families, such as the Fryes, the Carkeeks, the Terrys and the Hallers. Its days as an exclusive neighborhood were short-lived. After the "great fire" of 1889, fireproof brick and stone buildings were mandated downtown, and less expensive construction moved to First Hill. At the same time, institutions, apartments, rooming houses, and hotels were constructed, seeking a convenient location with space to expand. The new King County courthouse was built at 7th Avenue and Alder Street in 1890, on what became known as "profanity hill." Also developed nearby early in the century were St. James Cathedral, the Sorrento Hotel, Seattle University, Cabrini Hospital and Swedish Hospital. By the 1920s First Hill had already evolved into "Pill Hill" as a location with medical centers. Thus, in 1929, when the county faced a critical need for a new hospital, the First Hill site adjacent to the old courthouse site was near other hospitals and was a logical choice. Harborview Hospital and Harborview Hall were completed in 1931.

Since that time, First Hill institutions have continued to grow, with large campuses for Swedish Medical Center, Virginia Mason Medical Center, Seattle Central Community College, and Seattle University, as well as related medical facilities, expanded archdiocesan offices, O'Dea High School and the Frye Art Museum. Large-scale housing has also developed to supplement the early apartment building. In Harborview's immediate vicinity are two low-income projects: Jefferson Terrace, and Yesler Terrace, a significant development dating from 1939 - 1941.

Historic Resource Regulation

The U. S. Department of Interior has standards for the preservation, rehabilitation, restoration and reconstruction of historic properties.[1] The standards guide the appropriate treatment of historic resources, depending upon their historical significance, physical condition, proposed use, and intended interpretation. No building or place on the Harborview campus is listed on the State or National Registers of Historic Places.[2]

The City of Seattle regulates historic landmarks through its Landmarks Preservation Ordinance ((SMC 25.12). Standards for designation as a landmark in Seattle require that the resource be more than 25 years old, and that it meet one or more of the following criteria (SMC 25.12.350):

- It is a location of, or is associated with, an historic event with a significant effect upon the community, city, state or nation; or
- It is associated in a significant way with the life of a person important in the history of the city, state, or nation; or
- It is associated in a significant way with a significant aspect of the cultural, political, or economic heritage of the community, city, state or nation; or

---

[1] The Secretary of the Interior's Standards for the Treatment of Historic properties 1992, U.S. Department of the Interior, National Park Service, Cultural Resources.

[2] Historic Properties in Washington, National Historic Landmarks, National Register of Historic Places, Washington Heritage Register, Washington State Office of Archaeology and Historic Preservation and Listing of the City of Seattle Landmarks Preservation Board.

It embodies the distinctive visible characteristics of an architectural style, or period, or of a method of construction; or

- It is an outstanding work of a designer or builder; or
- Because of its prominence of spatial location, contrasts of siting, age or scale, it is an easily identifiable visual feature of its neighborhood or the city and contributes to the distinctive quality or identity of such neighborhood or the city.

The city has an established process for nominating and designating historic landmarks. When a structure is nominated for landmark designation, the City's Landmarks Preservation Board considers, at a public meeting, whether to approve the nomination for further designation proceedings. If the Board approves the nomination, a date is set for a Board public meeting to consider whether the structure will be designated as an historic landmark. If the Board approves the nomination, alterations or significant changes to the structure may not be made without obtaining a certificate of approval from the city. After considering information on the proposed designation, the Board decides whether to designate the structure as a landmark. If so, the Board issues a written report within 14 days of the designation setting forth its reasons for the designation. Within 75 days of issuance of the report, the Board will consider what controls and incentives to recommend be applied to the structure. During the 75-day period, an effort is made to negotiate an agreement between the city and the owner regarding the controls and incentives. If agreement is reached, the agreement is transmitted to the City Council with a request for Council approval. If agreement is not reached, the matter is referred to the city Hearing Examiner, who conducts a hearing and makes a recommendation to the City Council on controls and incentives. The City Council takes the final action on whether to designate the structure as a landmark and, if so, on what controls and incentives will be applied.

The Federal and State agencies have also defined standards and processes for listing historical resources on State and National registers.

Designated Historic Landmarks

One property on the Harborview campus is listed as being historically significant. Fire Station #3, built in 1903 for horse-drawn trucks, was designated a Seattle landmark in 1976 (Ordinance 1060501). Located at 301 Terry Avenue, it is now occupied by Harborview offices.

Two additional designated landmarks are located within a short distance of the campus: the U.S. Assay Office/German House (also on the National Register) at 613 Ninth Avenue and Trinity Parish Episcopal Church at 609 Eighth Avenue.

Other Historic Resources

The Historic Resources Technical Report[1] has identified two other buildings on the Harborview campus that meet the criteria for designation as Seattle landmarks and potentially for listing on the National Register of Historic Places and the Washington Heritage Register. These two structures, Harborview Hall and East Hospital (former Center Wing) are described further in this section, and in the technical report.

Figure 24 shows a view and the location of the Old Fire Station #3, Harborview Hall and the East Hospital.

---

[1] Historic Resource Assessment Report, Sheridan Consulting Group, August 1999, is on file with the Lead Agency and is incorporated in the EIS by reference.

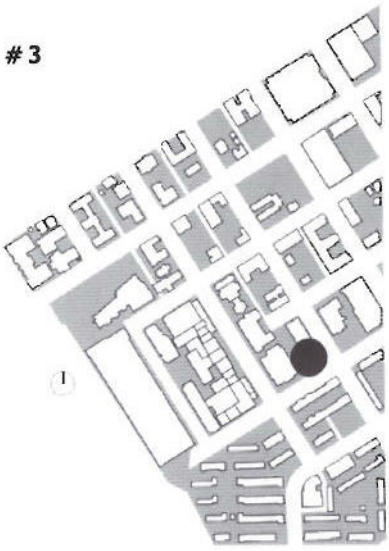
The Historic Resource Assessment also reviewed the potential historic significance of other structures on the Harborview campus and within the immediate environs that may be affected by the future Harborview projects. None of these buildings was found to meet the criteria for designation as a landmark. The assessment included the following buildings:

Building Name	Date Constructed	Architect	Description
Harborview East Clinic (former South Wing)	1952-55	Theo Damm, Henry Bittman and Associates	Modern 8-story structure with horizontal emphasis
Harborview Mental Health Services	1972-74	Naramore Bain Brady and Johanson	Unpainted concrete 3-story Brutalist structure with modulations and courtyards
Former Medic 1 (Walter Scott Brown Clinic)	1947-48	Paul Chiarelli Chiarelli & Kirk	1 ½ stories box-like structure of stucco and roman brick
Personnel Building	1988	Unknown	Flat roofed, 1-story portable
Sixplex (509 Ninth Avenue)	c. 1900	Unknown	Hip roof Classic Box with gabled dormer
Jefferson Crest Hotel (908 Jefferson Street)	c. 1900	Unknown	3-story rectangular apartment of wood frame and stucco
Lafayette Apartments (917 James Street)	1914	Unknown	Brick clad 4-story apartment
Terry Terrace Apartments (403 Terry Avenue)	1907	Unknown	4-story U-shaped structure with courtyard; significantly altered
Lucky Day Grocery (922 Jefferson)	c. 1925	Unknown	Simple storefront attached to 2-story former house

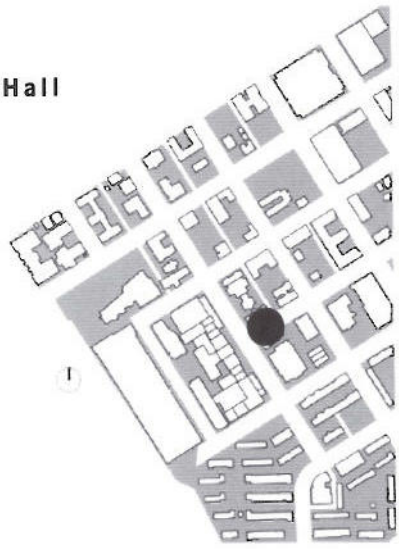
In 1975, the Historic Seattle Preservation and Development Authority completed an inventory of buildings and urban design resources of First Hill.[1] The inventory is not a formal historic designation but is an indication of community values. Harborview Hospital and Harborview Hall are identified as 'significant to the community'. The Old Fire Station #3 is identified as 'significant to the city'. The Trinity Episcopal Church (1891) at 8th and James is also identified as 'significant to the city'. Yesler Terrace (1941) is identified as a building complex of 'city-wide significance'. Architects W. Aitken, W. Bain, J. T. Jacobson, J. L. Holmes, and G. W. Stoddard designed this project.

[1] First Hill Inventory of Buildings and Urban Design Resources, 1975, Historic Seattle Preservation and Development Authority, Nyberg/Steinbrueck

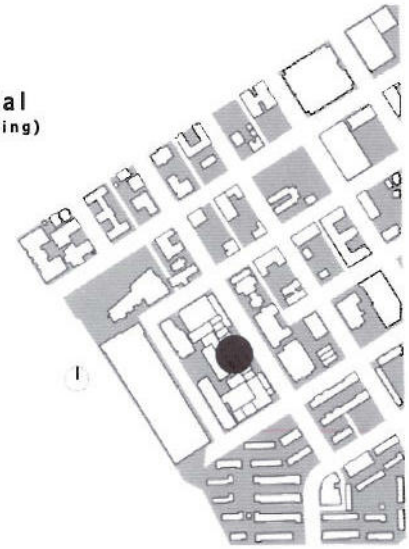
Fire Station #3

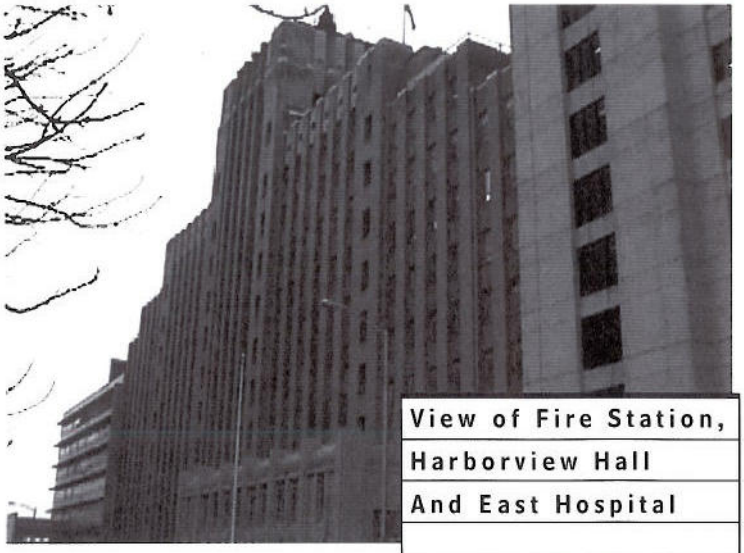


Harborview Hall



East Hospital
(former center wing)





View of Fire Station,
Harborview Hall
And East Hospital

harborview medical center

FIG. 24

Harborview Hall

Harborview Hall was built in 1931 as living quarters for students of the University of Washington School of Nursing. The last resident nursing class graduated in 1961. Since that time the building has been used primarily for research labs and office space. The first floor also accommodates the mental health courtroom, an auditorium and a library.

The Art Deco-style exterior of Harborview Hall appears to be in substantially original condition. The structure is similar to, and very compatible with, the original Harborview Hospital building across the street. It is U-shaped in plan, built of reinforced concrete and faced with buff brick with terra cotta ornament. It has a two-story tower, set back from a nine-story base, for a total of eleven stories. The cornice is capped with cream-colored terra cotta, with deep terra cotta fluting above each bay of windows. An unobtrusive brick tower on the north elevation connects the structure to the Harborview Mental Health Services building.

The entry is particularly notable, decorated with a large terra cotta frieze of unfolding fern fronds. Two pairs of original bronze-and-glass doors lead into a small vestibule of dark red marble. Above the exterior doors is elaborate bronze grillwork; large bronze light fixtures flank the doors.

Most of the building's interior has been remodeled to accommodate changing uses. However, the lobby, parts of the first floor, and much of the third floor remain substantially the same as they were originally built. The lobby strongly reflects not only the Art Deco character of the exterior but the residential use for which the building was designed–specifically as a home for women. Its striking wainscot is of four-inch wide vertical pieces of walnut, separated by arrow-shaped details descending from an elaborately-carved molding with a pattern of roses, leaves and berries. The original Art Deco ceiling fixtures, the hall clock and terrazzo floor remains the same.

The first floor appears to retain most of its original room configuration (with changed uses) and some of the original stained wood doors and other detailing. The original library with golden oak wainscot and built-in bookcases is intact and is now filled with office cubicles. Adjacent is the former living room, which now houses a branch of the University of Washington Health Sciences Library. The room retains its original wall treatment (a wood chair rail with rough plaster below and smooth plaster above) and fireplace. The fireplace is topped by an Art Deco piece in bronze and copper, depicting the rising sun, and is flanked by cast stone ornament and simple Art Deco light fixtures.

The original stage in the auditorium also remains intact. The proscenium is surrounded by Art Deco ornamentation in a rising sun pattern. Applied ornament in stylized fern and arrow patterns, two doors with distinctive clipped corners, and stairs with railings in a scroll design flank the stage.

The third floor is still used as sleeping quarters for on-call staff and is in substantially original condition. The 22 single rooms line the double-loaded corridors, which have painted doors and woodwork. Each room has a window, a bed, a sink and a built-in closet. A large bathroom, with showers and bath tubs, is in each wing. The sitting rooms in front of the elevators and at each end of the hallway are now office spaces. The center sitting room retains its original "tea kitchen," where students could prepare coffee, tea or light snacks.

Harborview Hall meets three of the city of Seattle's criteria for designation as a historic landmark.

Criterion 3: It is the location of, or is associated in a significant way, with a significant aspect of the cultural, political, or economic heritage of the community, city, state or nation.

Harborview Hall, constructed at the same time as Harborview Hospital, is significant for its part in the hospital's role in providing health care to the Puget Sound region and in health care research. In addition, it played a role in medical education, as the base for the University of Washington School of Nursing from 1931 until 1961. It remains as one of the few local reminders of that type of communal nursing education. The building is of significance to those who lived there, as its mixture of single rooms and ample communal social and study spaces provided a family atmosphere for students.

Criterion 4: It embodies the distinctive visible characteristics of an architectural style, or period, or a method of construction.

Harborview Hall is an example of Art Deco architecture, both in massing and ornamentation. The master plan produced by Thomas, Grainger and Thomas shows not only Harborview Hall, but two other structures, compatible in scale and massing, flanking each of the main buildings, for a total of six planned structures. The hospital and Harborview Hall were the only two to be constructed, originally. Its stepped-back massing and ornamentation, both interior and exterior, clearly define it as an integral part of the Harborview Hospital complex. At the same time, the differences in scale, massing and ornamentation make it a distinctive and valuable entity in itself.

The terra cotta fern frieze at the entry is an example of Art Deco design. The designs and ornament found in the outstanding lobby interior, the living room (library) fireplace nook and the auditorium continue the theme of Art Deco-inspired patterns taken from nature.

The features of the structure are:

- Its stepped-back massing, with a broad base and tower
- The vertical emphasis of the main facade with vertical piers and spandrels of decorative brick work
- The terra cotta ornament at the top
- The highly detailed entry, with its ornamental frieze, marble and grillwork
- The vestibule and main lobby with walnut wainscot and Art Deco ornament
- The Art Deco detailing in the auditorium and library

Criterion 5: It is an outstanding work of a designer or builder.

Harborview Hall was designed in 1929 by the firm of Thomas, Grainger and Thomas. The firm's principle, Harlan Thomas, was one of the most prominent local architects of the period.
He designed Harborview Hall in partnership with his son, Donald P. Thomas, and Clyde Grainger. Along with the hospital, it shows his interest in Modernism, seen clearly in the building's stepped-back massing, strong vertical orientation and modernistic ornamentation.

Other Seattle works by Thomas include the Chelsea and Sorrento hotels, the Queen Anne and Douglass-Truth libraries, the Seattle Chamber of Commerce building at Third Avenue and Columbia Street, the William O. McKay Lincoln-Mercury dealership on Westlake Avenue, and the Arcade Plaza Building. In addition to his private practice, he headed the School of Architecture at the University of Washington from 1926 until 1940. Thomas was elected a fellow of the American Institute of Architects in 1928. Thomas retired from practice in 1949 and died in 1953.

Other Historic Registers

For the reasons described, Harborview Hall meets two criteria for listing on the National Register of Historic Places. The building possesses integrity of location, design, setting, materials, workmanship, feeling and association and:

- Is associated with events that have made a significant contribution to the broad patterns of our history, and
- Embodies the distinctive characteristics of a type, period or method of construction, or that represents the work of a master or that possesses high artistic values.

Harborview Hall also meets three criteria for listing on the Washington Heritage Register, as a building that:

- Is directly connected to specific activities or events which had a lasting impact on the community or region;
- Has strong artistic, architectural or engineering qualities; and,
- Was designed by an influential architect

East Hospital (former Center Wing)

Harborview Medical Center has its origins in the King County Poor Farm, established in Georgetown in 1877. The county built a new 125-bed hospital at that site in 1893, with another 100 beds added in 1906. However, by the mid-1920s more than 400 patients were often crowded into the 225-bed facility. In November 1928 voters approved a $2,750,000 bond issue to build a new hospital for those who could not afford care in private hospitals. Operating costs were to be paid by the Washington State Department of Public Assistance, which was to receive legislative appropriations specifically for this purpose.

At its dedication on February 1, 1931, the new complex was widely considered one of the country's most modern and best-equipped hospitals, with laboratories, a large outpatient department, a "psychopathic" ward, maternity and children's floors and physical therapy and X-ray facilities. Less than ten years after its completion, however, up to 600 patients often crowded into the 350-bed hospital. About this time it also formally became a teaching hospital, with the establishment of the University of Washington School of Medicine in 1946. Harborview was the school's major teaching facility until the opening of the University of Washington Hospital in 1959. In 1967 the university assumed management of the hospital, under contract with King County, and continues to manage it today.

In 1948 voters approved a $2,750,000 bond issue for the first hospital expansion, the seven-story South Wing (now the East Clinic), which opened in 1955. This addition contained primarily emergency and surgery facilities, outpatient clinics, a communicable disease ward and a new laboratory. Much of the original 1931 structure was also modernized at this time. Voters approved three more capital improvement bond issues over the next three decades. These led to

construction of the five-story north wing (1972) with patient rooms and a new emergency department, with four stories added in 1981 to accommodate a burn unit and additional nursing floors. The West Hospital and the West Clinic were completed in 1998, doubling the size of the facility. The new buildings provide a new west entrance, an expanded trauma center, outpatient clinics, operating rooms, a new intensive care unit, and new laboratory, radiology and food service facilities. The 1931 and 1952 structures have been substantially updated.

Despite the constant interior remodeling and additions, the exterior of the East Hospital/Center Wing is substantially the same as it was originally. It is built of reinforced concrete faced with buff brick, with terra cotta and cast stone ornament. Its massing is stepped back, with a five-story tower rising from a ten-story base. The square tower has a distinctive pyramidal cap clad with golden yellow tile and topped by green copper figure similar to a stylized flame.

Vertical piers, projecting slightly between each bay of windows, give a strong vertical emphasis. The tower and the ten-story base are each delineated by a wide bay with a single recessed window on each floor, capped by ornamental grillwork. Other windows are brown metal. Spandrels between floors are of buff brick in a simple ornamental pattern, giving a strong woven effect. The cornice is capped with cream-colored terra cotta, with a very large-scale fern frieze and fluting in terra cotta. At the tenth floor each window bay terminates in a round window surrounded by large-scale sun rays in terra cotta, visible from a considerable distance.

The ornate entry is somewhat obscured by a large modern canopy in glass and light green metal, added in 1998. The deeply recessed doorway is framed with black marble, with ornamental grillwork above the doors; similar grillwork is on the two windows flanking the entry. Above the doorway is a large cast stone frieze with a pattern of the caduceus (an ancient symbol of the medical profession) and what appear to be totemic figures. Large original bronze light fixtures flank the entry. A ramp for handicapped access is at the north side of the entry, with an Art Deco-patterned railing.

Attached to the north portion of the main facade is a two-story 1998 addition containing a Medic One garage below and living quarters above. It is of concrete, deeply scored to look like cast stone blocks, with sections of buff brick facing, vertical piers of scored concrete and Art Deco-inspired chevron detailing. The large windows have very wide aluminum mullions. The cornice is of light green metal and curves inward.

The East Clinic (former South Wing) completed in 1955, is a modern eight-story glass-and-tile structure; the bands of aluminum-framed windows and wide overhangs between floors give in a strong horizontal emphasis, contrasting with the vertical emphasis of 1931 building. The nine-story North Wing (1972-74/1980) is built of unornamented unpainted gray concrete in the Brutalist style, with subtle vertical piers and massing that make an attempt to relate to the massing of the Center Wing.

The Ninth Avenue lobby, now used as a secondary entry, is in largely original condition and retains its strong Art Deco character. Necessary changes such as the ramp for handicapped access have been generally sensitive to the original character. The lobby consists of a vestibule, a main lobby with seating and an elevator lobby opening to corridors leading to the hospital and clinics. The vestibule has a dark red marble wainscot and small Art Deco light fixtures. The main lobby and the elevator lobby have a wainscot of rich tan-colored marble. The terrazzo stairs to the elevator lobby and the wheelchair ramp have Art Deco style brass handrails, which are modern additions in keeping with the lobby's character. The two lobbies are separated by an original bronze railing in a more ornate Art Deco pattern. The wheelchair ramp runs behind an original marble wall with a large brass-bordered opening, through a space that was once the mailroom.

A deep plaster frieze with a design of fern fronds, similar to that found on the building's exterior, goes around the upper lobby. The frieze extends down over the center doorway, accentuating the entrance to the hospital itself, and is also found on the two fluted square columns flanking the stairs. Above the frieze is wide plaster molding in a sunrise pattern, repeated on the highly-detailed coffered ceiling of the main lobby. The original Art Deco light fixtures also remain.

Other than the lobby, the interior has been largely remodeled over the years, with new room configurations and materials. Most of the 1931 structure is now used for faculty and staff offices, with support and supply services on the basement and ground floors. The only patient care services remaining are the original (remodeled) in-patient psychiatric unit on the fifth floor, and burn and rehabilitation clinics. Evidence of the original rooms is visible in some offices, such as steam radiators, ceramic tile walls (now painted), and built-in supply cabinets. Many floors, however, have been completely modernized.

The East Hospital/Center Wing meets four of the City of Seattle's six criteria for historic significance.

Criterion 3: It is the location of, or is associated in a significant way, with a significant aspect of the cultural, political, or economic heritage of the community, city, state or nation.

The East Hospital Center Wing is significant for crucial role it has played in the health care system of King County since 1931. From its opening until the 1950s it was virtually the only source of care for patients on welfare and for many whom could not afford private care. Although other hospitals and clinics now supplement Harborview's role as the major provider of care to the poor, providing the most charity care of any Washington hospital, 70 percent of Harborview's patients are covered through government programs or are uninsured. Harborview has also, since its construction, served as the area's major provider of treatment for emergency services, burns, contagious diseases and in-patient psychiatric services.

The East Hospital Center Wing has also played a primary role in regional medical education. The University of Washington School of Nursing was based at Harborview from its construction in 1931 until 1961. When the School of Medicine was established in 1946, Harborview became the primary teaching hospital until University Hospital opened in 1959. It continues to be a major teaching facility and has been managed by the University of Washington since 1967.

Criterion 4: It embodies the distinctive visible characteristics of an architectural style, or period, or a method of construction.

The East Hospital Center Wing is an excellent example of Art Deco architecture, both in massing and ornamentation. *A Guide to Architecture in Washington State* describes Harborview Hospital as "an impressive Moderne design with a finely detailed entrance."[1] The Moderne style (later called Art Deco) was very popular in the United States between approximately 1925 and 1935, a time when a large amount development occurred in Seattle. Its design vocabulary drew largely from nature, with stylized flowers, plants, animals, sea creatures, sunbursts and waves, and geometric forms such as chevrons and zigzags.

---

[1] A Guide to Architecture in Washington State, Sally B. Woodbridge and Roger Montgomery, 1980, UW Press.

The style was particularly suited to large buildings such as hospitals and office towers. The building itself was part of the Art Deco form, with vertical emphasis achieved through stepped-back massing and tall piers, making the building recognizable from a distance. Massing was emphasized by bold bands of ornament, often of terra cotta, at building tops and along the sidewalk. In 1929 Art Deco was clearly seen as a most appropriate style for Seattle's most modern, most prominently sited hospital. Its cosmopolitan architect, Harlan Thomas, was familiar with trends in Europe and throughout this country, and interested in the new modernism. The significant features of the structure are:

- Its siting in a prominent location east above the city; and
- Its stepped-back massing, with a ten-story base and a square central tower rising to fifteen stories with a tile-clad pyramidal top;
- The brick cladding, decorative brickwork and the predominant color palette of buff and cream;
- The vertical emphasis of the window bays, piers and decorative spandrels;
- The regular fenestration and brown metal window sash;
- The Art Deco-style terra cotta cornice and other ornament at the top of the building;
- The highly detailed entry, with its ornamental frieze, marble and grillwork; and,
- The vestibule, main lobby and elevator lobby with marble wainscot, columns, railing and extensive intact Art Deco ceiling and wall detailing.

Criterion 5: It is an outstanding work of a designer or builder.

The East Hospital Center Wing was designed in 1929 by the firm of Thomas, Grainger and Thomas. The firm's principle, Harlan Thomas, was one of the area's most prominent architects. He had studied and traveled in Europe and was interested in advances in architectural style. Both as a practitioner and as a long-time head of the School of Architecture of the University of Washington, he was influential in the design community and aware of design activities throughout the world.

He designed the Chelsea and Sorrento hotels, which remain among Seattle's most notable buildings today and clearly show the influence of his European training and his willingness to innovate rather than accept existing conventions. Other works include the Queen Anne, Columbia and Yesler (now Douglass-Truth) libraries, the Seattle Chamber of Commerce Building (Second and Columbia) and the Rhodes Department Store (now the Arcade Plaza). In addition to his private practice, Thomas served as head of the Department of Architecture at the University of Washington from 1926 until 1940. He was elected a fellow of the American Institute of Architects in 1928. Thomas retired from practice in 1949 and died in 1953.

He designed Harborview Hospital (1929-31) in partnership with his son, Donald P. Thomas, and Clyde Grainger. It was his crowning achievement and largest project. His interest in Modernism is seen clearly in the buildings's stepped-back massing, strong vertical orientation and modernistic ornamentation. Norman B. Johnston, author of an essay on Thomas, notes "The influence of personalities and developments in American architecture in the 1920s and 1930s was

clearly demonstrated in Thomas's work of those decades. The vertical emphasis and lack of ornament at Harborview is reminiscent of Saarinen's 1922 *Chicago Tribune* submittal."[1].

Criterion 6: Because of its prominence of spatial location, contrasts of siting, age, or scale, it is an easily identifiable visual feature of its neighborhood or the city and contributes to the distinctive quality or identity of such neighborhood or the city.

From the time of its construction, the East Hospital Center Wing has been a notable landmark overlooking downtown Seattle, and remains so today even with the construction of the West Hospital in 1998. The building is sited on the west ridge of First Hill and rises over 200 feet from Ninth Avenue and more than 500 feet above downtown Seattle. Its image is used as the logo for Harborview Medical Center.

The hospital's prominent location is emphasized further by the similar siting of the U.S. Marine Hospital (Public Health Service Hospital/Pacific Medical Center/ Amazon.com). The Public Health Hospital obtained its landmark presence because of its significant art deco architecture and retained it through construction of a compatible addition for seismic reinforcement and adaptive reuse as offices as well as an outpatient facility.

Other Historic Registers

For the reasons described above, the East Hospital/Center Wing meets two criteria for listing on the National Register of Historic Places:

- Is associated with events that have made a significant contribution to the broad patterns of our history, and

- Embodies the distinctive characteristics of a type, period or method of construction, or that represents the work of a master or that possesses high artistic values

Its integrity of design has been slightly compromised by the new entry canopy (removable) and the new Medic One garages on the front (east) facade.

The East Hospital/Center Wing also meets three criteria for listing on the Washington Heritage Register as a building that:

- Is directly connected to specific activities or events which had a lasting impact on the community or region;

- Has strong artistic, architectural or engineering qualities; and,

- Was designed by an influential architect.

---

[1] Shaping Seattle Architecture: A Historical Guide to the Architects, 1994, Jeffrey K. Ochsner (ed.), UW Press.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Harborview proposes to maintain Fire Station #3 as part of its campus. No adverse impacts are expected to occur to the building. The setting will be changed to some extent by the construction of a seven-story research building to the north; this building will be similar to the just-completed building to the west of the fire station. The site is now occupied by a one-story temporary building, but for many years had a substantial three-story apartment building.

No adverse impacts will occur to the nearby designated landmarks, Trinity Parish Church and the U.S. Assay Office/German House. Neither is adjacent to or across the street from the project site. They are of sufficient distance that their settings will not be impacted. Any construction impacts would be minimal and short term (such as brief traffic interruptions) and would be mitigated (see Short Term Construction Impact Section).

Harborview Hall and the East Hospital (former Center Wing) meet the criteria for designation as Seattle landmarks and eligible for listing on the National Register of Historic Places. Under the Proposed Action, Harborview plans to demolish Harborview Hall, and either demolish or significantly alter the East Hospital. The demolition of Harborview Hall is considered a Planned Project and the demolition was approved in the prior Major Institution Master Plan. Under the Proposed Action, the elimination of the facade and lobby of the East Hospital is proposed as a Potential Project. (See discussion of No at-grade 9th Avenue Vacation for discussion of preserving all or part of the East Hospital).

Although Harborview Hall meets the criteria for designation as a Seattle landmark, Harborview Hall is also seismically unsound. Because of the seismic risks associated with Harborview Hall and the exorbitant cost to stabilize Harborview Hall, it is infeasible to retain the building. The only way to achieve Harborview's objective of seismically upgrading its facilities, and maintaining a safe and operational facility during a natural disaster is to demolish Harborview Hall. This demolition will be a significant impact on the historical resources of the City. See long term/cumulative impacts, earth/seismic section for more information regarding the seismic status of Harborview Hall.

The demolition of the East Hospital as a Potential Project would also have adverse environmental impact. However, unlike Harborview Hall, it may be possible to retain some of the East Hospital based on lower costs to upgrade the existing building seismically and functionally.

The Proposed Action would demolish up to eight other buildings (see page 121) six of which are more than fifty years old. The technical report discusses each of these in detail, indicating that none of them is considered to meet the criteria for designation as a Seattle landmark or for listing on the National Register of Historic Places or on the Washington Heritage Register.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9TH AVENUE VACATION

The vacation of 9th Avenue is proposed in order to allow the East Hospital to be expanded with an adjoining buttress structure that would provide seismic reinforcement and allow the retention of the central part of the 1931 building and the tower. The use of street right-of-way is necessary to provide sufficient seismic reinforcement, and a more functional floorplate.

Without the vacation of 9th Avenue, reconfiguration of the East Hospital expansion would be required, perhaps including demolition of the entire former Center Wing, including the historically significant tower, to eliminate seismic risks and achieve a larger floor plate. Historic Resource impacts would be greater than the Proposed Action, with loss of the center tower.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Impacts of this alternative would be similar to those of the Proposed Action.

REMOVE BOREN GARAGE FROM MIO DISTRICT

Impacts of the alternative would be similar to those of the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Impacts would be similar to those of the Proposed Action. The overall campus scale and intensity would be greater.

NO ACTION ALTERNATIVE

This alternative would have no impact and all existing Harborview buildings would remain, with no impact on historic resources.

3. MITIGATION MEASURES

Possible measures to mitigate the loss of Harborview Hall include:

- Preserve materials and artifacts from the lobby, other significant interior locations (including the original library, the living room and the auditorium) and exterior ornament, for use in new structures at Harborview or at other locations.

- Document the structure to the standards of the Historic American Building Survey (HABS), including both photographs and a building history with a discussion of the uses of various spaces of the years and physical changes to the building. The history would be based on photographs, physical evidence, artifacts, written documents, publications, and oral histories with staff, patients, students and others knowledgeable about the structure and its history.

Possible measures to mitigate the loss of the East Hospital (former Center Wing) facade and lobby include:

- Consider modifying the Proposed Action to retain the main facade, exterior ornament and lobby

- Design the proposed expansion structure to have similar massing, vertical emphasis and cladding as the Center Wing, reuse the exterior ornament and rebuild the lobby to the extent possible. Attempt to retain the exterior appearance (including the entry and ornament) with a re-designed canopy that would be more compatible with the original design.

- Preserve historic but unused materials and artifacts from the lobby and the exterior ornament, for use in new structures at Harborview or at other locations.

- Document the structure to the standards of the Historic American Building Survey (HABS), including both photographs and a building history with a discussion of the uses of various spaces of the years and physical changes to the building. The history would be based on photographs, physical evidence and artifacts, written documents and publications, and oral histories with staff, patients and other knowledgeable about the structure and its history.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

In the Planned Projects, Harborview Hall would be demolished. The loss of this historic resource would not be completely mitigated and the impact would be significant. However, the building could be documented and significant materials, and artifacts can be preserved.

In the Potential Projects, the construction of a buttress would significantly impact the east face of the main facade and lobby of the East Hospital (former Center Wing). However, the stepped tower would remain. The loss of this historic facade resource would not be completely mitigated and the impact would be significant.

If 9th Avenue were not vacated, all of the Center Wing, including both the east and west facades and the historically significant tower, may be demolished in order to expand the East Hospital. The loss of this historic resource would not be completely mitigated and the impact would be significant.

TRANSPORTATION AND PARKING

This section of the Draft EIS identifies and analyzes transportation-related impacts of the proposed Harborview Medical Center Master Plan on traffic operations, pedestrian facilities, traffic safety, circulation systems, and parking.

The analysis of project-generated impacts associated with the proposed action alternative is conducted according to procedures for traffic impact review under the State Environmental Policy Act (SEPA). Impacts are defined as the difference in conditions that would occur with the proposed project (Harborview Proposed Action), as compared with the conditions that would occur without the project (No Action Alternative). The following analysis includes an evaluation of site-generated traffic impacts during the peak morning and afternoon commute periods, also known as the AM and PM peak hours, respectively.

1. AFFECTED ENVIRONMENT

Study Area

The study area is generally bounded by Cherry Street to the north, Alder Street to the south, Broadway to the east, and 6th Avenue to the west. The study area was determined based on conversations with City of Seattle Department of Construction and Land Use (DCLU) staff and the anticipated peak hour distribution of project traffic to/from the hospital's existing and proposed parking garages. The following of 20 intersections were identified for analysis:

- Cherry Street/6th Avenue
- Cherry Street/7th Avenue
- James Street/6th Avenue
- James Street/7th Avenue
- James Street/8th Avenue
- James Street/9th Avenue
- James Street/Terry Avenue
- James Street/Boren Avenue
- James Street/Minor Avenue
- James Street/Broadway
- Jefferson Street/9th Avenue
- Jefferson Street/Terry Avenue
- Jefferson Street/Boren Avenue
- Jefferson Street/Broadway
- Terrace Street/Boren Avenue
- Terrace Street/Broadway
- Broadway/Boren Avenue
- Alder Street/9th Avenue
- Alder Street/Broadway
- Spruce Street/9th Avenue/8th Avenue

Roadway Network

The existing roadway network in the project site vicinity and traffic control and channelization at study intersections is illustrated in Figure 25. Signalized study intersections are controlled with fully actuated, semi-actuated, or pre-timed traffic signals. The existing signals along James Street and Broadway operate as a coordinated system during the weekday AM and PM peak hours. At unsignalized study intersections, traffic on the major approach is uncontrolled and traffic on the minor approach is controlled with stop signs. Unlike the other unsignalized intersections, both the major and minor approaches at Jefferson Street/9th Avenue are stop sign controlled (all-way stop). Many arterial streets within the City of Seattle, including the arterials within the study area, have an unposted speed limit of 30 miles per hour (mph). Commercial and residential streets generally are posted at 25 mph. The individual characteristics of the study roadways are described in detail below.

Interstate 5 (I-5) is a multi-lane, divided, regional freeway that links the City of Seattle with communities to the north and south, including the Cities of Everett and Tacoma, respectively. I-5 also provides connection to Interstate 90 and SR 520, major east-west freeways serving the areas east of Seattle. Within the study area, I-5 has a posted speed limit of 60 mph and includes 10-12 travel lanes, including express lanes.

James Street is a two-way principal arterial with four travel lanes and left turn channelization at the signalized intersections with 6th Avenue, 7th Avenue, and Boren Avenue. Eastbound right turning traffic at 6th Avenue is controlled with a yield sign. Signing prohibits east and westbound left turning movements at the intersection with Minor Avenue. Since Minor Avenue operates as a one-way (northbound) street between James Street and Broadway, eastbound right turning movements are restricted at James Street/Minor Avenue. With the exception of Terry Avenue and Minor Avenue, all intersections along James Street are signalized within the study area.

Jefferson Street is a two-way collector arterial with two travel lanes. This arterial abuts the north side of Harborview. The east and westbound approaches are stop sign controlled at 9th Avenue and uncontrolled at Terry Avenue. Traffic signals exist at the intersections with Boren Avenue and Broadway.

Sixth Avenue is a one-way (southbound) collector arterial with four travel lanes between Cherry Street and James Street. This roadway includes left and right turn channelization at the signalized intersection with James Street. The intersection with Cherry Street is also controlled with a traffic signal. Within the study area, 6th Avenue provides direct access to/from southbound I-5.

Existing Traffic Control and Channelization at Study Intersections

harborview medical center

FIG. 25

Seventh Avenue is a one-way (northbound), two-lane, collector arterial. This arterial provides direct access to the northbound I-5 on-ramp located north of Cherry Street. In addition, the northbound I-5 off-ramp forms the south leg of the James Street/7th Avenue intersection. The intersection with Cherry Street is controlled with a traffic signal.

Ninth Avenue is a two-way, two-lane, minor arterial that abuts the east side of Harborview. The north and southbound approaches are stop sign controlled at Jefferson Street and uncontrolled at Alder Street. A mid-block pedestrian crossing exists between Jefferson Street and Alder Street.

Boren Avenue is a two-way principal arterial with four travel lanes and left turn channelization at the intersection with James Street. The northbound left turning movement is restricted at the Jefferson Street and Broadway intersections. Both of these intersections are controlled with traffic signals. Similarly, signing prohibits the southbound left turning movement at the intersection of Broadway/Boren Avenue. North and southbound traffic volumes are uncontrolled at Terrace Street.

Broadway is a two-way minor arterial with 3-4 travel lanes and left turn channelization at the intersections with James Street, Jefferson Street, Terrace Street, and Boren Avenue (southbound approach). An exclusive southbound right turn lane exists at the James Street intersection. The north and southbound approaches are uncontrolled at the intersections with Terrace Street and Alder Street.

The remaining study roadways are local access streets, including Terrace Street, Alder Street, Terry Avenue, and Minor Avenue. Although signing prohibits the north and southbound left turning and through movements at James Street with Terry Avenue and Minor Avenue, existing traffic counts indicate that a relatively high number of motorists execute these movements during the peak hours, including as many as 50 northbound through and approximately 40 southbound left turning movements at James Street/Minor Avenue during the PM peak hour. These restricted movements were less prevalent at James Street/Terry Avenue, with as many as 4 southbound through movements observed during the PM peak hour.

Traffic Volumes

Existing weekday AM and PM peak hour traffic volumes at study intersections are illustrated in Figures 26 and 27, respectively. Traffic volumes were collected during the AM peak period (7:00-9:00 am) and the PM peak period (4:00-6:00 PM) in January of 1999.

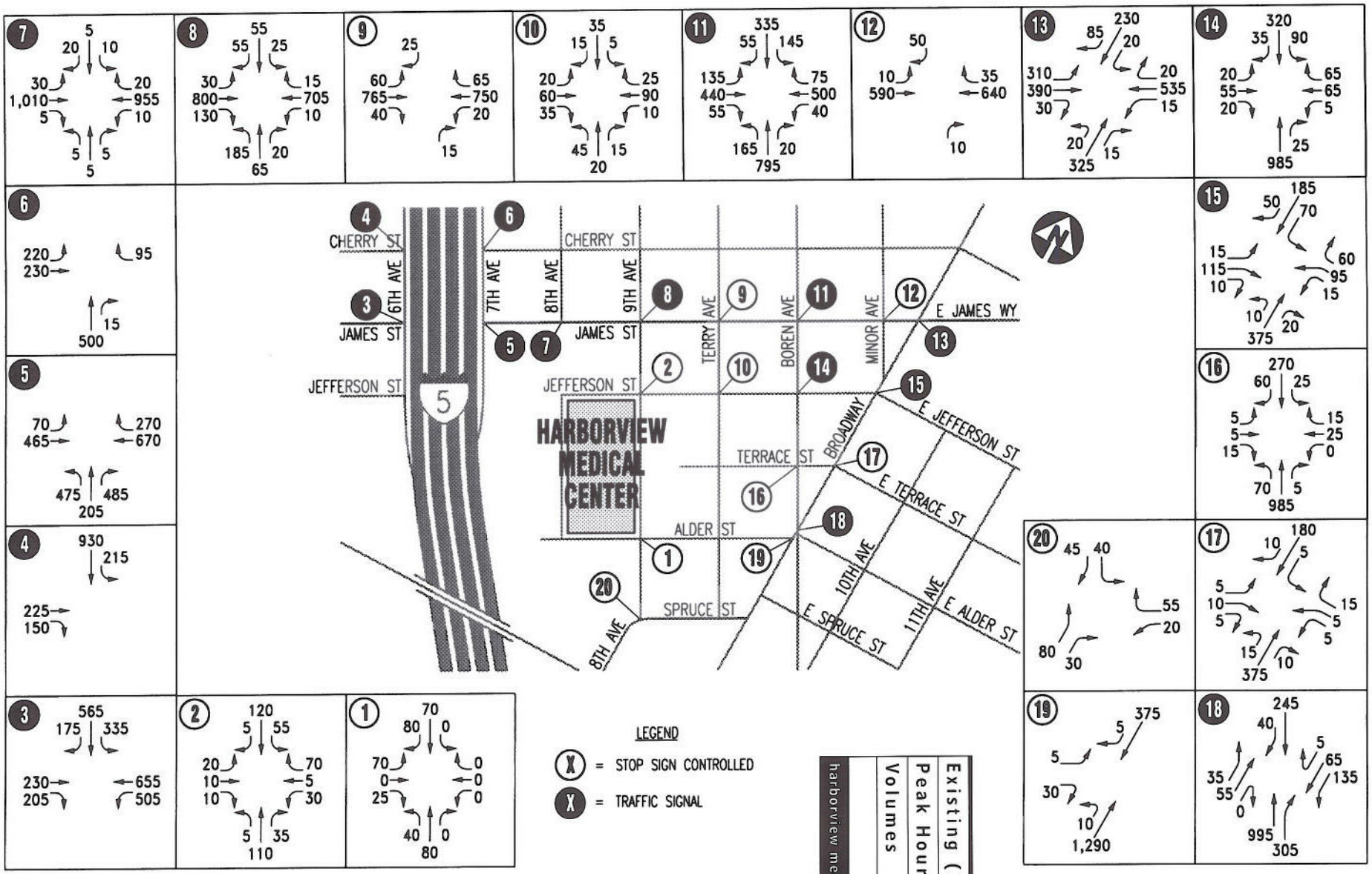
Due to construction on the northeast corner of Alder Street/9th Avenue, the east leg of this intersection was closed to traffic during the AM peak hour. Therefore, existing AM peak hour traffic volumes associated with this intersection's westbound approach and northbound right, eastbound through, and southbound left turning movements were estimated based on existing PM peak hour volumes and travel patterns.

Traffic Operations

The peak hour operational characteristics of the analysis intersections were assessed by calculating the intersections' levels of service (LOS). The intersection as a whole and its individual turning movements can be described alphabetically with a range of levels of service (LOS A-F), with LOS A indicating free-flowing traffic and LOS F indicating extreme congestion and long vehicle delays. At signalized intersections, level of service is measured in average delay per vehicle and is typically reported for the intersection as a whole. With the exception of all-way stop sign controlled intersections, level of service at unsignalized intersections is measured in average delay per vehicle and is regularly reported for the individual turning movement or approach that experiences the highest average delay. Level of service at all-way stop sign controlled intersections is measured in average delay per vehicle and is typically reported for the intersection as a whole, similar to signalized intersections. The volume-to-capacity ratio compares the number of cars passing through an intersection to the ability of the intersection to handle the traffic flow.

Existing levels of service, average vehicle delays, and volume-to-capacity (v/c) ratios were calculated at study intersections based on procedures contained in the *Highway Capacity Manual*[1]. Existing signal timings at signalized study intersections were obtained from the City of Seattle Department of Transportation (SEATRAN). Table 26 describes the existing levels of service and average delays at both signalized and unsignalized locations as well as the v/c ratios at signalized and all-way stop sign controlled intersections.

[1] Highway Capacity Manual, 3rd Edition, Highway Research Board-Special Report 209, Transportation Research Board (TRB), National Research Council, Updated 1994.


HARBORVIEW MEDICAL CENTER
CHERRY ST
JAMES ST
JEFFERSON ST
TERRACE ST
ALDER ST
SPRUCE ST
E JAMES WY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
E SPRUCE ST
6TH AVE
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
BROADWAY
10TH AVE
11TH AVE
LEGEND
X = STOP SIGN CONTROLLED
X = TRAFFIC SIGNAL
Existing (1999) AM
Peak Hour Traffic
Volumes
harborview medical center
FIG. 26

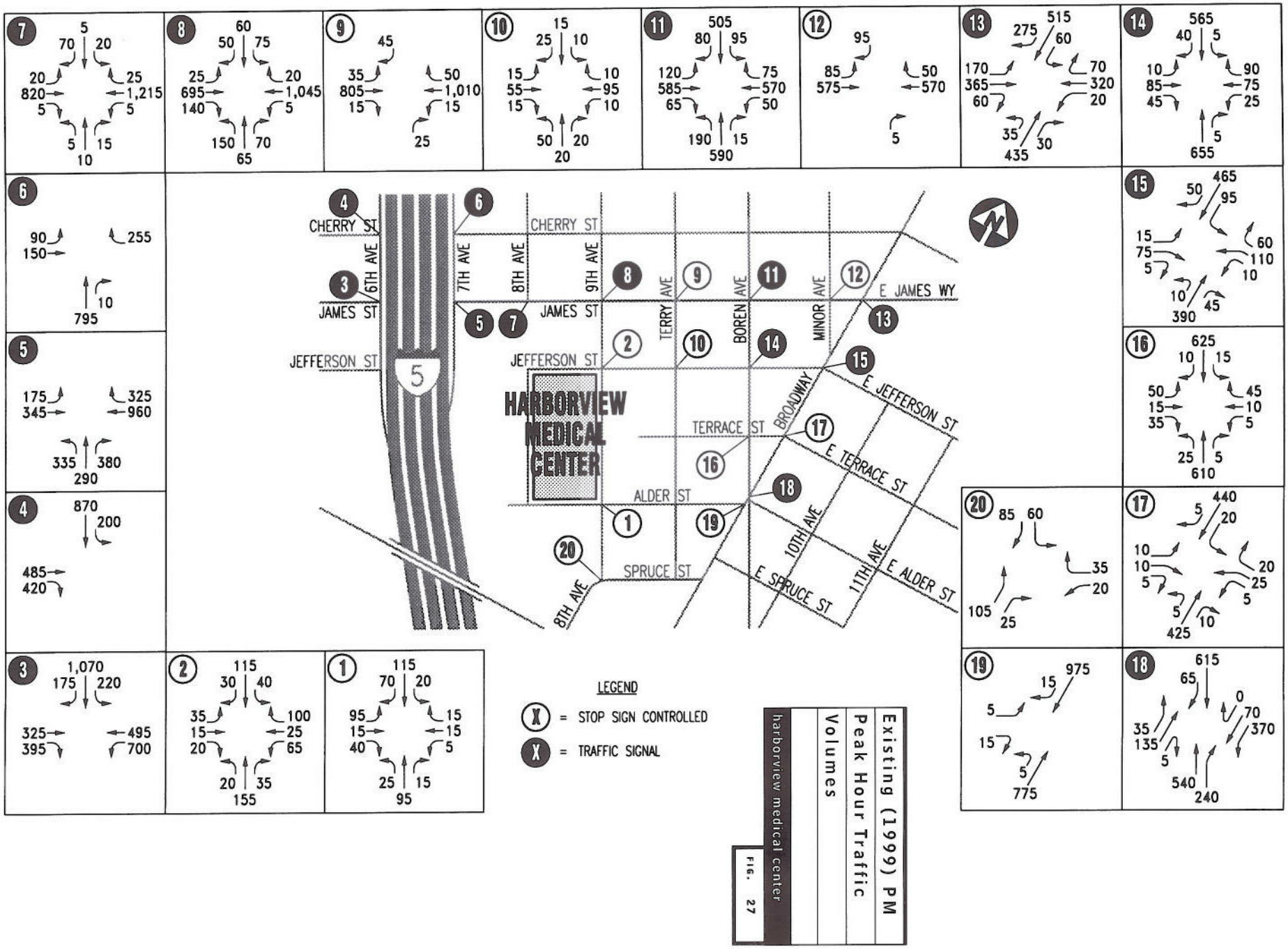

CHERRY ST
JAMES ST
JEFFERSON ST
TERRACE ST
ALDER ST
SPRUCE ST
E JAMES WY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
E SPRUCE ST
6TH AVE
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
BROADWAY
10TH AVE
11TH AVE
HARBORVIEW MEDICAL CENTER
5
LEGEND
(X) = STOP SIGN CONTROLLED
(X) = TRAFFIC SIGNAL
Existing (1999) PM Peak Hour Traffic Volumes
harborview medical center
FIG. 27

Table 26

Existing AM and PM Peak Hour Levels of Service, Delays, and V/C Ratios

	AM Peak Hour			PM Peak Hour		
Signalized Intersections[1]	**LOS[2]**	**Delay[3]**	**V/C[4]**	**LOS**	**Delay**	**V/C**
Cherry Street/6th Avenue	B	8.1	0.36	B	12.0	0.48
Cherry Street/7th Avenue	B	14.0	0.49	C	15.4	0.47
James Street/6th Avenue	C	18.1	0.61	F	>60.0	0.87
James Street/7th Avenue	D	28.6	0.80	E	42.1	0.85
James Street/8th Avenue	A	4.6	0.53	A	3.7	0.51
James Street/9th Avenue	F	>60.0	0.83	F	>60.0	0.75
James Street/Boren Avenue	D	26.3	0.70	D	27.1	0.64
James Street/Broadway	C	16.9	0.65	C	20.5	0.67
Jefferson Street/Boren Avenue	C	18.3	0.43	C	15.1	0.38
Jefferson Street/Broadway	B	10.7	0.40	B	13.3	0.46
Broadway/Boren Avenue	D	25.5	0.60	C	16.9	0.51

Unsignalized Intersections[5]	**LOS**	**Delay**	**Worst Mov.[6]**	**LOS**	**Delay**	**Worst Mov.**
James Street/Terry Avenue	B	7.5	EB-left	B	9.4	EB-left
James Street/Minor Avenue	B	5.7	EB-left	B	5.4	EB-left
Jefferson Street/9th Avenue[7]	A	3.0	----	B	5.4	----
Jefferson Street/Terry Avenue	B	5.7	NB-left	B	5.5	NB-left
Terrace Street/Boren Avenue	F	53.9	EB-left	F	62.2	EB-left
Terrace Street/Broadway	B	9.7	EB-left	C	18.7	EB-left
Alder Street/9th Avenue	B	6.4	EB-left	B	7.1	EB-left
Alder Street/Broadway	F	47.4	EB-left	E	44.7	EB-left
Spruce Street/9th Avenue[7]	A	1.9	----	A	2.4	----

[1] Levels of service, delays, and v/c ratios at signalized intersections reflect the intersection as a whole.
[2] LOS = Level of service
[3] Delay = Average delay per vehicle (seconds)
[4] V/C = Volume-to-capacity ratio
[5] Levels of service and delays at stop sign controlled intersections reflect the turning movement that experiences the most delay.
[6] Worst Movement = The individual turning movement that experiences the most delay. EB = Eastbound NB = Northbound.
[7] These intersections operate with all-way stop sign control. The levels of service and average delays reported in this table reflects the intersections as a whole.

The City of Seattle's *Comprehensive Plan*[1] defines level of service in terms of travel operations on roadway arterials. The City's *Comprehensive Plan* does not define a level of service standard for individual intersections. The City's standards focus instead on characteristics of the transportation system over which the City has some influence and control. Specifically, the City defines arterial levels of service to be the v/c ratio at designated screenlines, each of which encompass one or more arterial routes. (Screenlines are specific locations where traffic is measured) The standard measures the PM peak hour directional traffic volumes on the arterials crossing each screenline to calculate the screenlines level of service. To judge the performance of the arterial system, the calculated level of service for each screenline is compared with the standard for a particular screenline, as defined by the City. Thus, the intersection levels of service reported in Table 25 are provided as a means of disclosing the range of likely traffic impacts. The performance of the transportation system based on the above-noted screenline standards is analyzed in the *Transportation Concurrency* section of this report (see Page 164).

As shown in Table 26, all study intersections operate in the LOS A-D range during the AM peak hour with the exception of three intersections. The signalized intersection of James Street/9th Avenue and the unsignalized intersections of Terrace Street/Boren Avenue and Alder Street/Broadway currently operate at LOS F. Unlike the overall intersection delay calculated at James Street/9th Avenue, the average delays reported at Terrace Street/Boren Avenue and Alder Street/Broadway are characteristic of the turning movement that experiences the most delay. At both locations, the eastbound left turning movement experiences more average delay than the other critical turning movements. During the AM peak hour, these turning movements operate at LOS F and affect relatively minor traffic volumes, including less than 10 vehicles at Terrace Street/Boren Avenue and less than 10 vehicles at Alder Street/Broadway.

During the PM peak hour, all study intersections operate in the LOS A-E range with the exception of James Street/6th Avenue, James Street/9th Avenue, and Terrace Street/Boren Avenue. These intersections currently operate at LOS F. As is the case during the AM peak hour, the average delay reported at Terrace Street/Boren Avenue represents the delay associated with the eastbound left turning movement. This delay is experienced by a relatively small number of vehicles in relation to the total entering volumes at this location. During the PM peak hour, approximately 55 vehicles turn left from eastbound Terrace Street onto northbound Boren Avenue.

Transit Service

King County METRO currently operates seven transit routes that service Harborview, including Routes 3, 4, 60, 941, 942, 943, and 944. The *First Hill Express* (Routes 941, 942, and 943) is sponsored by Harborview and other institutions on First Hill, including Providence Medical Center, Swedish Hospital Medical Center, Virginia Mason Medical Center, and Seattle University. These routes operate between approximately 6:00-9:00 am and 3:30-6:30 p.m. with service between the participating institutions and METRO Park & Ride facilities to the north, east, and south. Destinations, headways, and service days for the listed routes are described in Table 27.

[1] *Comprehensive Plan*, City of Seattle, Washington, July 25, 1994.

Table 27
Existing METRO Transit Service to Harborview

Route #	Destinations	Weekday Headways AM Pk. Period	PM Pk. Period	Service Days
3	North Queen Anne, Downtown Seattle, and Madrona	10-15 min.	5-10 min.	Mon.-Sun.
4	East Queen Anne, Downtown Seattle, and Judkins Park	10-15 min.	5-10 min.	Mon.-Sun.
60	Broadway, Beacon Hill, Georgetown, and Boeing Industrial	15-30 min.	30 min.	Mon.-Sun.
941	Star Lake/Kent-Des Moines Freeway Station, Tukwila Park & Ride	30 min.	30 min.	Mon.-Fri.
942	Eastgate, S. Bellevue, and Mercer Island Park & Rides	30 min.	30 min.	Mon.-Fri.
943	Shoreline and I-5 & NE 65th Street Park & Rides	30 min.	30 min.	Mon.-Fri.
944	King Co. Couthouse, Youth Services Center, Providence Medical Center	30 min.	30 min.	Mon.-Fri.

As shown in Table 27, all routes serving the hospital operate with 30 minute or shorter headways during the weekday AM and PM peak periods. Routes 3, 4, and 60 operate on weekdays and weekends whereas routes 941, 942, 943, and 944 on weekdays only. Bus stops/shelters for the routes illustrated in Table 26 are located within a short walking distance to Harborview. With the exception of Routes 60 and 944, all transit routes stop on the northeast and northwest corners of Jefferson Street/9th Avenue. Routes 60 and 944 stop north of Alder Street on the west side of 9th Avenue.

For a nominal fee, Harborview staff may purchase a monthly U-PASS, which provides access to all King County METRO and Community Transit (Snohomish County) buses. This program allows Harborview staff the ability to ride any METRO or Community Transit bus for about one-quarter the cost of a regular bus pass.

Harborview operates a weekday shuttle service between Lot 20 (Union Station) and the hospital. The morning shuttle leaves Lot 20 between 5:30-9:00 a.m. and operates with 10 minute headways. Similarly, the afternoon shuttle leaves the hospital between 3:00-8:20 p.m. and operates with 10 minute headways between 3:00-7:20 p.m. and 10-20 minute headways between 7:20-8:20 p.m. Between 9:00 am and 3:00 p.m., Harborview Security provides transportation between Lot 20 and the hospital on a special request basis.

In addition to METRO transit service and the Harborview shuttle, hospital staff may utilize the *Health Sciences Express*, which provides shuttle service between the hospital, the University of Washington, Fred Hutchinson Cancer Research Center, and Children's Hospital. The *Express* stops on the eastside of 9th Avenue between Jefferson Street and Alder Street. This weekday transit service is free to Harborview staff and operates with 20-minute headways from approximately 6:00 am to 6:00 p.m.

Many outpatients and visitors also use public transit to reach Harborview. Transit headways are less frequent at off-peak hours.

Non-Motorized Facilities

Sidewalks exist on all streets in the study area and are generally in good condition. Designated pedestrian mid-block crossings are located on 9th Avenue between Jefferson Street and Alder Street and on James Street, just west of Minor Avenue. Signalized intersections within the study area include pedestrian crosswalks, push buttons, and signal heads to facilitate pedestrian activity.

Terry Avenue is identified as a Key Pedestrian Street in the First Hill Neighborhood Plan. A traffic signal at the intersection of Terry Avenue and James Street to facilitate pedestrian crossing of James Street has been suggested. However, there currently are no specific plans for construction of the signal.

None of the study roadways include on-street bicycle lanes.

Traffic Safety

Traffic accident data at each of the study intersections was obtained from SEATRAN for the most recent three-year period available (January 1, 1994 through December 31, 1996). This data was reviewed to determine if any of the study intersections experienced an unusually high number of traffic accidents. SEATRAN classifies intersections as "high accident locations" when the average number of accidents is ten or more per year at signalized intersections and five or more per year at stop sign controlled intersections. In addition to the study intersections, mid-block accidents were also reviewed within the study area. Intersection and mid-block accident data is summarized by year in Tables 28 and 29, respectively.

Table 28
Summary of Reported Accidents at Study Intersections

Location	1994	1995	1996	Average per year
Signalized Intersections[1]				
Cherry Street/6th Avenue	9	8	3	6.7
Cherry Street/7th Avenue	0	1	0	0.3
James Street/6th Avenue	15	19	29	21.0
James Street/7th Avenue	3	1	3	2.3
James Street/8th Avenue	0	2	0	0.7
James Street/9th Avenue	8	5	7	6.7
James Street/Boren Avenue	3	5	7	5.0
James Street/Broadway	6	6	5	5.7
Jefferson Street/Boren Avenue	7	2	3	4.0
Jefferson Street/Broadway	4	3	4	3.7
Broadway/Boren Avenue	3	3	1	2.3
Unsignalized Intersections[2]				
James Street/Terry Avenue	4	2	1	2.3
James Street/Minor Avenue	13	8	5	8.7
Jefferson Street/9th Avenue	1	1	0	0.7
Jefferson Street/Terry Avenue	0	0	0	0.0
Terrace Street/Boren Avenue	3	2	4	3.0
Terrace Street/Broadway	1	0	1	0.7
Alder Street/9th Avenue	1	0	1	0.7
Alder Street/Broadway	3	3	2	2.7

[1] SEATRAN classifies signalized intersections as "high accident locations" when the average number of reported accidents is ten or more per year.
[2] SEATRAN classifies unsignalized intersections as "high accident locations" when the average number of reported accidents is five or more per year.

Table 29
Summary of Reported Mid-Block Accidents Within the Study Area

Mid-Block Location	1994	1995	1996	Average per Year
Cherry Street between 6th Avenue & 7th Avenue	0	1	1	0.7
James Street between:				
6th Avenue & 7th Avenue	4	4	6	4.7
7th Avenue & 8th Avenue	7	5	7	6.3
8th Avenue & 9th Avenue	2	6	9	5.7
9th Avenue & Terry Avenue	6	3	3	4.0
Terry Avenue & Boren Avenue	0	0	3	1.0
Boren Avenue & Minor Avenue	5	2	2	3.0
Minor Avenue & Broadway	1	1	1	1.0
Jefferson Street between:				
9th Avenue & Terry Avenue	2	2	3	2.3
Terry Avenue & Boren Avenue	1	1	0	0.7
Boren Avenue & Broadway	3	0	1	1.3
Terrace Street between:				
Terry Avenue & Boren Avenue	1	1	1	1.0
Boren Avenue & Broadway	0	0	0	0.0
Alder Street between:				
9th Avenue & Terry Avenue	0	0	3	1.0
Terry Avenue & Broadway	1	0	2	1.0
6th Avenue between Cherry Street & James Street	4	6	3	4.3
7th Avenue between Cherry Street & James Street	5	1	5	3.7
9th Avenue between:				
James Street & Jefferson Street	3	0	1	1.3
Jefferson Street & Alder Street	1	2	2	1.7

Table 29
Summary of Reported Mid-Block Accidents Within the Study Area (continued)

Mid-Block Location	1994	1995	1996	Average per Year
Terry Avenue between:				
James Street & Jefferson Street	0	0	0	0.0
Jefferson Street & Terrace Street	1	0	2	1.0
Terrace Street & Alder Street	0	1	0	0.3
Boren Avenue between:				
James Street & Jefferson Street	1	1	1	1.0
Jefferson Street & Terrace Street	1	2	1	1.3
Terrace Street & Broadway	0	1	1	0.7
Broadway between:				
James Street & Jefferson Street	4	2	1	2.3
Jefferson Street & Terrace Street	0	0	1	0.3
Terrace Street & Boren Avenue	3	0	2	1.7

As illustrated in Table 29, one of the signalized study intersections experienced ten or more accidents per year, on average, within the three-year period. As such, the intersection of James Street/6th Avenue is classified as a "high accident location" as a total of 63 accidents were reported at this location, an average of 21 accidents per year. Approximately one-half of these accidents resulted in injuries and the majority (90 percent) were classified as either left turning or right angle accidents. The high number of reported accidents at this location is representative of signalized intersections that experience high levels of congestion and serve significant traffic volumes throughout the course of a day. It is estimated that approximately 42,200 vehicles currently enter the intersection of James Street/6th Avenue during an average weekday.

The remaining signalized study intersections are not classified as "high accident locations" as each location experienced less than seven accidents per year, on average. There were no fatal accidents reported at any of the signalized study intersections.

Of the study intersections that are stop sign controlled, one intersection experienced an average of five or more accidents per year. Between 1994 and 1996, there were a total of 26 accidents reported at James Street/Minor Avenue, an average of approximately 8.7 accidents per year. Based on the number of reported accidents, this intersection is classified as a "high accident location." Approximately 85 percent of all accidents reported at this location were classified as right-angle accidents. As was stated earlier, existing peak hour traffic counts indicate that a relatively high number of motorists execute north and southbound left turning and through movements at this location. Although signing prohibits these movements, more than 40 restricted movements were observed during the AM peak hour and 95 restricted movements were observed during the PM peak hour. The high number of reported accidents likely reflects the relatively high number of prohibited movements observed at this location.

With the exception of James Street/Minor Avenue, stop sign controlled study intersections experienced an average of three or fewer accidents per year and therefore, none of these intersections are classified as "high accident locations." There were no fatal accidents reported at any of the unsignalized study intersections.

As illustrated in Table 29, more mid-block accidents were reported along James Street than any other corridor within the study area. Five of the seven roadway sections that experienced three or more mid-block accidents per year, on average, were located along James Street, including the four sections between 6th Avenue and Terry Avenue and the section between Boren Avenue and Minor Avenue. As a principal arterial, James Street experiences more traffic volumes than the other study arterials and as a result, experiences a greater frequency of mid-block accidents. With the exception of 6th Avenue and 7th Avenue between Cherry Street and James Street, there were less than three reported accidents per year, on average, reported at the remaining roadway sections.

Based on the number of reported intersection and mid-block accidents, as well as the existing traffic volumes at James Street/6th Avenue and the number of restricted turning movements at James Street/Minor Avenue, there does not appear to be an unusual or significant safety hazard at study intersections or mid-block locations.

Site Trip Generation

Trip generation associated with the existing hospital campus was estimated based on the current travel patterns for staff (employees, physicians, and residents) and non-staff (outpatients and inpatient visitors) populations at Harborview as well as the existing work shifts during an average weekday. It is assumed that street level retail included with Harborview projects is not destination retail generating additional trips, but rather serves local residents and Harborview staff/visitors. Travel mode split and average auto occupancy data was obtained from recent Commute Trip Reduction (CTR) surveys of Harborview employees and a recent parking demand analysis conducted for the hospital. Existing mode splits for staff and non-staff trips, including single-occupancy-vehicle (SOV), carpool/vanpool, transit (bus/shuttle), and other (bicycle, walking, etc.) trips, are illustrated in Table 30 and Table 31. "Other" trips shown in the table are miscellaneous trips generated by volunteers, pharmaceutical representatives, repairmen, deliveries and emergency vehicles (ambulances), etc. It was assumed that all "other" trips would be made up of SOV's.

The mode split and average auto occupancy data was applied to the existing hospital staff and non-staff populations. The resulting trip generation for the existing hospital is shown in Table 31.

Table 30
Existing Harborview Travel Mode Splits

Group	SOV's[1]	Carpools/Vanp	Transit	Other
Employees	35%	35%	25%	5%
Physicians/Residents	98%	0%	0%	2%
Outpatients	60%	0%	30%	10%
Visitors/Other	98%	0%	0%	2%

[1] *SOV's = single-occupancy-vehicles*

Table 31
Existing Harborview Trip Generation

			Vehicle Trips (in/out)	
Group	**Population[1]**	**Daily**	**AM Peak Hour**	**PM Peak Hour**
Employees	3,100	2,795	764 (557/207)	179 (0/179)
Physicians/Residents	369	565	73 (68/5)	41 (3/38)
Outpatients	1,285	1,545	7 (2/5)	118 (14/104)
Visitors/Other[2]	1,638	2,635	74 (40/34)	176 (70/106)
TOTAL	-	7,540	918 (667/251)	514 (87/427)

[1] *Only a portion of the total employee and physician/resident population shown is on-site during an average day.*
[2] *Includes those trips generated by patient visitors, volunteers, pharmaceutical representatives, repairmen, deliveries, emergency vehicles (ambulances), etc.*

As illustrated in Table 31, it is estimated that Harborview generates approximately 7,540 daily vehicle trips on an average weekday. 918 of these trips occur during the AM peak hour and 514 trips occur during the PM peak hour.

PARKING

Harborview Parking Supply

Existing on-site parking facilities and off-site parking areas that are controlled by Harborview are illustrated in Table 32. As illustrated in the table, Harborview currently provides on-site parking for 970 vehicles. The majority of the on-site parking supply is contained in the View Park and Boren Avenue parking garages. Harborview also leases an additional 379 spaces in off-site parking lots. Based on the recent parking analysis conducted for the hospital, these parking garages and lots are highly utilized on weekdays between 8:00 am and 5:00 p.m.

Table 32
Existing Harborview Parking Supply

Facility	Location	Parking Supply
View Park Parking Garage	West of Harborview between Jefferson St. and Alder St.	380
Boren Avenue Parking Garage	Southwest corner of Terrace St. and Boren Ave.	349
Lot #2	West of Terry Ave. between Jefferson St. and Terrace St.	25
Lot #3	Southwest corner of Terrace St. and Terry Ave.	2
Lot #4	Northwest corner of Terrace St. and Terry Ave.	8
Lot #15	Northeast corner of Jefferson Street and 9th Ave.	114
Lot #21	South west corner of James St. and Boren Ave.	92
TOTAL ON-SITE		970
General Purpose Remote Lots	Surrounding vicinity	379
TOTAL		1,349

In addition to the parking supply described above, Harborview reserves six parking spaces in Lot #6 (northwest corner of Alder Street/Terry Avenue) for vanpools and reserves 14 spaces south of Jefferson Street and west of Harborview for disabled and delivery vehicles.

Seattle Land Use and Zoning Code Requirements

Parking code requirements for Harborview are identified in the *Seattle Land Use and Zoning Code* (23.54.016). The minimum number of long-term parking spaces is equal to 80 percent of hospital-based doctors plus 25 percent of staff doctors plus 30 percent of all other employees present at peak hour. The minimum number of short-term parking spaces is equal to one space per 6 beds plus one space per 5 average daily outpatients. The *Code* also establishes a maximum limit for parking not to exceed 135 percent of the minimum requirement. The resulting code-required parking for the existing Harborview campus is summarized in Table 33. Parking code requirements for the existing hospital range from a minimum of 1,000 spaces to a maximum of 1,350 spaces. The existing parking supply of 1,349 stalls is within the range dictated by the *Code*.

Table 33
Seattle Land Use and Zoning Code
Parking Requirements for Existing Harborview Campus

	Number Basis	Minimum Stalls	Maximum Stalls[1]
Long-Term Parking			
1 stall per 80% of hospital-based MDs	369 MDs	295	398
1 stall per 25% of staff MDs	0 MDs	0	0
1 stall per 30% peak hour employees	1,300 employees[2]	390	527
Total Long-Term Stalls		685	925
Short-Term Parking			
1 stall per 6 beds	349 beds	58	78
1 stall per 5 outpatients	1,285 outpatients	257	347
Total Short-Term Stalls		315	425
Total Parking Required		1,000	1,350

[1] Maximum limit is equal to 135 percent of minimum requirement.
[2] Of the hospital's 3,100 total employees, 1,300 is the peak number on-site at any one time.

Parking code requirements do not always reflect actual parking demand for a specific development. Code requirements for parking are generally intended to be guidelines to ensure that all parking demand is accommodated for a variety of facility types within broad categories of land uses such as hospitals. Code requirements also often reflect policy goals of encouraging alternative transportation modes by limiting the amount of available parking. As a result, it is difficult to assess parking impacts by comparing parking supplied to the parking required by code. It is often necessary to compare parking supplied to estimates of actual parking demand that will be generated by the proposed development. Estimates of existing parking demand for Harborview are described in the following section.

Parking Demand

Parking code requirements do not always reflect actual parking demand for a specific development. Code requirements for parking are generally intended to be guidelines to ensure that all parking demand is accommodated for a variety of facility types within broad categories of land uses such as hospitals. Code requirements also often reflect policy goals of encouraging alternative transportation modes by limiting the amount of available parking. As a result, it is difficult to assess parking impacts by comparing parking supplied to the parking required by code. It is often necessary to compare parking impacts by comparing parking supplied to the parking required by code. It is often necessary to compare parking supplied to estimates of actual parking demand that will be generated by the proposed development.

Existing parking demands attributable to the hospital were calculated based on the existing hourly trip generation characteristics of Harborview staff and non-staff members (outpatients, inpatient visitors, and "other"). The resulting existing hospital parking demand is shown in Figure 28.

As shown in the figure, existing parking demand exceeds the hospital's parking supply for much of the day. Peak parking demand occurs between 1:00 and 2:00 pm. During this hour, Harborview generates a parking demand for 1,780 parking stalls. This peak demand exceeds the hospital's 970-stall on-site parking supply, creating a deficit of 810 stalls. The off-site remote parking currently leased by the hospital increases the total supply to 1,349 stalls and reduces the deficit to 431 stalls. However, plans do not allow the use of the remote parking in the future because of availability pressures. Table 34 summarizes peak parking demand, parking supply and the resulting parking deficits.

Table 34
Existing Peak Parking Demand and Parking Supply

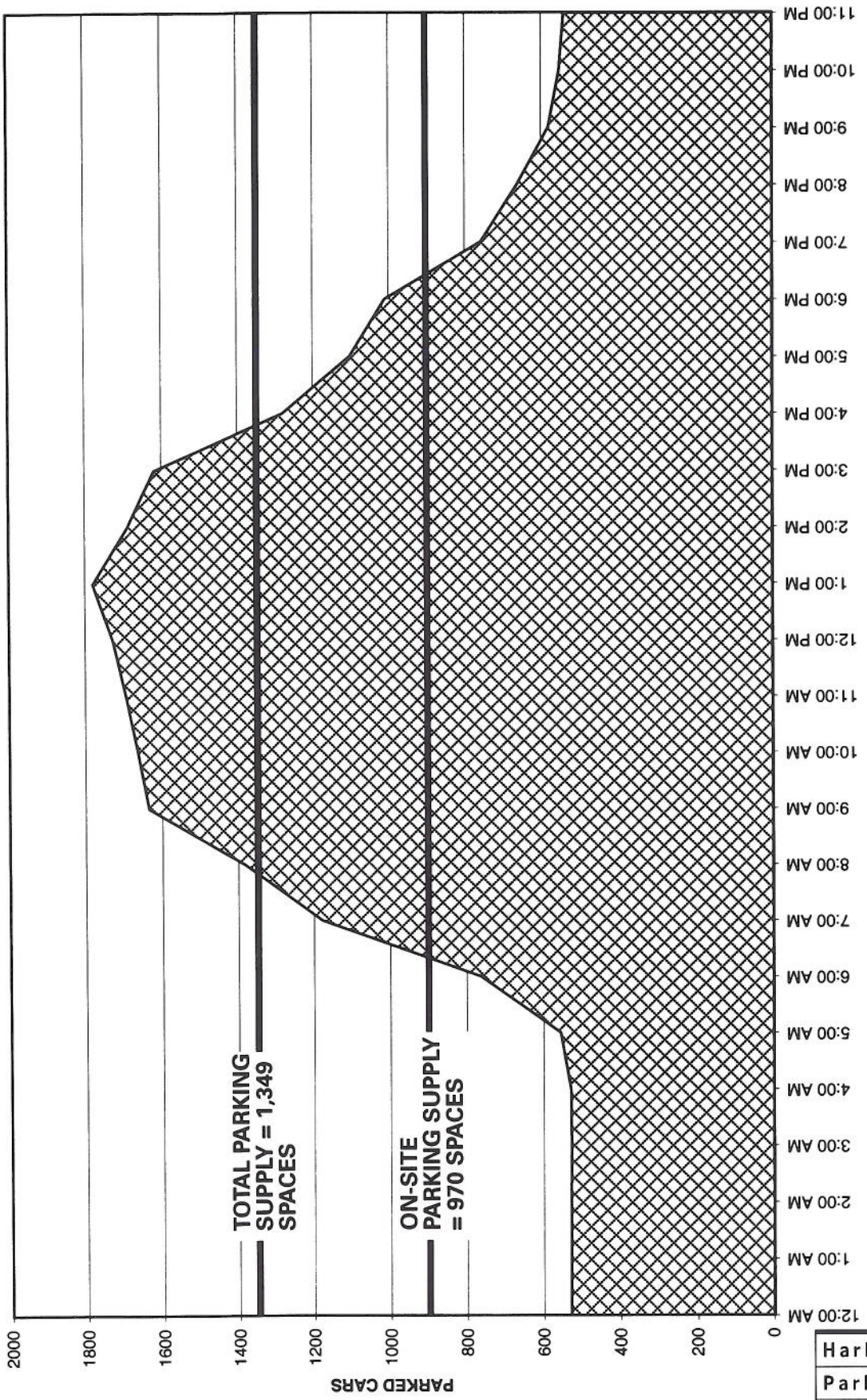
Peak Parking Demand (1:00-2:00 pm)	1,780
On-Site Parking Supply	970
Deficit Based on On-Site Supply	810

Off-Site Parking

Off-site parking conditions in the study area are described in the *Parking Management Study for First Hill.*[1] Within the study area, there are very few on-street parking spaces that are unrestricted. These unrestricted spaces are located on the west side of Terry Avenue (both north of Jefferson Street and south of Terrace Street), on the east side of Terry Avenue between Terrace Street and Alder Street, and on the south side of Terrace Street. On-street parking is prohibited along James Street, Boren Avenue, Minor Avenue, and Alder Street west of 9th Avenue. Furthermore, within the study area, on-street parking along the remaining block faces is either time restricted, metered, reserved for loading/unloading, or within a residential parking zone (RPZ).

The study reports that both restricted and unrestricted on-street parking is highly utilized within the study area. With the exception of 9th Avenue between James Street and Jefferson Street, weekday on-street parking occupancy rates ranged from 81-100 percent. The on-street parking spaces on this section of 9th Avenue are primarily metered and were occupied 61-80 percent of the time.

[1] *Parking Management Study for First Hill*, City of Seattle, Department of Transportation (SEATRAN), July 1, 1998.



Harborview Existing Parking Demand

harborview medical center

FIG. 28

Transportation Management Program

Harborview's existing Transportation Management Program (TMP) was implemented in 1992. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. These strategies and actions provide staff and employees with incentives and disincentives to reduce or eliminate commuter trips in SOV's. The following elements are included in the existing TMP:

Transportation Coordinator
Carpool/Vanpool Preferential Parking
Promotional Events
Transit Pass Subsidy
Commuter Information Centers
Health Sciences Shuttle
Ridematching Coordination
Bicycle Racks
Parking Fees
Residential Parking Zones
Carpool/Vanpool Subsidies

The program has been effective in meeting the identified goals of reducing the number of SOV commuter trips made by day shift employees, excluding employees whose work requires the use of a private automobile during work hours. There is still more demand for parking than there is supply. A detailed description of the existing TMP is included in the Major Institution Master Plan document.

Approved Development

Several development projects on the hospital campus have been previously approved and are currently or shortly scheduled to be under construction. These projects are a new research and training building and a new garage. The new research and training building is currently under construction and will total approximately 176,855 gross square feet (gsf). It is anticipated that this project will be completed in the second or third quarter of 1999. The hospital is also planning to construct a garage expansion south of the existing View Park garage. The expansion will contain 325 parking spaces. Collectively, the research and training building and the garage expansion will increase existing site-generated daily and peak hour traffic volumes as well as increase the on-site parking supply and demand. Table 34 provides a summary total site trip generation, peak parking demand, and parking supply for the hospital with completion of these previously approved developments. The table also reflects the planned discontinued use of leased parking in off-site remote lots.

Table 35
Trip Generation, Parking Demand, and Parking Supply with Approved Previously Developments (without Master Plan)

	Vehicle Trips (in/out)			Harborview Parking	Peak Parking	Surplus/
Development	Daily	AM Peak Hour	PM Peak Hour	Supply	Demand	Deficit
Existing	7,540	918 (667/251)	514 (87/427)	1,349	1,780	-431
Approved Development	520	154 (119/35)	54 (5/49)	325	70	n/a
Discontinued Use of Off-Site Leased Parking	n/a	n/a	n/a	-379	n/a	n/a
Future Without Master Plan (Existing and Approved)	8,060	941 (683/258)	550 (95/455)	1,295	1,850	-555

2. IMPACTS

Development identified in the Master Plan would occur over the plan's 20-year time frame. The Master Plan categorizes proposed development as Planned Projects or Potential Projects. Planned Projects are projects that are more definite and will likely occur between 2000 and 2010. A project-level transportation analysis is provided for the Planned Projects.

Potential Projects are projects that are less certain and less defined. These projects would likely occur in the last half of the planning period between 2010 and 2020. Due to the uncertainty in timing, the less specific conceptual level of design, and the uncertainty of detailed background traffic forecasts for the 20-year horizon, a programmatic-level transportation analysis is provided for the Potential Projects.

A project-level transportation analysis is more detailed than a programmatic-level analysis.

Project Trip Generation

Future daily and peak hour trip generation for the hospital with the Planned Projects was estimated based on the projected staff and non-staff populations at Harborview. Although the Master Plan would add enhancements to the hospital's TMP to encourage the use of non-SOV travel modes, existing travel mode splits were used to develop the trip generation estimates. This assumption provides a more conservative analysis by not underestimating vehicle trips. The resulting total hospital trips generation with the Master Plan's Planned Projects less trip generation associated with the existing hospital and with the previously approved development reflects the net increase due to the Planned Projects as illustrated in Table 36.

Table 36
2010 With Master Plan (Planned Projects) Trip Generation

			Vehicle Trips *(in/out)*	
	Pop.[1]	**Daily**	**AM Peak Hour**	**PM Peak Hour**
With Planned Projects				
Employees	3,410	3,075	841 (613/228)	197 (0/197)
Physicians/Residents	413	625	82 (76/6)	46 (3/43)
Outpatients	1,614	1,940	9 (3/6)	149 (18/131)
Visitors/Other[2]	902	3045	85(46/39)	204 (81/123)
	n/a	685	44 (22/22)	44 (22/22)
Total	-	8,685	1,017 7384/279)	596 (102/494)
Existing and Approved Development	-	8,060	941 (683/*258)*	550 (95/455)
Net Increase due to Planned Projects.	-	625	76 (55/21)	46 (7/39)

[1] Only a portion of the total employee and physician/resident population shown is on-site during an average day.
[2] Includes those trips generated by patient visitors, volunteers, pharmaceutical representatives, repairmen, deliveries, emergency vehicles (ambulances), etc.

As illustrated in Table 36, the Planned Projects would generate approximately 625 daily vehicle trips, including 76 AM peak hour vehicle trips, and 46 PM peak hour vehicle trips. These volumes represent an increase in existing/approved vehicle trip generation of approximately 5-10 percent.

Project Trip Distribution & Assignment

Project-generated traffic was distributed and assigned to the vicinity street system. For purposes of this analysis, staff and non-staff trips were distributed and assigned separately. Distribution of staff trips was based on data from the City of Seattle's travel forecast model. Specifically, data from the model on trip origin and destination for First Hill employment was used. Distribution of non-staff trips was based on zip code data from Harborview patient records. Table 36 illustrates the resulting distribution percentages used to assign project-generated staff and non-staff trips.

Regional access to and from the hospital is provided by I-5 at the nearby ramps at James and Cherry Streets. These ramps also provide regional access via I-5 to I-90 and SR-520. Local access from the greater downtown area is provided by James Street from the west and 9th and Boren Avenues from the north. Broadway is used to travel to and from Capitol Hill and other local destinations to the north. Local access to and from the south is provided by Rainier Avenue (via Boren Avenue) and 8th Avenue (via Spruce Street).

Table 37
Trip Distribution

Route (to/from)	Staff Trips	Non-Staff Trips
I-5 (north, including SR 520)	30%	15%
I-5 (south, including I-90)	25%	40%
James Street (west)	5%	15%
9th Avenue (north)	10%	5%
Boren Avenue (north and east)	10%	5%
Broadway (north and east)	10%	5%
Boren Avenue/Rainier Avenue (south)	5%	5%
Spruce Street/8th Avenue (south)	5%	10%
TOTAL	100%	100%

Project-generated peak hour trips were assigned to study intersections based on the trip distribution percentages shown in Table 37 as well as the locations/supply of existing and proposed on-site parking garages. Figure 29 illustrates project-generated AM peak hour traffic volumes at study intersections. Similarly, project-generated PM peak hour traffic volumes are illustrated in Figure 30.

Forecast Traffic Volumes

Future without-project AM and PM peak hour traffic volumes are illustrated in Figures 31 and 32, respectively. These volumes include projected traffic generated by Harborview's research and training building that is currently under construction.

For purposes of this analysis, an average annual growth rate was applied to existing peak hour traffic volumes in order to reflect general traffic growth at study intersections. Based on historic traffic volumes within the First Hill area, an average growth rate of 0.5 percent per year was used to project future AM and PM peak hour traffic volumes. Applying this growth rate, it is estimated that 2010 background traffic volumes will be approximately 6 percent greater than existing peak hour volumes. Additionally, traffic which would be generated by the proposed 401 Broadway development were added to the future background traffic volumes. The 401 Broadway development would be located in the immediate vicinity of Harborview on Broadway between Terrace and Jefferson Streets and would include 148,000 gsf of office space, 10,000 gsf of research space and a 299-space parking garage.

Site-generated peak hour traffic volumes were added to future without-project volumes at study intersections. The resulting future with-project AM and PM peak traffic volumes are illustrated in Figures 33 and 34. Table 38 was developed to demonstrate the proposed project's traffic volume impacts. This table summarizes the percent increases in peak hour intersection volumes attributable to the proposed project.

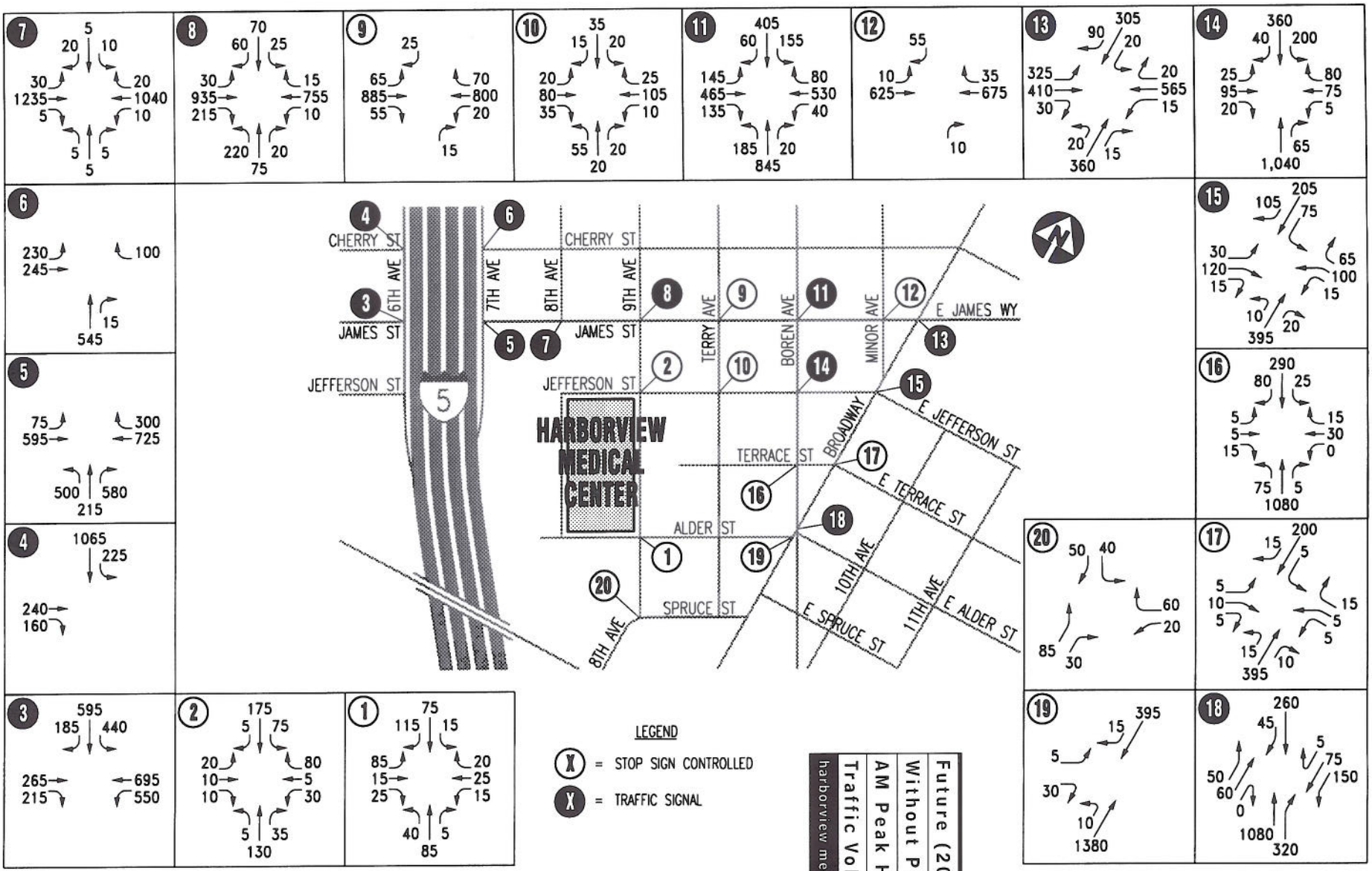
Table 38
Traffic Volume Impacts at Study Intersections

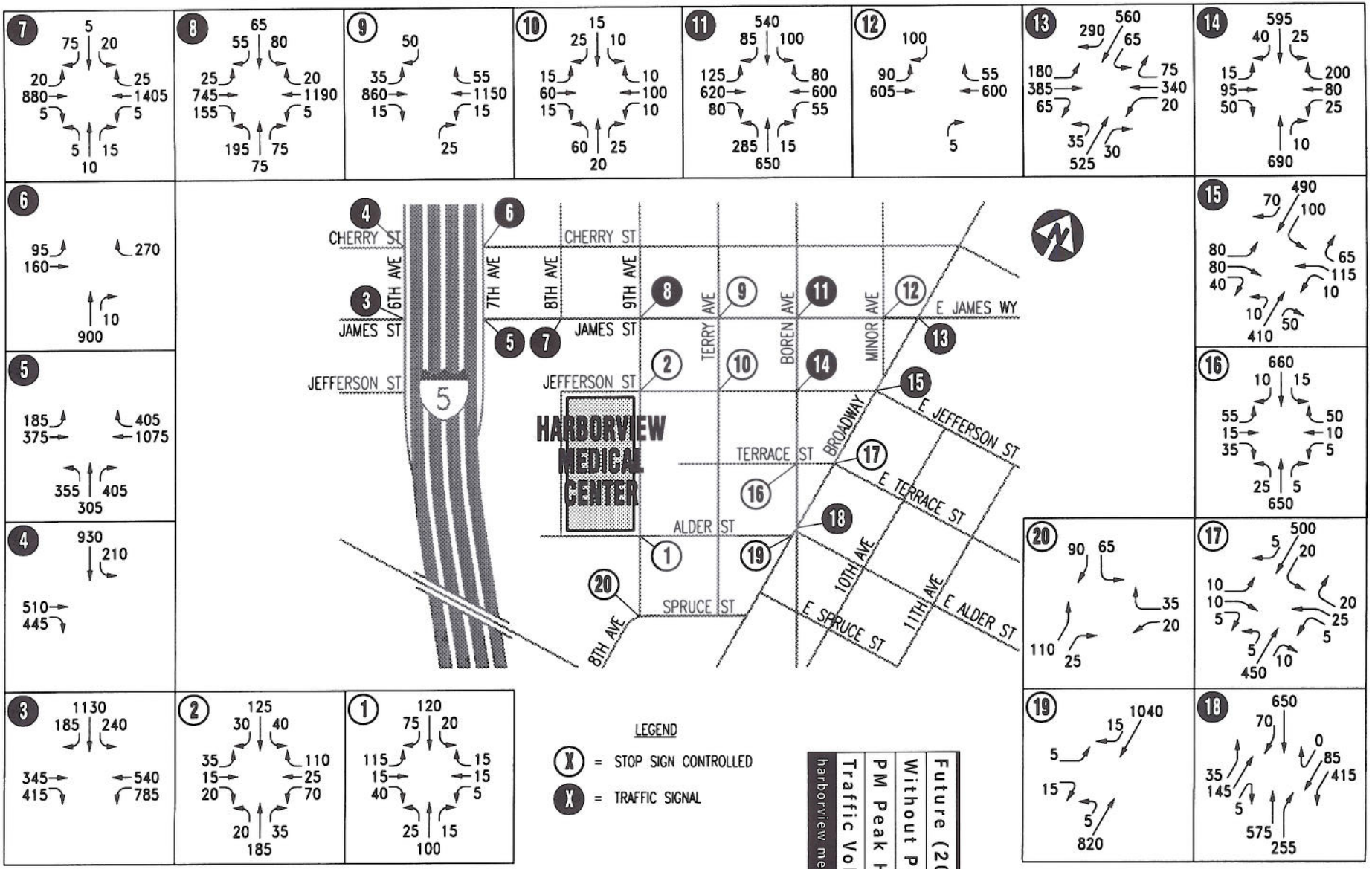
Intersection	AM Peak Hour Site-Gen. TEV[1]	AM Peak Hour 2010 With Master Plan TEV	AM Peak Hour Percent Increase In TEV	PM Peak Hour Site-Gen. TEV	PM Peak Hour 2010 With Master Plan TEV	PM Peak Hour Percent Increase in TEV
Cherry St./6th Ave.	16	1,706	0.9%	1	2,096	0.0%
Cherry St./7th Ave.	6	1,141	0.5%	8	1,443	0.6%
James St./6th Ave.	28	2,973	0.9%	19	3,659	0.5%
James St./7th Ave.	48	3,038	1.6%	30	3,135	1.0%
James St./8th Ave.	48	2,438	2.0%	30	2,500	1.2%
James St./9th Ave.	55	2,485	2.2%	34	2,719	1.3%
James St./Terry Ave.	5	1,940	0.3%	0	2,205	0.0%
James St./Boren Ave.	12	3,077	0.4%	3	3,238	0.1%
James St./Minor Ave.	0	1,410	0.0%	0	1,455	0.0%
James St./Broadway	7	2,182	0.3%	3	2,573	0.1%
Jefferson St./9th Ave.	36	616	5.8%	25	735	3.4%
Jefferson St./Terry Ave.	7	447	1.6%	6	371	1.6%
Jefferson St./Boren Ave.	16	2,021	0.8%	6	1,831	0.3%
Jefferson St./Broadway	7	1,162	0.6%	3	1,523	0.2%
Terrace St./Boren Ave.	13	1,638	0.8%	3	1,538	0.2%
Terrace St./Broadway	3	688	0.4%	0	1,065	0.0%
Broadway/Boren Ave.	7	2,052	0.3%	2	2,237	0.1%
Alder St./9th Ave.	29	549	5.9%	18	578	3.1%
Alder St./Broadway	3	1,838	0.2%	0	1,900	0.0%
Spruce St./9th Ave	3	288	1.0%	4	349	1.1%

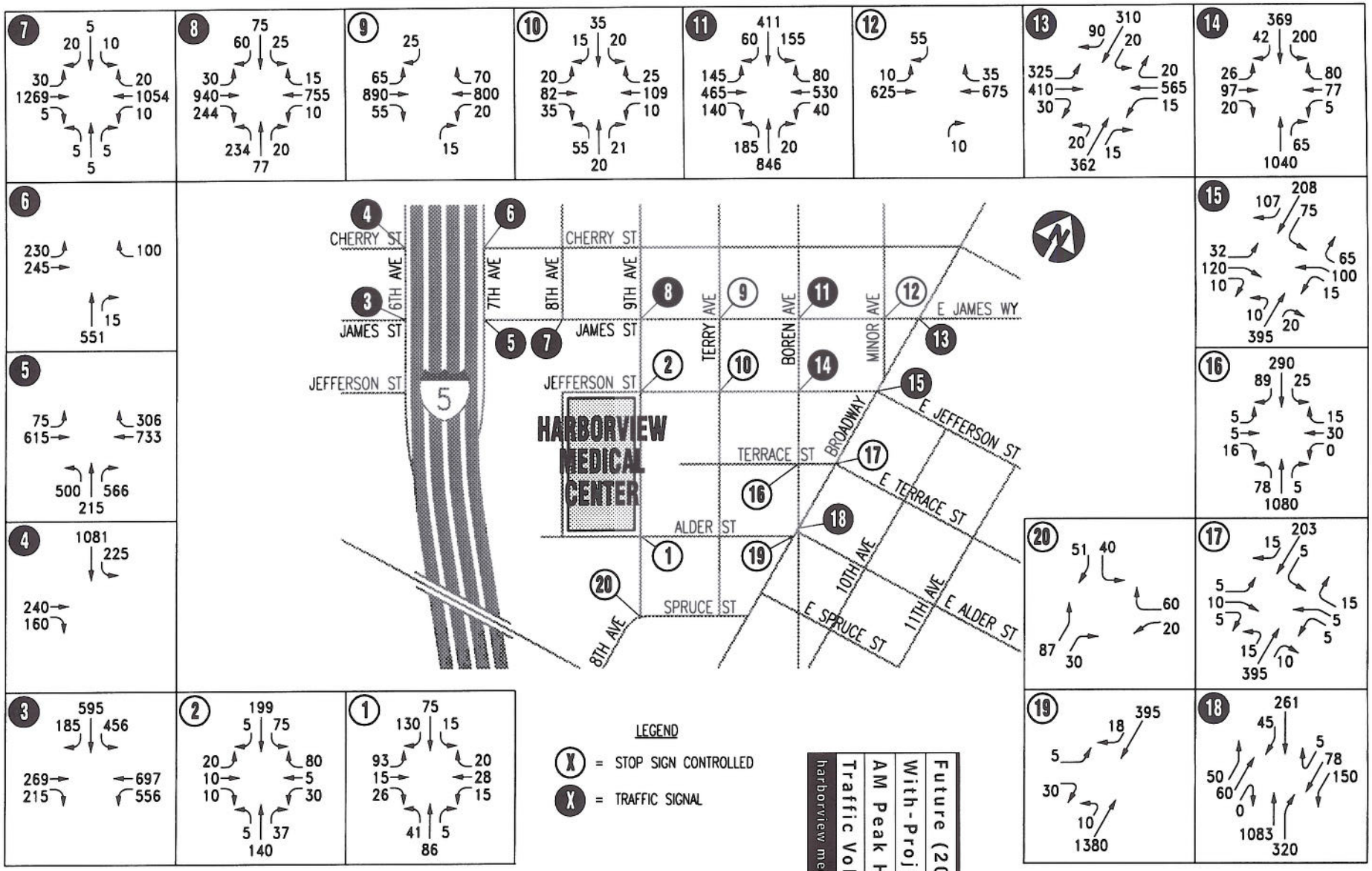
[1] TEV = total entering vehicles

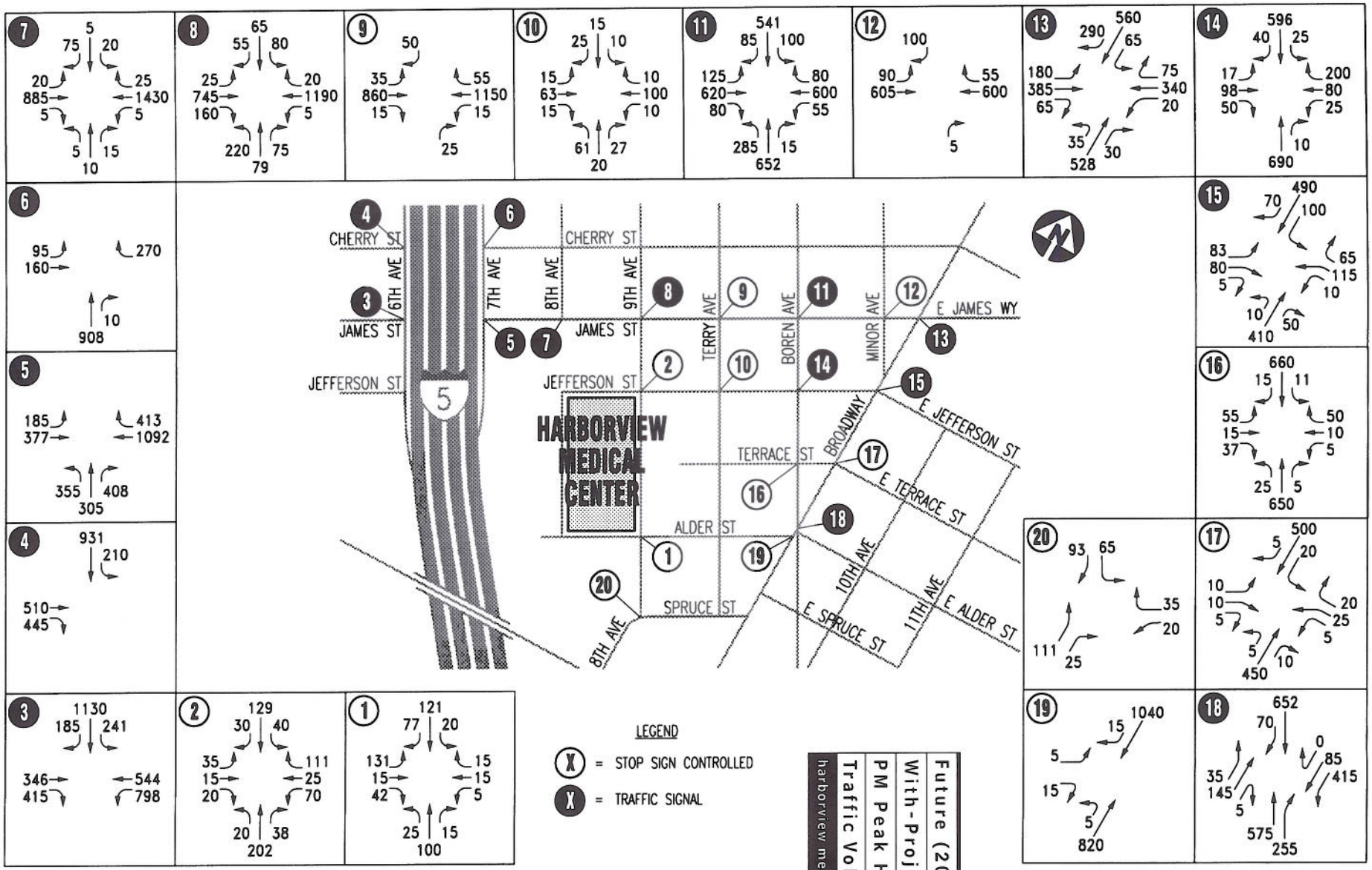
Site-Generated
(2010) AM Peak Hour
Traffic Volumes
harborview medical center
FIG. 29
HARBORVIEW MEDICAL CENTER
TRIP GENERATION
55 INBOUND
21 OUTBOUND
76 TOTAL
LEGEND
(X) = STOP SIGN CONTROLLED
X = TRAFFIC SIGNAL
CHERRY ST
JAMES ST
JEFFERSON ST
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
E JAMES WY
ALDER ST
TERRACE ST
SPRUCE ST
BROADWAY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
10TH AVE
11TH AVE
E SPRUCE ST

Site-Generated
(2010) PM Peak Hour
Traffic Volumes
harborview medical center
FIG. 30
HARBORVIEW MEDICAL CENTER
TRIP GENERATION
7 INBOUND
39 OUTBOUND
46 TOTAL
LEGEND
= STOP SIGN CONTROLLED
= TRAFFIC SIGNAL
CHERRY ST
JAMES ST
JEFFERSON ST
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
E JAMES WY
BROADWAY
TERRACE ST
E JEFFERSON ST
E TERRACE ST
10TH AVE
11TH AVE
E ALDER ST
E SPRUCE ST
ALDER ST
SPRUCE ST
8TH AVE


HARBORVIEW MEDICAL CENTER
CHERRY ST
JAMES ST
JEFFERSON ST
SPRUCE ST
ALDER ST
TERRACE ST
E JAMES WY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
E SPRUCE ST
6TH AVE
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
BROADWAY
10TH AVE
11TH AVE
5
LEGEND
(X) = STOP SIGN CONTROLLED
X = TRAFFIC SIGNAL
Future (2010)
Without Project
AM Peak Hour
Traffic Volumes
harborview medical center
FIG. 31


HARBORVIEW MEDICAL CENTER
CHERRY ST
JAMES ST
JEFFERSON ST
TERRACE ST
ALDER ST
SPRUCE ST
E JAMES WY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
E SPRUCE ST
6TH AVE
7TH AVE
8TH AVE
9TH AVE
10TH AVE
11TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
BROADWAY
5
LEGEND
= STOP SIGN CONTROLLED
= TRAFFIC SIGNAL
Future (2010)
Without Project
PM Peak Hour
Traffic Volumes
harborview medical center
FIG. 32


HARBORVIEW MEDICAL CENTER
CHERRY ST
JAMES ST
JEFFERSON ST
SPRUCE ST
ALDER ST
TERRACE ST
E JAMES WY
E JEFFERSON ST
E TERRACE ST
E ALDER ST
E SPRUCE ST
6TH AVE
7TH AVE
8TH AVE
9TH AVE
TERRY AVE
BOREN AVE
MINOR AVE
BROADWAY
10TH AVE
11TH AVE
5
LEGEND
(X) = STOP SIGN CONTROLLED
X = TRAFFIC SIGNAL
Future (2010)
With-Project
AM Peak Hour
Traffic Volumes
harborview medical center
FIG. 33



Future (2010)
With-Project
PM Peak Hour
Traffic Volumes
harborview medical center
FIG. 34

As illustrated in Table 38, the largest percent increase in AM and PM peak hour traffic would occur at the intersections of Alder Street/9th Avenue (5.9 percent) and Jefferson Street/9th Avenue (3.4 percent), respectively. During the AM peak hour, traffic volumes at four intersections would increase by more than 2 percent, including the intersections of James Street with 8th Avenue and 9th Avenue, Jefferson Street with 9th Avenue, and Alder Street with 9th Avenue. Traffic volumes at the remaining study intersections would increase by less than 2 percent as a result of project traffic. Percent increases in traffic volumes would be less during the PM peak hour as compared with the AM peak hour. With the exception of the intersections of Jefferson Street/9th Avenue and the intersection of Alder Street/9th Avenue, traffic volumes at study intersections would increase by less than 2 percent during the PM peak hour. These two intersections would experience increases in traffic volumes of approximately 3 percent.

Planned Roadway Improvements

Information from SEATRAN indicates that there are no major transportation improvement projects identified within the study area.

Traffic Operations

2010 peak hour traffic operations with and without the Master Plan Planned Projects were calculated at each of the study intersections. Existing intersection characteristics (number of lanes, signal timing/phasing, offsets, etc.) and future traffic volumes were used to calculate levels of service and average delays at signalized and unsignalized intersections as well as v/c ratios at signalized and stop sign controlled intersections. Tables 39 and 40 illustrate the forecasted traffic operations at study intersections during the AM and PM peak hours, respectively.

Table 39

Traffic Operations (A.M.) 2010 Without and With Master Plan (Planned Projects)
AM Peak Hour Levels of Service, Delays, and V/C Ratios

	Without Master Plan			With Master Plan		
Signalized Intersections[1]	**LOS[2]**	**Delay[3]**	**V/C[4]**	**LOS**	**Delay**	**V/C**
Cherry Street/6th Avenue	B	8.1	0.40	B	8.1	0.40
Cherry Street/7th Avenue	C	15.3	0.53	C	15.3	0.53
James Street/6th Avenue	C	22.2	0.71	C	23.6	0.73
James Street/7th Avenue	F	>60.0	0.91	F	>60.0	0.93
James Street/8th Avenue	B	6.4	0.65	B	7.0	0.67
James Street/9th Avenue	F	>60.0	1.05	F	>60.0	1.11
James Street/Boren Avenue	D	27.5	0.74	D	27.5	0.74
James Street/Broadway	C	18.0	0.70	C	18.1	0.70
Jefferson Street/Boren Avenue	C	19.2	0.50	C	19.3	0.51
Jefferson Street/Broadway	B	11.4	0.42	B	11.5	0.42
Broadway/Boren Avenue	D	35.7	0.64	D	36.1	0.65
Unsignalized Intersections[5]	**LOS**	**Delay**	**Worst Mov.[6]**	**LOS**	**Delay**	**Worst Mov.**
James Street/Terry Avenue	B	8.3	EB-left	B	8.3	EB-left
James Street/Minor Avenue	B	6.0	EB-left	B	6.0	EB-left
Jefferson Street/9th Avenue[7]	A	3.8	----	A	4.4	----
Jefferson Street/Terry Avenue	B	6.2	NB-left	B	6.3	NB-left
Terrace Street/Boren Avenue	F	85.2	EB-left	F	88.5	EB-left
Terrace Street/Broadway	C	10.4	EB-left	C	10.5	EB-left
Alder Street/9th Avenue	B	7.2	EB-left	B	7.6	EB-left
Alder Street/Broadway	F	60.4	EB-left	F	60.6	EB-left
Spruce Street/9th Avenue[7]	A	1.9	----	A	1.9	----

[1] Levels of service, delays, and v/c ratios at signalized intersections reflect the intersection as a whole.
[2] LOS = Level of service
[3] Delay = Average delay per vehicle (seconds)
[4] V/C = Volume-to-capacity ratio
[5] Levels of service and delays at stop sign controlled intersections reflect the turning movement that experiences the most delay.
[6] Worst Movement = The individual turning movement that experiences the most delay.
[7] These intersections operate with all-way stop sign control. The levels of service and average delays reported in this table reflects the intersections as a whole.

Table 40

Traffic Operations (P.M.) 2010 Without and With Master Plan (Planned Projects)

PM Peak Hour Levels of Service, Delays, and V/C Ratios

	Without Master Plan			With Master Plan		
Signalized Intersections[1]	**LOS[2]**	**Delay[3]**	**V/C[4]**	**LOS**	**Delay**	**V/C**
Cherry Street/6th Avenue	B	12.3	0.51	B	12.3	0.51
Cherry Street/7th Avenue	C	16.9	0.51	C	16.8	0.52
James Street/6th Avenue	F	>60.0	0.93	F	>60.0	0.93
James Street/7th Avenue	F	>60.0	0.96	F	>60.0	0.96
James Street/8th Avenue	A	4.0	0.58	A	4.1	0.59
James Street/9th Avenue	F	>60.0	0.87	F	>60.0	0.93
James Street/Boren Avenue	D	30.9	0.73	D	30.9	0.73
James Street/Broadway	D	30.7	0.72	D	31.0	0.72
Jefferson Street/Boren Avenue	C	19.4	0.52	C	19.4	0.52
Jefferson Street/Broadway	B	14.8	0.55	B	14.8	0.56
Broadway/Boren Avenue	C	18.7	0.55	C	18.7	0.55
Unsignalized Intersections[5]	**LOS**	**Delay**	**Worst Mov.[6]**	**LOS**	**Delay**	**Worst Mov.**
James Street/Terry Avenue	C	11.7	EB-left	C	11.7	EB-left
James Street/Minor Avenue	B	5.7	EB-left	B	5.7	EB-left
Jefferson Street/9th Avenue[7]	B	6.5	----	B	6.9	----
Jefferson Street/Terry Avenue	B	5.7	NB-left	B	5.7	NB-left
Terrace Street/Boren Avenue	F	94.7	EB-left	F	94.9	EB-left
Terrace Street/Broadway	D	22.0	EB-left	D	22.0	EB-left
Alder Street/9th Avenue	B	7.7	EB-left	B	7.9	EB-left
Alder Street/Broadway	F	53.0	EB-left	F	53.0	EB-left
Spruce Street/9th Avenue[7]	A	2.5	----	A	2.6	----

[1] Levels of service, delays, and v/c ratios at signalized intersections reflect the intersection as a whole.
[2] LOS = Level of service
[3] Delay = Average delay per vehicle (seconds)
[4] V/C = Volume-to-capacity ratio
[5] Levels of service and delays at stop sign controlled intersections reflect the turning movement that experiences the most delay.
[6] Worst Movement = The individual turning movement that experiences the most delay.
[7] These intersections operate with all-way stop sign control. The levels of service and average delays reported in this table reflects the intersections as a whole.

During both peak hours, it is projected that study intersections will operate at the same levels of service with or without the proposed project. With the exception of two signalized intersection during the AM peak hour and three signalized intersections during the PM peak hour, all signalized study intersections will operate in the LOS B-D range. The LOS D or better conditions indicate that there is adequate capacity to accommodate forecast traffic volumes with the Master Plan Planned Projects. The intersections of James Street/7th Avenue and James Street/9th Avenue will operate at LOS F during the AM and PM peak hours and the intersection of James Street/6th Avenue will operate at LOS F during the PM peak hour. Similarly, all unsignalized study intersections will operate in the LOS A-D range, excluding the intersections of Terrace Street/Boren Avenue and Alder Street/Broadway. These intersections will operate at LOS F during the AM and PM peak hours.

The poor peak hour levels of service at James Street/9th Avenue are attributable to the average delays experienced by the northbound approach. Due to the signal progression along James Street and the respective signal timing at James Street/9th Avenue, the northbound approach will continue to operate at LOS F during the AM and PM peak hours. Level of service calculations indicate that, with or without the proposed project, the intersection's south, east, and westbound approaches will operate in the LOS A-D range during both peak hours. It is anticipated that the project would increase northbound approach volumes by 16 and 29 vehicles during the AM and PM peak hours, respectively. This would represent an increase over future without-project traffic volumes of approximately 5 percent during the AM peak hour and approximately 8 percent during the PM peak hour.

During the PM peak hour, the signalized intersection of James Street/6th Avenue will operate at LOS F with or without the addition of project traffic. Based on future peak hour operations of this intersection, all turning movements and approaches will operate in the LOS B-D range with the exception of the eastbound right turning movement. This turning movement operates at LOS F under without- and with-project traffic conditions. The proposed project would not increase PM peak hour traffic volumes associated with this intersection's critical eastbound right turning movement.

As illustrated in Tables 39 and 40, the intersection of James Street/7th Avenue will operate at LOS F in the AM and PM peak hours with or without the proposed project. During the PM peak hour, less than 40 percent of the existing signal cycle length is assigned to the westbound approach. As a result, this approach operates at LOS F and the northbound and eastbound approaches operate in the LOS A-D range. It is anticipated that project traffic would increase westbound approach volumes by approximately 25 vehicles. Similarly, in the AM peak hour, the northbound approach receives less than 40 percent of the signal cycle length and consequently operates at LOS F. The remaining approaches operate at LOS E or better. The project would add 14 vehicles to the northbound approach.

Based on future traffic volumes at Terrace Street/Boren Avenue, it is projected that the eastbound left turning movement will experience the most average delay and operate at LOS F during the AM and PM peak hours for both with and without the project. Less than 10 vehicles will be affected by this delay during the AM peak hour and approximately 55 vehicles during the PM peak hour. Similarly, the eastbound left turning movement at Alder Street/Broadway will operate at LOS F during the AM and PM peak hours and serve fewer than 10 vehicles during each of these hours. Although the average peak hour delays associated with these turning movements would increase as a result of the project (with the exception of Alder Street/Broadway during the PM peak hour), site-generated traffic would not incrementally add to these critical eastbound-to-northbound turning movements.

As was described earlier, existing signal timing plans were used to forecast future without- and with-project traffic operations. In the future, these timing plans would likely be modified by SEATRAN to more effectively serve AM and PM peak hour traffic volumes. Nevertheless, based on the traffic operations analysis summarized in Tables 39 and 40, it is likely that the addition of project traffic would not change the peak hour levels of service and marginally increase the v/c ratios and average delays at signalized and unsignalized study intersections, respectively.

In response to traffic congestion on 9th Avenue south of James Street, a recent traffic analysis conducted for Harborview explored alternative primary access routes to/from Harborview. The analysis evaluated three possible alternatives, including new connections to I-5 and Yesler Way, conversion of James Street and Cherry Street into a one-way couplet, and orientation of primary access routes to/from Broadway. Each of these alternatives would reduce congestion on 9th Avenue and improve the peak hour traffic operations at James Street/9th Avenue.

The first alternative evaluated the possibility of new connections to Harborview, including a connection between the intersection of James Street/7th Avenue and either Jefferson Street or Alder Street west of 9th Avenue. Similarly, this alternative explored the viability of a connection between Yesler Way and either Jefferson Street or Alder Street west of 9th Avenue. This alternative was eliminated from further consideration due to the high construction costs and projected costs/complications with the acquisition of state and private properties.

As a second alternative, Cherry Street would be converted into a one-way eastbound arterial between 7th Avenue and Boren Avenue and James Street would be converted into a one-way westbound arterial between 7th Avenue and Broadway. Like the first alternative, this alternative was eliminated from further consideration as it would create longer trips to/from Harborview, essentially reverse existing travel patterns creating driver confusion, complicate the operation of the traffic signal at James Street/7th Avenue, and potentially restrict access to Swedish Hospital Medical Center.

The last alternative evaluated the possibility of redesigning the Harborview campus so that primary access routes would be oriented to Broadway. Besides complicating the operations of intersections along Broadway, this alternative would promote travel away from I-5, the regional freeway that currently serves approximately 55 percent of both staff and non-staff trips. This alternative was eliminated from future consideration due to the lack of support for drawing cars away from I-5.

Transit Service

As is described in Table 30, approximately 25 percent of existing hospital employees and 30 percent of outpatients travel to/from Harborview via transit service, including either METRO buses or organized shuttles. If the existing rate of transit use is maintained under the proposed Master Plan, as is assumed, approximately 45 and 20 transit trips would be generated by the project during the AM and PM peak hours, respectively. Although these trips would represent an impact to the transit system, transit opportunities within the surrounding area would adequately serve these trips. Therefore, site-generated transit trips would not adversely impact transit operations in the area.

The Sound Transit is currently developing plans for a light-rail transit line linking the Northgate area with Sea Tac. Current plans call for the line to include an underground First Hill station at Madison Avenue and Summit Avenue. The Sound Transit line could provide another potential travel mode option for Harborview employees and visitors and also another potential connection between Harborview and the University of Washington Medical Center. However, walking distance between the

planned First Hill station and the hospital is six to seven-block walks, which is beyond the typical range for most transit riders. As a result, the impact of the light rail line on Harborview employee, patient, and visitor travel patterns would be relatively minor. In order to facilitate use of the light rail service, Sound Transit would need to provide shuttle services to Harborview as well as the Yesler and Jefferson Terrace communities.

Non-Motorized Facilities

The proposed Planned Projects includes construction of pedestrian skybridges/tunnels above/below 9th Avenue north of Jefferson Street and above/below Jefferson Street both east and west of 9th Avenue. These connections would provide grade-separated pedestrian crossings of both Jefferson Street and 9th Avenue, reducing potential conflicts between pedestrians and motorists at Jefferson Street/9th Avenue. In addition, a tunnel connection would be constructed from the proposed underground-parking garage located east of 9th Avenue (between Jefferson Street and Alder Street) to Harborview's existing main campus. This tunnel would provide pedestrian traffic an alternative to the existing mid-block crossing of 9th Avenue, especially during inclement weather conditions. The likely reduction in at-grade pedestrian traffic would improve safety conditions along 9th Avenue.

Increases in staff and non-staff populations would result in a proportional increase in pedestrian activity in the site's vicinity. The widths and conditions of existing sidewalks are expected to adequately accommodate the proportional increases in pedestrian activity.

Traffic Safety

There is likely to be a proportionate increase in the probability of accidents with the addition of project traffic. However, this increase would be relatively minor, as the project would increase entering peak hour traffic volumes by less than 2 percent at intersections currently classified as "high accident locations." In addition, the study intersections that would experience the greatest increase in peak hour traffic volumes, including the intersections of Jefferson Street/9th Avenue (AM peak hour) and Jefferson Street/Terry Avenue (PM peak hour), are not classified as "high accident locations and have not experienced more than one accident per year for the most recent three-year period available (1994-1996). Therefore, it does not appear that the anticipated increase in traffic would create an identifiable safety hazard or noticeably increase the accident rates at study intersections and along study roadways.

Parking

Parking Supply

Planned Projects under the Master Plan include construction of underground parking garages. These garages would include a total of approximately 1,000 parking spaces. A total of three on-site parking lots would be lost with the construction of the Planned Projects, including Lots #3, #15, and #21. Collectively, these lots have a parking supply of approximately 208 spaces. In addition, future use of all general purpose remote lots is expected to be eliminated, with or without the Master Plan, with the exception of the parking lot at Cherry Street/9th Avenue (15 spaces). These lots currently provide approximately 364 parking spaces for hospital use.

The location and projected number of parking spaces for the proposed garages are illustrated in Table 41. This table also shows Harborview's existing parking supply, existing supply lost to expansion, and the total parking supply under future with-project conditions.

Table 41
2010 With Master Plan (Planned Projects) On- and Off-Site Parking Supply

Facility	Location	Parking Supply
Existing/Approved Garages and Lots	Harborview campus and surrounding vicinity	1,295
Existing Parking Lots Displaced		
Lot #3	West of Terry Ave. and south of Terrace St.	2
Lot #15	Northeast corner of Jefferson Street and 9th Ave.	114
Lot #21	South west corner of James St. and Boren Ave.	92
		-208 Total Displaced
Proposed Underground Parking Garages		
Clinical Service Building	East of 9th Avenue between James St. and Jefferson St.	500
Multi-Purpose Building	Northwest corner of Jefferson St. and 9th Ave.	50
Plaza	East of 9th Avenue between Jefferson St. and Alder St.	450
		1,000 Total New Projects
Total Supply		2,056

It is projected that Harborview's parking supply would total 2,056 spaces with the completion of the Planned Projects. All 2056 would be on-site and would be contained within the existing, approved, and proposed Harborview parking garages. The 2,056-space total would represent an increase of 761 spaces, or 59 percent, over the 1,295 spaces provided under the No Action alternative.

Seattle Land Use and Zoning Code Requirements

Parking code requirements are identified in the *Seattle Land Use and Zoning Code* (23.54.016). The minimum number of long-term parking spaces is equal to 80 percent of hospital-based doctors plus 25 percent of staff doctors plus 30 percent of all other employees present at peak hour. The minimum number of short-term parking spaces is equal to one space per 6 beds plus one space per 5 average daily outpatients. The *Code* also establishes a maximum limit for parking not to exceed 135 percent of the minimum requirement. The resulting code-required parking with the Planned Projects identified in the proposed Master Plan is summarized in Table 42.

Table 42
Seattle Land Use and Zoning Code
Parking Requirements for Master Plan (Planned Projects)

	Number Basis	Minimum Stalls	Maximum Stalls[1]
Long-Term Parking			
1 stall per 80% of hospital-based MDs	413 MDs	330	446
1 stall per 25% of staff MDs	0 MDs	0	0
1 stall per 30% peak hour employees	1,430 employees[2]	429	579
Total Long-Term Stalls		759	1,025
Short-Term Parking			
1 stall per 6 beds	399 beds	67	90
1 stall per 5 outpatients	1,614 outpatients	390	526
Total Short-Term Stalls		1,149	1,551
Total Parking Required		1,147	1,549

[1] Maximum limit is equal to 135 percent of minimum requirement.
[2] Of the hospital's projected 3,410 total employees, 1,430 would be the peak number expected to be on-site at any one time..

The proposed on-site parking supply of 2,056 spaces with the Master Plan Planned Projects would exceed the maximum parking specified by the *Code*. The Seattle Land Use code allows for exceeding the maximum parking supply provided a Transportation Management Program is implemented, which has the general goal of reducing peak period commuters in single-occupant vehicles to 50 percent or less (excluding employees who's work regularly requires the use of a private car). As described previously, Harborview does currently have a TMP in place that is currently meeting the 50 percent goal. Assuming the SOV goal would continue to be met, the parking demand estimates, described below, indicates that the proposed supply of 2,056 spaces would approximately equal the projected hospital parking demand.

Parking Demand

Parking code requirements do not always reflect actual parking demand for a specific development. Code requirements for parking are generally intended to be guidelines to ensure that all parking demand is accommodated for a variety of facility types within broad categories of land uses, such as hospitals. Code requirements also often reflect policy goals of encouraging alternative transportation modes by limiting the amount of available parking. As a result, it is difficult to assess parking impacts by comparing parking supplied to the parking required by code. It is often necessary to compare parking supplied to estimates of actual parking demand that will be generated by the proposed development. For example, the uniqueness of Harborview's role in treating trauma victims often results in extended families arriving in multiple cars, waiting for treatment outcomes. It is not unusual for follow-up medical visits to involve more than one family member coming in multiple cars.

Future parking demand with the Master Plan Planned Projects were calculated based on projected hourly trip generation characteristics of hospital staff and non-staff members. The resulting peak hourly demand would be 2012 vehicles and would occur between 1:00-2:00 p.m. The projected demand would be accommodated by the proposed parking supply of 2,056 spaces. The proposed parking supply and the estimated demand are within 2 percent of each other. This would be in contrast to future without Master Plan conditions, where peak hospital parking demand would exceed supply by over 40%. Table 43 summaries Harborview's parking supply, estimated peak parking demand, and respective surplus/deficit for future without- and with-project scenarios.

Table 43
Future Without Master Plan and 2010 With Master Plan
Parking Supplies and Peak Parking Demands

Future Without Master Plan			2010 With Master Plan (Planned Projects)		
Parking Supply *	Peak Parking Demand	Surplus/ Deficit	Parking Supply	Peak Parking Demand	Surplus/ Deficit
1,295	1,850	-555	2,056	2,012	+44

*Includes View Park Two garage but not remote off-site lots

Local Access and Circulation

Access to the existing garages would not change with development of the Planned Projects. The Viewpark Garage and the garage expansion currently under construction would be accessed from 8th Avenue and from Alder Street. The Boren Street Garage would continue to be accessed from the existing Terrace Street driveway.

Final access points for the three proposed garages have not yet been determined at this time and would be established as design plans for the garages are developed and refined. Consideration should be given to prohibiting or limiting access on James Street in order to be consistent with the street's classification as a principal arterial. Consideration should also be given to providing only limited garage access on Terry Avenue south of Jefferson Street due to Terry Avenue's narrow travel lanes and its designation as a Key Pedestrian Street.

Based on the above considerations, proposed and possible garage access locations were identified. These solutions are shown in Figure 35 and are described in the following:

- Plaza Garage. Access for the Plaza Garage is proposed on Jefferson Street and on 9th Avenue. The Jefferson Street location would be limited to right-turns only in and out of the garage. The right-turn only limit would avoid potential delays caused by blockages from westbound queues on Jefferson Street. Routing of traffic exiting traffic eastbound on Jefferson Street would be consistent with Jefferson Street's classification as a collector arterial. The signalized intersections on Jefferson Street at Boren Avenue and at Broadway are forecast to operate LOS C or better.

  The 9th Avenue access would be an exit only and limited right-turns only. This exit would provide additional capacity for exiting traffic which typically is the more critical direction due to the need to process any payment upon exit. It would also provides a more direct exit route to James Street and the I-5 freeway ramps, which would compliment the exit on Jefferson Street that routes traffic to Boren Avenue and Broadway. Prohibiting inbound at this access would eliminate potential backups on 9th Avenue caused by cars waiting to make left-turns into the garage.

- Clinical Services Building Garage. Proposed access points for this garage would be located on Jefferson Street and on Terry Avenue. The Jefferson Street access should be located towards the east end of the block in order to minimize impacts of any westbound traffic backups on Jefferson. If westbound queues extend past the entrance on a frequent basis, the entrance could be restricted to right-turns only, in and out, with the focus being on the Terry entrance as the main garage access. Otherwise, traffic volumes on Jefferson are low enough so that left-turns in and out of the garage could be made with minimal delays.

  The access on Terry Avenue would be consistent with Citizen's Advisory Committee desires to provide garage access on Terry only between James and Jefferson. Low traffic volumes on Terry would enhance traffic flow in and out of the garage. Another possible location for garage access would be on 9th Avenue. However, any access on 9th would be subject to blockage from queues caused by the traffic signal at the 9th Avenue and James Street intersection.

- Multiuse Building Garage. Access for this garage is proposed for Jefferson Street. Access could possibly be provided on 9th Avenue, however any access on 9th would be subject to blockage from queues caused by the traffic signal at the 9th Avenue and James Street intersection.

Additional analysis of access and traffic operations at the garage entrances should be conducted as the specific designs for the garage elements of the Planned Projects are refined and finalized.

Loading and service area locations and configurations have not yet been identified. The location and configuration, with respect to ease of access for trucks, of these areas could impact traffic flow and operations on the adjacent street. Additional analysis of off-street and curbside loading areas would be required as designs for the planned projects are developed.

Emergency access would not change under the Master Plan and would continue to take place on Jefferson Street, west of 9th Avenue.

Transportation Concurrency

The City of Seattle has implemented a Transportation Concurrency Project Review System to comply with one of the requirements of the Washington State Growth Management Act (GMA). The system, described in the DCLU's Draft Directors Rule 4-95, is designed to provide a mechanism which would determine whether adequate transportation facilities would be available "concurrent" with proposed development projects. Five screenlines were analyzed for the concurrency review, including the Ship Canal (University and Montlake Bridges), south of Lake Union, south of S. Jackson Street (between Alaskan Way S. and 4th Avenue S. and between 12th Avenue S. and Lakeside Avenue S.), and east of the Central Business District (CBD). As shown in Table 44, the analysis indicates that under cumulative traffic volume conditions, the screenlines would have v/c ratios less than the PM peak hour level of service standard and thus, the Planned Projects would meet the City's concurrency requirements.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
JEFFERSON ST.
7TH AVE.
TERRACE ST.
ALDER ST.
SPRUCE ST.
8TH AVE.
Parking and Access
harborview medical center
FIG. 35
PROPOSED ACCESS / EGRESS
POSSIBLE ACCESS / EGRESS
EXISTING ACCESS / EGRESS
PARKING GARAGE
UNDERGROUND PARKING GARAGE

Table 44
Transportation Concurrency Analysis

SL[1] No.	Location	Dir.[2]	Capacity	Existing Volume	Project Traffic	V/C[3] With Projec	LOS[4] Standard
5.16	Ship Canal – Univ. and	NB	4,300	4,110	2	0.96	1.20
	Montlake Bridges	SB	4,300	3,670	0	0.85	1.20
8	South of Lake Union	EB	6,500	5,100	0	0.79	1.20
		WB	4,100	3,150	2	0.77	1.20
10.11	South of S. Jackson Street -	NB	9,630	7,630	0	0.79	1.00
	Alaskan Wy S. to 4th Ave S.	SB	9,630	8,840	1	0.92	1.00
10.12	South of Jackson Street -	NB	7,400	3,540	1	0.48	1.00
	12th Ave S. to Lakeside Ave S.	SB	7,400	4,700	5	0.64	1.00
12.12	East of CBD	EB	16,290	8,540	5	0.52	1.20
		WB	12,540	6,130	25	0.49	1.20

[1] *SL = Screen Line*
[2] *Direction: NB = Northbound, SB = Southbound, EB = Eastbound, WB = Westbound*
[3] *V/C = Volume-to-capacity ratio*
[4] *LOS = Roadway level of service*

HARBORVIEW PROPOSED ACTION – POTENTIAL PROJECTS

Potential Projects are projects that are less certain and less defined. These projects would likely occur in the last half of the planning period between 2010 and 2020. Due to the uncertainty in timing, the less specific conceptual level of design, and the uncertainty of detailed background traffic forecasts for the 20-year horizon, a programmatic-level environmental review is provided for the Potential projects.

.

Project Trip Generation

Estimates of daily and peak hour trip generation were developed based on Harborview's projected (2020) staff and non-staff populations with the Master Plan Planned and Potential Projects. Population projections and vehicle trips for the proposed Master Plan Potential Projects are illustrated in Table 45. As was the case in developing trip generation estimates for the proposed Planned Projects, it was assumed that the existing employee work shifts and travel mode splits would remain the same in the future, in order to provide a more conservative analysis.

Table 45
2020 With Master Plan (Planned and Potential Projects) Trip Generation

		Vehicle Trips *(in/out)*		
Group	**Pop.[1]**	**Daily**	**AM Peak Hour**	**PM Peak Hour**
Total w/ Planned & Potential Projects				
Employees	3,782	3,410	933 (680/253)	218 (0/218)
Physicians/Residents	465	710	92 (86/6)	52 (4/48)
Outpatients	1,795	2,155	10 (3/7)	165 (20/145)
Visitors/Other[2]	2,076	3,350	94 (51/43)	223 (89/134)
Total	-	9,625	1,129(820/309)	658 (113/545)
Existing and Approved Development	-	8,060	941 (683/258)	550 (95/455)
Net Increase due to Planned Projects	-	625	76 (55/21)	46 (7/39)
Net Increase due to Potential Projects	-	940	112 (82/30)	62 (11/51)

[1] Only a portion of the total employee and physician/resident population shown is on-site during an average day.
[2] Includes those trips generated by patient visitors, volunteers, pharmaceutical representatives, repairmen, deliveries, emergency vehicles (ambulances), etc.

As illustrated in Table 45, the Potential Projects would generate approximately 940 daily vehicle trips, including 112 AM peak hour vehicle trips and 62 PM peak hour vehicle trips. Together, the Planned and Potential Projects would generate approximately 1,565 daily vehicle trips with approximately 188 of these trips occurring during the AM peak hour and 108 trips during the PM peak hour. The Planned and Potential Projects would increase vehicle trip generation by approximately 20 percent over that for the existing hospital and previously approved hospital development.

Parking

Parking Supply

On-site parking supply with the Potential Projects would be the same as that described for the Planned Projects. No changes or additions to on-site parking are proposed in the Potential Projects. The total on-site parking supply would be 2,071 parking spaces.

Seattle Land Use and Zoning Code Requirements

Parking code requirements are identified in the *Seattle Land Use and Zoning Code* (23.54.016). The minimum number of long-term parking spaces is equal to 80 percent of hospital-based doctors plus 25 percent of staff doctors plus 30 percent of all other employees present at peak hour. The minimum number of short-term parking spaces is equal to one space per 6 beds plus one space per 5 average daily outpatients. The *Code* also establishes a maximum limit for parking not to exceed 135 percent of the minimum requirement. The resulting code-required parking with the Potential Projects identified in the proposed Master Plan is summarized in Table 46.

Table 46
Parking Code Requirements for Master Plan
(Planned and Potential Projects)

	Number Basis	Minimum Stalls	Maximum Stalls[1]
Long-Term Parking			
1 stall per 80% of hospital-based MDs	465 MDs	372	502
1 stall per 25% of staff MDs	0 MDs	0	0
1 stall per 30% peak hour employees	1,586 employees[2]	476	643
Total Long-Term Stalls		848	1,145
Short-Term Parking			
1 stall per 6 beds	399 beds	67	90
1 stall per 5 outpatients	1,795 outpatients	359	485
Total Short-Term Stalls		426	575
Total Parking Required		1,274	1,720

[1] Maximum limit is equal to 135 percent of minimum requirement.
[2] Of the Hospital's projected 3,780 total employees, 1,795 could be the peak number expected to be on-site at any one time.

The proposed on-site parking supply of 2,071 spaces with the Master Plan Planned Projects would exceed the maximum parking specified by the *Code*. The Seattle Land Use code allows for exceeding the maximum parking supply provided a Transportation Management Program is implemented. The TMP's general goal would be to reduce peak period commuters in single-occupant vehicles to 50 percent or less (excluding employees whose work regularly requires the use of a private car). As described previously, Harborview does currently have a TMP in place that is currently meeting the 50 percent goal. Assuming the SOV goal would continue to be met, the parking demand estimates

the parking demand estimates described below indicate that the proposed supply of 2,071 spaces would not be sufficient to accommodate the peak hospital parking demand.

Parking Demand

Parking code requirements do not always reflect actual parking demand for a specific development. Code requirements for parking are generally intended to be guidelines to ensure that all parking demand is accommodated for a variety of facility types, within broad categories of land uses such as hospitals. Code requirements also often reflect policy goals of encouraging alternative transportation modes by limiting the amount of available parking. As a result, it is difficult to assess parking impacts by comparing parking supplied to the parking required by code. It is often necessary to compare parking supplied to estimates of actual parking demand that will be generated by the proposed development. Estimates of demand for the Harborview Master Plan Planned and Potential Projects are described in the following section.

Future with-project parking demands associated with the Planned and Potential Projects were calculated based on projected hourly trip generation characteristics of hospital staff and non-staff members. Table 47 illustrates Harborview's future parking supply, estimated peak parking demand and respective surplus/deficit for both with and without Master Plan developments.

Similar to existing peak parking demand, it was determined that future demand would exceed the total parking supply and that the peak demand would occur between 1:00-2:00 PM. However, unlike existing conditions, a parking shortfall would occur for a total of 7 hours of the day (9:00 am-4:00 PM), 4 hours less than the existing 11-hour shortfall. Furthermore, Harborview would generate a peak parking demand for approximately 2,210 vehicles, creating a deficit in parking for 154 vehicles. Although this demand would create a parking deficit, this deficit would be less than one-quarter the deficit that would exist under the Future Without-Master Plan condition. The deficit would be reduced by any increase in use of alternative transportation modes resulting from the proposed enhancements to the hospital's TMP.

Table 47
Future Without Master Plan, 2010 With Master Plan and 2020 With Master Plan
Parking Supplies and Peak Parking Demands

Future Without Master Plan			2010 With Master Plan (Planned Projects)			2020 With Master Plan (Planned & Potential Projects)		
Parking Supply	Peak Parking Demand	Surplus/ Deficit	Parking Supply	Peak Parking Demand	Surplus/ Deficit	Parking Supply	Peak Parking Demand	Surplus/ Deficit
1,295	1,850	-555	2,056	2,012	+44	2,056	2,210	-154

9th Avenue Street Vacation

Potential Projects identified in the Master Plan include the vacation of a two-block section of 9th Avenue between Jefferson and Alder Streets. The vacation would allow for expansion of the East Hospital/Center Wing.

The vacation would eliminate car and pedestrian conflicts on 9th Avenue. Although below and above-grade crossings of 9th Avenue are included in the Planned Projects, it is expected that there would still be a high number of at-grade pedestrian crossings of 9th Avenue from staff and visitors traveling between hospital facilities on the two sides of the street.

The vacation would shift traffic that would otherwise use 9th Avenue to adjacent streets. Existing traffic volumes on this section of 9th Avenue are approximately 3,800 vehicles per day. The majority of 9th Avenue traffic would likely shift to Terry Avenue, which parallels 9th Avenue. Like 9th Avenue, Terry Avenue terminates one block south of Alder Street at Spruce Street. However, while 9th Avenue is classified as a minor arterial, Terry Avenue is classified as a local access street. Existing traffic volumes on Terry Avenue are approximately 1,000 vehicles per day. In order to accommodate the increased traffic volumes that would result from the vacation, the existing on street parking on Terry Avenue would need to be eliminated and a traffic signal installed at the Terry Avenue and James Street intersection. Approximately 70-75 on-street parking spaces on Terry Avenue between Spruce and James would be eliminated. The parking includes unrestricted, 2-hours, and residential parking zone spaces. Additional improvements to Terry Avenue to the north may be required, as the shifted traffic would likely continue to travel on Terry Avenue beyond the 2-block limits of the vacation.

In order to minimize impacts to Terry Avenue and as an alternative to improving Terry Avenue, measures could be implemented with the street vacation to direct the diverted traffic to Boren Avenue instead of Terry Avenue. Boren Avenue's classification as a principal arterial makes it more suitable to carry the diverted through traffic from 9th Avenue. Forecast future LOS D or better peak-hour operating conditions at area intersections on Boren Avenue to indicate that there would be sufficient capacity to accommodate the diverted traffic. Measures that could be used to encourage or direct the diverted traffic to Boren Avenue and away from Terry Avenue are included in the following mitigation measures section.

Metro Transit Route 60 currently uses 9th Avenue, Spruce Street, and Broadway to serve the Yesler Terrace development. If 9th Avenue were to be vacated, Route 60 could be moved to Boren Avenue and serve Yesler Terrace via a Spruce Street and 8th Avenue routing. However, the proposed vacation of 9th assumes that transit buses would be allowed to continue to travel on the vacated portion of 9th Avenue. Under this scenario, the vacated portion of 9th Avenue would be reduced in width to allow for the East Hospital/Wing Expansion and to provide pedestrian-oriented environment, while at the same time allowing limited vehicle access, including transit.

A more detailed project level analysis of transportation impacts was completed to address the project variation of vacating 9th Avenue sooner than anticipated. (See appendix E in this document).

ALTERNTIVES TO PROPOSED ACTION

NO AT GRADE 9th AVENUE VACATION ALTERNATIVE

This alternative would maintain 9th Avenue as a public street with through north/south access. The impacts of the vacation associated with potential diversion of through traffic to Terry Avenue would be eliminated. Maintaining through vehicular traffic on 9th Avenue would increase potential vehicle/pedestrian conflicts resulting from the increased pedestrian crossings of 9th Avenue that will be generated by development of hospital facilities on the west and east sides of 9th Avenue.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING ALTERNATIVE

Under the proposed action, no parking is proposed for the site of the Clinical Services Building (Phase II), which is identified as a Potential Project in the Master Plan. This alternative would include a three-level underground garage as part of this Potential Project. The garage would be located below the Clinical Services Building and would contain approximately 200 parking spaces. Garage access would likely be located on Alder Street. The additional 200 parking spaces would eliminate the projected parking deficit of 154 spaces with development of the Master Plan's Planned and Potential Projects. This alternative provides additional parking opportunities not provided in the Proposed Action, thereby reducing the parking deficit forecast for the Potential Projects. However, if 9th Avenue is vacated sometime after the year 2010 as proposed for Potential Projects, this alternative would have a larger impact on the surrounding street systems due to entering/exiting traffic, and the requirement that this additional traffic volume be routed away from the vacated section of 9th Avenue.

REMOVE BOREN GARAGE FROM MIO DISTRICT ALTERNATIVE

There would be no transportation impacts generated by this alternative. Peak hour traffic operations and parking conditions in the study area under this alternative would be that described previously under future (2010) without-project conditions (see Tables 39 and 40).

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Since the total amount of development and the parking garage locations would be the same as that of the Proposed Action, the traffic and parking impacts of this alternative would be the same as that described for the Proposed Action.

OTHER ALTERNATIVES CONSIDERED

The three proposed below grade garages located near 9th and Jefferson would contribute to local traffic circulation and access impacts, may cause vehicle and pedestrian conflicts as well as contribute to the parking supply. One alternative considered, but determined to be not feasible because of added cost, is to interconnect the separate garages below grade. If three underground garage levels in the vacated area of the streets connected the garages, traffic movement would be simplified and separated from at grade pedestrian movement. Approximately 300 more parking spaces could be provided. The alternative requires below grade vacation of the streets and relocation of impacted utilities. The utilities would need to be re-developed to loop around the area. Street, sidewalk, and landscaping would have to be re-placed. The added costs make the parking development extremely expensive and not feasible, and, therefore, the Lead Agency has determined that this alternative does not feasibly meet the proponent's objectives as required by SEPA (SMC 25.05.1440D)

Another alternative that was considered, was to interconnect the Plaza and the Clinical Services Building garages on one level only, thus possibly avoiding the need to relocate any utilities. The connection would be in the form of a circulation aisle only and would not provide any additional parking capacity. This would allow circulation between the two garages without the need to travel on surface streets, reducing impacts on adjacent streets.

Similar reductions in impacts could be achieved through management of the garages to minimize the need for circulation between the two garages. Possible management strategies include exterior and way-finding signing of the garages that clearly designate the appropriate garages for the various hospital user groups in order to avoid cars approaching or entering the wrong garage and having to re-circulate to the other garage. Variable message signing indicating which garage has available parking could be used to minimize the need to re-circulate to the other garage if the first garage is full.

The cost of the one-level below grade garage connection is substantially greater than the garage management measures that achieve the same results. The connection does not feasibly meet the proponent's objectives. A mitigation measure is proposed to address the possible impact.

NO ACTION ALTERNATIVE

Under this alternative, no new building construction would occur on the project site and no increase in traffic would be generated from the site. Peak hour traffic operations and parking conditions in the study area for the No Action Alternative would be that described previously under future (2010) without-project conditions (see Tables 39 and 40).

3. MITIGATION MEASURES

Transportation Management Program (TMP). Proposed enhancements to Harborview's TMP would likely result in additional reductions in the employees' use of single-occupant vehicles for commuting. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. The proposed TMP is described in the Major Institution Master Plan document.

- Garage Access. Additional analysis of access and traffic operations at the garage entrances should be conducted as the specific designs for the garage elements of the Planned Projects are refined and finalized.

- Garage Operations. Consider management of the garage to minimize the need for movement between the two garages.

- Traffic Operations. Level of service calculations conducted for this analysis indicates that the signal timing pattern for the James Street corridor may warrant review as traffic from the hospital and other sites is added to the street system intersecting James Street.

- Potential Projects. A project-level environmental review of transportation should be conducted for the Potential Projects elements and phases as the design and schedule for each are finalized. Impacts to be addressed should include those resulting from increased traffic, parking generation and access to/from garages that would be generated by the proposed new facilities and those that would be created by the proposed vacation of 9th Avenue.

- Measures to divert traffic from Terry Avenue to other arterials including Boren Avenue could include:
  Curb bulbs and chokers
  Traffic circles
  Maintain on-street parking (to reduce effective sheet width)
  Speed bumps
  "Do not enter – Local access only" signage
  Restrictive speed zones

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

Development under the proposed Master Plan would increase traffic volumes in the vicinity of Harborview. The additional traffic would impact five intersections that are forecast to operate at LOS F during the PM peak hour. Three of these intersections are forecast to operate at LOS F during the AM peak hour and would similarly be impacted by site-generated traffic. Each of these intersections would operate at LOS F with or without the proposed Master Plan developments.

PUBLIC SERVICES AND UTILITIES

1. AFFECTED ENVIRONMENT

Police/Safety & Security

Harborview is located within Census Tract 85 (bound by Marion/5th/Yesler/Broadway) for which crime statistics are compiled by the Seattle Police Department. The most serious offenses (Part I) are profiled in the following table which compares the Harborview area with the entire city of Seattle.

Table 48
Crime Statistical Profile

	1997		1998 (3 quarters)	
	Harborview Area (Tract 85)	**City**	**Harborview Area (Tract 85)**	**City**
Murders/ Negligent homicide	1	49	3	37
Rape	7	203	3	193
Robbery	26	2,064	19	1,291
Aggravated Assault	66	2,629	50	1,860
Residential Burglary	23	5,283	23	3,601
Non-Residential Burglary	19	2,851	16	1,723
Theft	443	36,172	300	25,252
Auto Theft	66	7,042	67	6,237
Arson	4	217	0	145
TOTAL (Part 1 Offenses)	655	56,510	481	40,375

Source: SPD 1997 Annual Report and SPD statistics for 1/98 to 9/98, (dated 10/20/98)

For 1997, the Harborview area was average in comparison with the entire city of Seattle for the occurrence of all Part I offenses. However, rape, aggravated assault, and theft were considerably above the median. (The median is the value where there is an equal number of values occurring above and below it.)

The SPD also compiles crime data by precincts and patrol car districts. Harborview is located within the East Precinct and Sector/Car Beat G2. The East Precinct (Ship Canal/I-5/Lake Washington/South Atlantic Street) has an area of 8.45 square miles and a population of 83,070 compared to the city total of 83.95 square miles and population of 536,600. Thus, the density within the East Precinct (9,831 people per square mile) is considerably higher than the city-wide density (6391 people per square mile). Part 1 offenses in the East Precinct totaled 10,108 in 1999 as compared to the city-wide total of 56,510 Part 1 offenses in 1997 and 40,375 in 1998. The resident population of area G2 (I-5/James Street/14th Avenue/ South Dearborn Street) in 1997 was 4,666 and there were 935 Part I offenses. The general trend for serious offenses has decreased over the past two years.

Fire

The Seattle Fire Department provides fire fighting, emergency aid and code inspection services to Harborview. Response would be provided by a combination of nearby stations and equipment, including fire stations located at 2nd and Main in Pioneer Square, from the central waterfront along Alaskan Way, from 23rd and Yesler Way, and from 12th and Pine. The Medic One facility is located at Harborview Hospital. Response time depends on time of day and traffic conditions but would typically be within 2 minutes.

Utilities

Public utility systems within the future Harborview development boundaries include storm drains, sanitary sewer, water distribution and other utilities. Each is described below.

- **Public Right of Way Vacations / Skybridge and Tunnel Permits**

Utilities are located within the street and alley right-of-ways in the vicinity or Harborview. Public access to the utility systems is required, either by the utility's location in a public right of way, or by easements to the utility provider. The affected environment concerns the streets and alleys that are proposed to be vacated and /or changed by skybridges and tunnels by the Harborview master plan.

- **Storm Drain** (see Figure 36)

The Harborview Medical Center neighborhood is served by 12" reinforced concrete pipe dedicated storm drain lines located in 9th and Terry Avenues between James and Jefferson Streets. These systems connect to one manhole at the intersection of James and 9th Avenue. This main is directed to a trunk line near Interstate 5 and discharges at Lake Union.

Flow capacities of the existing system are as follows:

System	Flow Capacity (gpm)*
8" Concrete pipe (2% minimum slope)	
10" Concrete Pipe (2% minimum slope)	

*Flow rates based on 75% of the pipe capacity

- **Sanitary Sewer** (see Figure 37)

The Harborview Medical Center neighborhood is served by 8" and 10" reinforced concrete pipe sanitary sewer mains located in 9th Avenue. Flows are directed to the south and north respectively and eventually outfall to King County Metro sewage treatment facilities. Side sewers are located in Terrace and Alder Streets and service the blocks between Broadway and 9th Avenues.

Full flow capacity of the existing system is 2,230 gpm.

- **Water Distribution** (see Figure 38)

The Harborview Medical Center neighborhood is in a 520-water pressure zone. Two services currently exist: a 6" and 12" service built near 1900 and an 8" service built in 1982. New development would require connection to the 8" service. Both water distribution systems are ductile iron pipe.

Pressure tests were performed in January 1988 and February 1990. A summary of the results is given in Table 49.

Table 49
Existing Water System Pressures and Flow

9th Avenue & Seneca Street Elevation 351 feet (January 1988)		**10th Avenue & Broadway Avenue Elevation 312 feet (February 1990)**	
Static Pressure:	70 psi	Static Pressure:	88 psi
Residual Pressure:	60 psi	Residual Pressure:	76 psi
Flowrate:	980 gpm	Flowrate:	1321 gpm

Other Utilities

King County Metro's electric trolley service extends along 9th Avenue between James and Jefferson Streets. Trolley service also extends along Jefferson Street between 9th Avenue and Boren Avenue.

Numerous mechanical, electrical and communication utilities exist in and/or above the streets affected by the planned and proposed projects. Among these are steam and gas. See the energy section for discussion.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Police/Safety & Security

Additional police services related to an increase in daytime population would be required under the proposed action. This would include crime prevention, parking control and traffic control. According to the Seattle Police Department, the proposal is not expected to generate significant impacts on demand for police protection. However, an increase in crime rates is not necessarily connected with the proposed physical development. Population may be linked with crime statistics to compile indices. SPD has compiled index crime rates over the past ten years. Generally, the total Part I crime rate has declined between 1988 and 1997. Violent crimes have generally declined, except murder rates are quite varied. Property crimes have not fluctuated substantially over the same 10-year period. It is uncertain if past trends may indicate future conditions. However, other factors can influence the occurrence of crime.

The Harborview Proposed Action may impact public safety in the immediate campus area to the extent that:

- Vehicular/pedestrian conflicts will be reduced both along 9th Avenue and crossing of James Street with proposed improvements. (9th Avenue is proposed to be vacated, removing through traffic).

- Personal safety may improve with better campus lighting and clearer 'wayfinding' that links campus areas and avoids obscure or hidden places. Particular lighting and visibility improvements target Terry Avenue, the envisioned neighborhood pedestrian street.

- Increased activity levels over extended hours of operation may add more protection with more people in the area to observe behavior.

- However, increased concentrations of traffic and people may increase the risk of conflicts.

The Proposed Action would not likely significantly impact crime rates in the Harborview area. However, certain improvements may reduce risks, given the increased activity levels.

Fire

The intensification of facilities and population may increase demands for fire safety and protection. An increase on fire department work loads due to inspections, and fire prevention services may occur. The impacts are not expected to be significant. Increased service demand is not expected to cause the need for more fire personnel or equipment.

The vacation of streets and alleys may reduce local and area-wide access of fire vehicles. Alternative routes may have to be found, particularly with the vacation of 9th Avenue. Short-term impacts related to construction and temporary vehicle re-routing might also impact the fire department. If construction were extended over the life of the Master Plan, the impacts would not be of short duration.

Utilities

Each new development planned or potential would require storm drain connection(s) where dedicated service is available, sewer connection(s) and domestic and fire a water connection(s). Discussions with Seattle Public Utility officials confirmed system capacities are adequate for Harborview's future Planned and Potential Projects.

- Public Right of Way Vacations / Skybridge and Tunnel Permits

Vacation of Alley on block bounded by James Street/Jefferson Street/ 9th Avenue/Terry Avenue: (Planned Project) The utility service affected by the alley vacation would be Seattle City Light. Overhead power lines extend the entire length of the alley. Rerouting between Jefferson and James Street may occur along Terry Avenue or 9th Avenue. Other communication systems sharing the power poles would be impacted.

Future power services would be required to be underground. Power vaults will also be required where the utility service has bends of 90 degrees (e.g. at street corners and alley/street intersection).

Aerial Vacation of 9th Avenue: (Planned Project) Street lighting may be impacted. Access to utilities under the street would be facilitated by the vertical clearance of 25 feet of the 'bridge building' to the street grade. There are no trolly lines or overhead electrical wires to be impacted (electric utilities from the segment of 9th Avenue between Jeferson and Alder are underground).

Vacation of 9th Avenue between Jefferson Street and Alder Street: (Potential Project)
Utility services impacted by vacating 9th Avenue would include storm drain, sanitary sewer, and water distribution. In addition, the Metro trolley service are be impacted, at the 9th/Jefferson intersection only. Local traffic and bus service would continue along 9th Avenue.
Access to underground utilities would also be maintained.

Vacation of Terrace Street between Terry Avenue and Alley between 9th and Terry Avenues: (Potential Project) The sanitary sewer utility service would be impacted by the street vacation. The sewer service along Terrace Street would require relocation. A new manhole may be located at the intersection of Terrace Street and Terry Avenue. Sewer service may be relocated to the sewer located along Alder Street. The function of the overall system would not be substantially impacted.

Construction of Skybridges across Jefferson Street: (Planned and Potential Projects)
Metro Trolley service would be impacted. Other overhead electrical and communication systems may also be impacted. Service may be temporarily disrupted.

Construction of Tunnels under Jefferson Street: (Planned and Potential Projects)
Water and sewer may be impacted depending upon the vertical location of the tunnel beneath the street. Water could be relocated up and over a tunnel, while sewer could be routed beneath it and reconnected downstream. Other underground mechanical, electrical and communication systems may be impacted.

Construction of Skybridges across 9th Avenue: (Planned and Potential Projects)
Metro Trolley service would be impacted during construction. Other overhead electrical and communication systems may be impacted with short-term disruptions of service.

Construction of Tunnels under 9th Avenue: (Planned and Potential Projects)
Water and sewer may be impacted depending upon the vertical location of the tunnel beneath the street. Water could be relocated up and over a tunnel, while sewer could be routed beneath it and reconnected downstream. The storm drain manhole located near the intersection of 9th Avenue and Jefferson Street may require relocation. Other underground mechanical, electrical and communication systems may be impacted.

- **Storm Drain**

The storm drain manhole located near the intersection of 9th Avenue and Jefferson Street may require relocation. This manhole and storm drain line currently services Harborview Medical Center. Relocation of the storm drain connection point can occur at the northeast corner of the building on Jefferson Street. Because this service connection is at the start of the storm drainage service, these changes do not impact the performance of the system.

- **Sanitary Sewer**

Two sewer services located along 9th Avenue would require relocation. A side sewer located on Terrace Street would also require partial relocation. Sanitary sewer service to Harborview Medical Center will require relocation. Revised connection points can occur at the north or south end of the core building complex. Sanitary sewer service along Terrace Street would require relocation between Terry Avenue and 9th Avenue. Coordination regarding the relocation of this service will be required with the vacation of the segment of Terrace Street described below. Though relocation is required, these changes would not substantially impact the performance of the current system, based on preliminary engineering analysis.

Approximate sanitary peak flows for each project are as follows:

Table 50
Future Sanitary Sewer System Pressures and Flow Impacts

Building	Peak Sanitary Flowrate (gpm)*
Planned Projects	
A1 Clinical Services Building (Phase I)	222
B Multiuse Building	120
F Inpatient Expansion Building	186
Potential Projects	
A2 Clinical Services Building (Phase II)	222
G East Hospital Expansion	204
H Research Building	222
I Clinical Services / Research Building	222

Projects A1, B, F, and A2 could connect to the existing 10" sewer main in James Street. Projects G and I could connect to the existing 8" sewer main in 9th Avenue, south of Alder Street. Building H could connect to the 8" sewer in Alder Street or to the relocated sewer, probably in Terry Avenue.

- **Water Distribution**

Two water services located along 9th Avenue would require relocation. Water service to Harborview Medical Center would require relocation. New connection points can occur at the north, south and west sides of the building. Seattle Public Utilities – Water Division has indicated that the vacation of 9th Avenue and abandonment of the current services would not impact the neighborhood's water distribution system or current pressure rating.

Table 51
Future Water System Pressures and Flow Impacts

Building	Water Service	
	Domestic (gpm)	Fire (gpm)
Planned Projects		
A1 Clinical Services Building (Phase I)	277	750
B Multiuse Building	150	655
D Plaza with below grade parking	---	655
F Inpatient Expansion Building	232	655
Potential Projects		
A2 Clinical Services Building (Phase II)	277	Included Above
G East Hospital Expansion	255	Included Above
H Research Building	277	750
I Clinical Services / Research Building	277	750

These demands are within the system capacity indicated in Table 48.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Impacts to public utilities would be less than the impacts identified for the Proposed Action. Other below grade (and above grade) vacations would still be proposed, with impacts to utilities. However, all utilities would not have to be relocated. Access easements may not be necessary, depending on the location of re-routed utilities.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The alternative may have slightly greater impacts than the Proposed Action. Some additional utility services may be required associated with the parking garage. Some existing utilities may have to be relocated.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

This alternative would change localized impacts to utility system pressures and flow rates by building location due to shifted demands of the differently sized projects. The total cumulative impact to utilities would be the same as the Proposed Action. Impacts to police/safety and security would be similar to the Proposed Action.

NO ACTION ALTERNATIVE

Existing public safety conditions would remain under this alternative. No added building areas or populations would result. As buildings aged, possible fire and safety hazards may increase and would not be addressed by any improvements.

Currently, the City of Seattle and Seattle Public Utilities has no plans for the arbitrary upgrading of existing systems. Furthermore, system upgrades are generally done along trunk lines. Utility services in the Harborview Medical Center neighborhood would be considered branches of the more distant trunk systems.

3. MITIGATION MEASURES

Police/Safety & Security

- Consider the Seattle Police Department's Crime Prevention Through Environmental Design (CPTED) techniques when projects are designed.
- Ensure adequate lighting and clear sight lines and avoid hiding places for criminal activity.
- Provide pedestrian scaled street illumination so that sidewalks are well lit, particularly where street light pole lighting is blocked by vegetation/mature street trees.
- Prune street trees and clear vegetation to improve visibility of pedestrian walkways and spaces.
- Increase extended hour activities at street level and design visual access from buildings to exterior locations.
- Design facilities and outdoor spaces to allow natural surveillance, controlled access, defensible space.
- Continue Harborview security services, including employee escorting.

Fire

- All new construction would comply with applicable Seattle Fire Code and Uniform Building Code requirements.
- The fire department would be notified of any extended street and \or alley closures or blockage during construction of Master Plan projects.
- Construction material storage and waste materials/debris would not be accumulated for long periods of time to avoid possible fire hazards.

Utilities

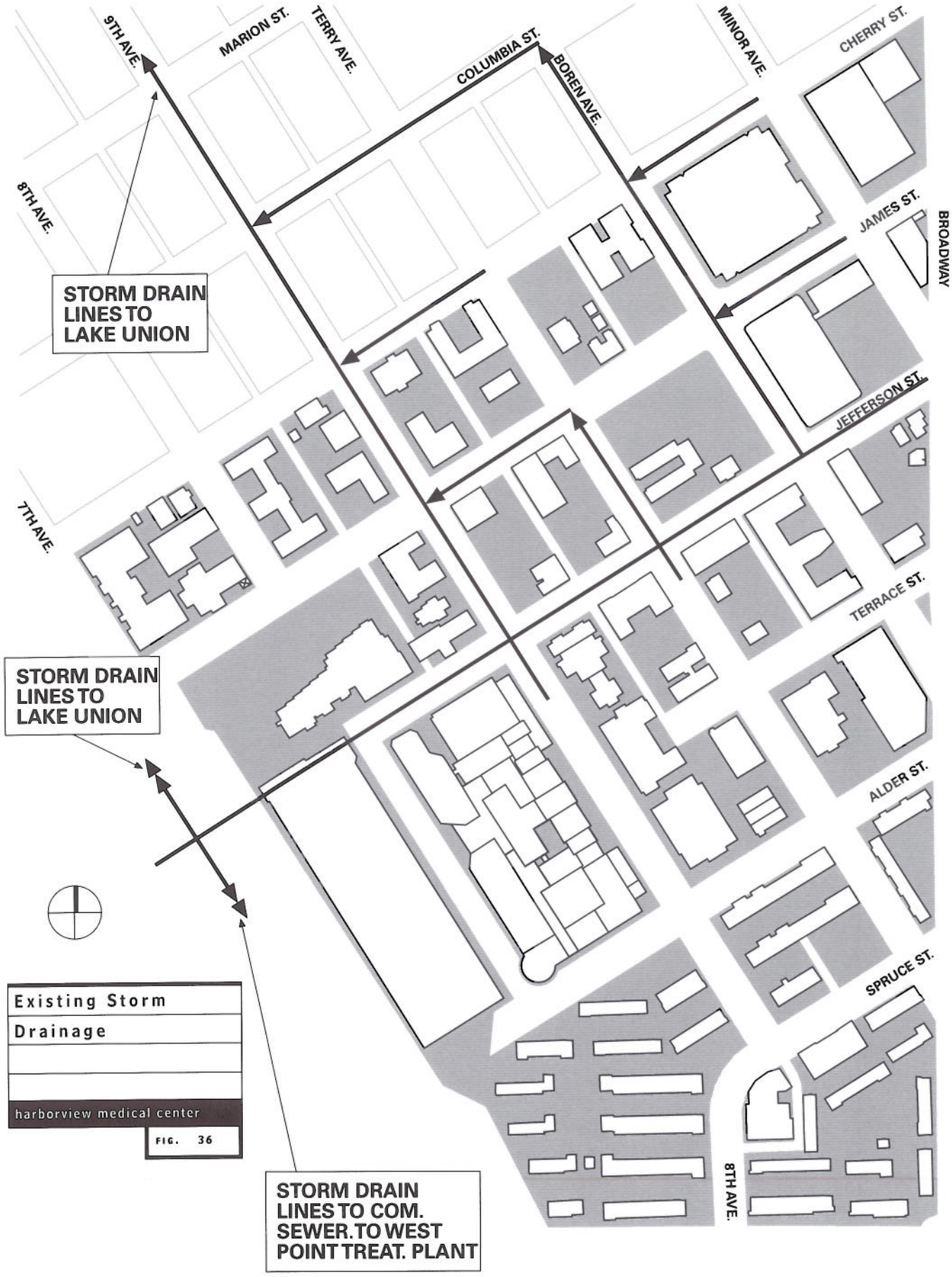
- Harborview will coordinate mitigation of utility impacts with the following responsible agencies:

System	Agency
Storm Drain Connections & Abandonm	Seattle public Utilities – Drainage and Wastewater Division
Sanitary Sewer Connections & Abandonment	Seattle Public Utilities – Drainage and Wastewater Division
Domestic & Fire Water Service Connections & Abandonment	Seattle Public Utilities – Water Division
Fire Water Connections	Seattle Fire Department
Sidewalk Demolition & Improvements	Seattle Transportation Department – Street Use Divis
Street Vacations	Seattle Transportation Department – Resource Management Division
METRO Trolley Service	King County Department of Metropolitan Services D and Construction Section

- Assure adequate access to public utilities and necessary clearances by skybridges for emergency vehicles and utility maintenance.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

There would be an increase in the demand for public services and utilities. Vacation of public right-of-ways and skybridge / tunnels permits would require changes to utility systems. Impacts can be mitigated to reduce their significance.


9TH AVE.
MARION ST.
TERRY AVE.
COLUMBIA ST.
BOREN AVE.
MINOR AVE.
CHERRY ST.
8TH AVE.
JAMES ST.
BROADWAY
STORM DRAIN LINES TO LAKE UNION
JEFFERSON ST.
7TH AVE.
TERRACE ST.
STORM DRAIN LINES TO LAKE UNION
ALDER ST.
SPRUCE ST.
8TH AVE.
STORM DRAIN LINES TO COM. SEWER. TO WEST POINT TREAT. PLANT
Existing Storm
Drainage
harborview medical center
FIG. 36
12" STORM LINES

Existing Sanitary Sewers

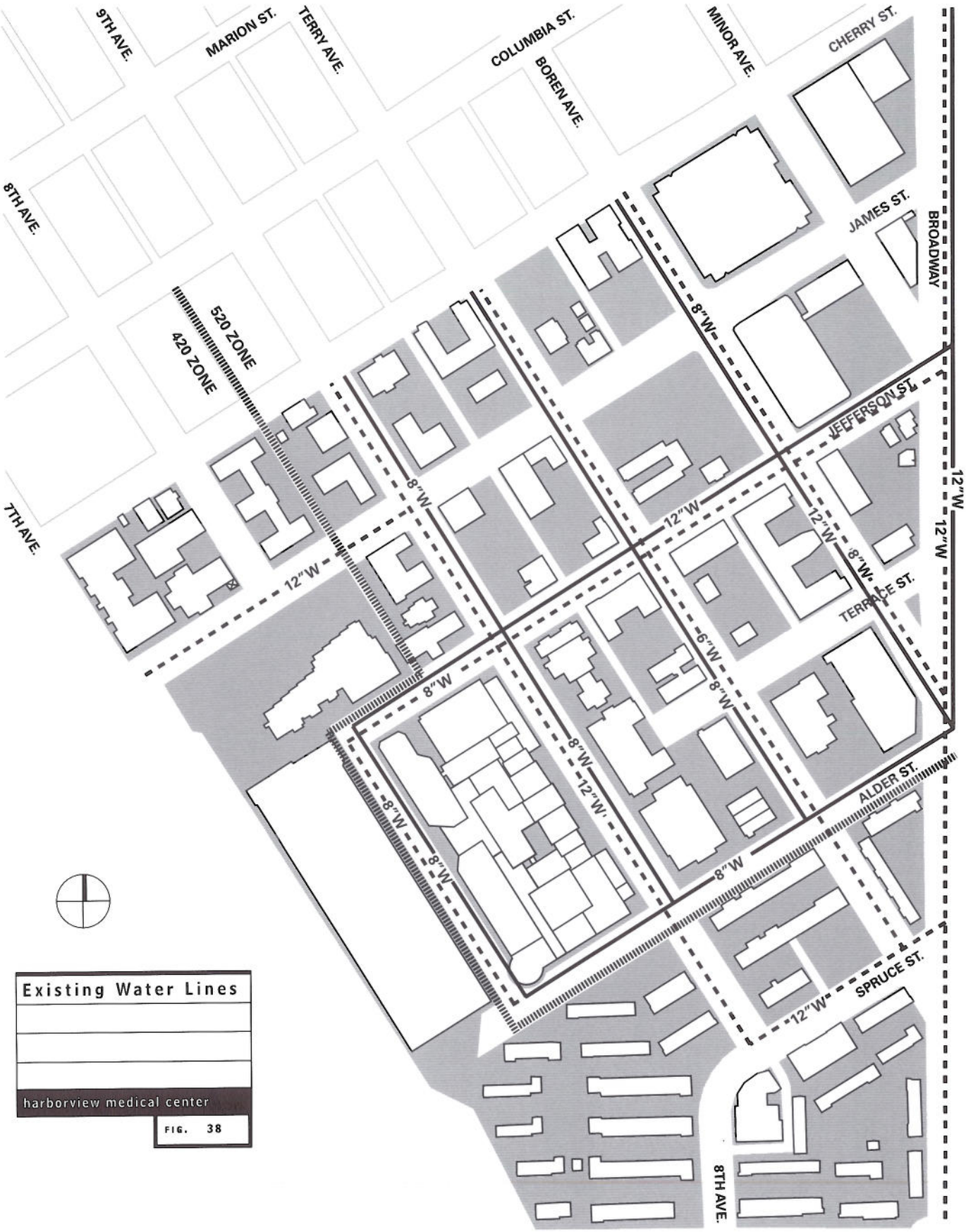
harborview medical center

FIG. 37

12" SEWER LINES

10" SEWER LINES

8" SEWER LINES



Existing Water Lines

harborview medical center

FIG. 38

(1900 +)WATER LINE

(1982 +)WATER LINE

WATER PRESSURE ZONE

B. Short-Term Construction Impacts

EARTH

1. AFFECTED ENVIRONMENT

The affected environment for these short-term impacts includes the sites where Harborview proposes demolition, excavation and/or new construction. The existing conditions are described in the following, with the site referenced to the Planned and Potential Projects discussed in the Impact sections (see following Table 52). The map reference numbers refer to Figures 4 and 5 in Section II, Project Description.

- Clinical Services Building Phase I & II site (map reference A1 - Figure 4 & A2 Figure - 5): Currently, the site consists of multiple structures, an asphalt parking lot, and a concrete alley. One building is a 4-story brick apartment complex and another is a 1-story brick retail structure. There is second apartment and another retail building of 1-story. The parking area serves the existing buildings and Harborview. The concrete alley is a public right of way.

- Multi-Use Building site (map reference B - Figure 4): Currently, the site consists of the former Medic One Building, an existing six-plex apartment and undeveloped land (e.g. grass and shrubs).

- Harborview Hall and Harborview Mental Health Services building sites : (map reference C – Figure 4). Currently, each site consists of the noted building that would be demolished.

- Plaza with below grade parking and future Research Building sites (map reference D – Figure 4 & H – Figure 5): Currently, the site consists of the Harborview Hall, Harborview Mental Health Services, and Harborview Personnel building's. The Harborview Hall and Mental Health Services Building's would be demolished prior to this development. (point above). The Personnel Building is a 1-story wood frame structure.

- East Clinic/future Clinical Services – Research Building site (map reference E – Figure 4 & I – Figure 5): The site consists of the East Clinic building that is proposed to be removed.

- Inpatient Expansion Building site (map reference F – Figure 4): Currently, the site consists of the Harborview Mental Health Service's building and the space over the 9th Avenue public right-of-way. The HMHS building would be demolished prior to construction of the Inpatient Expansion building.

- East Hospital site (map reference G – Figure 5): Currently, the site consists of 9th Avenue public right of way between Jefferson Street and Alder Street.

- Also see Earth/Seismic section with long-term/cumulative impacts.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Demolition and site preparation, including grading and excavation, would impact the Harborview campus area. It is estimated that the Planned Projects would require the removal of about 181,000 cubic yards of debris and soils. Potential Projects would amount to about an additional 10,200 cubic yards of material. Materials would be removed by truck to an approved disposal site, to be determined. There would be minor, short-term disruption of traffic by trucks and equipment and dust/mud on street impacts. The magnitude and duration of the impact is estimated in Table 51.

Table 52
Earth Excavation/Demolition Construction Impacts

Map Reference	Master Plan Projects	Year	Approx. Cubic Yards Material Removed	Estimated Durati Disruption[1]
	Planned Projects	2000-2010		
A1	Clinical Services Bldg. with demolitions and below grade parking		1500 (demolition) 75,100 (excavation)	4 weeks 8 weeks
B	Multi-Use Bldg. with demolition		2000 (demolition) 1600 (excavation)	2 weeks 1 week
C	Harborview Hall demolition		8000 (demolition) 2000 (excavation)	8 weeks 1 week
	Community Mental Health Services		4800 (demolition)	5 weeks
D	Personnel Building Demolition & Plaza w/below grade parking		2000 (demolition) 70,500 (excavation)	2 weeks 7 weeks
E	East Clinic demolition		7000 (demolition) 2300 (excavation)	8 weeks 1 week
F	Inpatient Expansion		2000 (excavation)	1 week
	Seismic/Renovations			
	Potential Projects	2010-2020		
A2	Clinical Services Bldg. Phase II		2000 (demolition) excavation incl. in Phase I	4 weeks
G	East Hospital Expansion		6600 (excavation)	2 weeks
H	Research Bldg.		1600 (excavation)	1 week
I	Clinical Services/Research Bldg.		Incl. in East Clinic demolition	
	Seismic/Renovations		--	--

[1] Assumes large/tandem truck capacity of 22 cubic yards and about 50 trips/day

The greatest impacts to earth are from the two below grade parking projects that require more extensive site excavation and shoring.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION

It is likely that the East Hospital Expansion (Potential Project) would require demolition of the existing East Hospital (former Center Wing) to avoid extending development into the street right of way. Short-term impacts would include temporary street closure and/or re-routing of traffic along 9th Avenue. There would be disruption related to the demolition and construction activity. The amount of demolition debris and number of truck trips to remove the material would likely be greater than the Proposed Action. The in-fill development would have significantly greater impacts on disruption of Harborview operations since the site is central to the hospital complex. The internal and external disruption would probably be between a 12 to 18 month duration.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Earth impacts would be greater than the Proposed Action with increased excavation and construction associated with the three levels of below grade parking. Approximately 26,000 cubic yards of excavation material would require off-site disposal, in addition to the demolition debris already identified for the Proposed Action. The duration of construction activity would be extended over that of the proposed action.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have short-term impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

Demolition and excavation quantities and impact time duration would be similar to the Proposed Action. However, greater density may increase excavations for structural purposes while less density may slightly reduce excavations. Impacts would differ by project depending upon its changed size. If future structural capability were provided with underground parking garages, the efficiency would be reduced because of larger/more columns, mechanical/electrical equipment provisions and vertical circulation (more building area would be needed for the same number of parking spaces proposed). This may translate into an additional below grade level to the underground plaza garage that would increase excavation and related impacts.

NO ACTION ALTERNATIVE

The No Action Alternative would have no short-term impacts to earth. There would be no demolition, no site preparation and no new construction.

3. MITIGATION MEASURES

- Conduct further geotechnical investigations as part of project design to engineer the appropriate excavation, shoring, and foundations.
- Implement construction actions consistent with the City of Seattle Construction Best Management Practices Manual (DR6-93).
- Require contractors to meet all requirements of applicable codes for grading, drainage, and hours of operation regulations (8 AM to 5PM weekdays and 9 AM to 5 PM weekends).
- Identify demolition and excavation disposal sites and coordinate route planning and traffic control measures with Sea Trans and the Seattle Police and Fire Departments.
- Reduce sediment transport by silt fences and other catch facilities at lower elevations and construction site exit points.
- Require, when possible, that construction vehicle wheels be washed to minimize soil tracked on to roadways and regularly clean affected streets.
- Require, when possible, that truck payloads be covered to minimize spillage.
- Schedule construction, when possible, at drier periods of the year to reduce disturbed sites exposure to wet weather.
- Protect exposed soils from erosion and water dry soils to avoid dust.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

Demolition and excavation material would be created by the Proposed Action and require disposal. The quantity of material and duration of activity is unavoidable. Impacts can be mitigated to reduce the significance. No remaining unavoidable significant adverse impacts are expected.

AIR QUALITY

1. AFFECTED ENVIRONMENT

The existing conditions primarily affected by potential short-term construction impacts are carbon monoxide (CO) and suspended particulate matter (dust). Motor vehicle emissions are the primary source of CO, and concentrations are usually located along roadways and at intersections especially at times of low temperatures and light winds. Stricter federal emission standards and the gradual transition to more newer vehicles have generally resulted in lower CO emission levels. Particulates consist of dust, smoke, pollen and other materials suspended in the atmosphere. Sources are industrial operations, vehicle traffic, fuel combustion, fires and construction. Dispersal is of concern during stagnant weather conditions.

The Washington State Department of Ecology and the Puget Sound Air Pollution Control Authority (PSAPCA) monitor air quality and have established standards (based on federal standards). The monitoring network includes meteorological and pollutant-specific monitoring equipment. For CO, the standard is 9ppm for an 8-hour average. For particulate matter (PM10 and PM2.5), there are new Federal standards, that went into effect September 16, 1997.

The CO concentrations, measured at the 5th /James station and particulate levels, measured on Harbor Island (3400 13th Ave. SW) and the Duwamish area (4752 E. Marginal Way S) are all well below the established standards. These stations are the nearest to Harborview. There has been no violation of the 8-hour CO standard at the 5th and James location since 1986. (The highest 8-hour average of CO was still below the standard and occurred in downtown Bellevue in January 1997). Particulate standards (for very fine, respirable particles) have been met in the region for the past 7 years.[1] Ecology has recommended to EPA that our region be designated attainment status, which is expected. The CO levels at Harborview are likely similar to the conditions at the monitoring station and the particulate conditions are likely better than those in the Duwamish area.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

The increased concentrations of motor vehicles at Harborview may increase the potential level of CO concentrations in the long term. However, many of the vehicles may already be traveling in the area with Harborview as a destination and parking on street in the vicinity. The redistribution of parking in garages is not expected to create a significant adverse impact to air quality. CO from vehicles circling the blocks looking for parking may be reduced with the availability of more parking. New traffic attracted by Harborview would not significantly impact CO levels.

The short-term air quality impacts are associated with the construction of projects. Demolition, site preparation, and construction would generate CO and particulates from vehicles, equipment and work activities including new construction, site preparation, and demolition. Emissions would be temporary and limited to the immediate area of each project. Trucks transporting materials would also emit CO and possibly add to dust along their routes. Nearby residences and businesses would be directly

[1] 1997 Air Quality Data Summary, Puget Sound Air Pollution Control Agency (PSAPCA), January 1999 (Publication 98-212)

impacted by these short-term increases in activity. The development activity would be extended over the life of the master plan, with individual projects implemented incrementally. The duration of construction related activity could be quite extended if projects were sequenced over time. The related air quality impacts could also be extended.

Actual construction periods would vary by project but are estimated to last from 6 months to 18 months, depending on specific project complexity. Impacts associated with renovations are not expected to create any significant impact.

Air quality impacts from the Planned and Potential Projects are not expected to be significant and can be mitigated.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

The alternative would have similar but slightly less impacts as the Proposed Action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

The additional excavation and construction would increase localized dust and pollutants associated with the construction activity. The increase in impacts from this alternative is not expected to be significant.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have short-term impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The alternative would have short-term impacts similar to the Proposed Action.

NO ACTION ALTERNATIVE

This alternative would have less short-term air quality impacts than the proposed action. There would be no construction activity so no CO or particulate matter would be generated. Air quality conditions would remain as they exist.

3. MITIGATION MEASURES

- Continue to promote transit modes through the transportation management program.
- Adhere to PSAPCA Regulation 1 to reduce fugitive dust emissions by measures such as, wetting exposed soils, covering and wetting transported materials, a prompt clean-up of spilled materials on public streets.
- Encourage contractors to use electric powered equipment, to the extent possible to reduce CO emissions; and assure that gasoline and diesel powered equipment is properly 'tuned'.
- Schedule major construction efforts, as possible, to minimize dust exposures.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

No significant adverse air quality impacts are expected.

WATER

1. AFFECTED ENVIRONMENT

Surface water runoff, movement and absorption conditions are affected by the extent of impervious surfaces in the urbanized Harborview area and the system for water collection and distribution.

Buildings and paved surfaces cover about 80% of the Harborview campus and local streets. There is a limited amount of grass yard and gravel areas that would allow absorption of rainfall and other water. Storm drain lines only exist generally north of Jefferson Street, with 12-inch lines along 9th Avenue, Terry Avenue and Boren Avenue (see Public Services and Utilities section).

2. IMPACTS

HARBORVIEW PROPOSED ACTION

The Planned and Potential Projects would result in minimal change to the total amount of impervious surfaces. The sites proposed for development are already mostly impervious surfaces. The amount and rate of surface water runoff would not be significantly impacted. Projects that cannot connect to the dedicated storm drain system (see Figure 36) would require detention. Storm runoff detained would be released at a rate of 0.2 cfs/acre per the City of Seattle Stormwater, grading, and Drainage Code. If not controlled and drainage is directed to combined sanitary/drainage facilities, there would be impacts to water quality when heavy rainfall overloads system capacity.

Short–term water impacts related to construction activity may impact the quality of water runoff. Excavation, demolition and other site preparation and construction activity may contribute to increased soils, materials and sedimentation in the storm drainage system.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Impacts to surface water runoff from the alternative would be similar to the Proposed Action because the amount of impervious surfaces would be similar. Surfaces would be either covered by pavement or covered by buildings.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Short-term impacts due to runoff from the parking garage excavation may be somewhat increased over the Proposed Action impacts. The extent of impact would not be significant.

REMOVE BOREN GARAGE FROM MIO DISTRICT

The alternative would have short-term impacts similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The alternative would have short-term impacts similar to the Proposed Action.

NO ACTION ALTERNATIVE

No Action would not significantly change or impact water quality or amounts or rates. There would be a continuation of existing conditions.

3. MITIGATION MEASURES

- Design permanent drainage facilities to applicable standards of the Storm Water, Grading, and Drainage Control Code (SMC 22.80).
- Implement applicable provisions of the City's Construction Best Management Practices Manual and DR 6-93.
- Provide other temporary storm water management practices with catch basins and silt traps during site preparation and construction as required by the Storm Water, Grading and Drainage Control Code, Best Management Practices and DR 6-93 (also see earth mitigation measures).
- Include and regularly maintain oil/water separators in drainage systems.
- Provide on-site wheel washing of any vehicle leaving construction projects to avoid tracking materials on local streets.
- Utilize berming/straw bales where practical to provide temporary on-site detention during construction.
- Cover exposed materials/soils to prevent erosion and sediment-loaded runoff.
- Coordinate utility service interruptions with appropriate utilities to lessen likelihood of service interruptions to customers.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

None are expected.

ENVIRONMENTAL HEALTH/NOISE

1. AFFECTED ENVIRONMENT

Noise conditions related to construction activity were identified in the EIS scoping as a concern. (See Hazards/Noise section for long-term noise impacts associated with building systems and emergency vehicle sirens).

The Seattle Noise Ordinance (SMC 25.08) also addresses short-term construction related noise levels, summarized in Table 53. The relevant standards for Harborview are highlighted. Construction noise limits for Harborview are 82 dBA for residential receivers and 85 dBA for commercial receivers. The limits for portable construction equipment are slightly lower at 77 dBA for residential receivers and 80 dBA for commercial receivers. (The previously approved major institution overlay district of Harborview is more like a commercial zone than residential or industrial zones).

The construction noise limits are for daytime only, with construction at night generally prohibited except in special cases. The noise measurements are taken at 50 feet from the activity or property lines, whichever is greater. Sounds created by motor vehicles are exempted.

Impact type construction equipment noise (from jackhammers, pile drivers, pavement breakers, etc.) is specially regulated (SMC 25.08.425B). This equipment may exceed the sound limits as follows. The maximum permissible equivalent noise limits (Leq) for all such sources between 8 AM and 5 PM weekdays and 9 AM to 5 PM weekends is 90 dBA (1 hr), 93 dBA (30 min.), 96 dBA (15 min.), and 99 dBA (7 ½ min.).

Table 53
Seattle Noise Ordinance Daytime Construction Noise Limits

Land Use Zone of Noise Sou	**Land Use Zone of Receiving Property**		
On-Site Sources	Residential Day/Night	Commercial	Industrial
Residential	80 dBA	82 dBA	85 dBA
Commercial	82 dBA	85 dBA	90 dBA
Industrial	85 dBA	90 dBA	95 dBA
Portable Equipment			
Residential	75 dBA	77 dBA	80 dBA
Commercial	77 dBA	80 dBA	85 dBA
Industrial	80 dBA	85 dBA	90 dBA

Source: Seattle Noise Ordinance, SMC 25.08.425 A1 and A2.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

During construction of the Harborview Planned and Potential Projects, sound levels would increase at the building sites, nearby along the adjacent streets and in the neighborhood. The magnitude and duration of undesirable sound increases would create noise impacts. The increases are dependent on the type of equipment and construction techniques used for each project. The duration of the sound increase is dependent on the timing of the construction projects and phasing of projects over the master plan. Construction duration could range from 12 to 24 months per project. The extent of impact could be extended, depending upon the sequencing of the master plan projects.

The range of future sound levels due to construction of the Harborview projects by type of construction activity is given in Table 54. Note that some of the activity's higher noise level range exceeds noise limits at 50 feet. This indicates that particular construction activities may need to be carefully managed to reduce potential noise exposures. The sound levels are estimated at 50 feet from the noise source, consistent with the standard of the Seattle Noise Ordinance. Sound levels decrease with distance between the generator and receiver. For each doubling of distance, sound levels decrease by about 6 dBA.

Table 54
Construction Noise Impacts

Construction Activity	Equipment Type	Noise Level (dBA at 50 feet)
Clearing	Bulldozer	77-96
	Dump Truck	82-94
Grading	Scraper	80-93
	Bulldozer	77-96
Paving	Paver	86-88
	Dump Truck	82-94
Erection	Crane	75-85
	Concrete Mixers	75-85
Materials Handling	Concrete Mixers	75-85
	Movable Cranes	76-87
	Derrick Cranes	86-88
Stationary Equipment	Pumps	69-71
	Generators	71-82
	Compressors	74-87
Impact Type Equipment	Pneumatic Wrenches	83-88
	Rock Drills	81-98

Source: U. S. Environmental Protection Agency, 1971

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

Impacts from the alternative would be similar to the Proposed Action.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING

Impacts from the alternative would be similar and slightly greater than the proposed action impacts. The difference in impacts would not be significant.

REMOVE BOREN GARAGE FROM MIO DISTRICT

Impacts from the alternative would be similar to the Proposed Action.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The alternative would have short-term impacts similar to the Proposed Action. If increased density/building heights requires more construction activity than the Proposed Action, construction noise impacts may be increased.

NO ACTION ALTERNATIVE

There would be no construction related noise impact. No Action would result in a continuation of existing conditions.

3. MITIGATION MEASURES

- Comply with the requirements of the Seattle Noise Ordinance (SMC 25.08).
    - Consider restricting outside construction activity to minimize noise to permissible levels between 7:30 am to 6:00 pm (non-holiday weekdays).
- Consider mitigation beyond the ordinance limits by further limiting the hours of construction, such as no construction on weekends, subject to discretionary exceptions by the city.
- Consider mixing concrete off-site and consider prefabricated building components.
- Encourage the use of electric and muffled construction equipment (with mufflers equal to those manufactured by Hushpower or Nicholoson); turn-off idling equipment; locate noisy equipment away from sensitive receivers.
- Select construction vehicle routes to avoid residential and commercial areas.
- Consider temporary acoustical barriers around equipment and construction activities.
- Use electric, rather than diesel equipment when possible.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

Temporary, short-term noise impacts would occur from construction. The significance of the impacts can be reduced by mitigation measures so that no significant adverse impact is expected.

TRANSPORTATION AND PARKING

1. AFFECTED ENVIRONMENT

The transportation and street system in the immediate vicinity of the hospital campus that would be impacted by master plan construction activity is described in the Long-Term Impacts section of this document.

2. IMPACTS

HARBORVIEW PROPOSED ACTION

Transportation impacts associated with construction activity would be generated as each element or phase of the master plan is developed over the 20-year time frame of the master plan. Specific impacts would depend on final design details and construction schedules for the various elements of the master plan, which would likely include those described below.

Trip Generation

Vehicle trips generated by the construction activity would include the following:

- Arrival and departure of construction workers.
- Delivery of construction materials.
- Delivery of construction vehicles and equipment.
- Delivery and removal of material associated with fill or excavation activity.
- Removal of debris from demolition activity.

The first category of construction trips listed above, construction worker trips, generally occur before or right at the beginning of the morning and evening peak commute times. They generally do not have a noticeable impact on peak hour traffic operations at adjacent streets and intersections, because of their relatively low numbers in comparison to overall traffic volumes.
The remaining categories of construction-related trips are primarily truck trips. A large proportion of these would be associated with excavation and demolition activities. Approximately 181,000 cubic yards of excavation and demolition material would be removed from the site during construction of the Planned Projects and 10,200 cubic yards during construction of the Potential Projects. Based on a 22-yard capacity for a tandem truck, approximately 8,230 truck trips would be generated during construction of the Planned Projects and 460 truck trips during construction of the Potential Projects. Over the 10-year planning period for the Planned Projects the 8,230 trips translates into an average of 3 to 4 trips per workday. The number of truck trips on any given day would vary depending on the level of construction activity. Up to 50 trips/day could occur (Also see Earth construction impacts).

Parking

Construction associated with the master plan developments would generate temporary decreases in the on-site parking supply and temporary increases in parking demand. The temporary decreases in parking supply would occur between the time existing surface lots on building sites are closed at the start of construction until completion of the new building and its associated parking garage. Use of existing parking areas for construction staging would also displace parking and decrease the parking supply. Except for Lot #15, the existing surface lots located on future master plan building sites are relatively small with 25 stalls or less. Temporary loss of the stalls associated with these lots would have relatively minor impacts.

Construction activity on the building site where Lot #15 is located (block bounded by Jefferson, James, 9th, and Terry), would generate more noticeable impacts as this lot can accommodate up to 140 cars. The temporary displacement of 140 cars would add to the generally at-capacity conditions in the area's on-street and public off-street parking facilities. In order to minimize the potential impacts, other elements or phases of the Master Plan that would add new parking and increase the available supply could be developed prior to construction of the proposed Clinical Services Building on this site or prior to its use for construction staging. Alternatively, arrangements could be made to temporarily replace the lost stalls in off-site lots or garages. Any arrangements for replacement parking in the immediate hospital vicinity should focus on facilities with existing unused capacity. Providing replacement parking in facilities that are already heavily used would only serve to displace existing parking.

Impacts to parking demand would occur in the form of short-term increases due to the demand generated by construction workers. If no specific arrangements were made to accommodate them, construction worker parking would likely displace existing parking due to their early arrival times. As indicated above in providing replacement parking for closed surface lots, any off-site parking arrangements for construction parking in the immediate vicinity should focus on facilities with existing unused capacity in order to minimize displacement of existing parking.

Temporary Lane and Street Closures

Due to the constricted site conditions of the hospital, temporary lane/street closures would likely be required during some of the construction stages. Of the streets that are adjacent to the building sites and that would have the greatest potential for such closures, James Street is a principal arterial. Any lane closures on James Street would have significant impacts on area traffic operations.

ALTERNATIVES TO PROPOSED ACTION

NO AT-GRADE 9th AVENUE VACATION ALTERNATIVE

This alternative would have less short-term construction impacts on local circulation and parking than the Proposed Action. Since 9th Avenue would continue as a through street, there would be no construction-related impacts.

ADD PARKING UNDER EAST CLINIC (FORMER SOUTH WING) CLINICAL SERVICES BUILDING ALTERNATIVE

This alternative would have slightly greater impacts than the Proposed Action. Greater excavation for the parking garage would impact access along Alder Street.

REMOVE BOREN GARAGE FROM MIO DISTRICT ALTERNATIVE

This alternative would have no short-term impacts on transportation and parking.

INCREASED HEIGHTS/INCREASED INTENSITY ALTERNATIVE

The alternative would have short-term impacts similar to or slightly greater the Proposed Action. The increase in impact would be due to the added excavation/construction activity for larger buildings that would extend disruptions.

NO ACTION ALTERNATIVE

Under this alternative, no new building construction would occur on the project site. There would be no construction-related impacts associated with the No Action Alternative.

3. MITIGATION MEASURES

- Develop and implement Construction Traffic Management Plans in coordination with the Seattle Transportation Department. The objective of the plans would be to ensure that movement of construction workers, equipment, and materials to and from the site is done in a safe and efficient manner and to minimize potential disruptions to background traffic and pedestrians.

- Lane closures should not occur on James Street in order to avoid disruption on the heavily traveled street.

- Provide designated parking areas for construction worker parking in order to minimize impacts to other parking facilities and to minimize unnecessary circulation associated with searching for parking. Off-site parking arrangements for construction parking in the immediate vicinity should focus on facilities with existing unused capacity in order to minimize displacement of existing parking.

- Construct parking supply in the development phases to accommodate future parking demand.

- Phase development to minimize temporary decreases in parking supply during construction.

4. UNAVOIDABLE SIGNIFICANT ADVERSE IMPACTS

- Excavation and demolition over the 10-year planning periods would generate approximately 8,230 truck trips for construction of the Planned Projects and 460 truck trips for construction of the Potential Projects, over the subsequent 10-year planning period.

- Occasional and temporary street and sidewalk closures may inconvenience pedestrians and/or hamper traffic flow.

IV. Comments and Response to Comments

A. Letters and Public Hearing

Written comments were received over the extended 45-day public review period of the Draft EIS that ended on June 16, 1999. Comment letters received after the deadline are also included. The comment letters and transcript at the public hearing are in this section along with responses to all comments. Specific comments are referred by number in the letter margins and followed by responses. The following lists all comments received:

A. Harborview Citizens Advisory Committee / John Dolan (June 4, 1999)
B. Harborview Citizens Advisory Committee / John Dolan (June 11, 1999)
C. Seattle City Light / Jan Mulder (May 27, 1999)
D. Landmarks Preservation Board / Lorne McConachie (May 28, 1999)
E. Saint James Cathedral / Michael Ryan and Rodney Romney (June 4, 1999)
F. St. James Cathedral / Michael Ryan (June 30, 1999)
G. Seattle Transportation / Mary Pfender (June 15, 1999)
H. Harborview Citizens Advisory Committee (June 21, 1999)
I. First Hill Improvement Association/Jerome Pederson (June 15, 1999)
J. Hilltop House/Renna Pierce
K. Public Hearing
    - Mr. Pederson
    - Mr. Maloney
    - Mr. Nolan (Dolan)

LETTER A

June 4, 1999

VIA FAX 296-0186/521-1658
Pearl McElheran, Director
King County Department of
Construction and Facility Management
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104

RE: Public Hearing Transcripts for the Harborview Medical Center Major Insitution Master Plan; King County Project Number S9804983

Dear Ms. McElheran,

As chair of the Citizens Advisory Committee empaneled to review and advise on the Harborview Medical Center MIMP, I would like to request a copy of all Public Hearing transcripts related to King County Project Number S9804983. Please include the certification page for each transcript as well as any signed affidavit regarding the transcripts accuracy and any accompanying corrections page.

Please have the materials delivered to me by messenger service (I will gladly pay the charge) at the following address:

John F. Dolan
c/o Susman Godfrey, L.L.P.
Suite 3090
1201 Third Avenue
Seattle, WA 98101-3000

1

Please contact me by fax at 516-3883 or by phone at 516-3821 during regular business hours if you should have any questions regarding this matter. Thank you for your time and effort regarding same.

Sincerely,

John F. Dolan

John F. Dolan, Chair
Citizens Advisory Committee

RESPONSE TO COMMENT LETTER A
John Dolan
June 4, 1999

1. Copies of the two requested transcripts were provided to Mr. Dolan and the Citizens Advisory Committee at their meeting of June 15, 1999. One public meeting concerned scoping of the EIS and the second public meeting concerned comments on the Draft MIMP/Draft EIS. Both transcripts are included in this document.

LETTER B

June 11, 1999

VIA FAX 296-0186/521-1658
Pearl McElheran, Director
King County Department of
Construction and Facility Management
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104

RE: Harborview Medical Center Major Institution Master Plan;
King County Project Number S9804983

Dear Ms. McElheran:

As chair of the Citizens Advisory Committee empaneled to review and advise on the Harborview Medical Center MIMP and EIS, I hereby formally request a copy of all "Residential Impact Assessment" materials gathered by HMC's consultant NBBJ. It was brought to the CAC's attention that such materials exist during a presentation by NBBJ staff at the June 10, 1999 committee meeting. This material is critically important to the CAC in its effort to understand HMC's proposed expansion project and how it relates to the surrounding residential community. Your efforts in securing this material for the CAC's review in a timely fashion will be much appreciated. 1

Please be informed that the public hearing transcripts requested by the CAC in a letter dated June 4, 1999 (see attachment) have not been received to date. The delivery of this requested material in a timely fashion would be much appreciated as well. Thank you for your time regarding this matter. 2

Sincerely,

John F. Dolan

John F. Dolan, Chair
Citizens Advisory Panel

cc: Ed Langdon/HMC Capital Project Manager (fax 521-1788)
Vincent Vergel de Dios/AICPO-NBBJ (fax 621-2304)
Jennifer Parker/Ex-officio Member & Lead Agency Rep. (842-9386)

RESPONSE TO COMMENT LETTER B
John Dolan
June 11, 1999

1. A letter from NBBJ and the additional information regarding the Harborview Site Assessment were provided to Mr. Dolan and the Citizens Advisory Committee at their meeting on June 15, 1999. This letter and Assessment are attached as part of this response.

2. The transcripts were provided as soon as they were completed by the court reporter and were hand delivered to the CAC members at their meeting.

NBBJ

Architecture Design Planning

June 15, 1999

Mr. John F. Dolan
Harborview Citizens Advisory Committee
1120 Spring Street #701
Seattle, WA. 98104

Hand deliver to CAC Meeting June 15, 1999

Subject: Harborview Medical Center Major Institution Master Plan
King County Project Number 59804983

Dear Mr. Dolan,

In your letter dated June 11, 1999, you requested a copy of a 'Residential Impact Assessment,' prepared by NBBJ. We do not have such a report. However, as part of the master planning, we did prepare a 'site assessment' that considered the neighborhood setting, potentials and constraints related to the master plan and planning/design precepts. We also analyzed alternative access routes to Harborview, trying to reduce local neighborhood traffic impacts. A copy of these work papers is enclosed for your information.

Sincerely,

Vincent Vergel de Dios. AICP
Principal

Enclosures

c: Pearl McElheran – King County
Elise Chayet – Harborview Medical Center
Jennifer Parker – Lead Agency Representative
Malli Anderson – DCLU
Steve Sheppard – DON

N\24784.00\adm\corr\Dolan699

California New York North Carolina Ohio Washington

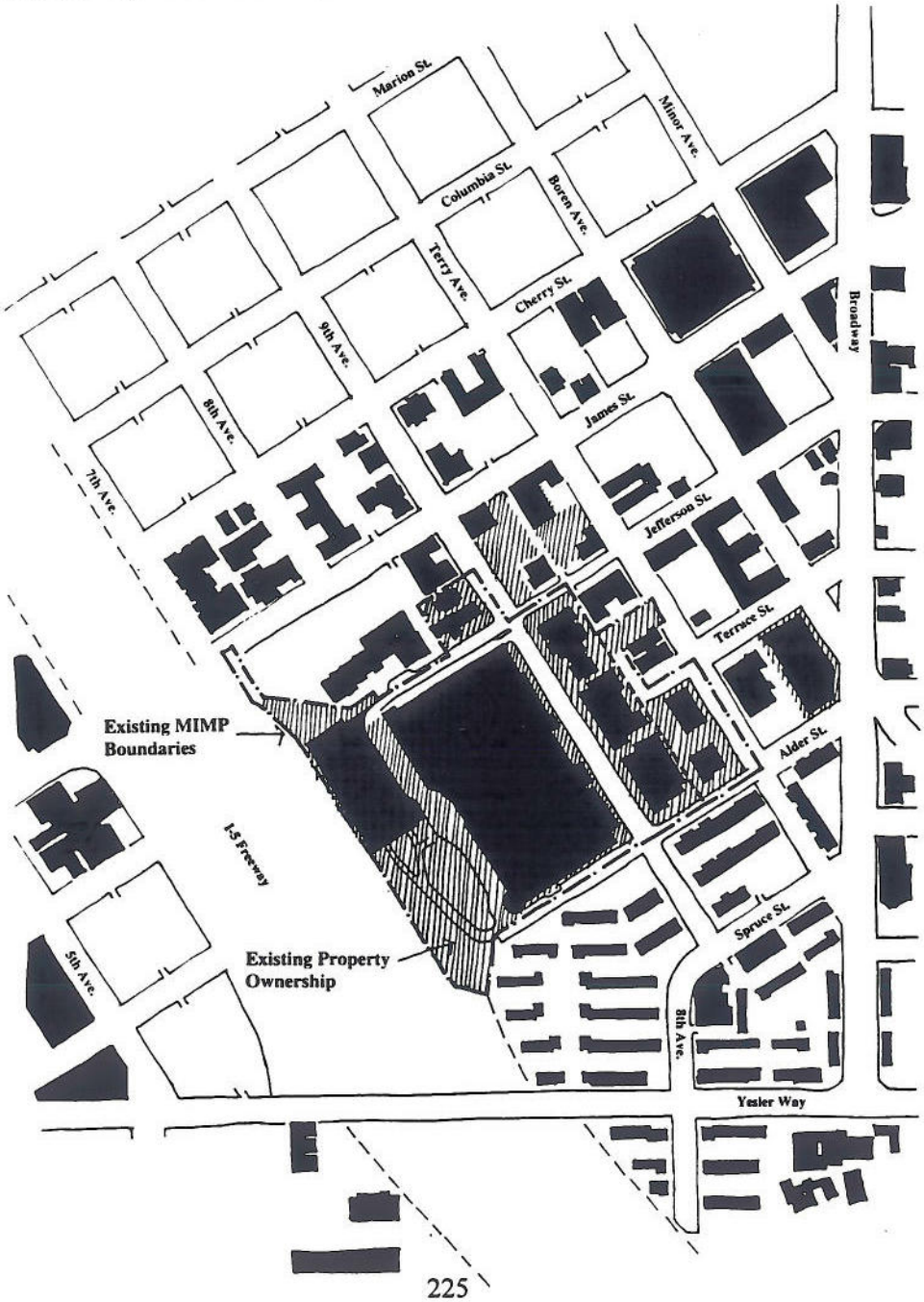
111 South Jackson Street Seattle, Washington 98104 206) 223-5555 Fax (206) 621-2300

Harborview
Site Assessment

Introduction

One part of the master planning for Harborview is assessing the site and context. The purpose is to distill key physical development issues and opportunities. This 'outside-in' look at the built environment conditions unique to the location provides clues and design ideas on how to resolve current problems, improve campus urban design, and comprehensively guide medical center change over time. The site assessment complements the internal functional assessments, the regional demographic studies and strategic initiatives.

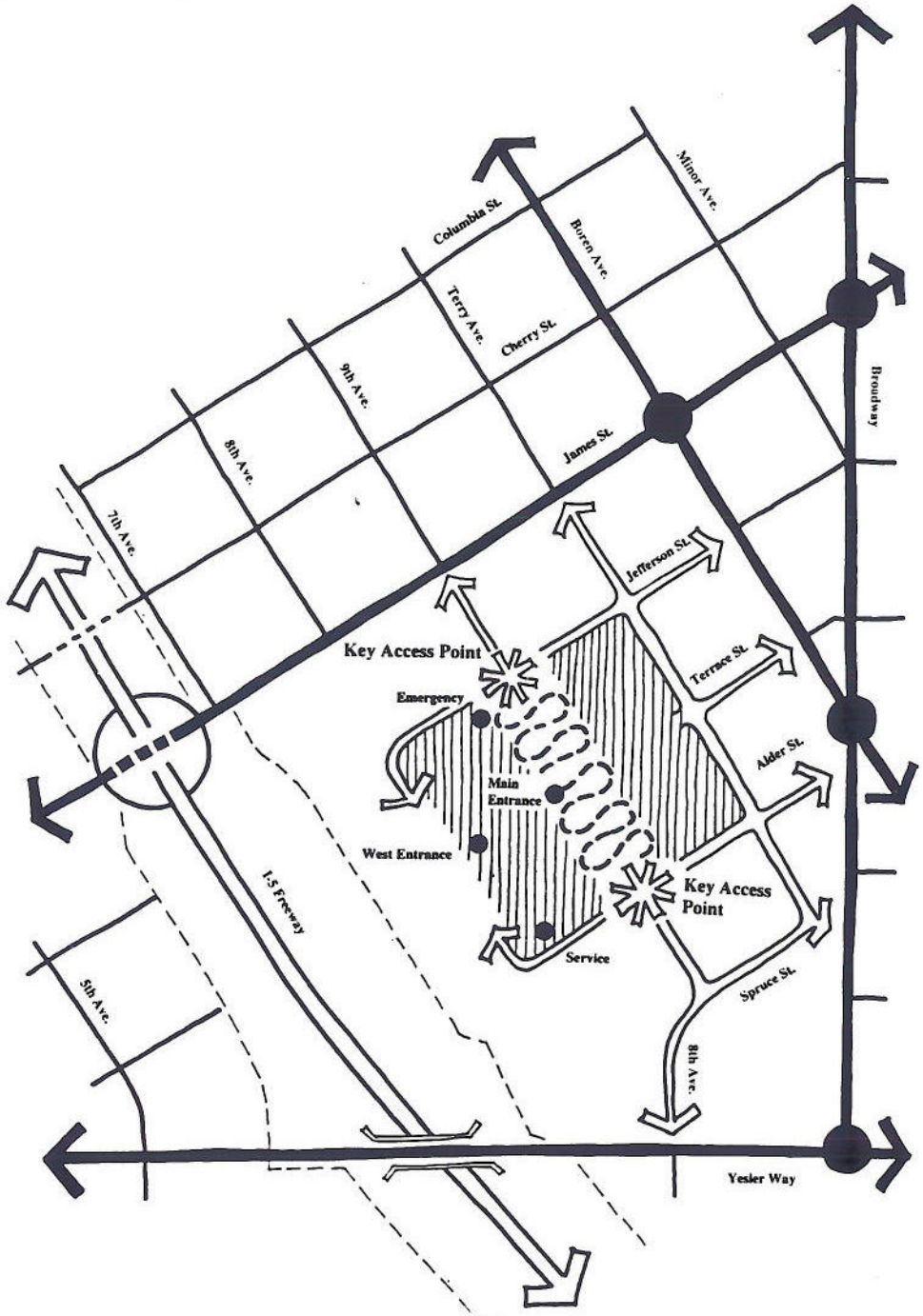
The site assessment is organized in two parts: a discussion of Potentials and Constraints and of Design Precepts. The potentials and constraints identify key issues to be resolved in the master planning along with opportunities that may be seized. The design precepts begin to define possible directions to the conceptual master plan that are responsive to the analyzed site conditions.



Potentials and Constraints

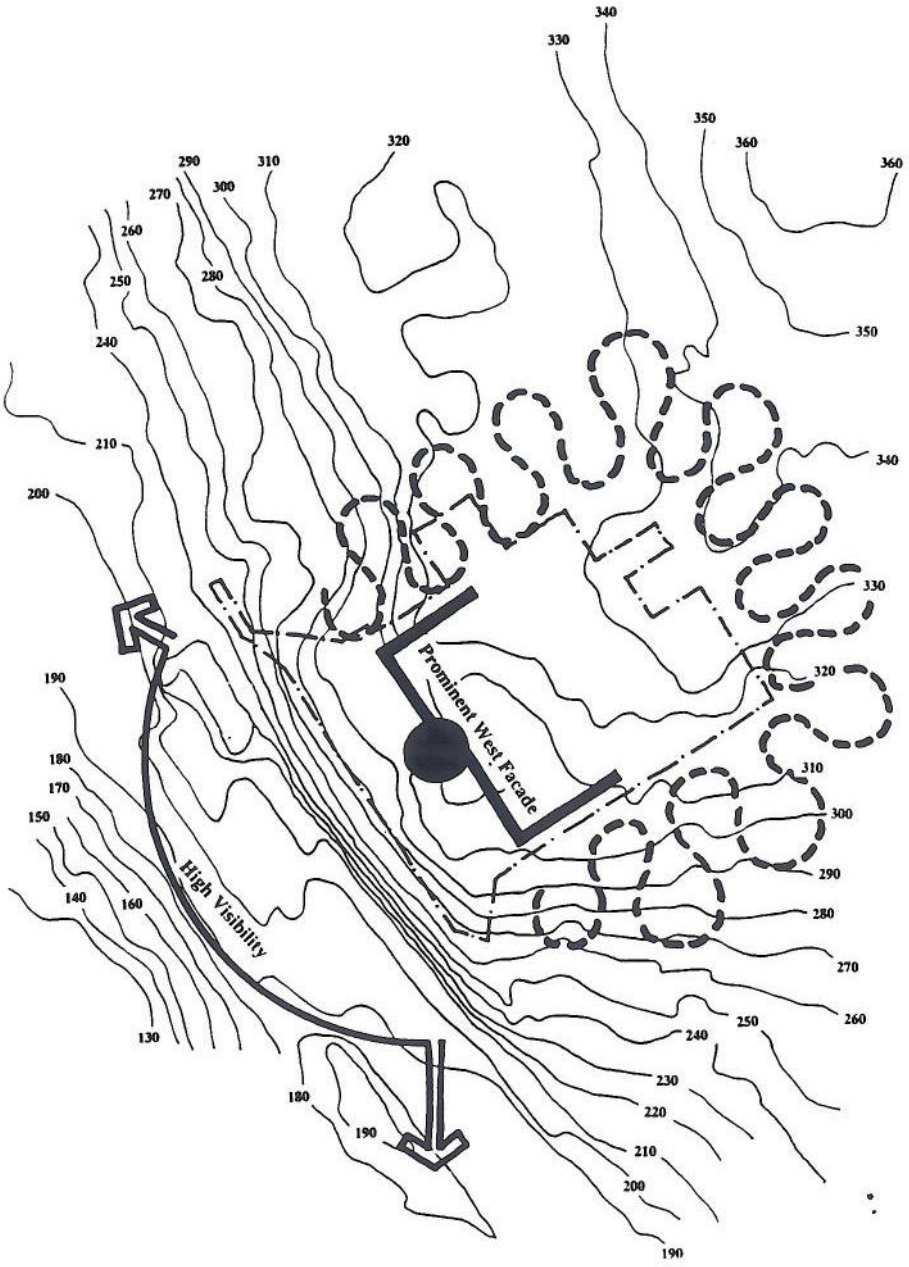
1. Proximity to major circulation routes but restricted local access

The central location of Harborview is near major circulation routes that provide vehicle accessibility in all geographic directions. The freeway and full interchange at James Street is within 3 blocks. Four primary city arterials, James Street, Boren Avenue, Broadway and Yesler Way, all meet within blocks of Harborview at signalized intersections and enable movement to all parts of the city. However, the local street connections in the one to two blocks surrounding Harborview are either missing or functionally restricted. This last part of the circulation trip to reach the various Harborview entries and parking is most difficult, and even hazardous. The topographic differences and restricted freeway corridor contribute to the problem. Traffic patterns along 9th Avenue are particularly problematic where through traffic conflicts with the pedestrian activity in the middle of the Harborview complex. There is the potential to improve key access points at 9th Avenue and Jefferson Street and at Alder Street as well as achieve better access identification at the nearby arterials.



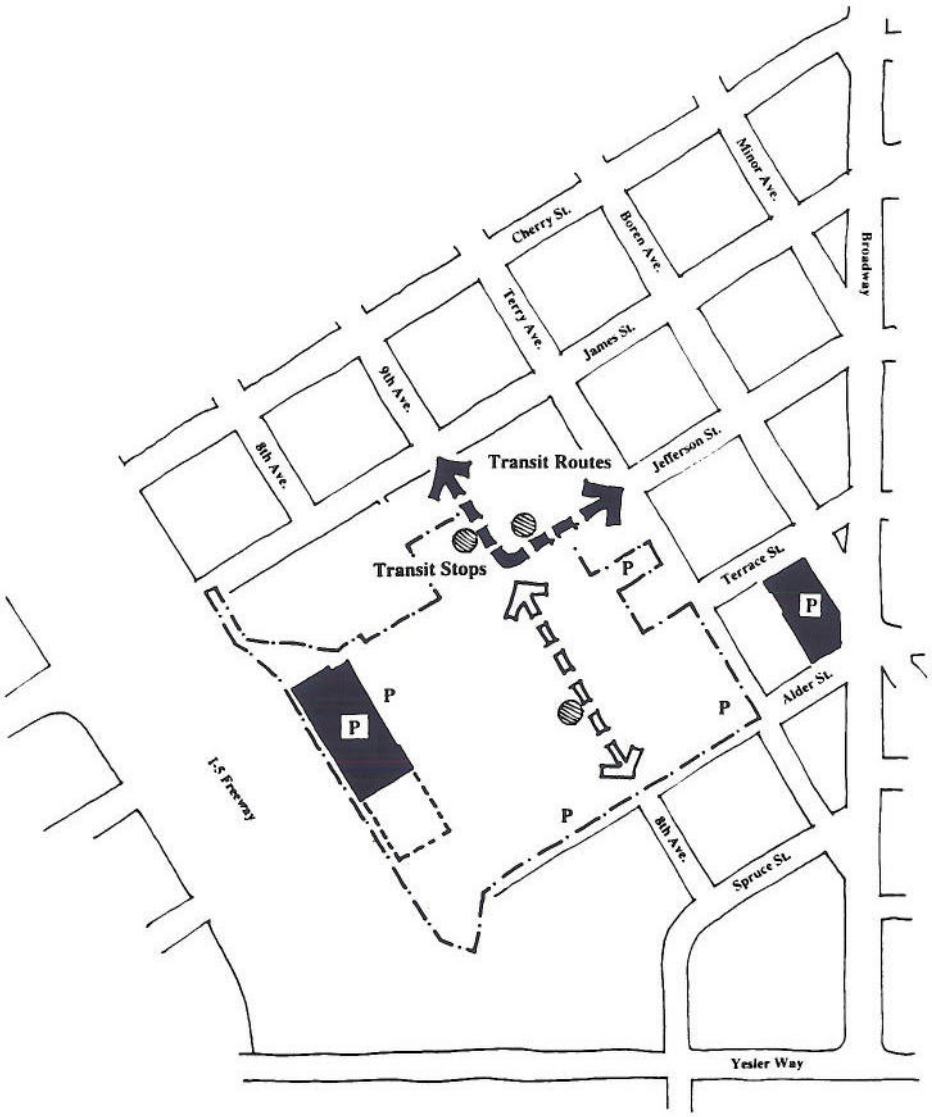
2. Distant visibility and prominence but obscure locally

Harborview's location on the edge of the hill above downtown Seattle is highly visible and the institution is a prominent landmark. The hospital site rises some 100 feet in elevation above the freeway. However, when one reaches the top of the hill and tries to find Harborview, the institution is obscure in the local neighborhood. The wayfinding on the final approach to Harborview is unclear, in part because there is no recognizable presence at the major street intersections where one must decide which way to go. The multiple routes, the congestion and the concentration of activity all contribute to the confusion. The most visible landmark has some how disappeared. Locally, the hospital is 'tucked away' in a corner, blocked by the topography, the housing development and the non-through streets. There is the potential to 'uncover' Harborview and create more visibility in the ring of blocks surrounding the core campus.



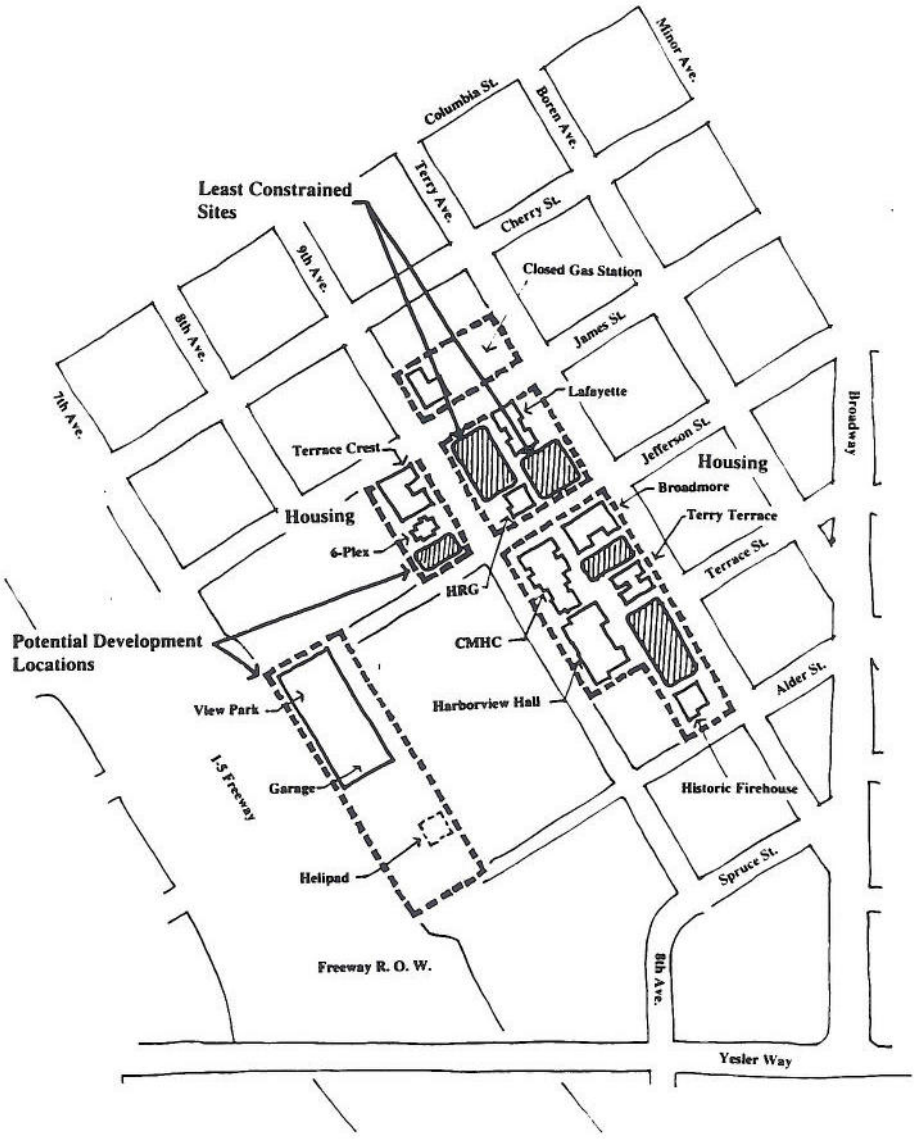
3. Central location with high transit service but substantial unmet parking need.

The urban location adjacent to Seattle's central business district is well served by public transit. A variety of goods and services are available within convenient walking distances. However, the nature of the Harborview functions, the affiliations of staff and needs of users bring high dependence on the automobile. Even with METRO and the Health Sciences Express, the lack of parking continues to be major issue. The location, convenience, and safety of parking are also concerns. A key potential to improving the Harborview campus is resolving the parking dilemma.



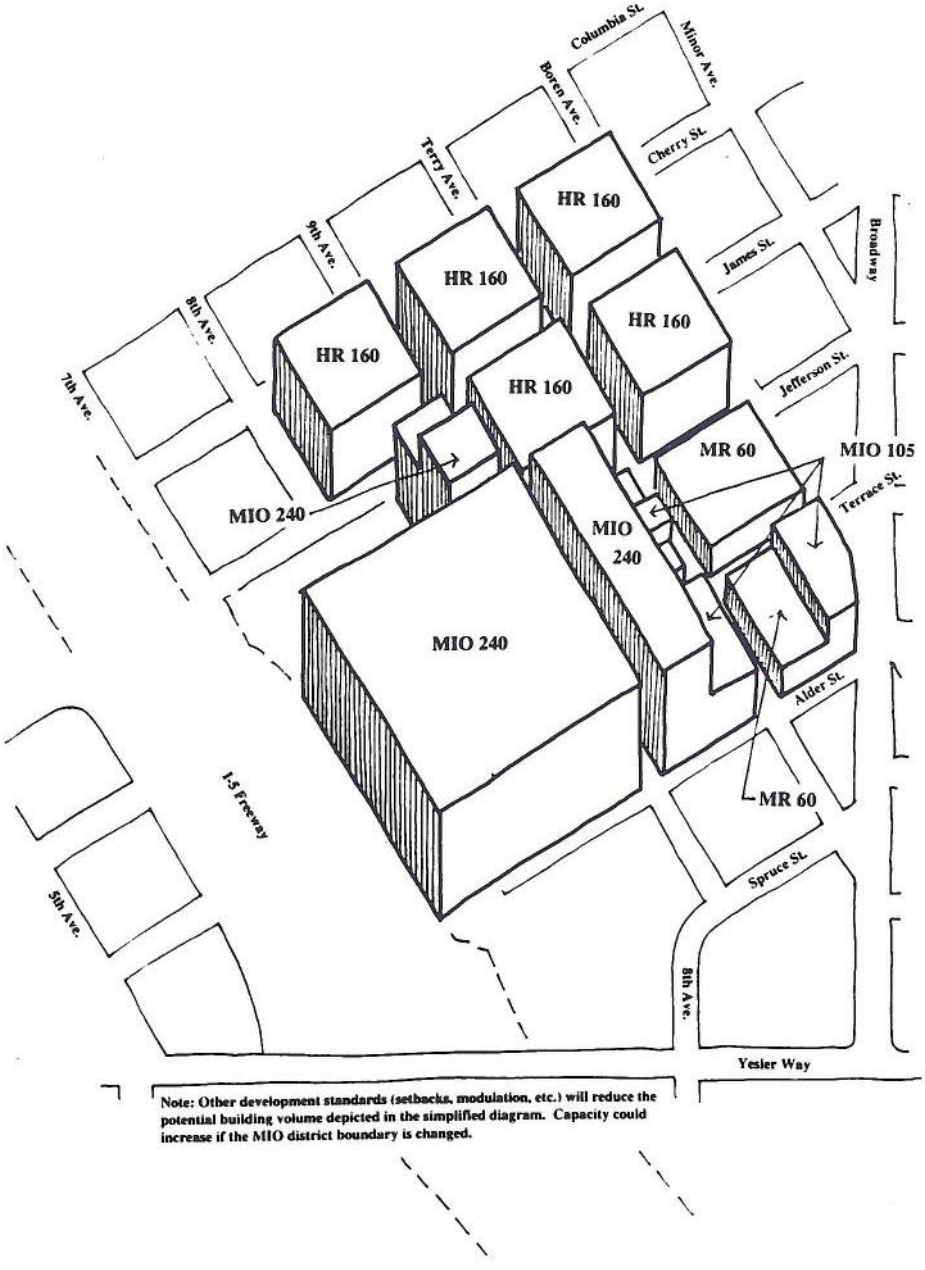
4. Adjacent development sites but major hurdles

The blocks adjacent to the existing core concentration of Harborview facilities offer redevelopment opportunities but there are major problems associated with each potential site. Land is underutilized but it is not 'development ready'. The issues include, displacement of low cost housing, historic preservation, lack of building space to accommodate project phasing and interim moves, street and alley vacation, parking scarcity, land use compatibility, small business displacement, neighborhood impact, open space/park preservation, and public funding uncertainty. Within the potential development locations, there are a number of least constrained sites. These sites are, however, dispersed and land consolidation to form a larger development site, must first resolve many of the identified issues. There is the potential to accommodate growth with the necessary functional adjacencies but creative resolution of the issues is required.



5. Development Capacity

The development capacity is dependent on a number of parameters, including the building program, the development costs/funding/feasibility, physical site conditions, regulatory requirements, and political influences. One key aspect is the regulatory requirements, specifically the consistency with Seattle's Land Use Code provisions for Major Institutions. Substantial changes occurred to the zoning requirements in November, 1996 (Ordinance 118362) and many of the changes are favorable to Harborview. For example, major institutional uses are now possible outside the overlay district boundaries without prior restrictions. Greater development is possible though within the campus boundaries. The Major Institution Overlay allows building heights of 240 feet and 105 feet in the two districts applicable to Harborview, as compared with the underlying residential zoning which only allows 160 and 60 feet. Substantial building height envelopes are allowed. The greater problem will be other development standards such as setbacks, modulation and facade length. However, new less restrictive development standards can be proposed as part of the master plan (Major Institution Master Plan-MIMP).



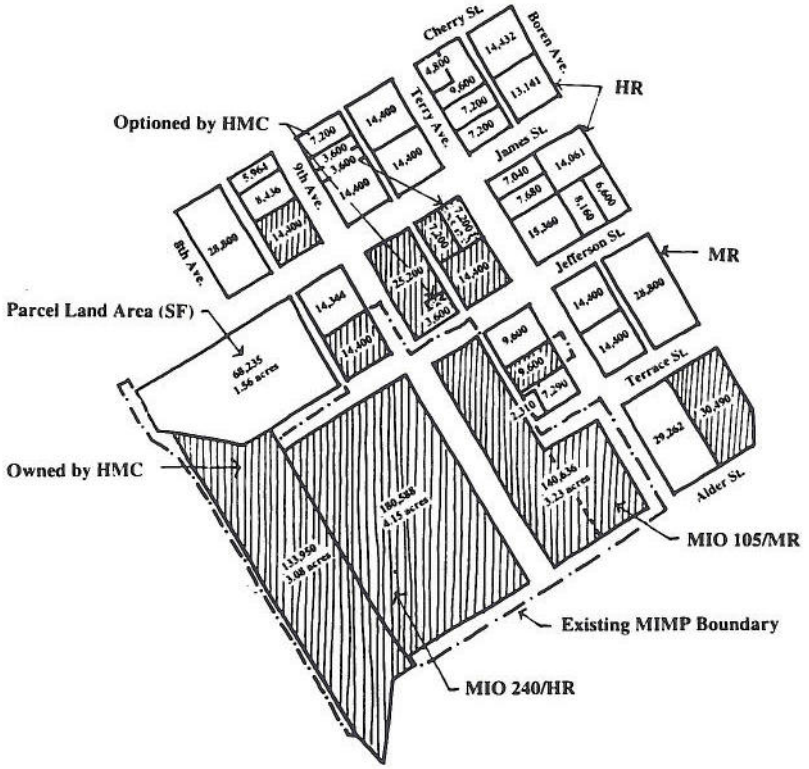
6. Site and Building Envelopes

The King County Assessor's records were researched to identify ownership patterns and land parcel size around Harborview. Harborview owns some 13 acres of land and has options on two parcels which would complete ownership of a complete adjacent block. As already noted, substantial building heights are permitted, particularly within the major institution overlay district. Review of the current approved MIMP revealed that other standards were not customized and that the underlying zoning standards apply (the multi-family Highrise and Midrise zones). While some exceptions were proposed in the Final MIMP, it is uncertain if these were actually adopted as part of the ordinance. The underlying zoning standards are intended for residential development and create problems for institutional development. Further it is highly speculative and likely inaccurate to calculate maximum building potentials. Too many assumptions would have to be made and there are numerous variables. The identified zoning standards should only be used as one point of departure for defining future building envelopes.

Total Property Owned by HMC: 570,864 SF (13.1 acres)

Property Under Options to HMC: 10,800 SF (0.25 acres)

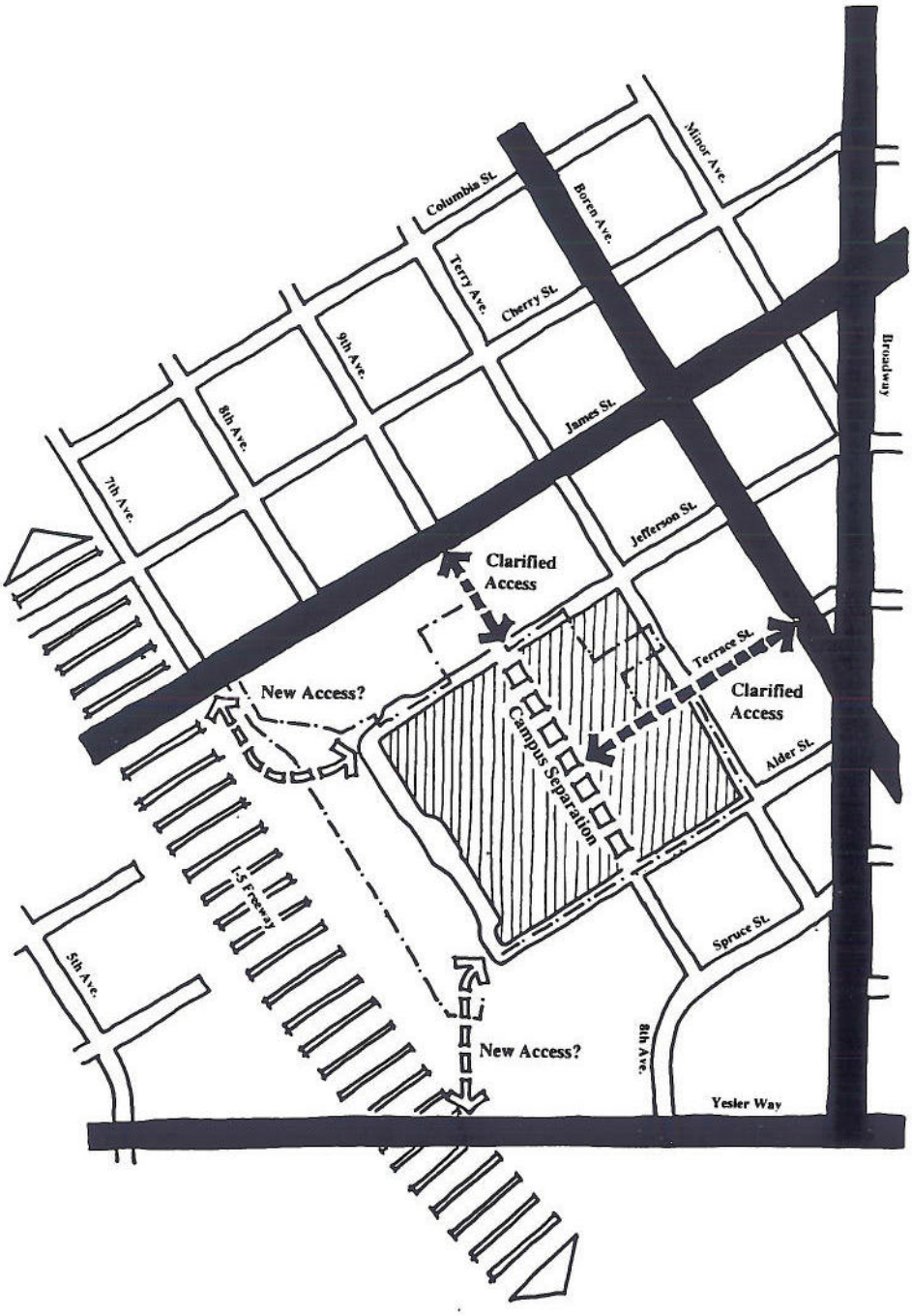
Land areas based on King County Assessor's records subject to verification by property surveys.



Design Precepts

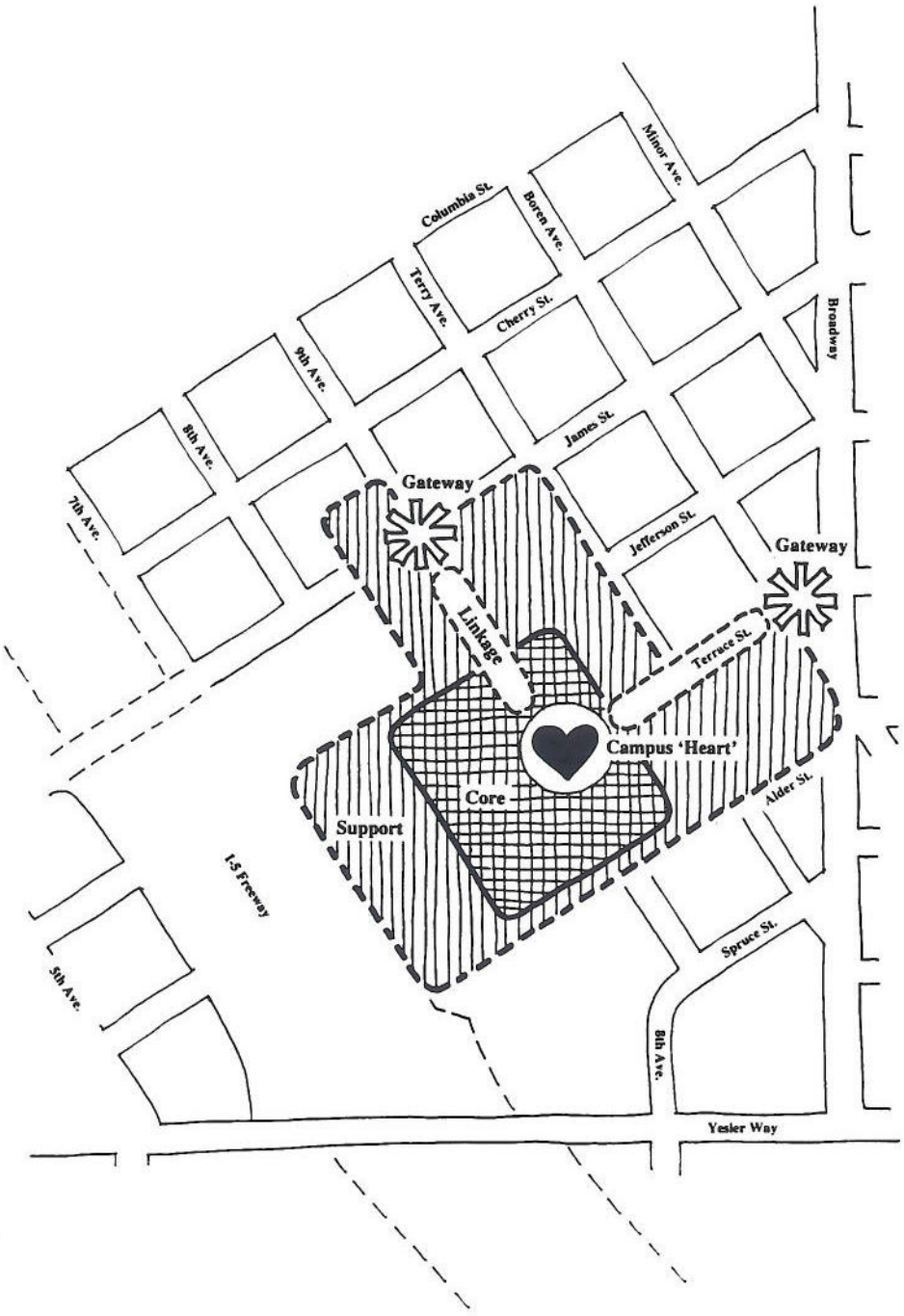
1. Complete Missing Connections

This design idea is to directly connect Harborview with its immediate context. The missing physical circulation routes could be completed so the overall system could be enhanced. New traffic flows and operations could also be explored to enhance function of the current roadway network. The surrounding major arterials provide an existing structure to circulation. Clarified access along 9th Avenue and Terrace Street could direct traffic to the major Harborview entrances and parking. Similarly, potential new access from James Street and Yesler Way could complete the street grid and distribute cars. The hurdles of topography, ramping costs and multiple right of way jurisdictions would have to be overcome. Another key idea is to reduce or eliminate traffic along 9th Avenue that now separates Harborview functions and causes safety concerns.



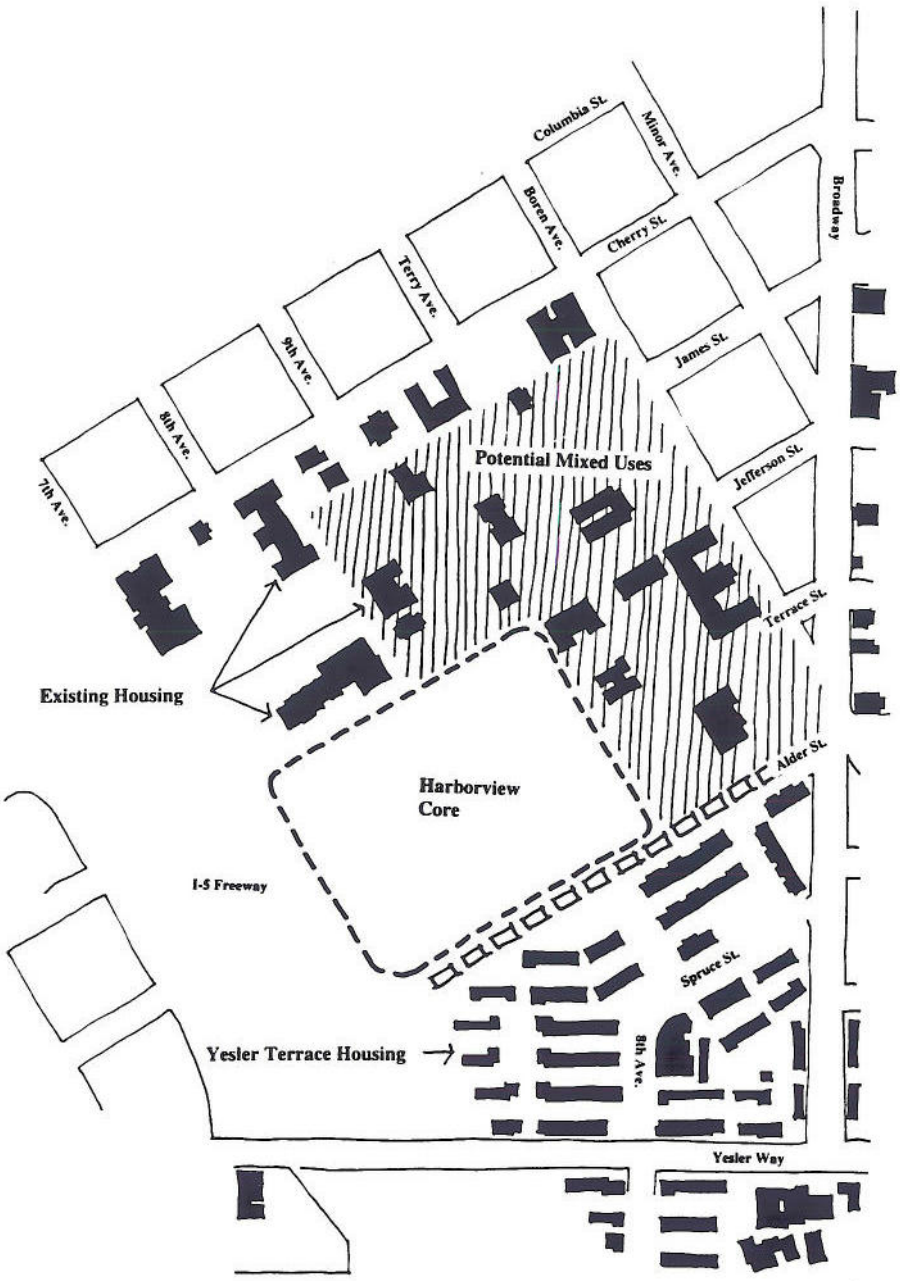
2. Clarify the Campus

This precept is to create a complete, unified and recognizable 'campus' where the urban spaces around buildings serve to bind the entire development together. The buildings of Harborview are now separated with little connection or relationship with each other. The campus could be clarified to distinguish a core area and a surrounding mixed use support area. Key will be creating a central campus 'heart' or focus, which may be more landscaped open space than buildings. This focus could be linked with clear corridors that reach out to 'gateways' at nearby arterials. The edges of the campus could be 'soft' and blend with the neighborhood. The institutional improvements would not separate and wall the complex but rather fit with and be a part of the neighborhood. Street trees, paving patterns, benches, signage, weather protection, lighting, pedestrian oriented functions and pedestrian friendly building facades are examples of desirable campus-making elements.



3. Fit with the Neighborhood

A unique feature of Harborview is its setting within a low cost urban housing neighborhood. The design idea is to recognize this feature and balance institutional growth with the fragile housing resources. By 'giving something back' to the immediate community, there could be a bond and improved compatibility. The idea is to develop mixed use adjacent to the medical core with convenience retail and community related uses such as, daycare, meeting places, and self-help education and employment centers. The uses could serve both local residents and the users and staff of Harborview. Residential-like medical uses are another possibility, such as step-down transitional care and nursing homes. While some residential displacement may occur, the new development could carefully protect the overall balance to fit with the neighborhood.



Access Routes

Access to the Harborview Campus can be extremely difficult at certain times of the day. Several traffic routing alternatives were explored to test their potential merit in addressing traffic difficulties. Harborview is located about two blocks east of Interstate 5 (I-5). The primary connection to I-5 is from the north via James Street. Connections to other locations are via Broadway and Boren to the east and Yesler Way to the south. Access from the north and south is provided by 9th and Boren Avenues, which intersect Jefferson Street and Alder Street. Transit routes are on James, 9th Avenue and Jefferson Street. Alder is a narrow street and should be considered only for secondary access to the campus.

Several alternative access routes were considered:

- New connections from I-5 and Yesler
- James/Cherry one-way couplet
- Campus orientation to Broadway

Taken together, the objective of these alternatives was to limit additional arterial street capacity to reduce the traffic load on 9th Avenue, and to provide a more identifiable entry to Harborview while minimizing local neighborhood traffic impacts. These alternatives are described below.

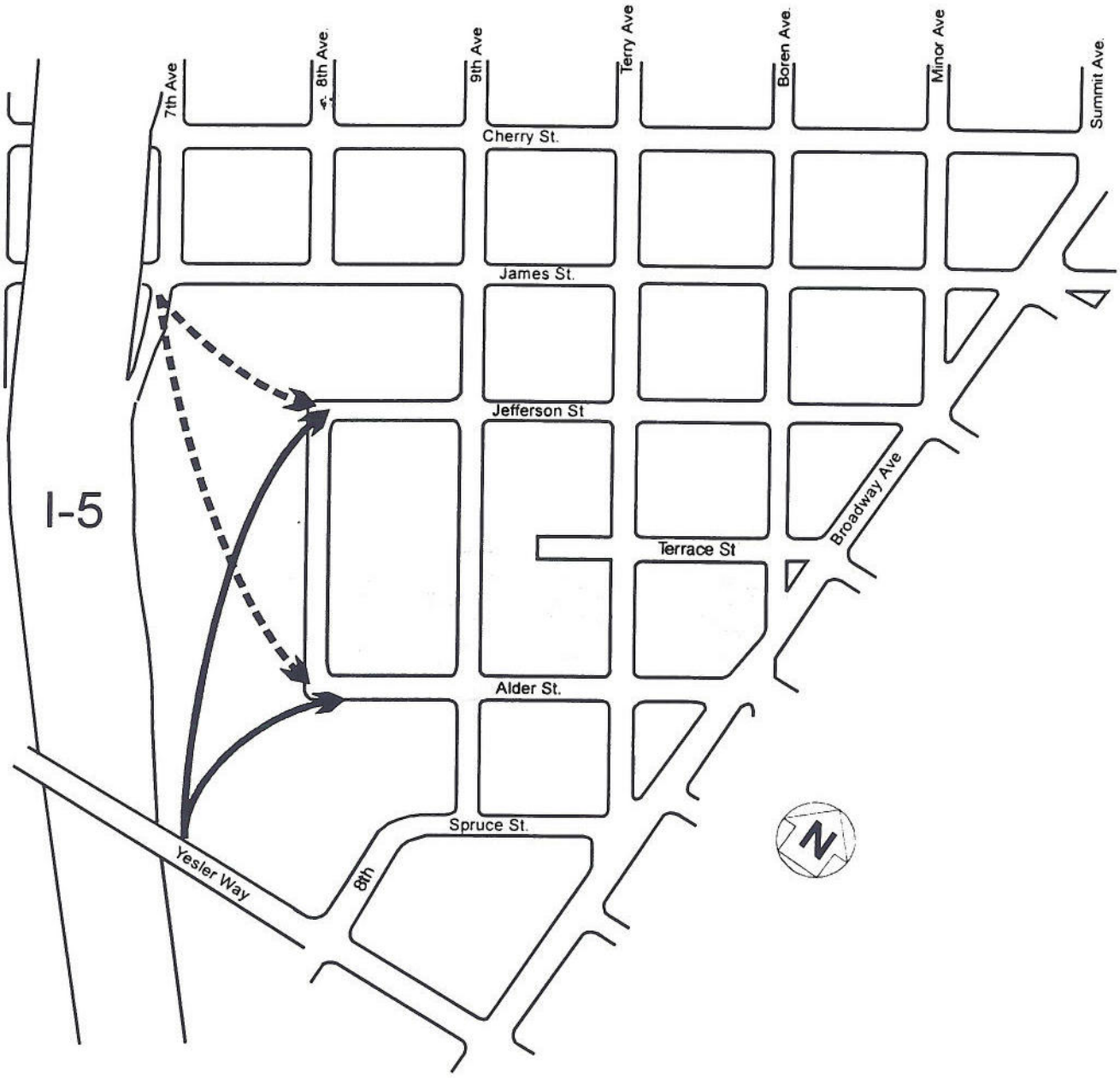
New Connections to Yesler and I-5

Two concepts, illustrated in the figure, were considered. One would provide a new connection from the 7th Avenue/James Street intersection to the western boundary of Harborview, connecting either at about Jefferson or at Alder. The second would provide a connection between Yesler Way and the same locations on the Harborview campus.

Both of these options were eliminated from further consideration for the following reasons:

- Because of excessively steep grades (and construction of expensive structures).
- They would create right-of-way complications by crossing Washington State Department of Transportation property.
- Yesler Way does not expand the regional connections in any significant way so justifying the project would be difficult.

New Connections



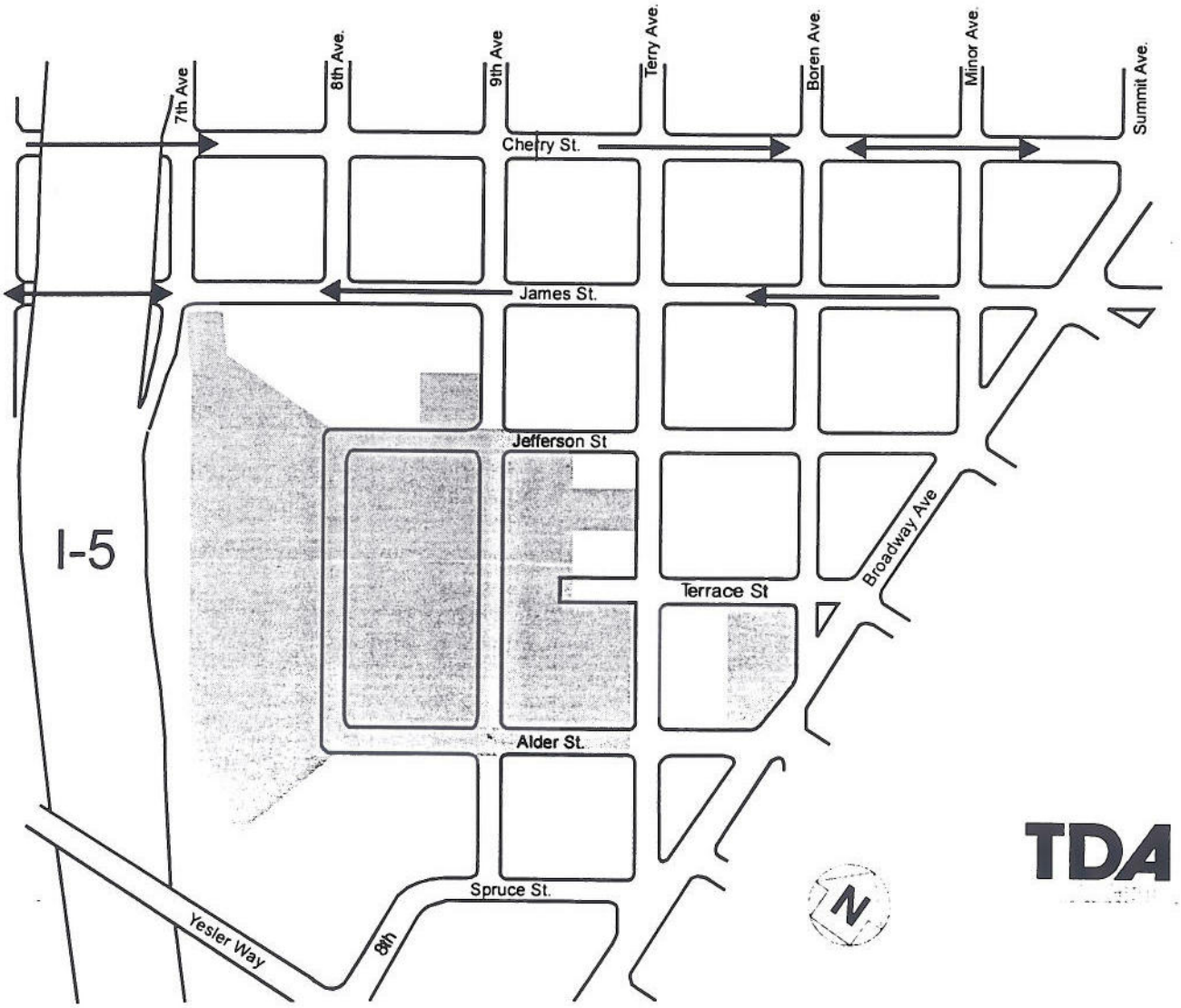
TDA

James/Cherry Streets One-Way Couplet

The James/Cherry Streets couplet is illustrated on the figure. Cherry Street is assumed to be one-way eastbound to Boren Avenue, and James Street is assumed to be one-way westbound from Broadway to 7th Avenue. This could produce a modest capacity increase and would slightly simplify the intersection of 7th Avenue and James Street. However, this concept was eliminated for the following reasons:

- The one-way pair would force somewhat longer trips to and from Harborview.
- The James/Cherry Streets couplet would be reversed from the pattern to which drivers are most accustomed. This is necessary to maintain the one-way direction of Cherry Street from the downtown Seattle grid.
- The terminations of the portion of James Street made one-way and transition back to two-way would be confusing at 7th Avenue.
- The James/Cherry Streets couplet could potentially restrict access to Swedish Hospital Medical Center because eastbound traffic on Cherry Street would be blocked at Boren Avenue under current traffic controls.

James/Cherry Couplet



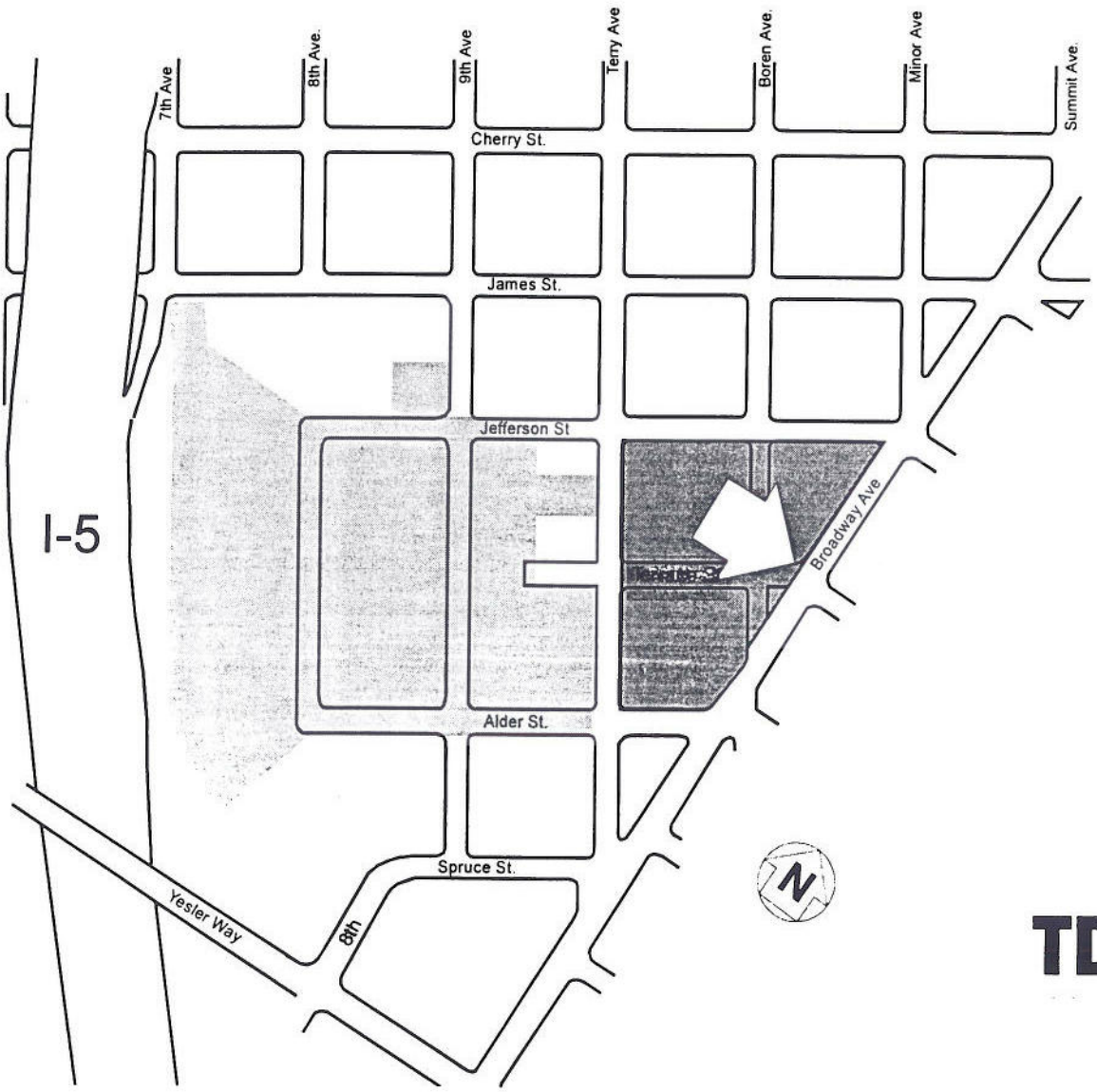
Orientation to Broadway Avenue

If the design of the campus and its access streets emphasized an orientation to Broadway Avenue, as illustrated in the figure, there could be some advantages. Specifically, it would:

- Provide a more identifiable entry.
- Expand the number of campus layout options.
- Connect to Broadway and Boren Avenues, which represent a major institution corridor.
- Create available capacity on Broadway Avenue that could provide an alternative route to Interstate 90.

However, orienting the campus to Broadway Avenue would require careful attention to the complex intersections at Broadway Avenue because the street represents the boundary between two different street grid orientations. In theory, an orientation toward the major traffic capacity of I-5 would be preferred. In reality, the current pattern of ramps to and from I-5 severely restricts those opportunities.

Orientation Toward Broadway



Modifications to 9th Avenue

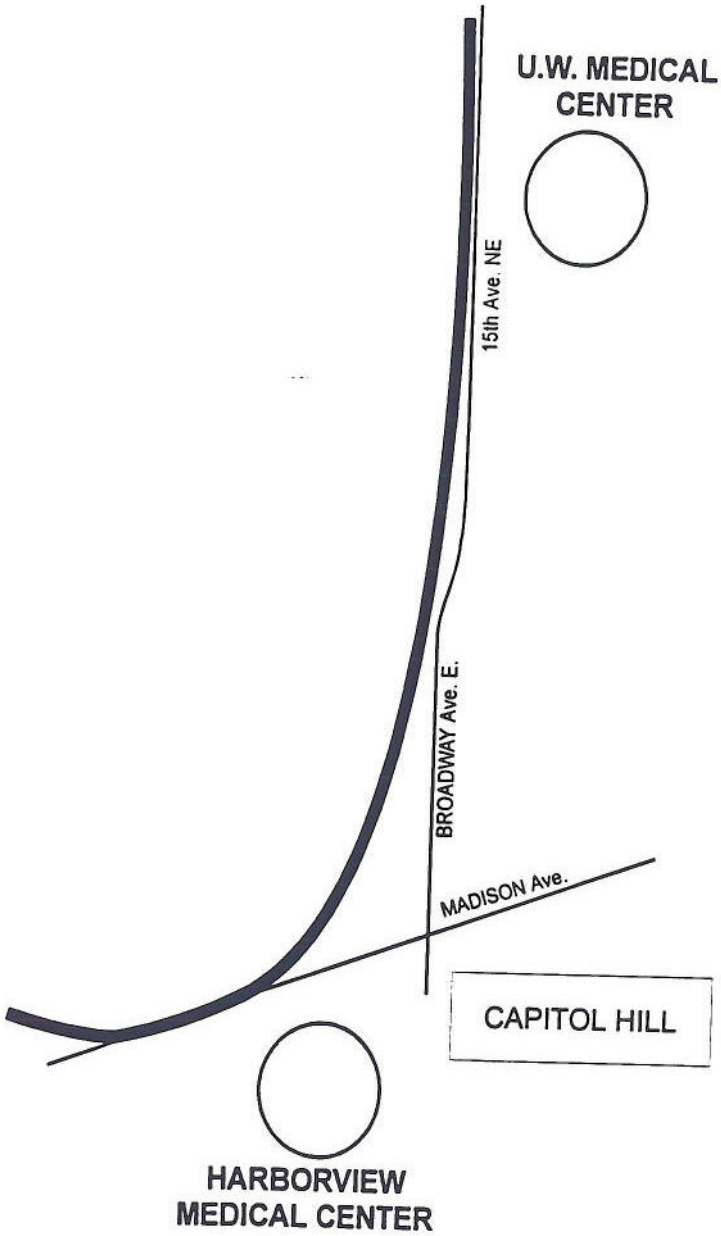
The crosswalk at 9th Avenue between Harborview Hall and the 9th Avenue entrance of the hospital is very congested with both pedestrians and vehicles. Passenger drop-offs and pick-ups conflict with through traffic and pedestrians. When cars are parked or stopped along the street it is difficult for pedestrians to see or be seen by cars without stepping out on to the street. This problem will be addressed in the Spring of 1999 when a "pedestrian table" is constructed across 9th Avenue. This is an elevated walkway that is akin to a very wide and flat-topped speed bump. It will improve visibility for pedestrians and slow traffic down.

Another alternative is vacation of 9th Avenue between Jefferson and Alder Streets. If vacated, the portion east of 9th Avenue could provide space for underground parking. It would reduce some pedestrian conflicts and help campus connections. It would also allow building development contiguous with the core services.

Potential Regional Transit Authority (RTA) Impacts

Potential impacts of plans of the RTA were analyzed. Currently, RTA is considering an underground light rail connection between Downtown Seattle and 15th Avenue Northeast to the University District traveling along Madison Avenue and Broadway Avenue East. The approximate alignment is shown in the figure. This could potentially provide another option for visitors, patients and staff access to Harborview Medical Center, and an additional connection between Harborview and the UW Medical Center. Under the plan presented to voters in November 1997, the potential benefit to Harborview will be small because it would be at least a six-block walk between Harborview and the nearest transit station, a distance beyond the range of most transit riders are willing to walk. Therefore, the light rail use by Harborview bound visitors, patients and staff is likely to be minimal. The Harborview to UWMC connection would require either a shuttle at both ends of the trip, or fairly long walks both at the Harborview and UWMC end, which will be one-quarter mile from the RTA station.

RTA Impact


U.W. MEDICAL CENTER
15th Ave. NE
BROADWAY Ave. E.
MADISON Ave.
CAPITOL HILL
HARBORVIEW MEDICAL CENTER

Other Issues

A number of other issues were identified that should be considered in future expansion planning. Those issues are noted below:

1. The access point for ambulances to receive patients from the helipad is located directly adjacent to the gate of the garage on the west side of Harborview. When cars entering the garage are backed up, access to the helipad is blocked. This is a significant current problem. However, the garage expansion (to be completed by Summer of 2001) will enable the ambulances to be positioned on the helipad to wait for the helicopters.

2. The driveways in front of the main lobby (West Entrance) does not provide adequate space for loading and unloading.

3. Pedestrians often cross Jefferson Street mid-block, between 9th and Terry Avenues and cross 9th Avenue between the East Hospital and Harborview Hall. The recently completed pedestrian safety measures, including narrowing of the street and a raised crosswalk have decreased the danger.

City of Seattle
Paul Schell, Mayor

Seattle City Light
Gary Zarker, Superintendent

LETTER C

May 27, 1999

Pearl McElheran, Director
King Co. Dept. of Construction and Facilities Management
c/o Harborview Medical Center
Department of Planning, Box 359952
325 Ninth Avenue
Seattle, WA 98104-2499

Dear Ms. McElheran:

Harborview Medical Center: Draft Major Institution Master Plan and DEIS

Thank you for the opportunity to comment on the above-referenced documents. Seattle City Light (SCL) has the following comments regarding these documents:

- SCL has ducts, manholes, and vaults in Ninth Avenue and Jefferson Street. Some of these contain energized cables. In the areas where the customer wants underground vacations, they must provide SCL with easements for these facilities.
- If the customer intends to build a structure under these streets after they are vacated, they must install replacement ducts and manholes around the affected areas and pay SCL to reroute the electrical facilities in those new ducts and manholes. SCL will provide the customer with the requirements and guidelines for the new facilities. The customer must do the design for this work, and SCL needs to approve the design before construction begins. The electrical facilities must be rerouted before the existing facilities can be abandoned and the streets vacated. 1
- SCL does not allow ducts to pass through buildings.
- If the customer intends to construct a structure above SCL facilities in the streets, they must leave 25' of clearance over those facilities to allow enough height for a crane to work on them.

If you have any questions on these comments or SCL requirements, please call George Oakes, SCL Network Engineering, at 684-3262.

Sincerely,

Jan Mulder

Jan Mulder, Licensing and Compliance Manager
Natural Resources and Environmental Planning

BMD:kts

700 Fifth Avenue, Suite 3300, Seattle, WA 98104-5031
Tel: (206) 625-3000, TTY/TDD: (206) 684-3225, Fax: (206) 625-3709

RESPONSE TO COMMENT LETTER C
Jan Mulder, Seattle City Light
May 27, 1999

1. Comments acknowledged. The referenced public utilities are discussed in the Public Services and Utilities section of this document. The applicable requirements and responsibilities will be integrated into the permitting process.

LETTER D

The City of Seattle

Landmarks Preservation Board

700 Third Avenue · 4th floor · Seattle, Washington 98104 · (206) 684-0228

May 28, 1999 LPB 169/99

Pearl McElheran
King County Department of Construction
and Facilities Management
C/O Harborview Medical Center
Department of Planning, Box 339952
325 Ninth Avenue
Seattle, WA 98104-2499

Re: Harborview Medial Center DEIS

Dear Ms. McElheran:

The Seattle Landmarks Preservation Board (Board) has had the opportunity to review the above document and would like to take this opportunity to comment about the proposed actions at Harborview Hospital.

The Board's comments are directed to the Historical and Cultural Preservation section on pages 118-121 of the DEIS. The Board believes the section on Historical and Cultural Preservation is inadequate. While Fire Station #3 is identified as a City landmark, the document fails to adequately document both Harborview Hall and the East Hospital and plans to demolish the structures would be an adverse impact on the environment. The document also fails to discuss what a potential local City landmark designation of Harborview Hall and the East Hospital buildings would mean and what mitigation measures are proposed. The document also fails to acknowledge City SEPA historic preservation policies, both in terms of review of projects adjacent to City Landmarks (as would be the case with the effects of the proposed project on Fire Station #3) and SEPA policies that describe a process for considering for local landmark designation, properties that may be eligible for landmark designation such as Harborview Hall and the East Hospital. 1

These issues should be addressed along with the development of alternatives in the DEIS that would provide for the recognition and preservation of historic resources.

Administered by The Office of Urban Conservation, The Seattle Department of Neighborhoods

"Printed on Recycled Paper"

Thank you for the opportunity to review this document and to provide comments.

Sincerely,

Lorne McConachie

Lorne McConachie
Landmarks Preservation Board

cc: Landmarks Preservation Boardmembers
Dr. Allyson Brooks, Washington State Historic Preservation Officer
King County Historic Preservation Office

RESPONSE TO COMMENT LETTER D
Lorne McConachie, Landmarks Preservation Board
May 28, 1999.

1. Thank you for your comments. In response to your concerns, the Historic and Cultural Preservation section of the EIS was revised and expanded from the discussion in the Draft EIS. The Sheridan Consulting Group, specializing in historic preservation, provided the analysis. The general aspects of the historical resource assessment are included in the revised section of the Final EIS. The full report is on file with the Lead Agency for review, by request, and is incorporated by reference in this EIS.

This revised section includes a historical resource assessment of Harborview Hall and the East Hosptial. The analysis also discusses the SEPA Historic Preservation Policy (SMC 25.05.675H, DCLU/DON Interdepartmental Agreement on Review of Historic Buildings during SEPA review). As discussed in the revised section, both buildings meet criteria for designation as Seattle Landmarks and for listings on the National Register of Historic Places and the Washington Heritage Register.

Under the Proposed Action, Harborview Hall is slated for demolition due to serious seismic concerns with the building (see Earth/Seismic section of this document for details). This constitutes a significant impact, and while the mitigation measures attempt to reduce this loss, the significance of this impact is acknowledged. In addition, impacts to the East Hospital (former Center Wing) will occur with buttressing of the building. This constitutes a significant impact and while the mitigation measures reduce the significance, the impact is acknowledged.

LETTER E

ST. JAMES CATHEDRAL

June 4, 1999

Pearl McElheran, Director
Construction and Facility Management
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104

Dear Director McElheran,

We write to you as representatives of a group of First Hill and downtown pastors and ministers to express our deep concerns over the proposed Harborview Medical Center expansion project. We are prompted to write because many of the people who will be adversely affected by the expansion are people we serve: poor people, in many cases, people living at or below the poverty line, people without power or influence. These people have no real voice when it comes to effecting change so we have chosen to use our voices to speak on their behalf.

At the outset, however, we wish to acknowledge that we are not for a moment unaware of the vital and critically important services provided our community and communities throughout the northwest by Harborview Medical Center. We both affirm and applaud the outstanding role it plays in providing the highest level of health care services to an ever-growing population, many of whom are poor and indigent. But we believe that even the needs of a great institution need to be balanced with the needs of the people who live their lives in its shadow. Their right to a high quality of life is no less than that of citizens in every one of our city's neighborhoods. 1

You certainly do not need to be reminded that, historically, First Hill has for generations been not one neighborhood, but two, north and south. This is true even though the geography would dictate something quite different. We believe that the south end of First Hill represents a glaring and even shocking example of economic discrimination in our city. No other neighborhood in this city would or should endure the repeated assaults to its quality of life that the south First Hill neighborhood has been forced to endure for many decades – things like thousands of emergency vehicle trips annually; hundreds of emergency helicopter arrivals and departures annually; the regular discharging of special needs patients into the adjoining residential neighborhood which has the largest population of children in the inner-city; institutional land-banking and stewardship policies that provide Seattle with one of the clearest examples of an inner-city ghetto environment.

In the midst of all this, the Harborview expansion plan would add insult to injury by vacating a major neighborhood arterial street (9th Avenue) for the purpose of allowing the construction of a building across that street, thereby walling the neighborhood off from the rest of First Hill and forcing more traffic into the residential streets to the east; construction of a 500 stall underground parking garage with ingress/egress onto residential streets (Terry and Terrace) and directly across the street from a large retirement home (Hilltop House). 2

RECE
JUN 7 1999

804 Ninth Avenue · Seattle, Washington 98104-1296 · Phone (206) 622-3559 · FAX (206) 622-5307

Clearly, Harborview Medical Center has paid little or no attention to the City of Seattle-sponsored First Hill Neighborhood Plan which several of us participated in drafting. The only reference to that plan by Harborview is made when it describes the "open space" it plans to provide atop its underground parking garage. However, what the plan fails to admit is that the so-called open space is predicated on the demolition of the Terry-Terrace Apartment building – a clear violation of the State of Washington's Growth Management Act and the City of Seattle's Comprehensive Plan both of which, among other things, protect inner-city multi-family housing! The Terry-Terrace Apartments offer market rate/affordable housing ($600-850/mo) and front on Terry Avenue which the First Hill Neighborhood Plan designates as a *key pedestrian street*. 3

An additional concern becomes evident when we observe that no guarantee has been made for replacement housing on First Hill. The inability or unwillingness of this publicly owned medical facility to guarantee the replacement of 64-87 housing units is, in our view, indefensible and unconscionable. 4

All the issues which we have mentioned have solutions which have been proposed to Harborview staff and consultants. They include: the connection of underground parking garages with limited access points similar to the situation at the University of Washington's Red Square garage; the use of underutilized properties currently owned by Harborview as sites for replacement housing; the better utilization by Harborview of its existing properties within its current Major Institution Boundary. These and other significant suggestions have, unfortunately, been dismissed by Harborview as being either too expensive or unresponsive to the needs of the institution. 5

We believe that Harborview Medical Center is no different from any other medical institution when it comes to defining its primary mission which is to provide the best quality medical care to its patients. Unfortunately, it has done so throughout the years in a manner that has been seriously detrimental to the surrounding neighborhood, turning parts of it into a ghetto. Harborview's own employees fear for their safety when they exit the facility, particularly at night. Neighborhood institutions including our churches are constantly left to their own devises to deal with the special needs population that Harborview discharges into the neighborhood without any apparent attempt to mitigate the consequences and without any effort to form a partnership with the churches and other institutions in order to address the challenges. We feel that this inward-looking and myopic focus by a county-owned facility must stop. 6

In order to address these concerns, we request a meeting between representatives of the First Hill-Downtown Pastors, County and City Council members and the Citizens Advisory Committee. Such a meeting would provide a forum for airing our grievances and drafting a response to the Harborview plan. 7

We look forward to your response and to an opportunity to work together toward a solution that takes into account the legitimate expectations of our neighborhood and the needs of the people we serve.

Sincerely yours,

Michael G. Ryan
The Very Rev. Michael G. Ryan
Pastor, St. James Cathedral

Rodney Romney
The Rev. Dr. Rodney R. Romney
Pastor, Seattle First Baptist Church

King County
Department of
Construction and Facility Management
Pearl McElheran, *Director*
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104
(206) 296-0648
(206) 296-0100 TDD
(206) 296-0186 FAX

June 21, 1999

The Very Rev. Michael G. Ryan
Pastor, St. James Cathedral and
The Rev. Dr. Rodney R. Romney
Pastor, Seattle First Baptist Church
804 Ninth Avenue
Seattle, WA 98104-1296

Dear Rev. Ryan and Rev. Dr. Romney:

Thank you for your letter of June 4, 1999 expressing your concerns about the expansion of Harborview Medical Center's (HMC) campus as proposed in the EIS for their Major Institution Master Plan. Executive Sims has asked me to respond on his behalf since you expressed the same concerns to both of us. Affordable housing and the services provided by Harborview are two issues that Executive Sims cares deeply about so he will be following these issues closely.

Harborview has been working rigorously on an expansion plan that will meet its needs for the next two decades and is committed to finding a solution that attains its objective within the neighborhood context. The issues you raise regarding the loss of housing, more intensive utilization of existing properties within HMC's current boundary, and different alternatives to parking and vehicular circulation are issues for which final decisions have not yet been made.

The comment period for the Draft EIS was the first opportunity to hear from a broad spectrum of the public regarding the many issues surrounding such large scale development plans. The EIS process comes early in the overall development process in order to provide real opportunity for changes to be made based on public concerns. The next step is to take all of the comments received and respond in detail to each concern/question. It is at this point that additional studies can be requested, more deliberate mitigation can be discussed, and changes to the overall plan can be required.

Your letter will be included in this process and your specific concerns will be answered in as much detail as is possible in the Final EIS. We anticipate that the Final EIS and

Major Institution Master Plan documents will be published and distributed to you and all other interested parties sometime later this year. The process then continues with presentation of these documents to the Hearing Examiner and then to the elected officials at the City and the County prior to a final decision on the project.

It appears from your letter that you were hoping for additional information prior to responding in detail to HMC's Plan. The EIS and the associated Master Plan are the documents, under state regulations, that provide the detail from which comments to proposed development are received. If you feel that more information is necessary in order for you to respond adequately, we can provide you with the Citizens Advisory Committee (CAC) meeting minutes. The CAC has expressed many of the same concerns as you raised. The EIS comment period was extended an additional fifteen days, beyond the mandatory thirty day comment period, and closed June 16th. However, if you have additional comments please submit them me as soon as possible, but before July 6, 1999.

We delayed our response to you for a short time to see if we could accommodate your request for a meeting between your group of concerned clergy and city and county officials. It is clear that it will take some time to put this meeting together; however we will keep trying to find a time when we can all meet and will get back to you. Since it is unlikely that this meeting can be scheduled before July 6, any comments you wish to make on the Draft EIS after the meeting with City and County officials will not be included in the Final EIS; however that does not mean your comments and concerns will not be considered.

Thank you for writing.

Sincerely,

Pearl McElheran
Director

cc: Ron Sims, King County Executive

King County Executive
RON SIMS

June 24, 1999

The Very Rev. Michael G. Ryan
Pastor, St. James Cathedral
The Rev. Dr. Rodney R. Romney
Pastor, Seattle First Baptist Church
c/o St. James Cathedral
804 Ninth Avenue
Seattle, WA 98104-1296

Dear Reverend Ryan and Reverend Dr. Romney:

Thank you for your letter of June 4, 1999, alerting me to your deep concerns about the potential adverse impacts of the Harborview Medical Center (HMC) expansion project. The issues that you raise are extremely important, and they warrant review and attention.

While King County owns the HMC facility, the University of Washington and HMC's Board of Directors conduct all administration and management of the facility. In order to expedite response to your concerns, I have forwarded your letter to Margi Wadden, Special Assistant to the Executive Director and Chief Executive Officer for Harborview Medical Center.

Ms. Wadden and her colleagues have expressed concern about the issues raised in your letter, and they have assured me that these matters will receive their attention. Ms. Wadden may be reached by phone, at (206) 731-3036, if you wish to contact her.

Again, I thank you for your letter, and I extend my best wishes for your pursuit of change in your neighborhood.

Sincerely,

Ron Sims
King County Executive

cc: Margi Wadden, Executive Offices, Harborview Medical Center

Cynthia

KING COUNTY COURTHOUSE 516 THIRD AVENUE, ROOM 400 SEATTLE, WA 98104-3271
(206) 296-4040 296-0194 FAX 296-0200 TDD E-mail: ron.sims@metroke.gov

RESPONSE TO COMMENT LETTER E
Michael G. Ryan and Rodney R. Romney, St. James Cathedral
June 4, 1999.

(Response letters from Pearl McElheran and Ron Sims also included)

1. Thank you for your comments.

2. During the Planned Project phase (2000-2010) the Inpatient Expansion Building spanning above 9th Avenue is proposed. This building would not require the at-grade vacation of 9th Avenue, rather it would require an aerial vacation of 9th Avenue only. Therefore, it would not affect the current traffic patterns on 9th Avenue. Issues of height/bulk/scale impacts are discussed in the Aesthetics section of this document and figures are provided that give a visual indication of the aesthetic impacts. A minimum of 25 feet of clearance from roadway to the first floor of this building is required and will help to lessen the "tunnel" effect. Due to the concerns raised regarding this potential vacation, an alternative has been added to the Final EIS that does not require the at-grade vacation of 9th Avenue (see No At-Grade 9th Avenue Vacation Alternative discussed throughout this document).

   Ninth Avenue is designated a "minor arterial" by Seattle Transportation and is identified as a "key pedestrian street" in the recently adopted First Hill Plan. This vacation would be required as part of the future seismic stabilization effort for the East Hospital (former Center Wing). The proposed vacation would eliminate through traffic and reduce car/pedestrian conflicts. However, 9th Avenue would remain open for limited service which would include local access, emergency vehicles and transit service, as well as through pedestrian access. This would enhance the pedestrian safety and create a more pedestrian oriented street which would be consistent with the First Hill Plan.

   A discussion of traffic patterns, their impacts, and potential mitigation measures are described in the Transportation and Parking section of this document under 9th Avenue Street Vacation.

   Additional study by the transportation consultant regarding the parking ingress/egress has been added to the Final EIS and can be found in the Transportation and Parking section under Local Access and Circulation. Access was proposed in the Draft EIS on Terrace Street. However, that has been revised for the Final and no access is currently proposed on Terrace street, eliminating potential impacts to Hilltop House.

3. The First Hill Neighborhood Plan was reviewed and is discussed in this document in the Consistency with Plans/Policies/Regulations, First Hill Neighborhood Plan: Final Plan. The proponent made changes to the proposed master plan in response to the Citizen Advisory Committee (CAC). For instance, the proposed MIO District Boundary was eliminated around the Broadmore and Terry Terrace Apartments, and the acquisition of the Terry Terrace Apartments by Harborview for demolition and redevelopment was eliminated from the master plan.

4. Comment acknowledged. Harborview/King County guarantees the replacement of affordable housing units lost under the Proposed Action. Please refer to the Housing/Population section of this document under Mitigation Measures for additional information.

5. Comments have been considered. The possibility of providing an underground connection for the garages was considered and is discussed in this document in the Transportation and Parking section, under Other Alternatives Considered.

   Harborview/King County are committed to replacing affordable housing on First Hill. Every opportunity to do so is under consideration.

   An alternative was added to the EIS in response to the concerns raised regarding better utilization of the existing properties. This alternative would reduce the necessity for further expansion of the MIO Boundary beyond that which is proposed at this time. This alternative is called the Increased Heights/Increased Intensity Alternative. Discussions regarding the various impacts can be found in each section of this document.

   Under SEPA, WAC 197-11-440(5)(b): Alternatives including the Proposed Action, "Reasonable alternatives shall include actions that could feasibly attain or approximate a proposal's objectives, but at a lower environmental cost or decreased level of environmental degradation." Therefore, if a proponent (in this case Harborview) determines that an alternative does not meet its objectives, or does not do so feasibly, then SEPA considers that a reasonable response for not considering it in the EIS. Harborview's objectives are described both in the Master Plan and in this document at the beginning of Chapter 1: Summary, A. Purpose, Master Plan Proposal/Alternatives and Objectives.

6. Harborview has worked with King County and community groups to develop the Crisis Triage Unit to better triage and refer clients to services throughout the community, thereby reducing the number of patients discharged without a link to appropriate service. This unit has been operational for approximately 1 year. Harborview has also worked with the homeless shelters to create a Respite program, whereby patients are seen by HMC staff in the homeless shelters rather than releasing homeless individuals back to the streets. In addition, Harborview has obtained agreement from the retail establishments in the immediate area on the Good Neighbor Agreement which limits the sale of fortified wine in the community. Harborview also has worked with non-profit housing groups to obtain Federal HUD funding for housing for the mentally ill. Harborview continues to be committed to working with the community institutions in addressing the safety issues faced by being an urban neighboorhood.

7. Harborview initiated a meeting of City of Seattle and King County executive department. The meeting was to discuss the issues and work toward solutions.

LETTER F

ST. JAMES CATHEDRAL

June 30, 1999

Pearl McElheran, Director
Dept. of Construction & Facility Management
500 Fourth Avenue, Room 320
Seattle, WA 98104

Dear Ms. McElheran,

I write to you, for a second time, representing a group of First Hill and downtown pastors and ministers to further express concern over the proposed Harborview Medical Center expansion project. Dr. Rodney Romney, who joined me in signing the first letter, is out of the city at this time and regrets that he is unable to join me in signing this letter, which is prompted in part, by the response we received, dated June 21, 1999, from Pearl McElheran (Director - King County Department of Construction and Facility Management) written at the request of County Executive Sims (see attachment 1).

The issues raised in our letter dated June 4, 1999 (see attachment 2) represent the gravest threat to the southern portion of our First Hill residential community since the construction of I-5. Recently it has come to our attention that the level of concern exhibited by Harborview Medical Center (HMC) regarding this residential community has been lacking in many respects.

The chair of the Citizens Advisory Committee (CAC), empanelled by the city to review and advise on the HMC Major Institution Master Plan (MIMP) and Environmental Impact Statement (EIS), made available to us a series of correspondence between the CAC and Ms. McElheran (see attachment 3). This correspondence troubles us for three reasons:

(1) The tardy nature of the responses from the county to the CAC's requests for information during a time-sensitive process, 1

(2) Total lack of a "Residential Impact Assessment" report by HMC or their consultants (NBBJ); and 2

(3) The "Transcript of Public Hearing re Harborview Medical Center" dated May 24, 1999 (see attachment 4) is devoid of any statement by Harborview staff regarding the proposal's negative impacts on the residential community (i.e., the demolition of 3

RECEIVED
JUL - 2 1999

804 Ninth Avenue · Seattle, Washington 98104-1296 · Phone (206) 622-3559 · FAX (206) 622-5303

housing, increased traffic flow into the residential neighborhood, increased emergency vehicle and helicopter arrivals/departures, etc.) in the 24 pages of hearing transcript which covers HMC's presentation to the public. These documented inabilities, failures and oversights by a public institution are troubling at best and a breach of the public trust at worst. 3 cont

It was our hope, as stated in our letter of June 4th, that a discussion between this community's political, religious and neighborhood leaders could take place before Harborview Medical Center's MIMP/EIS process comes to a close. Apparently, according to Ms. McElheran's letter dated June 21, 1999, this is not possible.

In light of King County's Department of Construction and Facility Management's inability to arrange a meeting between the aforementioned parties, the First Hill and downtown pastors and ministers would like to request that this letter and the accompanying attachments be included as part of the public comments record regarding the Harborview Medical Center Major Institution Master Plan; King County Project Number S9804983. 4

We would also like to extend a second invitation to the King County Executive, Mayor of Seattle and all King County and Seattle City Council members to attend a meeting with representatives from the group of First Hill and downtown pastors and ministers and from the HMC's Citizens Advisory Committee at the Rectory of St. James Cathedral (Ninth Ave. and Columbia Street) on Wednesday, July 14th at 2:00 pm. Please RSVP by calling Kay Kaiser at 622-3559 or by fax at 622-5303.

Thank you for your prompt attention to this matter.

Sincerely yours,

The Very Rev. Michael G. Ryan
Pastor, St. James Cathedral

RESPONSE TO COMMENT LETTER F
Michael G. Ryan, St. James Cathedral
June 30, 1999

1. Copies of the Transcript were made as soon as it was available from the court reporter and hand delivered to the CAC meeting on June 15. Residential impact information was requested in a letter dated June 11 and presented to the CAC on June 15 as well.

2. The EIS discusses the project and how it will impact the neighborhood in a variety of ways. NBBJ, as part of the early internal planning process, prepared a "Site Assessment" (provided in the response to Letter B of this document) that considered the neighborhood setting, potentials and constraints related to the master plan/design precepts. However, such analysis, though beneficial to Harborview, was not required at that stage by SEPA. Instead, the EIS is the opportunity for such disclosure.

3. Comment acknowledged.

4. The referenced meeting did take place and the participants included King County Council member Larry Gosset and legislative aides: Aide for Maggie Fiimmia; representatives from the Mayor's Office and Office of Housing; Harborview Board of Trustees Jane Guilitan and Harborview representatives Maureen McCarry and Elise Chayet; Virginia Mason representative Todd Johnson; John Dolan representing the Citizens Advisory Committee, and representatives from the First Hill ministries.

City of Seattle
Paul Schell, Mayor

Seattle Transportation
Daryl R. Grigsby. Director

LETTER G

June 15, 1999

Pearl McElheran
King County Department of Construction and Facilities Maintenance
FAX 521-1658

Subject: Harborview Medical Center Draft EIS and Master Plan
Comments from Seattle Transportation

Dear Ms McElheran:

Please find attached the Seattle Transportation review comments I have received to date on the Harborview Medical Center Draft EIS and Master Plan. These comments relate to the proposed right of way vacations, skybridges and tunnels, and transportation management program.

Due to heavy workloads by review staff, comments on some transportation issues have not yet been received. I know these critical issues are of importance to the Harborview planning group, so I will forward these comments to you as I receive them. 1

Thank you for the opportunity to comment on the Harborview Master Plan and Draft Environmental Impact Statement.

Sincerely,

Mary Pfender

Mary Pfender
Project Management
684-8052

cc: Malli Anderson, DCLU

Seattle Municipal Building, 600 Fourth Avenue, Room 708, Seattle, WA 98104-1879
Tel: (206) 684-7623, TTY/TDD: (206) 684-4009, Fax: (206) 684-5180

May 26, 1999

To: Mary Pfender
Project Management

From: Beverly Barnett
Street Vacations

SUBJECT: Harborview Medical Center DEIS

Harborview proposes numerous vacations in its draft Major Institution Master Plan (MIMP). The Street Vacation Policies provide that for proposed vacations within major institution boundaries, the major institutions policy guidelines and objectives will be used to evaluate the land use effects of the vacation. It appears that Harborview proposes to proceed with the vacations only after the adoption of the MIMP. In which case the Policies go on to provide that if a master plan has been adopted, the vacation decision will give substantial weight to the provisions of the individual master plan. The Policies go on to note that the identification of proposed street vacations in an adopted MIMP does not constitute prior approval of the vacations. 2

The review process contemplated in the Street Vacation Policies seems appropriate for the two proposed alley vacations and the proposed vacation of Terrace Street. However, the extensive aerial vacations proposed by Harborview are well beyond anything anticipated by the Street Vacation Policies. The aerial vacations proposed in the draft Harborview Major Institution Master Plan are highly problematic and raise significant technical and policy issues. Before these vacations could even be reviewed, considerably more justification needs to be provided. 3

Aerial vacations and skybridges are strongly disfavored by City policies. Aerial vacations will not be granted for the convenience of the petitioner, even if the petitioner provides an important public service. Much more information about alternatives that were considered and a greater articulation of the necessity of the aerial vacations must be included in the final EIS and in the later submittals for the vacations. 4

Harborview is strongly urged to review its aerial vacation requests and determine whether some other alternative can meet the needs of the institution. If Harborview chooses to proceed with the proposed aerial vacations, it should do so only with a full understanding of the rigorous nature of the Council review of aerial vacations. Harborview should fully understand that even with considerably more documentation on the need for the aerial vacations, the outcome is uncertain, with denial of the aerial vacations a real possibility. 5

From: Fidel Alvarez
To: Pfender, Mary
Date: Wed, May 26, 1999 2:23 PM
Subject: Harborview Medical Center

Reviewed the document and only have one comment. Harborview has been habitually late submitting required TMP reports, somtimes up to two years, and has failed to respond to those violations in a timely manner. Seatran requests the following be added for cllarificaiton: 6

Draft Major Institution Master Plan for Harvorview on page 55, E.5 Annual Reporting, add to first sentance- *"to SEATRAN by March 1st every year."*

From: Ray Allwine
To: Pfender, Mary
Date: Mon, May 17, 1999 7:15 AM
Subject: Harborview Medical Center - Skybridge and Tunnel Review

Mary — It appears that the proposed skybridges and tunnels are to be constructed in street areas that have been vacated. If this is the case, then I would not become involved in permitting these items. A DCLU permit would be required. However, if the street area is not vacated, I would become involved, and term permits from the City Council would be required. Thanks, Ray

7

RESPONSE TO COMMENT LETTER G
Mary Pfender, Seattle Transportation
June 15, 1999

1. Comments acknowledged.

2. Comments acknowledged. Harborview is proceeding with two proposed street vacations concurrent with the MIMP / EIS to coordinate decision-making: 1) vacation of the alley on the full block bounded by James / Jefferson / Terry / 9th, and aerial vacation over 9th Avenue for the Inpatient Expansion project (bridge building). Other vacations and skybridge / tunnel permits will be sought in the future.

3. Additional information regarding proposed vacations is included in the EIS (see Consistency with Plans/Policies/Regulations section of this document). Street vacation policies are detailed by Resolution 28605 (April 1993) and their consistency into the Master Plan is generally discussed. More detailed review of the policies is anticipated when projects are defined and street vacations requested.

4. Comment acknowledged (see response above to comment number 3). Several alternatives were investigated and it was determined that the proposed project met the objectives of Harborview with the most efficiency. More information is included in this document (see alternatives for expansion of the inpatient project in Consistency with Plans/Policies/ Regulations – Street Vacation Policies section.

5. Comments acknowledged.

6. The issue of reporting on TMP's is citywide among most major institutions. Recently, DCLU prepared a Draft Directors Rule 9-99 to better define the reporting requirements. This rule also suggests a report due date (February 1, each year after the first year.) Once the rule is finalized, Harborview proposes to comply with requirements.

7. Some, but not all of the proposed skybridges and tunnels are proposed where street vacations exist. Some of the proposed skybridges and tunnnels will require City action and staff input.

Harborview Master Plan Citizens Advisory Committee

June 24, 1999

Pearl McElheran, Director
King County
Department of Construction and Facilities Management
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104

RE: Harborview Master Plan Citizens Advisory Committee Formal Comments other Draft Major Institution Master Plan for Harborview Medical Center, its supporting documents and Draft Environmental Impact Statement.

Dear Ms. McElheran,

Under provision of SMC 23.69.032 D 11, the Harborview Master Plan Citizens Advisory Committee (CAC) is required to submit comments to the DEIS and DMIMP. Its comments are to be guided by SMC 23.69.025 and 23,69.032 D1 which state in part:

> "The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of major institutions development on surrounding neighborhoods." And, that the Advisory Committee comments shall be focused on identifying and mitigating the potential impacts of institutional development on the surrounding community based upon the objectives listed in the major Institutions policies and Chapter 25.05, SEPA.

1

As part of this responsibility, the CAC has carefully reviewed the Draft MIMP and DEIS against the needs and future plans of the surrounding community, with a special emphasis on the goals and vision for the First Hill Neighborhood contained in the First Hill Neighborhood Plan. First, the CAC clearly recognizes the importance of Harborview as a major regional resource, not just for the City of Seattle, but for King County, the State of Washington and region. Some unavoidable impacts must be anticipated as a result of this institution's location on First Hill. However, it is equally clear, that as a major public facility, Harborview bears a special responsibility to balance neighborhood preservation and development goals against Harborview needs, and adequately mitigate its impacts.

In evaluating the Harborview Master Plan, the CAC has been guided by its conviction that First Hill should remain a residential neighborhood, including commercial, medium and high density residential, and institutional development. In the view of the majority on the CAC, the cumulative impact of institutional expansion has been the loss of

market-rate residential development and greatly increased traffic funneling through the neighborhood

1 cont

Overall CAC Vision/General Comments

The CAC's general vision for the immediate Harborview portion of the South First Hill Neighborhood includes the following key elements:

1) That the Harborview Campus should be compact, with the majority of its needed expansion occurring vertically rather than horizontally. 2

2) That Harborview development should compliment the goals of the First Hill Neighborhood Plan in that both James Street and Terry Avenue should be pedestrian activity corridors. 3

3) That Harborview's future development should include possible development to the west of the West Wing (over View Park 1 and View Park 2) as an alternative to further expansion east of the west side of Terry Avenue. 4

4) That Harborview development should respect the area between Terry and Boren Avenue, and James and Alder Streets, as primarily residential, and that Harborview should generally refrain from proposing any but the most necessary development on the west side of Terry Avenue. 5

5) That Harborview development should not contribute to the further isolation of the Yesler Terrace Community from the remainder of First Hill and that general access should be retained on 9th Avenue between James and Spruce Streets. 6

6) That auto access to Harborview should be from major arterial streets and furthermore that special efforts should be made to protect the surrounding residential neighborhoods from through traffic, and in particular that, to the extent possible, Harborview-bound traffic not be routed on either Terry Avenue, or Jefferson or Terrace Streets. 7

7) That in evaluating plan elements, maintenance of residential uses should have priority over the provision of open space in the MIMP. 8

8) That Harborview development should result in no net loss of market rate housing in the area within ¼ mile of the Harborview Campus, and that to the extent necessary to meet this goal, Harborview should consider: a) retention of existing housing near or within its boundary, b) development of replacement housing on any Harborview-owned land directly abutting its MIO boundary, and not identified for planned or potential projects, and c) that Harborview consider participation in the construction of replacement housing in those areas outside of its campus but within ¼ mile of its boundary, either through contributions to existing programs are participation in the development of new agencies and initiatives. 9

9) That all development decision made today should be done in ways that maintain future options for more dense development within the existing Harborview campus. 10

10) That the architectural treatment of new additions to Harborview Medical Center should be sympathetic to the overall theme of existing Harborview development. 11

Specific Comments

In reviewing the Harborview MIMP and DEIS the CAC has concluded that Harborview has adequately demonstrated their need for new development and that its proposed plan is by-and-large reasonable. The CAC is therefore generally endorsing the development of many of the elements in the plan, including: 1) the development of the Clinical Services Building and the necessary boundary expansion to accommodate its development; 2) The development of the Critical Care Wing bridging 9th Avenue and the aerial street vacation necessary for its construction; and 3) the construction of the Multi-use building. These projects should go forward subject to the conditions identified below. 12

The CAC has also identified several elements of the existing plan which it has concluded should be significantly modified.

Concerning the Setback Along James Street from 9th Avenue to Terry Avenue:

In reviewing the use of James Street adjacent to planned Clinical Services Building (project A-1), the CAC is concerned that the pedestrian environment along that Street should be maintained to preserve its use for small businesses. Therefore, the CAC makes the following recommendation:

Recommendation #1

The street profile along that portion of James Street, adjacent to project A-1 should be designed with the setback along James Street governed by the inclusion of the following amenities: 1) travel lanes from present curb to curb or existing width on James; 2) an 8 or 9 foot auto pull-out for parking and passenger loading, 3) at least 10 feet free clearance between any tree pits and utility poles which might still exist, and the building facades for sidewalk development and 4) area from the curb to accommodate tree-pits and utility poles. 13

Concerning the MIO Boundary Expansions

The Harborview Major Institution Master Plan proposes two boundary expansions along Terry Avenue: 1) the full block bounded by 9th Avenue, Terry Avenue, James Street and Jefferson Street; and 2) the site of the Terry Terrace Apartment building at the Intersection of Terry Avenue and Terrace Street. While the CAC is generally skeptical of all boundary expansions, and is concerned about the potential loss of housing in the neighborhood, it appears that no reasonable alternative exists for the development proposed for the full block. However, CAC is still concerned that the residential 14

community along Terry Avenue be retained as far as possible consistent with the needs of Harborview. Therefore, the CAC makes the following recommendations:

Recommendation #2

The boundary expansion in the block bounded by 9th Avenue, Terry Avenue, James Street and Jefferson Street, is justified and acceptable subject o the conditions on development on James Street in Recommendation 1 above.

14 cont

Recommendation #3

The Harborview MIO boundary not be expanded to include the Terry Terrace Apartment and that it remain as is on the west side of Terry Avenue between Jefferson and Terrace.

15

Concerning the Aerial Street Vacation and Construction of the Critical Care Wing (Bridge Building)

The CAC is very concerned about the ability to maintain a pedestrian friendly environment along 9th Avenue. Ninth Avenue serves as an important access point to Harborview and as a link between Yesler Terrace and the neighborhood to the north. For that reason the CAC is skeptical of the development of the Critical Care Wing spanning 9th Avenue, especially if that results in the full or partial closure of 9th Avenue,. However, given all available information concerning the documented need for the seismic buttressing of the existing building, the need for additional beds associated with this emergency and critical care facility and the need to maintain adjacency to the existing emergency rooms and associated critical care stations, the CAC supports this development subject to significant conditions. Therefore the CAC makes the following recommendations:

Recommendation #4

The Aerial vacation of portions of 9th Avenue to accommodate the construction of the Critical Care Wing should remain as an element of the Harborview Master Plan. However, Harborview should amend the final MIMP to included the following assurances concerning the development of the Critical Care Wing: 1) that adequate clearances be maintained on 9th Avenue for both pedestrians and vehicles; 2) that the profile of 9th Avenue be maintained to its full current width and that no portion of the Critical Care Wing or "Bridge Building" extend beyond the current footprints of the adjacent Medic-One Garage to the South; 3) that sufficient height be maintained between the street and the lowest floor level, so as to assure that the area not read as a tunnel; 4) That the street remain open to general purpose traffic; 5) that design elements incorporated into the building are sympathetic to the overall character of the existing campus and especially to new west additions; 6) that special efforts be made to minimize the appearance of bulk and scale of portions of the building spanning 9th Avenue; and 7) that design review by a Harborview Major Institution Master Plan Standing Committee (the follow-on group to the current CAC) be an element of the permitting process for this building.

16

Concerning the Surface Street Vacation and the Buttressing of the East Wing

The seismic upgrading and buttressing of the existing East Wing appears to require its extension into the 9th Avenue right of way and would require a partial surface vacation that street. The CAC has concluded that this action would be detrimental to the goal of preserving access along 9th, preserving and enhancing links between Yesler Terrace and the rest of the community, and would likely be very expensive. The CAC has also been advised that the physical lay out of this building is not well suited to accommodate current medical care needs. Given the above, the CAC believes that the demolition and replacement of the East Wing may be preferable long term and would open up a wider variety of acceptable future development options to Harborview,. Therefore the CAC makes the following recommendations:

Recommendation #5

The Harborview Master Plan should be changed to delete any proposed surface vacation of 9th Avenue and any buttressing of the East Wing "Old Harborview Building" should not extend into the 9th Avenue right of way.

17

Recommendation #6

The Harborview Master Plan should be changed to include demolition and replacement of the existing East Wing and an alternative potential project, with re-development of its site either for critical care, other medical use, or as an alternative location of the "Heart of Campus" open space proposed above the demolished Harborview Hall and Plaza Garage. In the event that the "heart of Campus open space is located on the site of the existing East Wing, the site of the proposed Plaza Garage should be shown as an alternative site for future above grade replacement development.

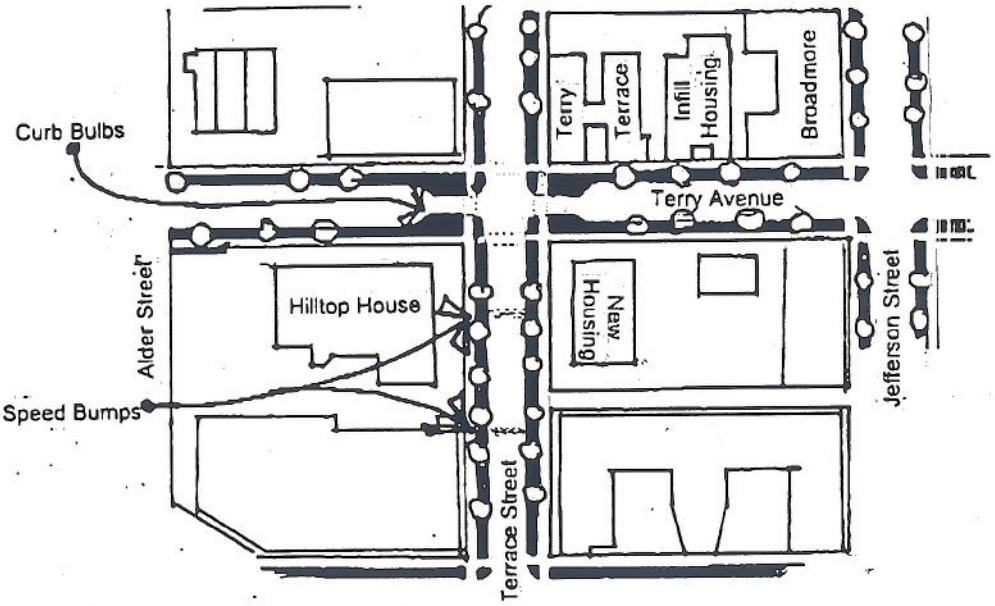
Concerning Parking

The Harborview Master Plan Advisory Committee is concerned that parking entry be dispersed and not concentrated, that there be sufficient queuing distance from 9th to preclude back-ups to the intersection of 9th and James, and that through traffic be minimized in the Terry and Terrace Avenue areas. There is a particular concern that traffic not loop from the west up James to Boren and then back to Harborview using either Jefferson Street or Terrace Street. The intent of the CAC recommendations is to assure that major access to Harborview from the west (I-5) use 9th and/or Terry north of Jefferson as the major access routes. Therefore the CAC makes the following recommendations:

18

Recommendation #7.

That the final Harborview Master Plan be changed to include as a part of its transportation element, a plan for auto access specifying future garage access points and that 1) the major parking garages proposed under the "Heart of the Campus" (C/D and under F on page 36 of the MIMP), and Building A1, should be connected by underground ramps in order to facilitate underground vehicle circulation and maximum parking efficiency; b) that general patient and public access to the underground garages should be split with two primary entry points: 2) 9th near the intersection of 9th and Jefferson, and b) Terry Avenue between James Street and Jefferson Street; c) that any access to the garage system from Terrace Avenue should be limited to permit holder entry only and intended exclusively for staff parking, and d) that traffic clamming features be installed on both Terry Avenue and Terrace Street including Curb-bulb extensions at the intersection of Terry Avenue and Terrace Street and possible speed bumps on Terrace street. (See sketch below) .



18 cont

Concerning Replacement of Housing

The CAC is very concerned with the loss of Market rate housing in the immediate vicinity of Harborview Medical Center. Harborview is proposing two actions that would result in a significant loss of housing: 1) the demolition of the Layfayette Apartments and the 908 Jefferson Buildings to accommodate the Construction of the Clinical Services building, and 2) extension of the MIO boundary to include the Terry Terrace Apartments, and the possible demolition of that building for underground parking construction. While the former action appear necessary for immediate Harborview expansion, the latter does not appear necessary. Therefore, the CAC makes the following recommendations:

19

Recommendation #8

Demolition of the Layfayette Apartments and the 908 Jefferson Buildings to accommodate the construction of the Clinical Services Building should continue as an element of the Harborbview Major Institution Master Plan, subject to the replacement of all of the housing demolished within ¼ mile of the existing MIO boundary.

Recommendation #9

The Harborview Major Institution Master Plan should be amended to indicate use of the surface parking lot between the Terry Terrace and Broadmore Apartment for replacement housing as mitigation of the loss of housing associated with the construction of the Clinical Services Building.

19 cont

Concerning future development options

The Harborview Master Plan Advisory Committee is very concerned that future development associated with Harborview Medical Center not extend further to the east of its proposed boundary and that Harborview actions today not unduly constrain future on-campus development. It is the strong belief of the CAC that expansion east would jeopardize the vision in the First Hill Neighborhood Plan, that the area between Boren and Terry be maintained as mixed use residential and further that expenditure of extra dollars today to avoid expanding east, represents the kind of forward thinking and good stewardship for future generations expected of a public institution. In the opinion of the CAC, there are three activities that would preserve future options and reduce the necessity for future development eastward: These are: 1) possible demolition and replacement of the East Wing to allow more efficient development of the Central Campus (recommendation 6 above); 2) design of all lower-scale development such as plazas and underground parking structures to accommodate future construction above them; and 3) identification of the west portion of the campus, above portions of the View Park Garages, as potential future development sites. Therefore the CAC makes the following recommendations:

20

Recommendation #10

The Harborview Medical Center Master Plan should be amended to include requirements that the footings of all other underground garages and plazas, and particularly the underground parking under the "Heart of the Campus", will be engineered to easily accommodate future construction above those structures to the maximum level consistent with the MIO height limits and prudent medial facility planning

Recommendation 11

The Harborview Medical Center Master Plan should be amended to identify new construction over both the View Park 1 and 2 Garages (West campus) as potential new development sites. 21

Recommendation #12

If possible, the designs of the currently approved View Park 2 garage should be designed in a manner that does not preclude future construction above the garage to the maximum level consistent with the MIO height limits and prudent medical facility planning. 22

Concerning Public Utilities

The immediate area surrounding Harborview generally lacks underground utilities. Power and phone lines are above grade on utility poles. The CAC notes that the Harborview MIMP and DEIS do not indicate that the electric be undergrounded as part of any new construction. The CAC has concluded that such action would be prudent. Therefore, the CAC makes the following recommendation:

Recommendation #13

The Harborview Medical Center MIMP and DEIS should be amended to include a commitment to the undergrounding of electric utilities adjacent to its major planned and potential projects. 23

The CAC looks forward to the continued opportunity to work together with Harborview to improve both the Harborview Plan and the surrounding neighborhood. Harborview staff and consultants have been forthright and helpful during review of the plan.

Sincerely,

For the Harborview Plan Advisory Committee

RESPONSE TO COMMENT LETTER H
Harborview Master Plan Citizens Advisory Committee
June 24, 1999.

1. Thank you for your comment.

2. Comment acknowledged. A fifth alternative was added to the Final EIS as an attempt to respond to this request by the CAC. Discussions relating to this alternative can be found within the individual sections of this document under Increased Heights/Increased Intensity Alternative.

3. In response to concerns from the CAC regarding compatibility of the Harborview proposal with the First Hill Neighborhood Plan, the proposed James Street orientation contemplates retail space, increased setbacks for larger sidewalks and street trees to promote pedestrian activity. The entrance to the garage proposed on Terrace Street has been removed to further facilitate the pedestrian nature of Terry. Several mitigation measures are also discussed that include ways to reduce vehicular traffic on Terry through the use of traffic calming devices. Additional mitigation would increase pedestrian safety through the use of street lighting, cross walks, benches and other amenities that promote safer use of the street.

4. Future development over the View Park One and View Park Two garages could be considered in the future. However, the current View Park One garage is not designed to hold a significant load and the current View Park Two garage under construction has been designed with helipad on top of the garage. Alternatives in the future (+20 years) would have to take into consideration the issue of the helipad and transportation of critically ill patients.

5. The original proposal included demolition of the Terry Terrace Apartments for expansion of the proposed open space, as well as an entrance to an underground parking garage from Terrace. This has been revised in the Final EIS. Harborview does not plan to purchase or demolish the Terry Terrace Apartments at this time or include it within the MIO boundary. The entrance to parking on Terrace has also been deleted from the proposal in an effort to reduce impacts to the residential community East of Terry. In addition, the planned open space could serve to enhance the neighborhood feel of Terry. With these changes, no buildings are proposed along the West Side of Terry with the exception of the block bordered by Jefferson and James.

6. The Harborview proposal includes the vacation of 9th Avenue for the seismic stabilization of the East Hospital. However, 9th Avenue would remain open for limited access by local access, emergency vehicles, transit and pedestrian needs. The reduction in traffic along 9th would provide a more pedestrian friendly connection between James and Spruce on 9th. In addition, an alternative was added to the final EIS that involves the demolition of the East Hospital and construction of a replacement building that would not require the vacation of 9th Avenue (see No At-Grade 9th Avenue Vacation Alternative discussed throughout this document).

7. The revised proposal would direct traffic away from Terry and Terrace Streets, but does provide for possible garage access on Jefferson between 9th and Terry. Additional discussion of the access suggestions can be found in the Transportation and Parking section of this document. Local Access and Circulation.

8. In response to the CAC's suggestion that housing should take precedent over open space in the community, the Harboview Plan has been revised. The Terry Terrace apartments are no longer proposed for demolition to accommodate open space and an underground garage.

9. Comment acknowledged. Harborview/King County guarantees the replacement of affordable housing units lost under the Proposed Action. Please refer to the Housing/Population section of this document under Mitigation Measures for additional information.

10. The proposed Master Plan provides flexibility for Harborview to accommodate its needs within the proposed MIO Boundary.

11. Thank you for your comment. Harborview maintains a strong interest in continuing the general architectural theme developed on the current campus and will keep this theme in mind during the design phase.

12. Thank you for your comment.

13. Street trees and a 10-foot at grade structure setback from the James Street property line are proposed by Harborview. The property line begins where the edge of the current sidewalk meets the existing buildings. Therefore, the effect of a ten foot setback is considerably larger than the current condition and can accommodate the stipulations the CAC has placed upon it. The setback was increased from 5 feet to 10 feet during the process in response to CAC concerns. No garage access is proposed along James Street. The idea of a pull-out/loading/drop-off lane along this block is supported by Harborview.

14. Thank you for your comment.

15. The Terry Terrace Apartments have been removed from the MIO Boundary. The original proposal for demolition of the Terry Terrace to accommodate open space and an underground garage has been eliminated.

16. The expansion of the Inpatient Expansion Building above 9th Avenue will not impact the current road conditions at-grade on 9th Avenue. Ninth will remain open to vehicular traffic during the Planned Project phase (2000-2010).

Adequate clearances for both pedestrians and vehicles will be maintained during the Inpatient Expansion. Requirements provide that a minimum of 25 feet of clearance be provided. A discussion of the aesthetic impact associated with this expansion can be found in the Aesthetics section of this document. Preliminary figures are provided that show the bulk of the building over 9th Avenue. The final design of the building will include windows and other exterior modulation that provides some relief from the impacts. The profile of 9th Avenue will remain intact at its current width during this phase of expansion.

17. Harborview is maintaining the proposal to vacate 9th Avenue at-grade as a long term Potential Project (year 2010-2020) Pedestrian access would be maintained and local traffic circulation, METRO transit and emergency vehicular traffic would continue to travel through the 9th Avenue corridor. Only through vehicular traffic would be restricted (local access and transit only signage would be posted). The project alternative of demolishing the existing East Hospital and replacing it with all new construction has been added to the Proposed Action (see No At-Grade 9th Avenue Vacation Alternative discussion throughout this document). This alternative would not require vacation of 9th Avenue. In addition, a new alternative has been added that considers increased heights and increased intensity to accommodate this kind of flexibility in the planning process. It includes adding a structural capacity to the underground Plaza garage to accommodate future building expansion on top.

18. Additional study of access points was undertaken by the Transportation Consultant in an effort to better understand the access/egress issues for inclusion in the Final EIS (see Transportation and Parking, Local Access and Circulation section of this document). The intent is to distribute, not concentrate, access and circulation to reduce traffic congestion. Generally, access points would not be permitted on Terry south of Jefferson Street (the Terrace Street entrance has been deleted from this proposal). Routing some vehicular traffic along Jefferson Street (a designated collector arterial), to Boren and Broadway where there are signalized intersections would reduce congestion by distributing traffic. Because the garage access on Terrace has been deleted it is unlikely that calming features would be required on this street. However, calming features are provided for Terry Avenue as mitigation in the Transportation and Parking section of this document.

Alternatives to the suggested underground parking connection have been analyzed in this document (see Transportation and Parking section of this document. Other Alternatives Considered) and appear to provide similar mitigation of the traffic impact concerns. Please refer to Comment Letter E, Response No. 5 for discussion of underground parking connections.

19. Thank you for your comment. Please refer to response #9, as well as Letter E, Response 5.

20. Comment acknowledged. A discussion of demolishing the East Hospital rather than seismically stabilizing the existing building is provided in this document under No At-Grade 9th Avenue Vacation Alternative. A new alternative considers shifts of building space for the Planned and Potential Projects that would maximize height limits in order to provide the necessary future growth within the MIO Boundary requested. See also, response to comment 10.

21. See response to comment 4.

22. See response to comment 4.

23. The Draft and Final EIS note that where above grade electric utilities are impacted by Harborview, future power services would be required to be underground. Visual clutter would therefore be eliminated. See Public Services and Utilities section of this document for details.

LETTER I

FIRST HILL IMPROVEMENT ASSOCIATION

1315 Madison Street, Suite 281 - Seattle, WA 98104
206.609.2450

June 15, 1999

Ms. Pearl McElheren
King County Department of Construction
and Facilities Management
c/o Harborview Medical Center
Department of Planning, Box 339952
325 Ninth Avenue
Seattle, WA 98104

re: Response to Draft MIMP for Harborview Medical Center
(Project #S9804983)

Dear Ms. McElheren:

The First Hill Improvement Association (FHIA), acting in it's in role as steward of the First Hill Neighborhood Plan, has completed it's review of Harborview Medical Center's Draft Major Institution Master Plan. This review was a collaborative effort which included the Board of the FHIA, several community representatives, the Chair of the Citizens Advisory Committee, and representatives from Harborview.

First Hill is blessed with the finest medical centers in the area. Harborview's regional reputation for excellence, and it's delivery of services to those who are unable to receive services elsewhere, are both characteristics of which our neighborhood can be proud. When viewed in light of the First Hill Neighborhood Plan, the FHIA found that in most cases, the draft master plan was responsive to the goals and direction of the Neighborhood Plan, with a couple of notable exceptions. 1

The first concern of the review committee was the impact of the project on market-rate housing, in particular, the threat to the Terry Terrace apartment building, located at 403 Terry Avenue. The Neighborhood Plan specifically addresses the preservation and further development of market rate housing, and also calls for the development of a residential and pedestrian corridor along Terry Avenue. Therefore, while we approve of the institution's proposed boundary change along James 2

Street, we must firmly oppose the proposed boundary change along Terry Avenue. 2 cont

The committee's other key concern is the placement and impacts of the proposed parking garage ingress/egress at Terry and Terrace. The large volume of vehicles emptying onto a primarily residential area is not desirable. However, we understand and concur with the institution's desire to direct vehicles onto Boren Avenue, rather than an already congested James Street. If a design can be implemented to prohibit vehicles from using Terry Avenue to access the garage, thus preserving the Terry Avenue residential/pedestrian corridor, we could live with this as the "lesser of two evils". 3

These two concerns aside, we have no other major criticisms. We concur with the proposed changes in the boundary overlay, as long as the Terry Terrace building and the character of Terry Avenue can be maintained and enhanced. We welcome the addition of quality retail along James Street, and encourage increased height and density in the area. Other key elements of the Neighborhood Plan that we wish to see taken into account include wide setbacks along James Street, to allow for good pedestrian flow and loading zone turn-outs, and a strong push for the continued development of market rate housing in the area. 4

If you should have any questions regarding our positions on these issues, please feel free to contact us at (206) 609-2450. Thank you very much for incorporating our concerns and comments in the development of the final plan and EIS.

Sincerely,

Jerome Pederson mgp

Jerome Pederson
President

cc: Steve Sheppard, City of Seattle, Dept. of Neighborhoods

RESPONSE TO COMMENT LETTER I
Jerome Pederson, First Hill Improvement Association
June 15, 1999.

1. Thank you for your comments.

2. Terry Terrace Apartments have been eliminated from the MIO Boundary.

3. The underground garage design concept has been changed to eliminate main access to/from Terrace Street. Access would occur at Jefferson and/or 9th for the Plaza garage. Access to the garage for the Clinical Services Building would occur in several locations, one of which would be on Terry between James and Jefferson. Please refer to the CAC's Comment Letter H, Response No. 3 and 18 for more details on access locations.

4. Thank you for your comments. Please refer to the CAC's Comment letter H, Response No. 13 for detailed discussion of the design issues for James Street. Also refer to Comment Letter H, Response No. 9 and 19 for discussion of possible mitigation for Housing impacts.

Pearl McElheran, Director
King County Department of Construction and
Facilities Management
C/O Harborview Medical Center
Department of Planning, Box 3359952
325 Ninth Avenue
Seattle, WA 98104-2499

Dear Ms. McElheran:

We at Hilltop House have mixed feelings about Harborview's latest announced expansion plans. While we treasure Harborview as a valuable community resource, the current facility expansion was very hard on many of our elderly residents.

Located as we are only a block from the planned construction, we fear the construction process will again have a serious negative impact on our residents. The current project featured heavy construction beginning at times as early as 4 AM and caused a marked worsening of the already terrible traffic and congestion in the area. Some of our residents moved out and some others were forced to move into hotels for a time to get some rest. 1

We ask that, at a minimum, this time construction can be limited to a 7 AM to a 5 PM schedule, that we be informed on a regular basis of the daily construction schedule, and that parking for workers be arranged for other than the surrounding streets. 2

Thank you in advance for your cooperation and consideration of our requests.

Yours very truly,

Renna Pierce

Renna Pierce, President
Board of Trustees

RESONSE TO COMMENT LETTER J
Renna Pierce, Hilltop House
(not dated)

1. Comments acknowledged

2. Harborview proposes to mitigate construction impacts, including noise (see page 211) and traffic/parking (see page 215). The Noise Ordinance sets limits on construction noise from 7:00 am to 10:00 pm, weekdays, and 9:00 am to 10:00 pm, weekends and holidays (25.08.425).

Transcript of Public Hearing

re

Harborview Medical Center
Draft Major Institution Master Plan and
Draft Environmental Impact Statement

7:03 p.m.

May 24, 1999

325 Ninth Avenue

Seattle, Washington

Lisa K. Hutchinson, CCR, RPR
Court Reporter
CCR #HUTCHLK361QE

A P P E A R A N C E S

Jennifer Parker, SEPA Representative, King County Construction and Facilities Management

Elise Chayet, Project Manager, Director of Planning and Regulatory Affairs, Harborview Medical Center

I N D E X

MS. PARKER: Good evening. Welcome. Thank you for coming on such a sunny evening to our meeting.

This is formally the King County. As lead agency, we're the Department of Construction and Facilities Management. And we are here tonight to take comment on the Major Institution Master Plan for Harborview Medical Center and the associated Environmental Impact Statement, the draft.

I am officially opening this meeting. It is May 24, 7:03.

I'm going to put it on hold for five minutes in hopes that a few more people come, but I wanted to get this officially begun. So we have a five-minute break and then we'll be back.

If people care to sign up now, there's a sign-up sheet at this back table. You can put your name down and your address. If you care to comment tonight, mark "yes." And that'll give us a sense for how long we need to give each person for commenting. So you can do that now.

There are also extra copies of the Major Institution Master Plan, which is the orange document, and the EIS, which is the green document. So if you don't have that, you may pick one up at the back table.

(Recess.)

MS. PARKER: Good evening, again. We are back from our five-minute break. It looks like a few people showed up. If you haven't signed in, there will be another chance shortly to sign in before we open to the public comment time.

Tonight we're hoping to receive from you -- can you not hear me?

AUDIENCE: There's noise in the background.

MS. PARKER: Can you hear me? I'll be louder.

Tonight we're going to receive from you, anybody interested, comments on the Major Institution Master Plan for Harborview, and the Draft EIS, Environmental Impact Statement. Both documents are back here on the table, if you have not received them.

We will have an introduction, a proposal of the proposal, by Elsie Chayet, who is a representative of Harborview, so that those of you who aren't as familiar with the project will have, you know, about a 20-minute catchup. And she'll describe the proposal and what generally is anticipated to happen.

We'll then take a few minutes, if anybody has questions about the proposal that would clarify the proposal for you, you may ask them at that time.

Then we'll take a break, and I'll take a look at

the sign-in sheet to see how many people we have wishing to comment, and we'll figure out how long we'll have to do that.

At that point, we would ask people to then come up next to the court reporter to make your comments, official comments. And generally, the way that happens is that people just come forth and you make your comment. We don't really have much discussion. We just sit and listen to everything that is said here tonight, and we will take that back, and organize it, and produce what is called the Final EIS, which has all of your comments, and they will all be blocked out so that you can find them, and an answer to each of those comments.

And if we need more information, if there are things that we have to study further, if the proposal changes in any way, that will all be represented in the Final EIS as well, so that you have full documentation of how the process has ended.

At that point, the Final EIS is then published. And all of you here tonight will get a copy of that, and you can review it and determine whether or not your comments were incorporated.

And there will be further chances. We will go before a public hearing examiner and the city council before it finally gets approved. So there's still quite a

few steps in the process. This is the first. But it is really the first time for the public to comment, and we look forward to hearing what you have to say about the process. So, thank you.

Elise Chayet will begin with a description of the proposal and we'll move on from there.

MS. CHAYET: Good evening. I'm going to just do a quick test here to see if people can see this. It's hard to believe that because of the sun, it may be difficult for you to see, but I'm sure we can handle it.

Can you see that, John? Okay.

What I wanted to do tonight is really do a quick overview, first to just briefly explain Harborview to people who may not be as familiar with Harborview, talk a little bit about the mission of Harborview, who we serve, the planning process we went through to identify our needs, looking at the population growth in King County and the patients we serve, and then go over what we are calling the master plan objectives, what we're hoping to accomplish by the planned projects and potential projects that we'll describe, and then I'll end with a discussion of the planned and potential projects. And that will give you an overview of what we're here to talk about tonight.

For people who want to follow along, I'll give you the page numbers when I come to a page where you can

look at a picture. That may be difficult to see because of the screen and the sun.

And if at any time you can't hear me, please let me know. I know this echoes a lot. So if you can't hear me, let me know. And if you can't see the screen, let me know. Okay?

Same thing for you.

THE REPORTER: Okay.

MS. CHAYET: First, a brief description of Harborview. Many people may or may not know that Harborview is owned by King County and managed by the University of Washington.

And we have a mission to serve all people within King County, but a particular focus on what we call our mission populations. And the mission populations are listed here to give you an overview. But a complete mission statement is on page 6 of the MIMP if you want to read it in detail.

In trauma, we are the Level 1 Trauma Center for the whole state of Washington, and actually, also take trauma from the surrounding states of Alaska, Montana, and Idaho.

We're what's called the Level 1 pediatric and adult trauma center, so it is the place where the people with the most critical injuries come first.

Once, for example, the kids are stabilized and they may need some follow-up care, rehab, then we transfer them to Children's Hospital, but the actual trauma comes here to Harborview.

Similarly, for burns, we're the Northwest burn center, so again, all of the serious burns, about over 90 percent of the burns that get hospitalized, come to Harborview from King County, so a very large part of our mission.

Within the county's mission statement of serving the members of King County, we have a focus on indigents, low-income people without third-party insurance, in particular, people that don't have health insurance to seek health care other places.

Our primary care clinics and our specialty care clinics, which you'll hear about in the plan, serve that population in particular, particularly around the surrounding communities within Harborview.

Similarly, the non-English speaking poor, but the waves of immigrants that have come to the King County area, we see many people when they first come to the country. We have at Harborview approximately 50 languages that are translated daily, just looking at the diversity of the patient population within King County and the residents of King County.

Many of those patients have both cultural as well as medical concerns, and we try to bridge those by using members of their communities to both interpret, but also culturally interpret some of the complexities of the Western health care system.

The mentally ill is another large population that's part of our mission population. We have an outpatient community mental health center on campus here, and we have a very large inpatient psychiatric hospital population, both voluntary and involuntary. In fact, one of the courts for King County that does the involuntary commitments is located on the Harborview campus in a way of trying to make the system more efficient.

Substance abusers are another portion of our patient population and mission population. Work very closely with King County in trying to, again, address the most critical health care needs.

Victims of domestic violence and sexual assault were added in the last three years as mission populations, really recognizing the work that's done in the sexual assault center and traumatic stress counseling, particularly around children. We have both counseling as well as the medical care component for sexually assaulted children.

We also have a center of emphasis on sexually

transmitted diseases and have done quite a bit of cutting-edge research in HIV/AIDS, again in conjunction with the health department.

And in relationship with the King County, we also serve the people who are in the King County Jail with serious illnesses or may have a sudden concern. They would be hospitalized at Harborview. King County Jail itself has an infirmary.

So these are the mission populations you will often hear Harborview talk about the mission. About 80 percent of the patients we see at Harborview fall into one of these categories. Many of them fall into many of these categories because of the overlap between perhaps non-English speaking and people who may not have health insurance in our country.

In terms of Harborview, in order to meet these patient population needs, we started this planning process about two years ago, really looking at what do we see are the needs of the larger community, what's changing in the demographics, how is the population growing, what are the ethic groups that may be coming into our communities, and try to assess those and look at what the needs would be for the inpatient as well as the ambulatory care needs within Harborview.

For inpatient volumes, we looked at it in

different regions, both within our King County area, outside of King County, the whole state of Washington, and again outside the state, looking at the different population trends in those areas.

Currently, Harborview is about an 87 percent occupancy on average, and some days we have 100 percent occupancy, which means we go in diversion. And diversion means that non-trauma cases have to be sent other places, because the trauma has become so much a part of the inpatient business.

With that, the critical care beds become a very critical commodity. We often have to board patients in the recovery rooms after surgery, waiting for an available bed.

So we looked at those inpatient volumes, and looked at the population growth, and tried to say: What does that show us for the future? And we will go into that in moment.

The acutity of patient needs has also been changing over time and becoming more acute.

Because of all of the changes in health care, many services are now being done on an outpatient basis, so the people that end up in inpatient beds generally are sicker than they were ten years ago.

So again, the demands for those intensive care

beds and critical care beds became ones that popped up to the surface as a very critical need for Harborview.

The ambulatory care volumes are driven by, predominantly, the King County population growth. And we looked at our different clinics by the population they serve, and tried to identify what the demand in growth would be within our service area. And you'll see in the plan where we've identified where certain of those will occur.

Much of this is being driven by the population growth. King County overall is growing at a very fast rate. And in fact, when we built the existing trauma center that you are sitting in, we built them thinking that the volumes would be reached in about 1995, when we originally planned them. We reached those volumes in 1993.

The growth in King County population has just been so much faster than I think people predicted 10, 20 years ago, that it's really pushed some of the volumes higher than expected.

As part of this planning process, we also looked at our existing facilities. Many of the older buildings were built anywhere between the '30s and the '50s. Some in the '70s. Some of them are not built to the current code, particularly around seismic conditions.

We looked at how they would fare in different types of earthquakes, and felt that, again, as the Level 1 Trauma Center, we wanted to make sure that we could assure the community that the trauma center would be standing in case of a serious earthquake.

And you'll see as we go through some of the proposals, one of the planned projects speaks to that issue. It speaks to seismic and stabilize the inpatient units in the hospital so that they meet what's called an essential health care facility standard.

We also looked at other building systems, so we went through them to say what are the electrical capacities. With many of the changes in technology, that becomes an issue of where you can actually install some of the new technology. HVAC systems went throughout the whole facility and assessed them.

As we go through the planned and potential, we'll see which buildings are being proposed to maintain for the long run. Those are buildings we felt could really sustain the needs into the future.

So what were the objectives? We tried to say the most critical objective for the master planning process was to meet the essential patient care needs. That was clearly the driver for the whole process.

And the areas that became areas of greatest

concern was the critical care capacity, as I have spoken to, the need to expand that critical care capacity, and to address the increase in acutity in the population within King County. Again, much of this was being driven by the population growth, so it was that factor that was driving this particular issue.

And you'll see when we go through the projects, how we tried in each of these projects to address the master planning objectives.

The second key issue that came out was to ensure that we upgraded the buildings to current seismic standards, again, focusing on first the patient care areas. We wanted to increase the seismic stability to the essential facilities standard.

For people who followed what happened in San Francisco, or the California area, during the last big earthquake down there, the California government actually has mandated that all hospitals on the inpatient units increase the level of seismic stability so that they do meet a higher seismic standard.

One of our inpatient units was built in the late '70s and does not meet that standard. One of the planned projects is to seismically stabilize that inpatient trauma unit so that it could sustain a major earthquake.

There are certain facilities that we have that

were built so many years ago that they don't not only meet current standards, but would actually be -- crumble to the ground if a significant earthquake occurred.

And so the plan calls to demolish those facilities with the greatest seismic concerns, and to build new facilities in their place, and off-load those services, so that we don't have existing facilities that would be in that condition should an earthquake occur.

And then there are some that are in the middle, where the seismic concerns are ones that could be addressed in the given buildings, and they are not necessarily inpatient units, so we're trying to increase their seismic stability, but not to the essential care facility standard.

Next was to develop a campus that respects the community context in which it lives. We talked about creating a campus heart. Many people have trouble getting -- meandering around the Harborview campus, so we wanted to create a heart within that campus that would make it easier for both patients, visitors, to find their way around.

Part of that was also to create an open space within the campus that we saw as complementing the community's request for more open space. In the First Hill plan there was a discussion of wanting more open

space on First Hill. So we tried to make this meet that need as well as provide that heart to the campus.

And we know that we have a very, very high shortage of parking and we needed to create parking capacity so that patients, visitors, and staff could find parking on the campus and would not have to park on the streets, and circle around looking for parking.

We also saw in the projections for the future a need for clinical support services. Clinical are many of the ambulatory care services and the diagnostic and lab services that support that outpatient care.

In order to respond to the increase in the population, the population itself was going to need more clinical services. We wanted to have those in proximate location to one another so that you have, again, efficient use of resources and staff, so that you have labs and diagnostics close to the clinic facilities that are using them, and recognizing the existing shortage that we currently have for both clinic spaces, as well as the support services that surround them.

And lastly, we recognized that the whole development had to be phased, based upon both constructability and funding. One of the issues of building anything at Harborview is that we have to continue to keep operations. It is a 24-hour-a-day

operation, and so as you build things, you have to make sure that existing operations can continue.

So how you phase it is very, very important, as well as the funding available to build the facilities that are talked about here.

We recognize that the MIMP is a very long-range planning document and that we have to be flexible in how that gets implemented, based upon both the constructability and also the resources.

Some of these projects may require public support through a potential bond, and we need to be able to be flexible to what the funding availability is.

The planned projects that we'll talk about are anticipated over a 10-year horizon, and the potential ones are beyond that, sort of a 10- to 20-year horizon.

And any construction that we do, recognizing that it has to be phased not only for our ongoing operation, but also to the sensitivity of both patient care needs as well as the community.

So those were the objectives of the master plan when we set forth what we were going to do. The time line has been somewhat referenced.

The public hearing on the draft, happening tonight, comments, will be incorporated into the final EIS and final MIMP, and that document eventually gets to the

City of Seattle, to the City Council, for approval. So that's the portion of the plan we are in at this point.

What I would like to do is just spend a couple of minutes going over the planned and potential projects, and then open up to comments and questions on them for the audience.

I'm going to use overheads, but you might want to refer to your books because these do not portray well.

Page 28 in the MIMP, which is the smaller brown document -- I'm not even sure it is worth showing this -- is the existing campus. And I apologize. I didn't expect a sunny day.

This might even be easier to use. Which is easier for folks, the board or the overhead? The board? Okay.

Well, if you look in your books, you'll also see your own picture of it.

This is just to orient you to the existing campus. This is currently Harborview as we currently have it.

The Ninth Avenue is running this way. The entrance to the old portion of Harborview is over here in the center, the old center wing. You have the new wings that were just built, that you are sitting in now, over here and over here.

You have the two garages in the back. P1 is the existing garage. P2 is the garage that will be under construction relatively soon. It is where the heli pad currently is. The new garage will be built there in its place. The heli pad will be built on top of it.

Across the street you have Harborview Hall, for people familiar with Harborview Hall. You have the new Research and Training Building that's just being completed.

The smaller building is the community health center, the outpatient mental health center we talked about. And then behind here you have the Personnel Building, which is a small portable building.

Number 10 is the Firehouse, which is a building where the engineering folks are located, and it is a historical site being maintained in the plan.

Across the street from Harborview, over here, you have number 6, which is really an existing office building and a sixplex. That's in this location.

Just to orient you, this is Jefferson Terrace, for people who live in Jefferson Terrace, to give you a sense of where you are.

Then the building across, which just has the 12 on it, is a block that has the 908 Jefferson Building, which is a housing, Lafayette Apartments, and then some of

the commercial buildings that are on James and on Jefferson.

Down Terrace, where it says P3, which is off the map, is the Boren Garage, which is a currently existing garage.

So people have a sense of where you are in the existing campus.

Does it help if I stand up here? Does it make a difference? Okay. I'll stand down here. I can tell this is a chatty crowd.

The planned projects: These, remember, are the projects anticipated over the next ten-year period of time. And I'll walk you through how to read the descriptor.

This one, if you want a bigger project, is on page 37 of your MIMP, if you want to follow along.

The first, we'll start with the star. The star is the existing inpatient trauma unit that I talked about. That is an existing building that we plan on keeping, but in order to bring it up to the seismic stability that it needs to be to be an essential care facility, it needs to be seismically stabilized.

The plan to do that is to build this building, which is E, which is the inpatient expansion. It will buttress this building, which will provide some seismic

support to it.

E also provides for the expanded critical care beds that we talked about as one of the highest needs. This will allow the inpatient wards to expand, estimating approximately 50 beds would be needed, and it would align itself with the existing inpatient units.

It would go across Ninth Avenue, so Ninth Avenue would remain an open street underneath it. And it would go across the street and be on the same place where currently the community mental health center is standing. So the community mental health center building will have to be taken out.

Okay. People follow me on that?

Community mental health center is taken out. Many of the services would be relocated to what's called B. B is the Multi-Use Building.

It would be built on the site where that office building is in the sixplex, and it would allow us to off-load some of the people who are currently in the community mental health center over here, as well as some of the other functions that'll be coming from some of the other buildings.

The ghost buildings over here are D, which is the existing clinical wing, and C, Harborview Hall. Those two buildings were buildings that were identified as being

the greatest seismic risk, particularly the clinical wing over here. The plan would be to demolish that building because of its seismic risk, and actually relocate many of the clinical services to this new building over here, called A1, which is a new Clinical Services Building.

That would allow that building to no longer be used for any type of patient care activity and to centralize the clinical services and diagnostic services that these clinical services need.

Underneath this building in A1, there would be parking underground, so that people could actually park under the building and be able to access services here.

Under the Multi-Use Building, there would also be a small underground parking of about 50 spots for this building.

The Harborview Hall uses would either be collocated to this building, A1, or to the Multi-Use, so you would have that off-loading here.

Where this building currently is is where the heart of the campus is being proposed. We talked about wanting to have that central core for the campus.

You can see sort of a circular area that would be an open space that would allow the campus to really have that sort of central heart.

Underneath that heart, there would also be

parking, where Harborview Hall currently is, and so you would have parking underneath there, and you would have access to the different buildings within Harborview.

These are the buildings that would be part of the planned over the next ten years for the Harborview campus.

Many of these bridges that are noted here are really indications that there need to be connections between these. These may be underground here. This one would clearly be an overground, above, aerial building, that you could actually drive underneath.

Planned, questions? Okay.

Then you get out to the potential. Potential is going out to 10- to 20-year time period. And what you have here is the completion of that Clinical Services Building. Whereas the planned building had only built on half of the site, it builds on the complete site. The parking is still underground. That's part of the planned version.

If people want to see, the potential is on page 47, if you want to follow along.

So here you would have your Clinical Services Building fully built out. And in this one you have a new building on the site where the clinical wing that was demolished because of the seismic concerns, being replaced

here, a new Research Building, Research and Training Building similar to the one that just currently was completed.

And here you see the seismic stabilization of the old center wing. This one is more used for offices. This allows it to be a more functional building and to be seismically stabilized.

Under this model, however, this would actually go in to the right of way of the street of Ninth Avenue, and the proposal at this point would be to not have Ninth Avenue be a through street for all traffic. It would still allow emergency medical vehicles to go through and the buses to go through, but it would not be a complete through street as it currently is.

And again, this is in the potential of the 10- to 20-year period.

So that gives you a sort of overview of what the planned and potential projects are. Any questions?

Okay. I'll turn it over to Jennifer, then.

MS. PARKER: I just wanted to reiterate quickly that the comment period for this project ends June 1, which is next Tuesday. If you want, in addition to making comment here tonight, or in lieu of making comment here tonight, you may submit written comments to the Responsible Official, and the address is in the green

book, the EIS. On Roman numeral ii and iii are the instructions for submitting a written comment. And again, that needs to be in by June 1, which is next Tuesday, by 5:00 p.m.

If you feel that you don't have adequate time to make written comment by then, you may submit a written request for an extension of 15 days. And if we receive that, then we will automatically extend the comment period by 15 days, allowing you to complete your letter and send it in.

Now we'll take a five-minute break. And anybody who wishes to comment that has not signed up, please do so now. And then we'll gather and begin the comment period.

(Recess.)

MS. PARKER: If we could gather back together. It looks to me as if there are just two people wishing to comment, Jerry Pederson and Bill Maloney. Is that -- do you care to sign it?

AUDIENCE: Sure. I would like to.

MS. PARKER: So we want to start with Jerry Pederson. If you could just state your name and your address, and let me know that you have handed us a sheet.

MR. PEDERSON: Hi, I'm Jerry Pederson, president of First Hill Improvement Association, address, 1315 Madison Street, Suite 281.

1

the greatest seismic risk, particularly the clinical wing over here. The plan would be to demolish that building because of its seismic risk, and actually relocate many of the clinical services to this new building over here, called A1, which is a new Clinical Services Building.

That would allow that building to no longer be used for any type of patient care activity and to centralize the clinical services and diagnostic services that these clinical services need.

Underneath this building in A1, there would be parking underground, so that people could actually park under the building and be able to access services here.

Under the Multi-Use Building, there would also be a small underground parking of about 50 spots for this building.

The Harborview Hall uses would either be collocated to this building, A1, or to the Multi-Use, so you would have that off-loading here.

Where this building currently is is where the heart of the campus is being proposed. We talked about wanting to have that central core for the campus.

You can see sort of a circular area that would be an open space that would allow the campus to really have that sort of central heart.

Underneath that heart, there would also be

here, a new Research Building, Research and Training Building similar to the one that just currently was completed.

And here you see the seismic stabilization of the old center wing. This one is more used for offices. This allows it to be a more functional building and to be seismically stabilized.

Under this model, however, this would actually go in to the right of way of the street of Ninth Avenue, and the proposal at this point would be to not have Ninth Avenue be a through street for all traffic. It would still allow emergency medical vehicles to go through and the buses to go through, but it would not be a complete through street as it currently is.

And again, this is in the potential of the 10- to 20-year period.

So that gives you a sort of overview of what the planned and potential projects are. Any questions?

Okay. I'll turn it over to Jennifer, then.

MS. PARKER: I just wanted to reiterate quickly that the comment period for this project ends June 1, which is next Tuesday. If you want, in addition to making comment here tonight, or in lieu of making comment here tonight, you may submit written comments to the Responsible Official, and the address is in the green

I'm here tonight as a very brief commenter, and really to indicate verbally that First Hill Improvement Association wants to reserve the right, or put a placeholder, if you will, to provide written comments before the deadline of the comment period.

First Hill Improvement Association is an old association on First Hill that just recently was asked, and agreed, to serve in the role of steward of the First Hill Neighborhood Plan. And what we would like to do is consider that plan in the context of the Harborview plan, and provide written comment based on that assessment by Tuesday.

This Thursday at 5:30, I'm told, a couple people who have had an active role in the neighborhood plan, here tonight, about the meeting, and if you are interested in attending, the discussion will take place at 5:30 in the Swedish Medical Center doctors' dining room B, I think is what it is. It's one of the two meeting rooms directly across from the cafeteria.

Help me, John. What's the name of the street that McDonald's is on?

MR. NOLAN: Minor.

MR. PEDERSON: Minor.

So, thank you for letting me come and just state briefly.

I handed a letter to the representative from King County.

MS. PARKER: And we have a letter from them stating such, and what he just stated orally.

And Bill Maloney. You may need to move up because it is pretty loud in here.

MR. MALONEY: My name is Bill Maloney. I'm a tenant in the Terry Terrace, which is the building, I guess, on the third map there that's near the I. I've been a tenant there for six years.

I was just talking with Kay Romeiren, my landlord. It is a beautiful old building with a lot of character. We were just talking about whether Harborview plans necessarily to tear the building down or to keep it as -- to keep it under Harborview's management or to hire a third party.

If you've never been in it, it's a beautiful old building. It adds a lot of -- has high ceilings, French doors. It is a wonderful building. And my understanding of it is it is an old turn-of-the-century hotel. I don't know if that is true or not. But it adds, I think, a lot of character to the neighborhood and a lot of -- in a time where Seattle's housing is changing rapidly and downtown is becoming more and more oriented towards condos and towards things that go up very prefab and very fast, it

retains a lot of the dignity and character of First Hill.

So, again, I know it is on the potential projects, long-term horizon. I don't know what Harborview's long-term plans are, but I would like to comment both as a resident and as someone who lives on First Hill, I think it adds a lot of character and dignity to the neighborhood. And I would encourage Harborview to keep both the Terry Terrace and the Broadmoor as intact buildings for residents in the future. Thanks.

MS. PARKER: Could you state your address.

MR. MALONEY: Sure. It is 403 Terry Avenue, No. 103.

MS. PARKER: Thank you.

MR. MALONEY: Thanks a lot.

MS. PARKER: John. We have one more person who would like to comment.

MR. NOLAN: My name is John Nolan. I live at 1120 Spring. And I'm here in my capacity as chair of the Citizens Advisory Committee, which is impaneled as part of this master plan review process that Harborview is going through.

Our committee is sanctioned by the City of Seattle and is put in place so that the citizenry in the neighborhood has a chance to go through the process with the institution and make appropriate comments.

2 co

3

I just want to let everybody know that indeed there is a group of your neighbors that are sitting on this committee. We are putting together comments on this plan. They will be written and they will be submitted to the hearing examiner, as well as Harborview's intended plan, and I believe DCLU's comments, or the Department of Neighborhoods, I forget which it is. Anyway, there are three components, I believe, that go to the hearing examiner.

We have been meeting on a regular basis for the past two months regarding the plan. We have had a number of votes recently with regards to some of the major aspects of Harborview's plan. And I can tell you right now that for the most part, the Citizens Advisory Committee is in opposition to many of the proposals that Harborview is putting forth.

The boundary expansion that they are suggesting for the institution, we would like to see changed dramatically. The loss of housing that is being proposed, we are in opposition to, and we would like to see that change dramatically as well. The units that will fall under the wrecker's ball, we are strongly suggesting that Harborview find a locale on First Hill to replace that housing, so as to not further reduce the limited number of affordable housing units that exist on the hill.

We have many concerns that not only are exacerbated by this particular plan, but also by other institutions on the hill, such as Virginia Mason, that are planning demolition of housing as well, and how all of this housing loss on the hill is going to impact the small business community on the hill, particularly, amenities such as the Shop Rite, which as you all know is in a very vulnerable position on the west side of the hill, given the loss of housing that is proposed here, the loss of housing proposed by Virginia Mason, and the introduction of the QFC which is in direct competition for its market.

The concern is, is that if we lose enough housing on the hill, particularly in these sections of the hill, that we will lose these small businesses. And once we lose those, our inability to attract new housing will be impacted dramatically.

As many of you know that live on the south side of the hill, for the first time in many years we are beginning to attract market rate housing being developed by the private sector. There is a brand new housing development going up at the intersection of Terry and Terrace right now, and I believe it is the first market rate housing built on this end of the hill in over 15, 20 years.

There is another proposal that may be in the

works. It has definitely made its way into the Department of Construction and Land Use office. And it has to do with additional housing being built at the intersection of Boren and James. Currently, it is a large surface parking lot with, I believe, a small single-family residence on a portion of the block, and then an apartment building on the southwest corner of the lot.

From what I understand by description, it is going to be an assisted care living facility. It will be a high-end development. It will have street side retail along James, the length of James, between Boren and Terry.

This, coupled with the proposed project that Harborview is discussing along James, could very well fill in this part of James and give us the retail core that we had all hoped and envisioned in the First Hill Neighborhood Plan.

The problem is, is that it won't do us any good to put all of that wonderful small business retail along James if we don't have a residential population to go and shop there and use the services.

The one thing that the neighborhood plan stressed is that it wanted the small businesses to stay open after 5:00. The greatest concern along Madison is that the small business community caters only to the workers and patients of the medical facilities in the

3 cc

area, but not to the residential population that lives in the area.

The only way that we're going to get those businesses to add additional hours to their operations is if we have a higher density of residential use.

Those are the concerns that the Citizens Advisory Committee so far has discussed. We will be having one more meeting before we put together our final draft, our recommendations. We have yet to decide when that next meeting will be, but certainly more than likely it will be within the next two weeks.

Again, I would like to reiterate Jerry Pederson's invitation to all of you that are concerned about this plan and its impact on the neighborhood, if at all possible to attend this meeting at 5:30, Thursday night, at Swedish Hospital. You enter the building right next to the -- I believe it's right next to the cafeteria off of Minor. It is mid-block between -- what would that be? Marion? And --

AUDIENCE: Columbia.

MR. NOLAN: Columbia.

I know that I've been through this process a couple of times. Most recent one was Seattle University. And I'm sure that many of you may feel as though you are in another world. This is a lengthy process, but it is

one that allows for the residential component of a neighborhood to actually have its say.

This is not something that just automatically happens. This is the time if you have your concerns, to voice them. You can change the outcome of this project. I have seen it done before with other institutions. And this is your chance to do it with this one if you don't agree with the plan.

If there is not enough opposition to this plan, it will get built as laid out here by the institution. And I think most of you who have lived up on the hill know exactly what some of those projects in the past have done to the residential component of this neighborhood.

I strongly suggest if you have concerns with this particular project, that you become involved now.

Thank you.

MS. PARKER: Is there anyone else that wishes to comment? Okay.

I will let you know that those documents on the back table are yours to take home, and I encourage you to look over those and make written comment, if you wish, before next week. We would like to have as much public input as we can, as John Nolan stated, and it does make a difference, and that's why we're here. So please take the documents.

And if you know of anybody who is interested, just have them call and we will send documents out. The phone numbers are in the green document for places to call to get that information.

Thank you for coming. And we will officially close the meeting at five minutes to 8:00. Thank you.

(Concluded at 7:55 p.m.)

C E R T I F I C A T E

The foregoing pages represent an accurate and complete transcription of the proceedings, and these pages constitute the original of the transcript of the proceedings.

Signed and dated this 1st day of June 1999.

Lisa K. Hutchinson

Lisa K. Hutchinson
Court Reporter
CCR# HUTCHLK361QE

RESPONSE TO COMMENT ITEM K
Public Hearing

1. Thank you for your comment. The First Hill Neighborhood Association official response for the record is includedin this document. Refer to comment Letter I.

2. Thank you for your comment. Please refer to comment Letter H, Response No. 5 regarding the future plans for the Terry Terrace Apartments and to the Historic and Cultural Preservation section of this document in which a site assessment was done characterizing various buildings on the Harborview Campus. As discussed in this section the Terry Terrace Apartments were reviewed. The building, built in 1907 was drastically remodeled in 1961 and has lost its original historic character. This building does not appear to meet the criteria for designation as a city historic landmark or for listing on the state or national registers of historic places.

3. Thank you for your comments. Please refer to comment Letter H which is the official CAC response to the Draft EIS.

V. Appendices

A. Distribution List

DISTRIBUTION LIST

Federal Agencies

Director, Environmental Evaluation
Environmental Protection Agency
1200 Sixth Avenue MS 443
Seattle, WA 98101

Economic Development Administration
U.S. Department of Commerce
915 Second Avenue, Room 1856
Seattle, WA 98174

Environmental Officer
Community Planning
Housing and Urban Development
Arcade Plans 10.355
Seattle, WA 98101

Federal Aviation Administration
Regional Office
1601 Linde Avenue SW
Renton, WA 98055-4056

United Indians of All Tribes
P.O. Box 99100
Seattle, WA 98199

U.S. Bureau of Indian Affairs
911 NE 110th Avenue
Federal Building
Portland OR

U.S. Geological Survey
AJ-20
U.S. Army Corps of Engineers
4735 East Marginal Way South
Seattle, WA 98124

State Agencies

Office of the Governor
Legislative Building
Olympia, WA 98504

Department of Ecology
Environmental Review Section
P.O. Box 47703
Olympia, WA 98504-7703

Department of Health
Office of Program Services
P.O. Box 47820
Olympia, WA 98507-8204

WSDOT
P.O. Box 330310
Seattle, WA 98133-9710

State Historic Preservation Officer
Department of Community Development
111 W. 21st Avenue KL-11
Olympia, WA 98504-5411

Department of Natural Resources
SEPA Center
P.O. Box 47015
Olympia, WA 98504-7015

University of Washington
Willy Renaud
Box 352205
Seattle, WA 98195

University of Washington
Jan Arntz
Physical Plant Office Building
Box 352215
Seattle, WA 98195

Regional Agencies

Program Manager
King County/METRO
821 Second Avenue
Seattle, WA 98104-1598

Environmental Planning
King County/METRO
821 Second Avenue
Seattle, WA 98104-1598

Sound Transit
1100 Second Avenue, Suite 500
Seattle, WA 98101-3423

Puget Sound Air Pollution Control Agency
110 Union St., Suite 500
Seattle, WA 98101-2038

Puget Sound Regional Council of Governments
1011 Western Avenue, Suite 500
Seattle, WA 98104-1040

King County

King County
Executive Office
516 3rd Avenue
Seattle, WA 98104

Development and Environmental Services
Rich Hudson
900 Oakesdale Avenue SW
Renton, WA 98055

King County Planning and Community
Development
707 Smith Tower
Seattle, WA 98104

King County Surface Water Management Division
700 5th Avenue
Suite 2200
Seattle, WA 98104

King County Parks, Cultural and National
Resources Department
Smith Tower
Seattle, WA 98104

King County Transportation Planning
Section
Roads and Engineering Division
810 Third Avenue / Room 350
Seattle, WA 98104

City of Seattle

Seattle City Light
700 5th Avenue, Suite 3100
Seattle, WA 98104

Seattle Transportation Department
(SEATRAN)
Attention: Mary Pfender
510 Municipal Bldg.
600 4th Avenue
Seattle, WA 98104-1879

Seattle Public Utilities Superintendent
(Includes Water and City Light)
Key Tower, 700 9th Avenue
Seattle, WA 98104

Jan Mulder
Seattle City Light
700 5th Avenue, Suite 3300
Seattle, WA 98104-5031

Seattle Parks Department
Superintendent
100 Dexter Avenue North
Seattle, WA 98109

Seattle Fire Department
Chief
301 Second Avenue South
Seattle, WA 98104

Seattle Police Department
Chief
610 3rd Avenue, 3rd Floor
Seattle, WA 98104

Department of Neighborhoods
Arctic Bldg., 6th Floor
618 2nd Avenue
Seattle, WA 98104

Seattle Landmarks Preservation Board
c/o Office of Urban Conservation
Attention: Lorne McConachie
700 3rd Avenue, 4th Floor
Seattle, WA 98104

Housing and Human Services
Alaska Bldg. 6th Floor
618 2nd Avenue
Seattle, WA 98104

Seattle City Council
Municipal Bldg.
600 4th Avenue, 11th Floor
Seattle, WA 98104

Executive Department
Strategic Planning Office
Municipal Building, Suite 300
600 4th Avenue
Seattle, WA 98104-1826

SEPA Public Information Center
DCLU
710 Second Avenue, Suite 200
Seattle, WA 98104

Law Department
Municipal Bldg.
600 4th Avenue
Seattle, WA 9 8104

Health Department
110 Prefontaine Place S. 6th Floor
Seattle, WA 98104

DCLU
Code Development and Community Relations
710 2nd Avenue, 7th Floor
Seattle, WA 98104

Phil Fujii
City of Seattle
Neighborhood Planning Office
600 4th Avenue, Room 200
Seattle, WA 98104

Seattle Planning Commission
600 4th Avenue, Suite 300
Seattle, WA 98104

Seattle Design Commission
710 2nd Avenue
Seattle, WA 98104

Libraries

Seattle Library
Governmental Publications

Seattle Main Library
Documents Department
1000 Fourth Avenue
Seattle, WA 98104

Seattle Public Library
Henry Branch
425 Harvard Avenue E.
Seattle, WA 98102

Seattle Public Library
Douglas-Truth Branch
23rd at Yesler
Seattle, WA 98144

Seattle Public Library
University Branch
5009 Roosevelt Way NE
Seattle, WA 98133

Seattle Public Library
Broadview Branch
12755 Greenwood Avenue North
Seattle, WA 98133

Seattle Public Library
Greenlake Branch
7364 Greenwood Avenue North
Seattle, WA 98133

Washington State Library
Olympia, WA 98504

Newspapers

Seattle Daily Journal of Commerce
P.O. Box 11050
Seattle, WA 98111

The Seattle Times
P.O. Box 70
Seattle, WA 98111

The Seattle Post Intelligencer
101 Elliott Avenue West
Seattle, WA 98119

Seattle Weekly
1008 Western Avenue, Suite 300
Seattle, WA 98104

Capitol Hill Times
2314 3rd Avenue
Seattle, WA 98121

Organizations

Allied Arts of Seattle
107 South Main Street
Seattle, WA 98104

Land Use Chair
League of Women Voters of Seattle
1401 18th Avenue
Seattle, WA 98122

Harborview Citizen Advisory Committee

Capitol Hill Community Council

Downtown Seattle Association

Greater Seattle Chamber of Commerce

Municipal League

Jerry Pederson
First Hill Improvement Association
1315 Madison Street #281
Seattle, WA 98104

Deborah Gibby
First Hill Community Council
1206 Summit #19
Seattle, WA 98101

Anne Byers
Yesler Terrace Community Council
815 Yesler Way
Seattle, WA 98104

Kate Rhoads
First Hill Neighborhood Planning
615 Boren Avenue #38
Seattle, WA 98104

Catherine Roth
First Hill Improvement Association
1017 Minor Ave #401
Seattle WA 98104

Vince Lip
Terry Terrace Apartments
403 Terry Avenue
Seattle, WA 98104

Kristin O'Donnel, President
Yesler Terrace Community Council
825 Yesler Way
Seattle, WA 98108

Michael G. Ryan, Rodney Romney
St. James Cathedral
804 Ninth Avenue
Seattle, WA 98104-1296

Bill Maloney
403 Terry Avenue #103
Seattle, WA

Others

Debra Odem-Parke
Broadview Emergency Shelter
P.O. Box 31151
Seattle, WA 98103

Dean Weitenhagen
Community Manager Jefferson Terrace
800 Jefferson Street
Seattle, WA 98104

Jerry Kosierowki, Administrator
Jefferson Terrace
800 Jefferson Street
Seattle, WA 98104

Acting President of the Resident Council
Margaret Mattert
Hilltop House, 1005 Terrace Street
Seattle, WA 98104

Darla O'Brian, Administrator
Hilltop House, 1005 Terrace Street
Seattle, WA 98104

Tamara Bunnell
423 Terry Avenue #24
Seattle, WA 98104

B. EIS Scoping Determination/List of the Elements of the Environment

FINAL SCOPE for EIS
Harborview Medical Center
Major Institution Master Plan

SHORT TERM CONSTRUCTION IMPACTS:

Soils and topography;
Air quality;
Surface water movement/quantity/quality,
Surface water runoff/absorption;
Noise from construction
Vehicular and pedestrian re-routing
Parking for construction workers

LONG TERM/CUMULATIVE IMPACTS

Earth

Geology as it pertains to seismic concerns

Energy and Natural Resources:

energy required
rate of use
efficiency and conservation

Environmental Health:

Noise
- ambulance
- building operations
- traffic

Toxic Releases
- releases or potential releases to the environment affecting public health, such as toxic or hazardous materials.

Land and Shoreline Use:

Relationship to existing land use plans and to estimated population including but not necessarily limited to:
- Seattle SEPA Policies
- Seattle Land Use Code
- Seattle Comprehensive Plan
- Major Institution Policies
- First Hill Neighborhood Plan
- Transportation Plans

Housing
- demolition/displacement of housing units including number and type of units lost (low income housing, market rate, etc.)
- Impact on small businesses due to loss of housing

Light and glare
Aesthetics including height/bulk/scale and its affect on the residential/business area
Historic and cultural preservation

Light and Shadow

Impact of new and existing HMC construction on the proposed new open space and adjacent residential areas.

Safety and Security

Lighting and visibility
After dark pedestrian crossing
Children safety

Transportation:

Circulation systems
Vehicular traffic including circulation on key intersections.
Pedestrian Circulation
Parking demand and supply
Traffic hazards.

Public Services and Utilities:

Fire
Police
water
sewer/solid waste
electric

King County
Department of
Construction and Facility Management
Pearl McElheran, *Director*
King County Administration Building
500 Fourth Avenue, Room 320
Seattle, WA 98104
(206) 296-0648
(206) 296-0100 TDD
(206) 296-0186 FAX

DETERMINATION OF SIGNIFICANCE AND REQUEST FOR COMMENTS ON SCOPE OF EIS

FILE NO: S9804983

PROPOSAL: Update of Harborview Medical Center Major Institution Master Plan

PROPONENT: Harborview Medical Center

LOCATION: 325 Ninth Avenue, Seattle, Washington 98104-2499

EIS REQUIRED

The King County Department of Construction and Facilities Management has determined that this proposal may have a significant adverse impact on the environment. An Environmental Impact Statement (EIS) is required under RCW 43.12C (2) (c) and will be prepared by King County. The Concept Plan for Harborview Medical Center Major Institution Master Plan and other supporting documents are available from Elise Chayet at the responsible officials address as listed below.

SCOPING

Members of the public, agencies, organizations and affected tribes are invited to comment on the scope of this EIS. You may comment on elements of the environment to be addressed, alternatives, mitigation measures, probable significant adverse impacts and licenses or other approvals that may be required.

Comments must be provided to the responsible official identified below in writing and postmarked no later than Monday, October 26, 1998 or presented at the public scoping meeting to be held on Thursday, October 15, 1998 from 7:00 p.m. to 9:00 p.m. at the Harborview Cafeteria, 325 Ninth Avenue, Seattle, Washington. The comment period may be extended to Tuesday, October 30, 1998 by written request to the responsible official. Please reference file number S9804983.

DESCRIPTION OF PROPOSAL:

Harborview Medical Center is in the process of updating their Major Institution Master Plan. The Master Plan includes Planned and Potential projects consistent with the Major Institution Code requirements. Planned development includes projects which are more definite and will likely occur in the near future. Potential development includes projects that are less defined and may occur in the long term future, although timing could change.

The campus currently includes eleven buildings totaling 1,338,253 gross square feet of building area. In addition, existing parking consists of three parking garages totaling 312,935 square feet and accommodating 981 vehicles (see Figure 1). The estimated gross square feet of development proposed as part of the planned projects includes 442,900 square feet of new construction and the demolition of 277,500 square feet of existing structures for a total net gain of approximately 165,400 square feet of building space. Proposed below grade parking consists of 314,000 square feet to accommodate 890 vehicles (see Figure 2). Potential projects could include an additional 323,500 sq. ft. of building space. No additional parking requirements are proposed at this time.

Harborview proposes expansion of its Major Institution Overlay boundary to James and Terry as shown in Figure 3. Construction of the planned projects would require the vacation of the alleys in the block bounded by James Street, Terry Avenue, 9th Avenue and Jefferson Street as well as vacation of Terrace Street west of Terry Avenue. Planned projects propose multiple connections above and below 9th Avenue and Jefferson Street. These connections would require aerial rights of way vacations and below grade vacations. Construction of the potential projects may require the vacation of 9th Avenue.

PROPOSED ALTERNATIVES

Alternatives to be discussed in the EIS are actions that could feasibly attain or approximate a proposal's objectives, but at a lower environmental cost (WAC 197-11-440 5 b). One alternative is proposed for discussion in the EIS:

- **The No Action Alternative**
  This alternative required by SEPA (WAC 197-11-440 5.b.ii), assumes no change to the current conditions on the site and is provided as a baseline for impact analysis.

PROPOSED ELEMENTS OF THE ENVIRONMENT TO BE ANALYZED

The Lead Agency has preliminarily identified the following areas for discussion in the EIS

- **Short Term Construction Impacts**: to include soils and topography; air quality; surface water movement/quantity/quality, runoff/absorption; noise; construction equipment, vehicular and pedestrian re-routing, and parking.

- **Energy and Natural Resources**: to include amount of energy required, rate of use, efficiency and conservation.

- **Environmental Health:** to include releases or potential releases to the environment affecting public health, such as toxic or hazardous materials.

- **Land and Shoreline Use:** to include relationship to existing land use plans and to estimated population; housing; light and glare; aesthetics including height/bulk/scale; and historic and cultural preservation

- **Transportation**: to include circulation systems; vehicular traffic; parking; traffic hazards.

- **Public Services and Utilities**: to include fire; police; water; sewer/solid waste.

LEAD AGENCY MAILING ADDRESS: All correspondence and comment letters should be addressed to:

Pearl McElheran, Director
King County Dept. of Construction and Facilities Management.
C/O Harborview Medical Center
Department of Planning, Box 359952
325 Ninth Avenue
Seattle, WA 98104-2499
Telephone: (206) 521-1650 FAX: (206) 521-1658

If you have requested this packet of information and are not on the current mailing list and wish to be added for future notices, please send your name and address to the above mentioned address along with the file number S9804983 to reference this project.

LEAD AGENCY: King County Department of Construction and Facilities Management

RESPONSIBLE OFFICIAL Pearl McElheran, Director

Signature: Larry E. Wright for PM Date: 10-1-98

King County
Department of
Construction and Facilities Management
Pearl McElheran, Director
500 4th Avenue, Room 320
Seattle, Washington 98104

(206) 296-0648
Fax (206) 296-0186

REVISED
DETERMINATION OF SIGNIFICANCE AND REQUEST FOR COMMENTS ON SCOPE OF EIS

FILE NO: S9804983

PROPOSAL: Update of Harborview Medical Center Major Institution Master Plan

PROPONENT: Harborview Medical Center

LOCATION: 325 Ninth Avenue, Seattle, Washington 98104-2499

Harborview Medical Center is in the process of updating their Major Institution Master Plan. The Master Plan includes Planned and Potential projects consistent with the Major Institution Code requirements. Planned development includes projects which are more definite and will likely occur in the near future. Potential development includes projects that are less defined and may occur in the long term future, although timing could change.

REVISION: The square footage for the potential projects has changed from 323,500 square feet to 526,000 square feet. All other information in the original document remains the same.

Comments must be provided to the responsible official identified below in writing and postmarked no later than Monday, October 26, 1998. The comment period may be extended to Tuesday, October 30, 1998 by written request to the responsible official. Please reference file number S9804983.

LEAD AGENCY MAILING ADDRESS: All correspondence and comment letters should be addressed to:

Pearl McElheran, Director
King County Dept. of Construction and Facilities Management.
C/O Harborview Medical Center
Department of Planning, Box 359952
325 Ninth Avenue
Seattle, WA 98104-2499
Telephone: (206) 521-1650 FAX: (206) 521-1658

LEAD AGENCY: King County Department of Construction and Facilities Management

RESPONSIBLE OFFICIAL Pearl McElheran, Director

Signature: Pearl McElheran Date: 10.14.98

STATE ENVIRONMENTAL POLICY ACT (SEPA)

ELEMENTS OF THE ENVIRONMENT

1) NATURAL ENVIRONMENT

a) Earth
- (i) Geology
- (ii) Soils
- (iii) Topography
- (iv) Unique physical features
- (v) Erosion/enlargement of land area (accretion)

b) Air
- (i) Air quality
- (ii) Odor
- (iii) Climate

c) Water
- (i) Surface water movement/quantity/quality
- (ii) Runoff/absorption
- (iii) Floods
- (iv) Ground water movement/quantity/quality
- (v) Public water supplies

d) Plants and Animals
- (i) Habitat for and numbers of diversity of species of plants, fish, or other wildlife
- (ii) Unique species
- (iii) Fish or wildife migration routes

e) Energy and Natural Resources
- (i) Amount required/rate of use/efficiency
- (ii) Source/availability
- (iii) Nonrenewable resources
- (iv) Conservation and renewable resources
- (v) Scenic resources

2) **BUILT ENVIRONMENT**

a) Environmental Health
- (i) Noise
- (ii) Risk of Explosion
- (iii) Releases or potential releases to the environment affecting public health, such as toxic or hazardous materials

b) Land and Shoreline Use
- (i) Relationship to existing land use plans and estimated population
- (ii) Housing
- (iii) Light and glare
- (iv) Aesthetics
- (v) Recreation
- (vi) Historic and cultural preservation
- (vii) Agricultural crops

c) Transportation
- (i) Transportation systems
- (ii) Vehicular traffic
- (iii) Waterborne, rail, and air traffic
- (iv) Parking
- (v) Movement/circulation of people or goods
- (vi) Traffic hazards

d) Public Services and Utilities
- (i) Fire
- (ii) Police
- (iii) Schools
- (iv) Parks and other recreational facilities
- (v) Maintenance
- (vi) Communications
- (vii) Water/storm water
- (viii) Sewer/solid waste
- (ix) Other governmental services or utilities

C. Index to New Information, Additional Analysis and Corrections

The following pages list the changes made to the Draft MIMP and Draft EIS documents. Those changes are included in the Final MIMP and Final EIS.

Index for changes to the Draft Major Institution Master Plan

Draft MIMP Page	Change
i	Move section III Development Program to be Section II
i	Add campus character section
ii	Clarify that no Terry Terrace Apartment acquisition proposed
iii	Revise to add table
7	Correct '348' to '349.' Current number of beds in last paragraph
8	Add campus character description
8	Add four new sketches (figures)
11	Revise proposed boundary
16	Add to height discussion
20, Figure 17	Revise data
21	Add to historic preservation standard
23	Change property ownership / and area with no Terry Terrace Apartments acquistion
24, Table 2	Change land area
25, Figure 6	Change property ownership map
26	Correct Table 3 'Total' from '1,338,253 to 1,336,253'
29	Correct fifth paragraph "(CTC) to (CTU)." Crisis Triage Unit
31, Table 5	Correct spacing, item HD31
32	Add project height/intensity variations to Uses and Areas section
32	Add off campus uses description
33, Table 6	Change project D description
33, Table 6	Eliminate Terry Terrace Apartment acquisition
33 & 34, Table 6	Revise project description
35	Delete Terry Terrace Apartments acquisition/demolition

Index for changes to the Draft Major Institution Master Plan (continued)

Draft MIMP Page	Change
35	Revise vacations discussion
36 & 37	Change Figure 8 and Figure 9 depiction at traffic circle to open space.
38	Add discussion of project variations
39	In column-Existing campus building area: In row-building item from "1,338,253 to 1,336,253."
39	Remove '_'
39	In column-Existing campus building area: In row-less 3-1/2% item from "-(46,839 sf) to –46,769 sf" and from 1,338,25 to 1,336,253"
39	Footnote item from "64,967 sf to 66,897 sf"
39	In column-Total campus building area: In row- building from "2,036,407 to 2,034,407"
39	In column-Total campus building area: In row-Changeable GSF from 1,965,133 to 1,963,203"
39, Table 8	Add clarification to footnote
40	Add project height vacation discussion
40	Add/correct vacations discussion
40	Correct capitalization of Planned Projects
40	Move Terrace Street segment vacation to Potential Projects
41, Figure 10	Revise graphic
43	Revise maximum parking to be consistent with alternative and forecast uncertainity
44	Expand Uses and Areas description to include project variations
45	Add discussion of increased intensity
45	Change FAR description
45	Add discussion of increased heights
46	Change Figure 11 depiction at traffic circle to open space
47	Change Figure 12 depiction of traffic circle to open space
48	Revise/correct street vacation discussion
48	Include Terrace Street segment as Potential Project
53	Update parking fees; correct UW shuttle title

Index for changes to the Draft Environmental Impact Statement

Draft EIS Page	Change
i	Clarify Planned and Potential Projects description
i	Add new alternative
i	Change campus area
ii	Add (rezone) to clarify City Council approval of MIMP that includes boundary expansion
ii	Add additional permits and approval
iv	Correct Table of Contents to distinguish B. Short-Term Construction Impacts sub-heading before last five elements of the environment.
vii	Change 'Firehouse' to 'Fire Station'
2	Add summary description of master plan proposal / alternatives
3	Correct type size of text, first paragraph
3	Correct "348" beds to be "349 beds
3	Change "three" alternatives to "four" alternatives
7	Note amendment reference numbers
8	Clarify planned street vacations
13	Delete Terry Terrace Apartments acquisition / demolition
13	Clarify skybridge / tunnel permit requests
13	Add design vacations description
13	Add off-site development description
13, Table 1	Correct item F. "Briding" to "Bridging"
13, Table 1	Revise descriptions
13, Table 1	Delete Terry Terrace Apartment acquisition / demolition
13, Table 1	Clarify street vacations
14	Clarify that tunnel and skybridge building area is not included in space tabulating
15, Figure 4	Revise graphic
16	Correct Table 3, item G under 'Location'; "Alde" to "Alder"
16	Add description of Potential Projects street vacation and East Hospital variation

Index for changes to the Draft Environmental Impact Statement (continued)

Draft EIS Page	Change
17, Figure 5	Revise graphic
19	Add new alternative
22	Correct Table 4. Remove Boren Garage from MIO District/Land Use Patterns
23, 24, 25	Correct word spelling on Table 4, first column title
25, Table 4	Revise demolition quantity
30	Expand seismic information
31	Add new alternative
39	Add new alternative
50	Add new alternative
60	Add new alternative
54, Table 13	Current data
55, Figure 10	Correct graphic
56	Update Table 14 "status" of development activity
57	Update Table 14 item '401 Broadway' to "170,000 sf office/medical services, 190 parking spaces" under 'Size of Development' column
57	Add additional projects
58	Update project's status
59, Table 15	Revise data due to proposal change
66, Table 16	Change housing united impacted
66, Table 16	Add building demolitions
67, Table 16	Change housing units impacted
69, Table 16	Correct page reference
71, Table 16	Change housing units impacted
74, table 17	Change housing units impacted
77, Figure 12	Correct Figure title
79	Correct Table 18 'Institution Requirement's column format (shift text upward)

Index for changes to the Draft Environmental Impact Statement (continued)

Draft EIS Page	Change
84, Table 19	Change housing units impacted
85	Expand discussion of relationships with First Hill Plan
86	Clarify / change discussion of street vacations/add discussion of project alternatives considered
88, Table 20	Add discussion of Policy 4
90	Add new alternative
92, Table 21	Revise to include discussion of new alternative
95	Add discussion of special populations
95, Table 23	Revise discussion of Terry Terrace Apartments
97	Delete discussions of Terry Terrace Apartments
98, Figure 15	Update data
99	Change discussion of Terry Terrace Apartments
99	Add discussion of special population impacts
100	Add new alternative
101	Add mitigation measure
101	Revise housing loss number
104	Add new alternative
105, Figure 16	Revise graphic, correct dates
106	Correct "and/or"
109	Correct / move No Action Alternative
110	Add new alternative
113	Correct Figure 19, Planned Projects and Potential Projects views
117	Revise graphic
117	Revise right-of-ways discussion
118	Supplement/revise Historical Cultural section
163	Replace 'Local Access and Circulation' section with new analysis
171	Add new alternative

Index for changes to the Draft Environmental Impact Statement (continued)

Draft EIS Page	Change
172	Expand alternative analysis
185, Figure 36	Correct graphic
190, Table 51	Revise demolition quantity/time (no apartment demolition)
191	Add new alternative
194	Correct/remove '66' from middle of page, correct typo
194	Add new alternative
195	Add new alternative
199	Add new alternative
199	Correct mitigation measure working
201	Add new alternative

D. Scoping Meeting Transcript

Transcript of the King County SEPA Scoping Meeting

for

Harborview Medical Center Major Institution Master Plan

7:20 p.m.

October 15, 1998

325 Ninth Avenue

Seattle, Washington

Lisa K. Nishikawa, CCR, RPR

Court Reporter

CCR #NISHILK362QE

A P P E A R A N C E S

Jennifer Parker, SEPA Representative, King County Construction and Facilities Management

Elise Chayet, Project Manager, Director of Planning and Regulatory Affairs, Harborview Medical Center

MS. PARKER: My name is Jennifer Parker and I'm the SEPA representative for this project with King County, and I introduced myself briefly to each of you since it's such a small crowd. But I'm here tonight really to give you an overview of what SEPA is, what we're doing here tonight.

And Elise Chayet who is with Harborview Medical Center will do a description of the project. I think she's walked most of you through it somewhat, so, you know, there may be a quicker project description, but -- you might not have been walked through it so we'll provide that for you.

If you have any questions or comments along the way, feel free to ask questions. And once we're finished going through this overview, then we'll have formal comments if you have anything that you want to actually comment on on the scope of the EIS, things that you wish to have included, et cetera.

It's 7:20, for the benefit of opening this meeting. And we'll begin.

Essentially, the State Environmental Policy Act, which is what we call SEPA, was established in '71 as a means to help policy permitting processes encourage environmental review. And actually, it's regulated and required now that environmental review be a part of any

development.

Depending on the size and scope of the development, it may be just a checklist that is reviewed and it is determined that there's not really a significant impact, or it may be a determination of significance, which is what we have on this project. It's a large enough project with a large enough scope that we really need to look closely at elements that may impact the community and the environment around this project.

So that's why we're here tonight. We're looking at any elements of the environment that you think should be included in this EIS, environmental impact statement.

And the environmental impact statement will incorporate a discussion of the environment that's here now, how any new development on the site will impact the current environment, and what mitigation may be proposed to help keep that from being considered a significant impact.

You are allowed and encouraged to make comment on any alternatives that you would like to see, mitigation that you are hoping for or concerned about, elements of the environment that you believe should be incorporated in this EIS.

In the original determination of scoping which is on that table, and also was sent out to many people,

there's a description of what King County has proposed be in this EIS. And they are called the elements of the environment.

And you can review that and determine whether or not you think anything else should be added. There's also a list back there that says Elements of the Environment which is really the whole list that SEPA allows, so that you have something to base your comments or interests on.

And you can read through that and determine whether there's anything that you feel that we've left out or any real concerns that you have that you wish to tell about, that's fine. And we're here to listen and to encourage participation.

So I will hand it over to Elise to discuss the project itself which is the major institution master plan.

And if you have -- does anybody have questions about how the process works generally for SEPA or why you're here tonight and how you can comment? No.

And if you have any written comments, if you are here tonight and you've heard what we have to say and you don't feel prepared to comment now, you can go home and review it a little more and if you want to comment, you can comment in writing and send it to the address at the back of that scoping notice by I think it's Monday, October 26.

And we will -- it's all taken with the same weight whether you speak tonight or whether you write and send it in.

That's it for now, and Elise will describe the project.

MS. CHAYET: Good evening. Try this as a test first. See if everybody can see it. Can you see this in the back?

I did get a chance to walk through the project with many people, but let me try to orient where we are currently so that everybody knows where you are sitting, what buildings we are talking about.

Then I'll talk about the objectives of the MIMP, the process that Harborview went through, and where we are currently in the process, what the planned projects are, what we see as potential, and then the next steps both in terms of the EIS as well as the MIMP process.

The MIMP process, just briefly, is the major institution master process. It is part of the Seattle land use code. And with that, there's a citizens advisory committee that is convened to review the major institution master plan and look at all of the elements and comment from the community's perspective. And that process will continue to go on throughout the entire approximately nine-month to 12-month period.

So we're starting this out. Let me just get everybody oriented here.

This is the same, if you can see that, that's the same board we walked through there. The existing Harborview campus, for people who are familiar with the Ninth Avenue front of the -- where it says 4 to 4 and 8. Across from that is Harborview Hall. Community mental health center, the short building across the street. And the number 7 is the R and T building.

Here is part of the clinical -- East Clinic building. Number 5 is called the East Hospital, formerly the North Clinic. It's all in your attachment, if you can't see this very well. Then the parking behind, the P1, P2, and the Boren Street garage, P3.

Does everybody have a sense where we are in the orientation?

I'm going to talk about the plan and then walk you through it. Then we'll go to what some of the planned changes are, just so people understand how we got there.

When Harborview sought to start its long-range plan, it looked at what our current needs are and then tried to project into the future. What the MIMP requires us to do is to estimate and project our needs over at least a ten-year period of time and beyond that, looking at what changes there are in the population, what changes

there are going to be in terms of the health care environment, and to try to predict what will our facility needs be over this ten-year horizon.

That way plan out what those facilities will be in terms of the scope and the community's perception of those facilities within their inner community.

The first objective for us was to meet essential patient care needs. We looked at our existing inpatient volumes and looked at the population growth in both King County as well as the county surrounding King County, the state of Washington, and the states that surround Washington.

Many people probably know Harborview is a level 1 trauma center and we are a level 1 trauma center for four states, so we get patients from the surrounding areas as well as immediately within King County.

So when looking at population growth, we looked at it in those different rings to identify what in a ten-year period of time would our volumes likely be in terms of our inpatient needs as well as our clinical needs.

Many people continue in clinical care at Harborview after they have an inpatient stay and many people are referred to Harborview for specialty clinical needs, particularly in the area of trauma, orthopedic

trauma, neurosurgery, et cetera.

So that was our first criteria.

Second was to look at our current facilities and look at their seismic stability as well as their internal systems, because we wanted to say if we were to build out ten years, which facilities are going to last ten years. If we had to remodel, what are the costs of upgrading the internal systems.

And with the seismic codes changing over time, which of those buildings that we needed to seismically stabilize to meet the current essential facility standards.

Third criteria we looked at is to develop a campus within the community context. You'll see when we talk about our planned projects, there is a project called the Heart of the Campus, an idea of having some open space in the middle of the campus that allows there to be a real opening so that people know where the main buildings are and it also gives the community a context of having more open space and not as much density.

Fourth area is the increase in the clinical services. In addition to the actual clinical care, there's also a requirement for support spaces diagnostic, treatment, X rays, lab, physician offices, physician research space. So those are built into the projections

on the clinical side as well.

Then we looked at how you phase development. We obviously have a hospital that is very full, and if you are going to build onto it, how do you do it in a way where you can continue to serve patients and make that the highest priority so that you are not interrupting patient care as you phase that way.

Those are the objectives.

Each of those key things that came up were the essential patient care needs. We identified the need to expand critical care capacity. In looking at the growth in the population, given many of the changes in health care environment you're probably familiar with, the actual acuity of patients that come to hospitals is much higher now. There is much more being done on an outpatient basis, but those that end up in an inpatient hospital need far more acute use.

In looking at that and looking at the growth of the population, we identified the need to expand our critical care capacity and add beds to that inpatient capacity to the trauma side of the hospital.

That increase in number of beds is one response to that increase in the population. Our current inpatient capacity in the clinical side of the hospital right now is very, very high. We run between 90 and 100 percent

occupancy, which is very high for a hospital.

What we try to plan for is about 80 percent so you can flex and vary those trauma seasons where you really have a large influx of people. In order to do that, we will need to expand the beds we have.

In doing that, we wanted to make sure where we expand the beds is in a place where there's proper diagnostic and support services close by. You don't want to have to replicate the labs and the X rays and all of the infrastructure.

And you will see in the planned project the proposal to expand the inpatient capacity, actually builds a bridge that allows us to use all of the existing infrastructure as well as add the additional capacity.

We're a small group. If I'm going too fast or you have questions, feel free to raise your hand or let me know.

The second piece we talked about was upgrading seismic standards. Okay. So we looked at what our current facilities' status is and where we have seismic concerns.

The first piece was to increase the seismic stability of that inpatient trauma unit we talked about. We wanted to increase it to what's called an essential facility. We felt as the Level 1 trauma center for four

states that as a community response we need to make sure that that building is stabilized in case there were ever an earthquake in the area. So that was one key criteria.

The second was to demolish those facilities that are at the greatest seismic risk. Many of our facilities were built many years ago not up to the current codes, and we wanted to slowly move activity out of those buildings and allow them to be demolished.

And then the buildings that we are still using, we wanted to increase them to the current code for seismic stability. Not all of the buildings have to be essential facilities. We felt that was important for the inpatient unit, but even the other facilities needed some seismic upgrading.

Third element we talked about is campus within the community. Talked about creating a campus heart. As we looked at future development, we wanted to have a definition of where the Harborview campus was. Many people have commented you can kind of see us from the freeway, but you can't get to our front door. It was difficult for people to figure out the way in.

So we've proposed what we called a campus heart. It also provides open space for the campus and for the community. So there isn't as much just closed density throughout the campus.

Thirdly, creating parking underneath that campus heart so that you have an ability to come into the campus, park your car, and be connected to the buildings either with tunnels under the street or walking from one building to the next.

In order to respond to the clinical services that we've spoken about, we recognize that if we're going to take down some of the buildings that currently house clinical services, we needed to replace them in another facility.

And so you'll see one of the planned projects is to have a clinical services building that would allow us to move some of the existing facilities from the more seismically unstable buildings into the clinical facility.

We also wanted that facility to be close to diagnostic and lab so that you didn't have providers walking all over the hospital and out of the clinics in order to have the support services they need.

And we recognize that we do need provider offices close to the clinical support. Many of our providers have offices across the street or rent space in downtown Seattle. It's a very dispersed faculty. And it impacts their ability to have all the time they need at the Harborview site. So we're trying to bring many of those back to the campus.

And then the phase-in development. The MIMP is a long-range plan. We tried to identify to the best of our ability what our needs are going to be.

The planned projects we'll go over in a minute are the projects that are anticipated to be done in a ten-year horizon. Doesn't mean they will all be done, doesn't mean there is funding for them at this point, but we try to anticipate what our needs would be for a ten-year period, and those are identified as planned projects.

The city, however, asked us to go beyond that and identify potential projects. And those are projects that go beyond the ten-year horizon that again may end up being built, and so we wanted to discuss them, but are further out in the time horizon.

And as you see in our planned projects, the phasing, the construction is phased in order for us to be able to maintain the current essential facilities that go on while the new construction is occurring.

Where we are, and I briefly talked about this in the beginning, we have reviewed the inpatient and the ambulatory activity; we looked at the growth and the changes in the health care environment; we assessed the existing facilities; and we reviewed the options that met those needs. In coming up with our master site

development plan, we reviewed many options to try to see what worked, what would be the most efficient way to achieve the objectives we talked about.

Where we are now, and we'll talk about those in a minute, we developed a long-range plan that meets the Harborview mission, has been approved within the Harborview structure.

We filed an application with the city to begin the MIMP process and the environmental impact process. And tonight is the environmental impact scoping to ask the public your comments on what are the environmental issues you want to make sure we address during this process.

The next steps after this would be to continue to obtain public comments on the proposed EIS and MIMP. Those are reviewed in a public process with the Citizens Advisory Committee. And in about a year to 18-month time frame, they are submitted to the City of Seattle for approval. And ultimately it's the Seattle City Council that approves the MIMP that will then be in place for the next ten years.

So let me tell you what the plan and potential are. Again, you have these in your packet. First, draw your attention to F. F is the inpatient expansion that I talked about. It allows us to add beds to that blue building which is existing north wing where we have the

inpatient beds currently. So you are able to build in your additional inpatient capacity close to all of the infrastructure it needs and it has the secondary benefit of providing that seismic support. It's sort of a buttress to that north wing. So in this plan project, you can still go under Ninth Avenue. It's not vacated. But it seismically stabilizes that north wing.

In order to build that building, we have to demolish the existing community mental health center that is under F there in your -- you can see it on your map.

The functions that are currently going on within the community mental health center as well as the functions that are going on in C and E -- I'll explain those in a minute -- have to be relocated in order for that building to happen.

The proposal would be to build the building called B which is across from the emergency room. We would try to locate in that facility the mental health functions, the involuntary treatment court, those functions that have similar patient populations, as well as functions such as the medical examiner who is currently located in that south wing, that E building.

E and C are proposed to be demolished. Those are the buildings that in our assessment were either seismically more unstable or older buildings that were too

costly to remodel up to existing standards.

So the functions that are in E and C would be relocated either to building B or building A1.

And those would be more ambulatory services and ambulatory surgery physicians' offices to allow for that movement to be able to build that expansion without interrupting patient care.

In addition, underneath the building that is called A1, the clinical services building, there would be parking underground to have the ability to have people park and then go directly to the clinical services building. And the proposal would be to demolish where Harborview Hall is in number C, create that open space that I talked about and put parking underneath there as well. So you would have the heart of campus with parking underneath so people could actually park and walk to the different buildings because it's centrally located.

So we talked about the clinical services building. That's A1.

B, which is called the Multiuse Building, is the building that would house most of the mental health services that would be moving over, as well as some of the county functions.

C is the Harborview Hall demolition.

We talked about D.

E, East Clinic Demolition, is the building that would be demolished. Those services would be relocated into the clinical services building. Then the interior renovations going on within the building as well.

That's called the planned projects. Those are the ones in the ten-year horizon that we'll be setting forth for the City of Seattle.

Any questions on those before I go to the potential which are even further out?

The potential projects build upon the planned projects, but again, this is the next potential 10, 15 years after that.

The clinical services building basically is added onto. We decided that we would build the parking underneath to the full capacity, but only build the building to half the capacity. So the building's occupied space would increase and we could add clinical services to address the increased population demands we talked about earlier.

The heart of the campus is now there.

Where I is is what's called a clinical services building. It would have clinical services as well as research. It would be built on the same side as the current south wing or the East Clinic that we are proposing to demolish.

And H is the sister building to the Research and Training Building that's currently being completed. When that building was built, it was estimated we needed twice as much research space as being built. But funds being limited, we could not build the building as large as the space anticipated, so this is potential in the future if there were funds available to be able to meet that need for the research.

G is an addition to the existing older part of the hospital to seismically upgrade that portion of the hospital. And at that point, if that were to happen, then Ninth Avenue would have to be vacated. But in the planned projects, Ninth Avenue maintains its access as an open street.

Any questions on the potential?

Okay. Those are the projects that we're proposing in the MIMP process. And as Jennifer talked about earlier, now is an opportunity for you to identify areas that you would like us to focus on, concerns you might have, things you want to be considered in the environmental impact statement.

Jennifer.

MS. PARKER: Now that you have an understanding, hopefully, of the projects under the MIMP, I would like to call your attention to page 2 of the

scoping notice that we sent out which says Determination of Significance.

Earlier I spoke of the elements of the environment that King County has proposed for discussion in this EIS. And they are listed here. And at the back table as you came in, there's a two-page document that says Elements of the Environment, which shows all of the elements of the environment that you can choose from essentially to have included in the EIS. And I would like to direct your comments now, if you have any, towards these issues.

I'll give you a chance to take a look at these. We have short-term construction impacts, energy and natural resources, environmental health, land and shoreline use, transportation, and public services and utilities that we assume could be areas for significant impact if not mitigated. So those are the areas that we're proposing for discussion and we would love to hear comments about if anybody has anything that they would like to see included.

MR. AHO: I was wondering if there's an estimate on the number of housing units being lost and if there's any plans for replacement of those.

MS. PARKER: That is something that will be discussed in the EIS. It's under Land and Shoreline Use

and Housing. And the discussion will include what's slated for demolition or movement and how that's going to look in the environment. I don't know that the answer is there yet. That's something that will be analyzed, however.

Could you state your name for the record.

MR. AHO: It's Alex Aho, A H O.

MS. PARKER: Anybody have any other questions or comments?

MR. JACKSON: My name is Douglas Jackson. I have a comment on parking and transportation to the Harborview area. Right now we have a very bad situation with parking. Many people need to come to this area to access hospital resources, but they can't find adequate parking or there isn't adequate public transportation or mass transportation, so the area tends to be very congested. It's very difficult for cars to move from this location to the rest of the city very easily, especially if they need to connect to the interstate freeway.

So I'm hoping that as part of the planning, not only will there be sufficient parking units for all of the services that relate to the hospital area, but also for the residents or people who live and work in the area who may not be directly connected with the hospital, and then also a very good system of moving large volumes of people,

some form of mass transportation system that encourages people to take mass transit. Because usually people will take mass transit if it's very convenient, but if it's inconvenient, people will drive cars.

MS. PARKER: Thank you. Yes, that would be included in the EIS under the transportation element. We're looking at parking. There is something called the transportation management plan which will address the parking needs, ways to encourage mass transit use, Metro, and that's all being developed and will be incorporated -- we actually have a subconsultant who will be writing that, transportation expert, who will be developing that information. It will be incorporated into the EIS. And there will also be an addendum -- not an addendum, an appendix, that includes the entire report, so you can review it and determine for yourself what you think.

Let me tell you a little bit about what happens after this. When the EIS begins, it will be written and reviewed and a draft -- what's called a draft EIS will be issued, and at that time everybody who received this scoping notice or a notification in the mail and anybody who signs up here tonight or calls in to be on that list will receive notification that that draft is ready, and you have 30 days in which to review that draft and comment.

And at that point, then all of the comments that are made will be incorporated into what we call the final EIS, which basically takes every comment step by step and answers it, and if there are comments that are substantial enough that it requires changes in the project, then the final EIS will incorporate those changes and discuss them. And that's -- the final document are those two pieces put together. That would conclude, then, the EIS, those two pieces.

Does anybody have comments on anything else that they would like to see in the scope of this EIS?

Do you have any questions about anything before we close the meeting? No.

Okay. Well, thank you all for coming. You can make a written comment up to October 26, which is Monday, and certainly feel free to call if you have any questions after you've reviewed this information at home.

Thank you and the meeting is now officially closed at 7:50.

(Concluded at 7:50 p.m.)

C E R T I F I C A T E

The foregoing pages represent an accurate and complete transcription of the proceedings, and these pages constitute the original of the transcript of the proceedings.

Signed and dated this 24th day of October 1998.

/S/

Lisa K. Nishikawa

Court Reporter

CCR# NISHILK362QE

E. Transportation Analysis of 9th Avenue Street Vacation

Appendix E
Transportation Analysis of Vacation of 9th Avenue

This appendix summarizes a project-level analysis of the proposed full street vacation of 9th Avenue between Jefferson and Alder Streets. The analysis evaluates impacts if the vacation were to occur sooner than identified in the Master Plan. The vacation would allow for expansion of the East Hospital/Center Wing and would reduce car and pedestrian conflicts on 9th Avenue. Although below and above-grade pedestrian crossings of 9th Avenue are proposed, a high number of at-grade pedestrian crossings of 9th Avenue from staff and visitors traveling between hospital facilities on the two sides of the street is expected.

Harborview Medical Center will continue to allow some vehicle traffic on the vacated section of 9th Avenue. The width of the roadway would be reduced to allow limited vehicle access, while at the same time allowing for the East Hospital/Wing Expansion and providing a pedestrian-oriented environment. The limited vehicle access would accommodate Metro's Route 60 transit buses; local hospital traffic entering and leaving the View Park and Plaza garages; and emergency vehicles traveling to and from the emergency entrance on Jefferson Street.

The vacation would require the diversion of general through traffic from 9th Avenue to adjacent streets. Forecast 2010 traffic volumes on this section of 9th Avenue are approximately 400 cars during the AM peak hour and 450 cars during the PM peak hour. In both peak hours, approximately half these cars are entering or leaving the hospital garages. The remaining 200 to 250 cars would be diverted to adjacent streets as a result of the street vacation.

Terry Avenue is the closest adjacent through street that parallels 9th Avenue. Terry Avenue is classified as a local access street. On-street parking is allowed on both sides of the street, reducing the effective street width.

In order to minimize impacts to Terry Avenue, measures could be implemented with the street vacation to direct the diverted traffic to Boren Avenue instead of Terry Avenue. Boren Avenue's classification as a principal arterial makes it more suitable to carry the diverted through traffic from 9th Avenue. Measures that could be used to encourage or direct the diverted traffic to Boren Avenue and away from Terry Avenue include:

- Curb Bulbs and Chokers
- Traffic Circles
- Maintain On-Street Parking (to reduce effective street width)
- Speed Bumps
- "Do Not Enter – Local Access Only" Signage
- Restrictive Speed Zones

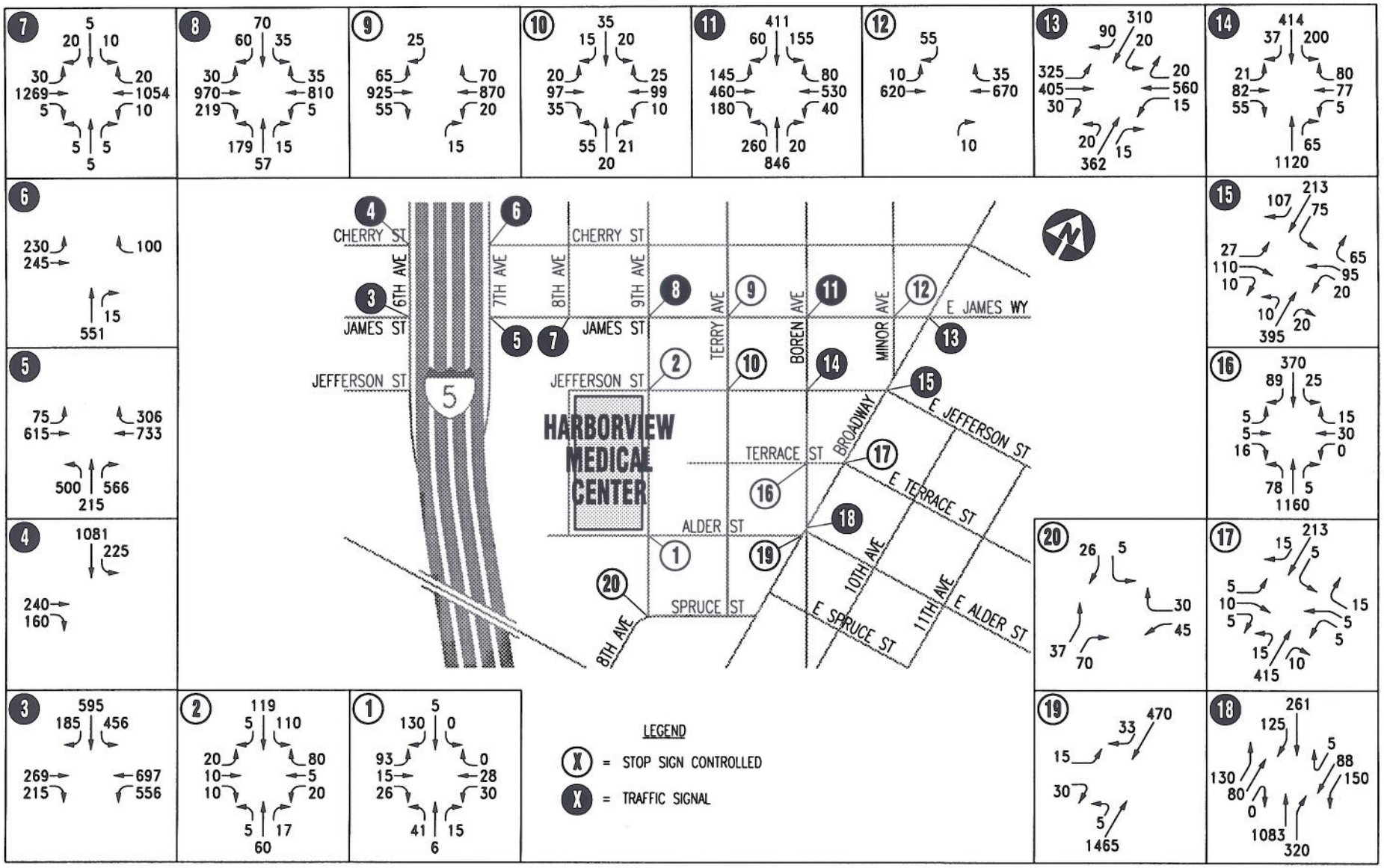
The resulting diversion of traffic to Boren Avenue would increase traffic volumes on Boren between James and Spruce Streets by approximately 160 cars in the AM peak hour and 200 cars in the PM peak hour. These correspond to a 9% increase in the AM peak hour and a 13% increase in the PM peak hour. The vacation would also increase traffic volumes on James Street by approximately 100 cars in both the AM and PM peak hours. Smaller increases during the peak hours of 40 cars or less would occur on Jefferson, Alder, and Spruce Streets. Total 2010 peak hour traffic volumes with the proposed vacation are shown in Figures E1 and E2.

Tables E1 and E2 summarize a comparison of peak hour levels of service with and without the vacation. In the AM peak hour, the vacation would not change the levels of service at any study area intersection except for the 9th Avenue and James Street intersection. At this intersection the level of service would improve from LOS F to LOS C as a result of a decrease in traffic on 9th Avenue due to the vacation.

During the PM peak hour, the vacation would not change levels of service at any study area intersection except for the James Street / Boren Avenue intersection. At this intersection, the level of service would change from LOS D to LOS E. The LOS E conditions indicate that there would be adequate capacity to accommodate the addition of traffic diverted from 9th Avenue and that no mitigation would be required.

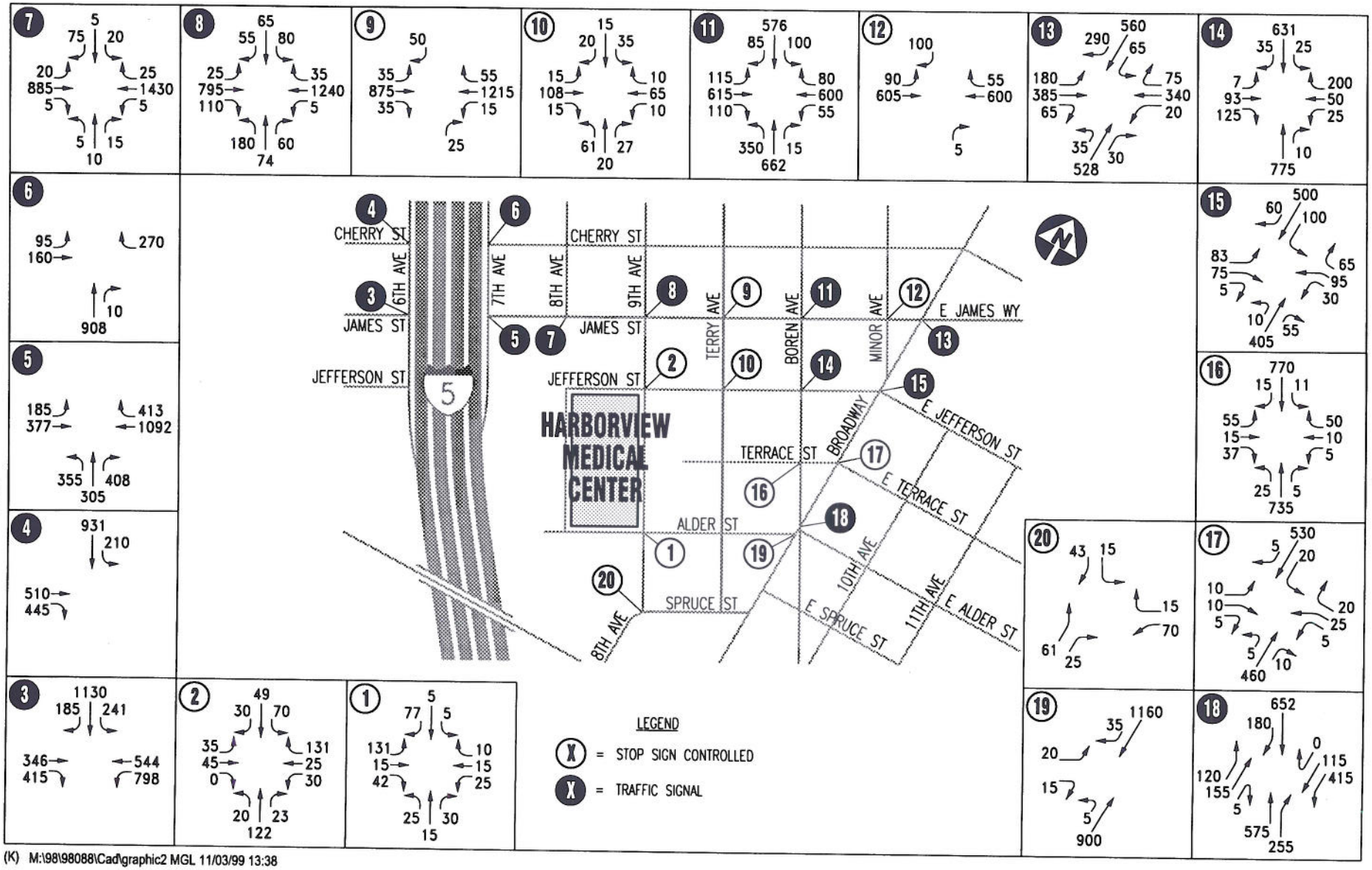
During both peak hours, the street vacation would increase traffic volumes at two unsignalized intersections that currently operate at LOS F. At the Alder Street / Broadway intersection, the vacation would increase left turns from eastbound Alder Street to northbound Broadway. These left turns currently operate at LOS F. Traffic counts indicate that approximately 5 cars make this left-turn movement during the PM peak hour. The vacation would increase this to between 15 and 20 cars. Although, this is not a large volume, the increase may warrant additional monitoring of safety conditions at the intersection.

The second LOS F unsignalized intersection that would experience increased traffic volumes as a result of the street vacation is the Boren Avenue and Terrace Street intersection. East to north left-turns from Terrace Street currently operate at LOS F during the AM and PM peak hours. The street vacation would add through traffic to Boren Avenue, however, it would not increase the volume of left-turns from Terrace Street, which is the movement that operates at LOS F.



(J) M:\98\98088\Cad\graphic2 MGL 11/03/99 13:37

Figure E1
Future (2010) With 9th Avenue Vacation
AM Peak Hour Traffic Volumes



(K) M:\98\98088\Cad\graphic2 MGL 11/03/99 13:38

Figure E2
Future (2010) With 9th Avenue Vacation
PM Peak Hour Traffic Volumes

Table E1

2010 With Master Plan (Planned Projects) AM Peak Hour Levels of Service With and Without 9th Avenue Vacation

	Without Vacation			With Vacation		
Signalized Intersections[1]	**LOS[2]**	**Delay[3]**	**V/C[4]**	**LOS**	**Delay**	**V/C**
Cherry Street/6th Avenue	B	8.1	0.40	B	8.1	0.40
Cherry Street/7th Avenue	C	15.3	0.53	C	15.3	0.53
James Street/6th Avenue	C	23.6	0.73	C	23.6	0.73
James Street/7th Avenue	F	>60.0	0.93	F	>60.0	0.93
James Street/8th Avenue	B	7.0	0.67	B	7.0	0.67
James Street/9th Avenue	F	>60.0	1.11	C	24.3	1.00
James Street/Boren Avenue	D	27.5	0.74	D	27.0	0.74
James Street/Broadway	C	18.1	0.70	C	17.9	0.70
Jefferson Street/Boren Avenue	C	19.3	0.51	C	18.6	0.53
Jefferson Street/Broadway	B	11.5	0.42	B	11.6	0.42
Broadway/Boren Avenue	D	36.1	0.65	D	35.1	0.70
Unsignalized Intersections[5]	**LOS**	**Delay**	**Worst Mov.[6]**	**LOS**	**Delay**	**Worst Mov.**
James Street/Terry Avenue	B	8.3	EB-left	B	9.4	EB-left
James Street/Minor Avenue	B	6.0	EB-left	B	6.0	EB-left
Jefferson Street/9th Avenue[7]	A	4.4	----	A	3.8	----
Jefferson Street/Terry Avenue	B	6.3	NB-left	B	6.4	NB-left
Terrace Street/Boren Avenue	F	88.5	EB-left	F	>100.0	EB-left
Terrace Street/Broadway	C	10.5	EB-left	C	11.0	WB-left
Alder Street/9th Avenue	B	7.6	EB-left	B	5.2	EB-left
Alder Street/Broadway	F	60.6	EB-left	F	>100.0	EB-left
Spruce Street/9th Avenue[7]	A	1.9	----	A	1.5	----

1. *Levels of service, delays, and v/c ratios at signalized intersections reflect the intersection as a whole.*
2. *LOS = Level of service*
3. *Delay = Average delay per vehicle (seconds)*
4. *V/C = Volume-to-capacity ratio*
5. *Levels of service and delays at stop sign controlled intersections reflect the turning movement that experiences the most delay.*
6. *Worst Movement = The individual turning movement that experiences the most delay.*
7. *These intersections operate with all-way stop sign control. The levels of service and average delays reported in this table reflects the intersections as a whole.*

Table E2

2010 With Master Plan (Planned Projects) PM Peak Hour Levels of Service With and Without 9th Avenue Vacation

	Without Vacation			With Vacation		
Signalized Intersections[1]	**LOS[2]**	**Delay[3]**	**V/C[4]**	**LOS**	**Delay**	**V/C**
Cherry Street/6th Avenue	B	12.3	0.51	B	12.3	0.51
Cherry Street/7th Avenue	C	16.9	0.51	C	16.9	0.51
James Street/6th Avenue	F	>60.0	0.93	F	>60.0	0.93
James Street/7th Avenue	F	>60.0	0.96	F	>60.0	0.96
James Street/8th Avenue	A	4.0	0.58	A	4.0	0.58
James Street/9th Avenue	F	>60.0	0.87	F	>60.0	0.85
James Street/Boren Avenue	D	30.9	0.73	E	40.3	0.78
James Street/Broadway	D	30.7	0.72	D	30.7	0.72
Jefferson Street/Boren Avenue	C	19.4	0.52	C	17.3	0.53
Jefferson Street/Broadway	B	14.8	0.55	B	14.5	0.52
Broadway/Boren Avenue	C	18.7	0.55	C	19.7	0.59
Unsignalized Intersections[5]	**LOS**	**Delay**	**Worst Mov.[6]**	**LOS**	**Delay**	**Worst Mov.**
James Street/Terry Avenue	C	11.7	EB-left	C	12.9	EB-left
James Street/Minor Avenue	B	5.7	EB-left	B	5.7	EB-left
Jefferson Street/9th Avenue[7]	B	6.5	----	B	5.4	----
Jefferson Street/Terry Avenue	B	5.7	NB-left	B	5.7	NB-left
Terrace Street/Boren Avenue	F	94.7	EB-left	F	>100.0	EB-left
Terrace Street/Broadway	D	22.0	EB-left	D	23.8	EB-left
Alder Street/9th Avenue	B	7.7	EB-left	B	5.1	EB-left
Alder Street/Broadway	F	53.0	EB-left	F	>100.0	EB-left
Spruce Street/9th Avenue[7]	A	2.5	----	A	1.6	----

8. *Levels of service, delays, and v/c ratios at signalized intersections reflect the intersection as a whole.*
9. *LOS = Level of service*
10. *Delay = Average delay per vehicle (seconds)*
11. *V/C = Volume-to-capacity ratio*
12. *Levels of service and delays at stop sign controlled intersections reflect the turning movement that experiences the most delay.*
13. *Worst Movement = The individual turning movement that experiences the most delay.*
14. *These intersections operate with all-way stop sign control. The levels of service and average delays reported in this table reflects the intersections as a whole.*

ADDENDUM

to the

FINAL ENVIRONMENTAL IMPACT STATEMENT

for the

Harborview Medical Center

prepared for the

Harborview Hall Adaptive Reuse Development

August 31, 2014

ADDENDUM

to the

Harborview Medical Center Final EIS

prepared for

Harborview Hall Adaptive Reuse Development

MUP Project # 3016021

King County
Department of Executive Services

This EIS Addendum has been prepared in compliance with the State Environmental Policy Act of 1971 (SEPA) (Chapter 43.21C, Revised Code of Washington); the SEPA Rules, effective April 4, 1984, as amended (Chapter 197-11, Washington Administrative Code) and King County Environmental Procedures (Chapter 20.44, King County Code), which implement SEPA.

Date of Issuance of this EIS Addendum
August 31, 2014

PREFACE

The purpose of this EIS Addendum is to provide information concerning site-specific development that is proposed as the Harborview Hall Adaptive Reuse development.

The Seattle Municipal Code, SMC Chapter 23.69, governs medical major institutions, including the Harborview Medical Center (Harborview). Harborview is owned by King County (County).

Harborview is required to adopt a major institution master plan (MIMP) in order to balance the needs of the major institution to develop facilities for the provision of health care with the need to minimize the impacts of such development on the surrounding neighborhoods. The City of Seattle (City) adopted the original MIMP for Harborview in April 1988 with Ordinance No. 113894.

In April 1998, the County began the process to establish a new Harborview MIMP. As part of that effort, the County's Department of Construction and Facilities Management (predecessor of the County's Department of Executive Services, Facilities Management Division (FMD)) issued a Harborview Medical Center Draft Environmental Impact Statement (DEIS).

The County issued the Harborview Medical Center Final Environmental Impact Statement (FEIS) on November 12, 1999. The DEIS and FEIS (collectively, the Harborview Medical Center EIS) identifies and evaluates probable, noteworthy environmental impacts that may result from adoption and implementation of the revised Harborview MIMP.

The Harborview Medical Center EIS evaluated a range of possible changes to the Harborview MIMP, including future development at a maximum campus density of 3.6 floor area ratio (FAR). The total Harborview campus area is 594,480 sf., so the maximum 3.6 FAR would result in a building area of 2,140,128 sf. The Harborview Medical Center EIS evaluated the potential demolition of the 11-story Harborview Hall (95,000 sf.), planned new building development of 442,900 sf. (172,154 sf. net new) and the potential development of 526,000 sf. of buildings for the Harborview campus, including the proposed Harborview Hall Adaptive Reuse development site.

Recognizing the need for flexibility in planning for a major institution, the Harborview Medical Center EIS also studied alternatives that provided for increased intensity in the core campus by locating and configuring the proposed uses differently than the planned and potential projects.

An addendum is an environmental document that is used to provide additional analysis or information about a proposal, but does not substantially change the analysis of significant environmental impacts and alternatives in the existing environmental documentation (e.g., the

Harborview Medical Center EIS).[1] The probable significant environmental impacts of a 160,000 sf. (65,000 sf. net new) building and 21,000 sf. of open space on the Harborview campus has already been adequately evaluated as part of the Harborview Medical Center EIS. The purpose of this EIS Addendum is to provide additional, detailed analysis and information concerning the project-specific Harborview Hall Adaptive Reuse development (the Proposed Project).

This EIS Addendum is not an authorization for an action, nor does it constitute a decision or a recommendation for action. This EIS Addendum will accompany the Harborview Hall Adaptive Reuse development through the County's and City's review processes and will be considered by County and City officials in making the necessary permitting and approval decisions.

The EIS Addendum is organized into three major sections. The Fact Sheet (starting on page iii) provides an overview of the proposed Harborview Hall Adaptive Reuse project (the Proposed Project) and its location, permits required, and points of contact. Section I (starting on page 1) is a comprehensive description of the Proposed Project; and Section II (starting on page 19) contains an analysis of the environmental impacts associated with the Proposed Project compared with those described in the Harborview Medical Center EIS.

[1] Washington Administrative Code (WAC) 197-11-706; King County Code (KCC) 20.44.070. The adequacy of environmental review provided in the Harborview Medical Center EIS was not challenged. Accordingly, the evaluation of the environmental impacts contained in the Harborview Medical Center EIS is presumed valid for the purpose of this Addendum.

FACT SHEET

Name of Proposal	Harborview Hall Adaptive Reuse
Proponent	King County
Location	The Harborview Hall Adaptive Reuse development is located on the mid-block of Ninth Avenue between Jefferson Street and Alder Street in the First Hill neighborhood of the City of Seattle. The Harborview Hall Adaptive Reuse site address is 326 Ninth Avenue.
Proposed Project	The Proposed Project is the adaptive re-use of the existing 11-story Harborview Hall and the construction of a 7-story infill addition to the eastern façade of Harborview Hall. The Proposed Project will include the demolition of a portion of the existing Harborview Hall structure (50,375 sf.), construction of a 7-story buttress addition (115,625 sf.), demolition of the 6,000 sf. Engineering Services building, 21,000 sf. of landscaped open space along Terry Avenue between Terrace Street and Alder Street and 9,000 cu. yds. of grading. The Proposed Project does not include a change in parking.
Lead Agency	King County, Department of Executive Services
Responsible Official and Contact Person	Kathy Brown, Facilities Management Division Director King County, Department of Executive Services King County Administration Building 500 Fourth Avenue, Suite 800 Seattle, WA 98104 Tel: 206-296-0631 Email: kathy.brown@kingcounty.gov
Addendum To Original Document	This EIS Addendum provides additional site-specific information and analysis concerning the Proposed Project, but does not substantially change the analysis of significant impacts and alternatives that are described in the EIS previously issued for the Harborview Medical Center Major Institution Master Plan.
Master Use Permit	DPD MUP No. 3016021
Required Approvals	Initial study shows that the following permits and/or approvals could be required for the Proposed Project. Additional permits/approvals may be recognized during the review procedure. ■ **City of Seattle** Department of Planning & Development (DPD)

Permits/approvals associated with the proposed project, including:

- Major Institution Master Plan minor amendment
- Master Use Permit
- Building Permit
- Site Demolition Permit
- Electrical Permits
- Grading/Shoring Permit
- Mechanical Permits
- Certificate of Occupancy
- Comprehensive Drainage Control Plan approval, *if necessary*
- Large-Parcel Drainage Control Plans with Construction Best Management Practices, Erosion and Sediment Control Approval, *if necessary*

Seattle Department of Transportation (SDOT)

- Street Improvements (e.g., sidewalk modifications, curb cuts, alley improvements, etc.)
- Street Use Permits (temporary – construction-related)

■ **King County**

- State Environmental Policy Act compliance
- King County Department of Health Permits

■ **Puget Sound Clean Air Agency**

- Demolition Permit (asbestos removal, if necessary)

Authors and Principal Contributors to this

The Harborview Hall Adaptive Reuse EIS Addendum has been drafted at the direction of King County. In addition to King County staff, the following firms assisted in the study and analysis for this document:

■ **Sabey Corporation** – Earth/Seismic, Landmark, Land Use, Construction/Short-Term Impact
■ **McKinstry** - Energy
■ **The Transpo Group** – Traffic Study
■ **Callison** – Architect, Design and Shadow Studies

Location of Background Data

King County, Department of Executive Services
King County Administration Building
500 Fourth Avenue, Suite 800
Seattle, WA 98104

Date of Issuance of This EIS Addendum	**August 31, 2014**
Date of Issuance of the Final EIS	November 12, 1999
Date of Issuance of the Draft EIS	April 30, 1999
Availability/Cost of this EIS Addendum	Notification of availability of this EIS Addendum has been distributed to agencies, organizations and individuals noted on the Notification List (Appendix A to this EIS Addendum). This EIS Addendum is also available for review at the County's Facilities Management Division offices, located at 500 Fourth Avenue, Suite 800. Additional copies may be available at the City's Department of Planning & Development Public Resource Center, which is located in Suite 2000 of the Seattle Municipal Tower in Downtown Seattle (700 Fifth Avenue) and at the Seattle Public Library (1000 Fourth Avenue). A limited number of complimentary copies of this EIS Addendum may be obtained from the King County Facilities Management Division offices while supplies last. Additional copies may be purchased at the King County Facilities Management Division offices for the cost of reproduction. The Harborview Medical Center EIS may also be available for review at the DPD Public Resources Center and at the Seattle Public Library (1000 Fourth Avenue). Copies of this EIS Addendum and of the Harborview Medical Center EIS are additionally available for viewing online at: *KingCounty.gov/HarborviewHall*

SECTION I

PROJECT DESCRIPTION

A. PROPONENT/PROJECT LOCATION

PROPONENT

The Harborview Hall Adaptive Reuse development is sponsored by King County. The King County Department of Executive Services, Facilities Management Division is the Lead Agency for the environmental review.

PROJECT LOCATION

The Proposed Project will be located in the City of Seattle (City) in the First Hill neighborhood at 326 Ninth Avenue, Seattle, Washington 98104.

Figure 1

REGIONAL MAP

The 2.5 acre site will occupy three of the eight platted lots and the vacated Terrace Street that are situated on the western half-block and two of the eight platted lots on the eastern half-block between Ninth Avenue and Terry Avenue. The full block of the site is bounded by Jefferson Street to the north, Terry Avenue to the east, Alder Street to the south and Ninth Avenue to the west.

Figure 2

VICINITY MAP

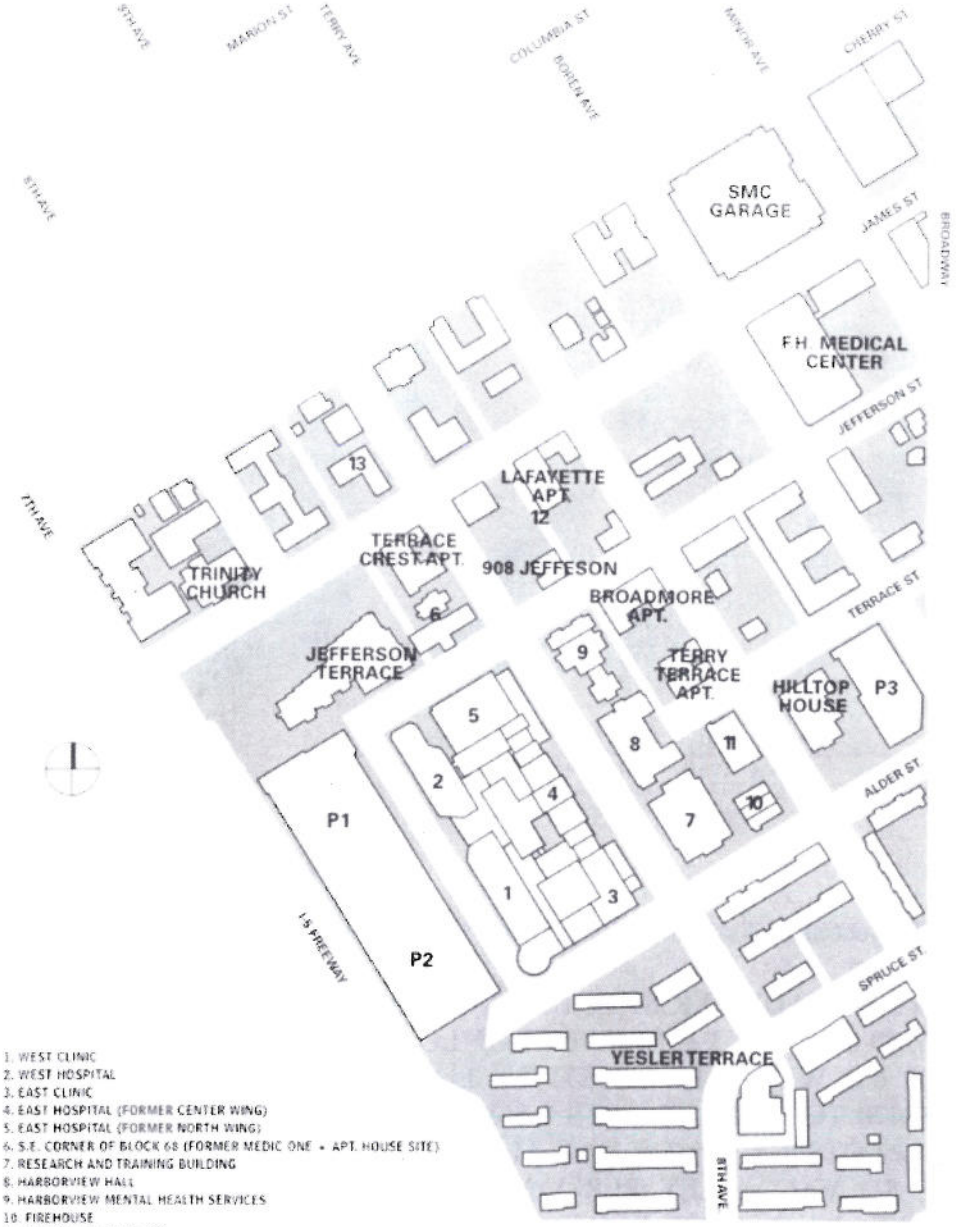
The Proposed Project site (Assessor's Parcel No. 850900220) legal description is:

TERRYS 2ND ADD BLK 81 LOTS 1 & 4 THRU 7 & WLY ½ OF 8 TGW BLK 82 SLY 40 OF LOTS 3 & NLY 40 FT OF LOT 6 & SLY 17 FT OF W 30 FT OF SD LOT 6 & WLY 30 FT OF LOT 7 & LOTS 1-4 5 & 8 & VAC ST ADJ PER VO #58470 TGW BLK 83 LOTS 1-8 & VAC ALLEY ADJ PER VO #112262 TGW 88 LOTS 2-3 & 6-7 & VAC ALLEY ADJ LESS WLY 6 FT OF NLY 77 FT OF SD VAC ALLEY PER VO #114974 – AKA PCL B OF CITY OF SEATTLE LLA #8907305, REC # 9002281294.

EXISTING SITE CHARACTERISTICS

The Proposed Project site currently includes the 11-story Harborview Hall building with exterior storage area and improvements, the 1-story Engineering Services building and site landscaping.

Figure 3
Harborview Medical Center Campus Plan



Harborview Medical Center
Campus Plan

According to the DPD geographic information system (GIS) data, the Proposed Project site does not contain listed environmentally critical areas.

B. BACKGROUND INFORMATION

This portion of the EIS Addendum provides a summary of several factors that have influenced the Proposed Project.

HARBORVIEW MEDICAL CENTER MIMP

The Seattle Municipal Code, SMC Chapter 23.69, governs medical major institutions. Harborview is a medical major institution required to adopt a MIMP. The City's rationale for the MIMP policy is to balance the needs of the major institution to develop facilities for the provision of health care with the need to minimize the impacts of such development on the surrounding neighborhoods.

A MIMP is a conceptual plan for a major institution consisting of three components: (1) development standards (e.g., setbacks, height limits, open space); (2) development program component (e.g., description of alternative proposals for physical development, including existing and planned future development); and (3) a transportation management program. SMC 23.69.030.

Harborview had an existing MIMP which was adopted by the City in April 1988 with Ordinance No. 113894. In April 1998, King County began the process to establish a new MIMP for the Harborview Medical Center. The MIMP adoption process is governed by SMC 23.69.025 - .036.

HARBORVIEW MEDICAL CENTER EIS

As part of the Harborview MIMP review process, the County's Department of Construction and Facilities Management (predecessor to the County's Department of Executive Services, Facilities Management Division (FMD)) issued a Draft Environmental Impact Statement (DEIS) entitled the Harborview Medical Center Environmental Impact Statement on April 30, 1999.

The County issued the Harborview Medical Center Final Environmental Impact Statement (FEIS) on November 12, 1999. The DEIS and FEIS (collectively, the Harborview Medical Center EIS) identifies and evaluates probable, noteworthy environmental impacts of developing the Harborview Medical Center Campus pursuant to a revised Harborview MIMP.

The Harborview Medical Center EIS evaluated a range of possible Harborview MIMP changes, including several on-site variations to the planned and potential future Harborview Medical Center campus physical development.

The Harborview Medical Center EIS also evaluated the nearer-term (2000-2010) new building development of 442,900 sf. (172,154 sf, net new) (Planned Projects) and the longer-term (2010-2020) development of 526,000 sf. of buildings for the Harborview campus (Potential Projects).

The Planned Projects studied, among other development, the potential demolition of the 11-story Harborview Hall (95,000 sf.) and new building construction of 442,900 sf. (172,154 sf. net new).

The Potential Projects included, among others, a 7-story research building at the west side of Terry Avenue between Terrace and Alder Streets and a potential Terrace Street vacation for open space.

Recognizing the need for flexibility in planning for a major institution, the Harborview Medical Center EIS also studied core campus alternatives that located and configured the proposed uses differently than the Planned and Potential Projects.

The Harborview Medical Center EIS evaluated future development at a maximum campus density of 3.6 floor area ratio (FAR). The total Harborview Campus area is 594,480 sf., so the maximum 3.6 FAR would result in an allowable Harborview Campus total building area of 2,140,128 sf.

The Harborview Medical Center EIS acknowledged that, given the need for flexibility and uncertainties with healthcare, the distinction of Planned and Potential Projects may change and is provided only as a timing sequence. The Harborview Medical Center EIS discussion accordingly provides comprehensive consideration of the overall size and use of these Planned and Potential Projects. The Harborview Medical Center EIS analyzed the potential long-term, short-term and cumulative impacts of the Planned and Potential Projects and alternatives.

The Harborview Medical Center EIS considered these changes in the context of impacts to:

Long-Term Impacts	
Earth/Seismic	Energy/Natural Resources
Environmental Health/Noise	Land Use
Plan/Policy Relationship	Population/Housing
Aesthetics (Height, Bulk and Scale)	Light, Glare and Shadow
Historic Preservation	Transportation
Parking (off and on-street)	Utilities (sewer, water, stormwater)
Short-Term/Construction Impacts	
Earth	Air
Water	Noise
Vehicular and Pedestrian Traffic	Parking

The following is a summary of the type and amount of development envisioned by the Harborview Medical Center EIS relative to the alternatives.

- **Proposal.** Consistent with the City's guidance for MIMP, the Proposal includes:

- Six Planned Projects totaling about 442,900 sf. of new construction for approximately 1,000 spaces/353,000 sf. of construction and demolition of about 175,154 sf. of existing space
- Four Potential Projects totaling approximately 526,000 sf.
- Seismic upgrades, interior renovations and building updates
- Campus boundary expansion from a 13.2 acre campus to 13.6 acres
- Multiple street and alley vacations and sky bridge/tunnel permits (below grade, aerial and at-grade
- Addition of landscaped open space and pedestrian amenities
- Modification/new development standards
- Modification/new transportation management program
- Master plan project variations such as underground garage connections, shifts in new construction/renovation/demolition amounts, changes in specific building measurement/heights/massing

■ **Alternative One.** This alternative suggests not vacating Ninth Avenue (studied as an element of a Planned Action project) and maintaining through traffic.

■ **Alternative Two.** This alternative suggests the addition of below-grade parking with the redevelopment of the Clinical Services building (a Planned Project). The alternative would include a three-level underground garage with roughly 200 parking stalls.

■ **Alternative Three.** This alternative suggests that the Harborview Major Institution Overlay (MIO) district boundary be amended to delete the Boren Street Garage, which is within the existing Harborview MIO boundary under the prior Harborview MIMP.

■ **Alternative Four.** This alternative considers increased building heights/increased intensity that would shift the proposed amount of development to different campus locations. While the total amount of Planned and Potential development program is the same as the Proposal, it is located differently and configured in different building volumes.

■ **Alternative Five.** Pursuant to the SEPA Rules,[2] this alternative is the "no-action" alternative that would involve no Planned or Potential Projects, no MIMP boundary change and no change to existing development standards or transportation management program.

The Harborview Hall Adaptive Reuse site is within the geographic range that was analyzed in the Harborview Medical Center EIS. In addition, the proposed Harborview Hall Adaptive Reuse development is within the range of actions and impacts that were assessed as part of the Proposal and alternatives, particularly the Increased Height/Increased Intensity alternative, in the Harborview Medical Center EIS.[3]

---

[2] WAC 197-11-440(5).

[3] *See* Aesthetics analysis for Increased Height/Increased Intensity (Alternative Four):

The City staff acknowledged that if the Harborview Hall demolition did not proceed, the EIS Increased Height/Increased Intensity Alternative would be imposed and the open space at the "campus heart" would not be provided. *See* Report, Analysis and Recommendation of the Director, Project No. 9804983 (Harborview MIMP Council Action), dated Feb. 2, 2000 at pg. 28.

UPDATED HARBORVIEW MEDICAL CENTER MIMP

The City approved the new Harborview MIMP on August 24, 2000 with Ordinance No. 120073.

The final Harborview MIMP was adopted along with 63 conditions regarding future development of the Harborview campus. Many of these conditions apply to the Harborview Hall Adaptive Reuse development and effectively address the anticipated impacts. *See* Section II for discussion.

EIS ADDENDUM – KEY ANALYSES

King County determined that for purposes of compliance with the State Environmental Policy Act (SEPA) for the Harborview Hall Adaptive Reuse development, it is appropriate to utilize the Harborview Medical Center EIS and prepare an EIS Addendum to add project-specific information.[4]

> "New development may replace the visual prominence of existing buildings due to their greater heights. **The most intense development core would visually shift to the east side of 9th Avenue at the Harborview Hall site.** The proximity of building space would create a more compact and concentrated campus. Aesthetic impacts would be different than those of the Proposed Action with the campus core massing located more to the east. The Proposed Action [studied in original Harborview Medical Center EIS] provides a landscaped open space at this location that creates a transition to the residential areas to the east. The increased development of the alternative may have greater height, bulk and scale impacts to this adjacent residential area." Harborview Medical Center EIS, pg. 110 (emphasis added).

See also Light/Glare/Shadow analysis for Increased Height/Increased Intensity (Alternative Four):

> "If future expansion capability at the central plaza [e.g. Harborview Hall] occurs, then this 'campus heart' open space would be eliminated." Harborview Medical Center EIS, pg. 104.

See also Land Use analysis for Increased Height/Increased Intensity (Alternative Four):

> "The land use impacts would be the same as the Proposed Action since all of the same sites would be institutional use. However, density would be substantially increased in the campus core area and reduced toward the campus edges....Compatibility impacts may be lessened with the most activity located toward the campus center, away from campus edges that abut sensitive uses (such as residential). Less future displacement impacts may occur. Less campus open space would be developed with the more development intensification." Harborview Medical Center EIS, pg. 60.

[4] WAC 197-11-625; KCC 20.44.070.

King County determined that the EIS Addendum should address the following environmental elements:

- **Earth/Seismic**
- **Energy**
- **Environmental Health/Noise**
- **Land Use** (existing land uses and height, density and scale)
- **Aesthetics** (views)
- **Light, glare and shadow**
- **Historical Resources**
- **Transportation** (circulation and parking)
- **Construction Impacts** (earth, air quality, noise/vibration and transportation (circulation and parking))

C. DESCRIPTION OF THE PROPOSED PROJECT

PROJECT OVERVIEW

This portion of the EIS Addendum provides a summary of the Proposed Project.

The Proposed Project is the adaptive reuse of the existing 11-story Harborview Hall. The Project will allow for the demolition of an eastern section of the existing Harborview Hall structure (50,375 sf.) and the construction of a 7-story buttress addition on the eastern façade (115,625 sf.). The adaptive reuse will preserve the existing Harborview Hall western facade along Ninth Avenue.

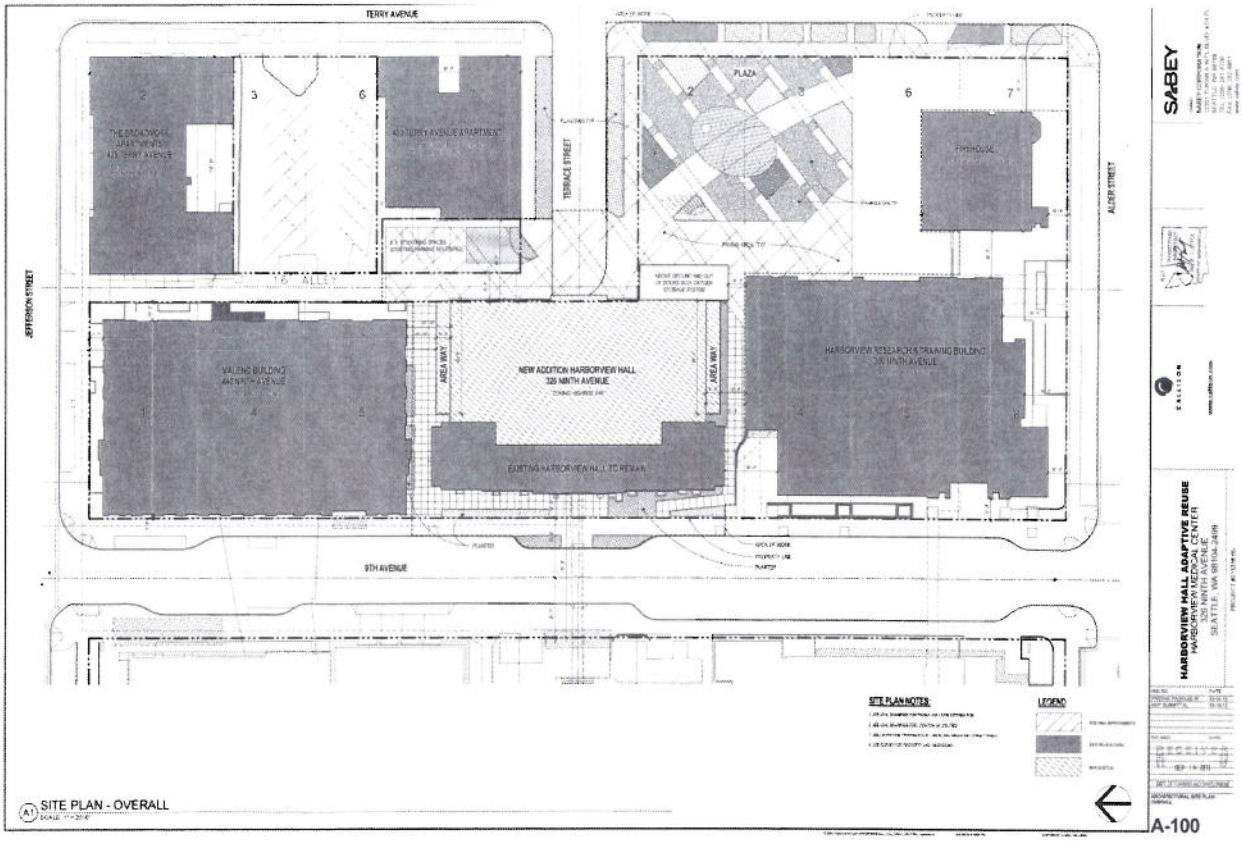
The adapted Harborview Hall building will provide approximately 160,000 sf. (net new 65,000 sf. accounting for partial demolition of existing structure sections and the total square footage of the buttress addition) of office space and medical institutional space. The Harborview Hall Adaptive Reuse project will be designed to achieve current life safety, seismic and energy codes standards. The quantities and configurations of the space may change as the Harborview Hall Adaptive Reuse development progresses and market conditions change. However, any changes in the quantity and layout of the offices is not projected to significantly alter this Addendum analysis.

The Proposed Project includes improvements to the Ninth Avenue frontage abutting Harborview Hall, including new street lighting, cast-in-place concrete sidewalks, landscaping and street trees.

Additionally, the Proposed Project includes the demolition of the existing 6,000 sf. Engineering Services building adjacent to Terry Avenue on the eastern section of the block. The Proposed Project envisions that this area will be redeveloped as 21,000 sf. of landscaped open space plaza.

[INTENTIONAL PAGE BREAK]

Figure 4
Harborview Hall Adaptive Reuse Site Plan



The Proposed Project's landscaped open space plaza will include landscaping, public art, overhead weather protection, benches, pedestrian lighting, covered pedestrian walkways along Terrace Street and street trees and cast-in-place sidewalks along Terry Avenue between Terrace and Alder.

The Proposed Project includes 9,000 cu. yds. of grading.

The Proposed Project does not include a change in parking, which is provided on-campus pursuant to the adopted Harborview MIMP. The Harborview Medical Center campus under the MIMP was approved for a total of 2,056 on-site parking stalls through the Planned and Potential Projects. This is a net increase of 761 stalls over the no action alterative and exceeds the maximum required by the Land Use Code. SMC 23.54.016.[5] To date, the County has developed 792 net stalls under the MIMP and approved modifications to Planned Projects. The increase in net parking stalls is attributable to the increased parking at the Ninth & Jefferson Building. The City approved the Ninth & Jefferson Building project, including parking, on October 19, 2006 (DPD MUP No. 3005971). Therefore, the Proposed Project does not propose additional site-specific parking.

PROJECT DESIGN

The proposed Harborview Hall Adaptive Reuse would develop the entire 54,070 sf. project site.

The proposed Harborview Hall Adaptive Reuse would be a 7-story in-fill tower addition to the existing 11-story Harborview Hall structure. The existing Harborview Hall eastern façade will be demolished; the western façade shall remain. The 7-story addition will be grafted to the existing structure. The combined Harborview Hall Adaptive Reuse structure height to the penthouse level will be 135 ft. The overall height would be 170 ft. 11 in. to the top of the mechanical boiler flue.

Figures 5 – 8 are elevations of the proposed Harborview Hall Adaptive Reuse building as viewed from the east, north and south and west perspectives.

[INTENTIONAL PAGE BREAK]

[5] Harborview Medical Center EIS, pg. 180, Table 46 (summarizing the parking code requirements. The maximum code-required parking limit for the Harborview Major Institution Master Plan is equal to 135 percent of the minimum requirement.).

Figure 5
West Elevation

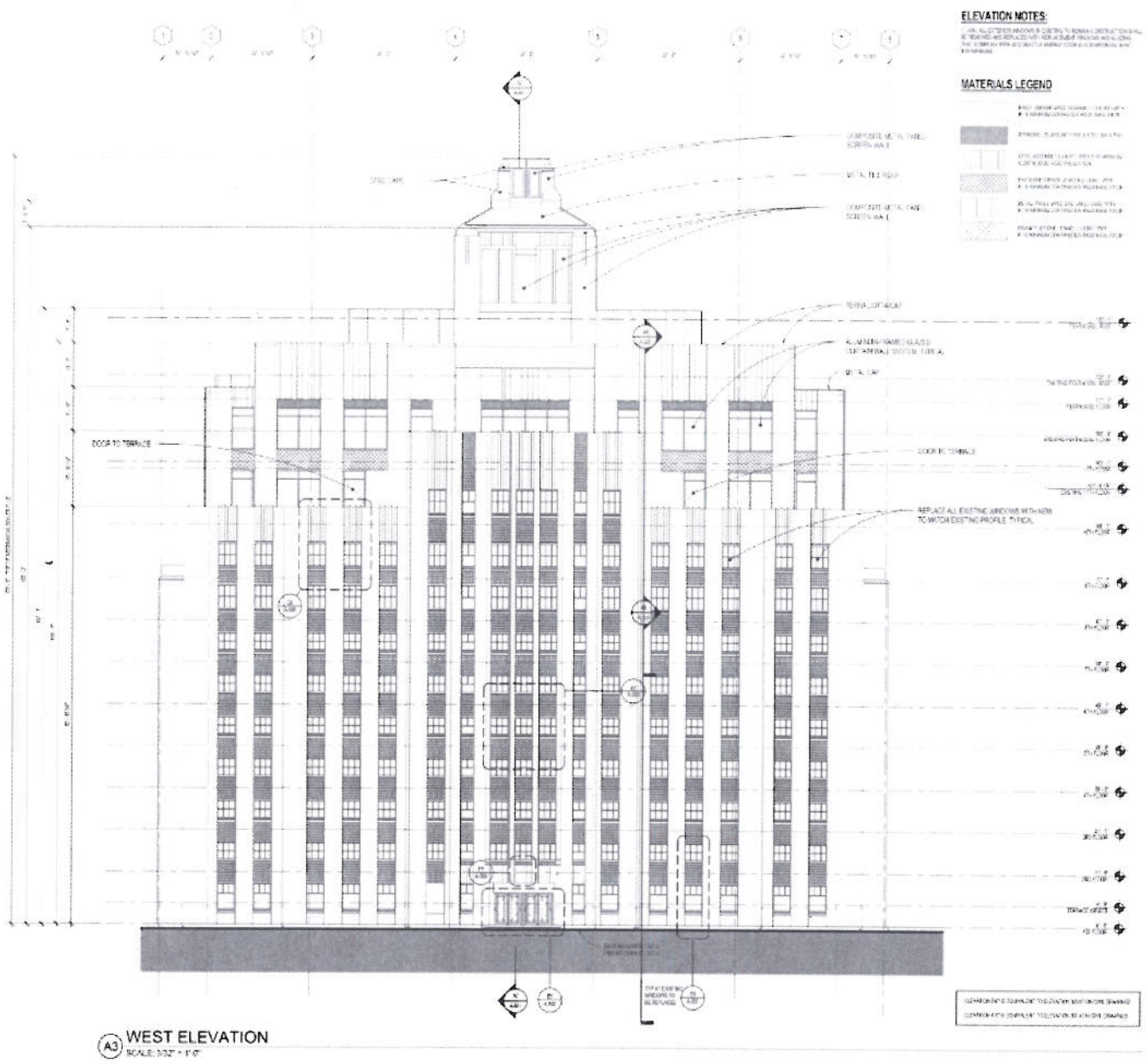


Figure 6
East Elevation

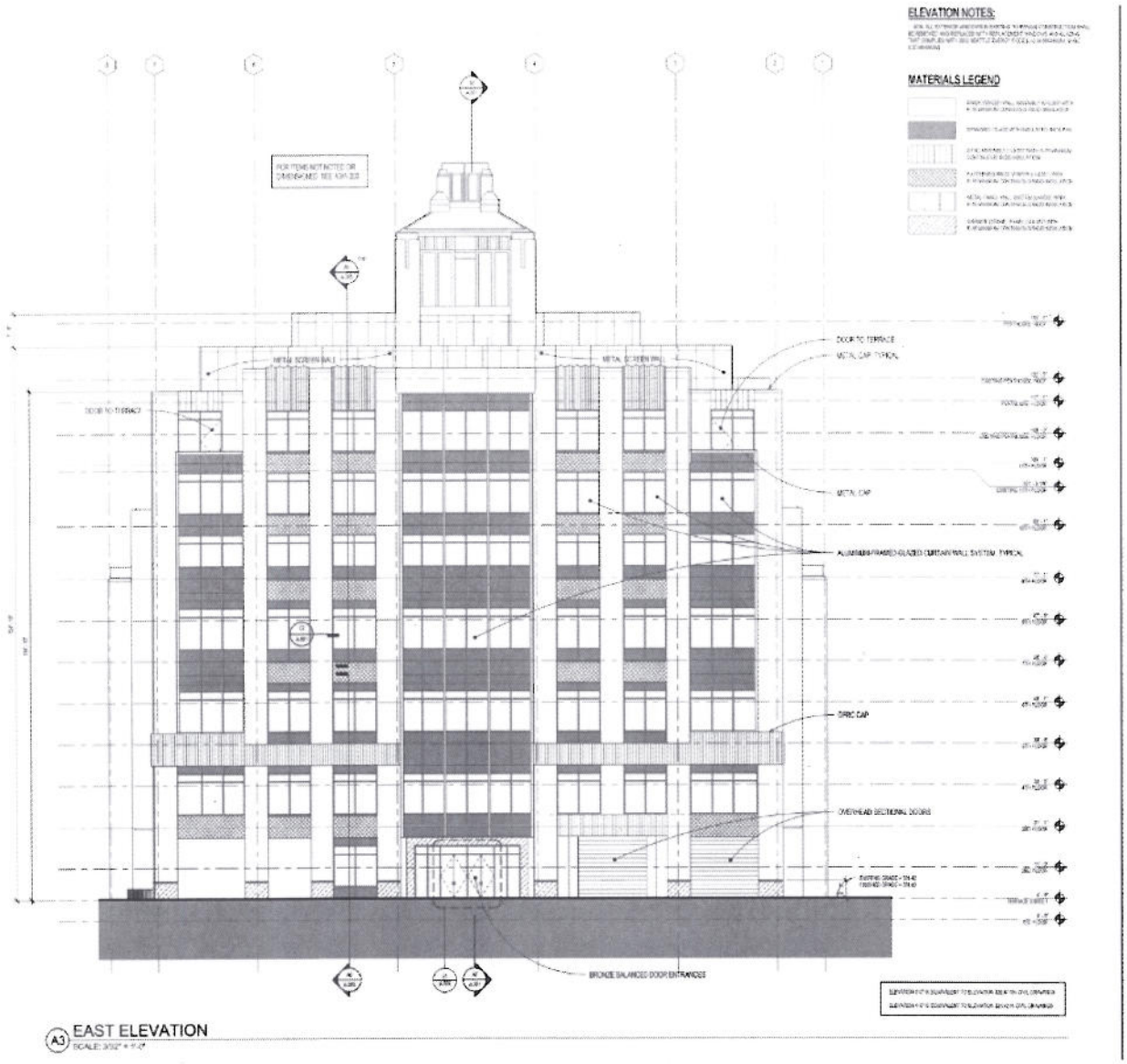


Figure 7
North Elevation

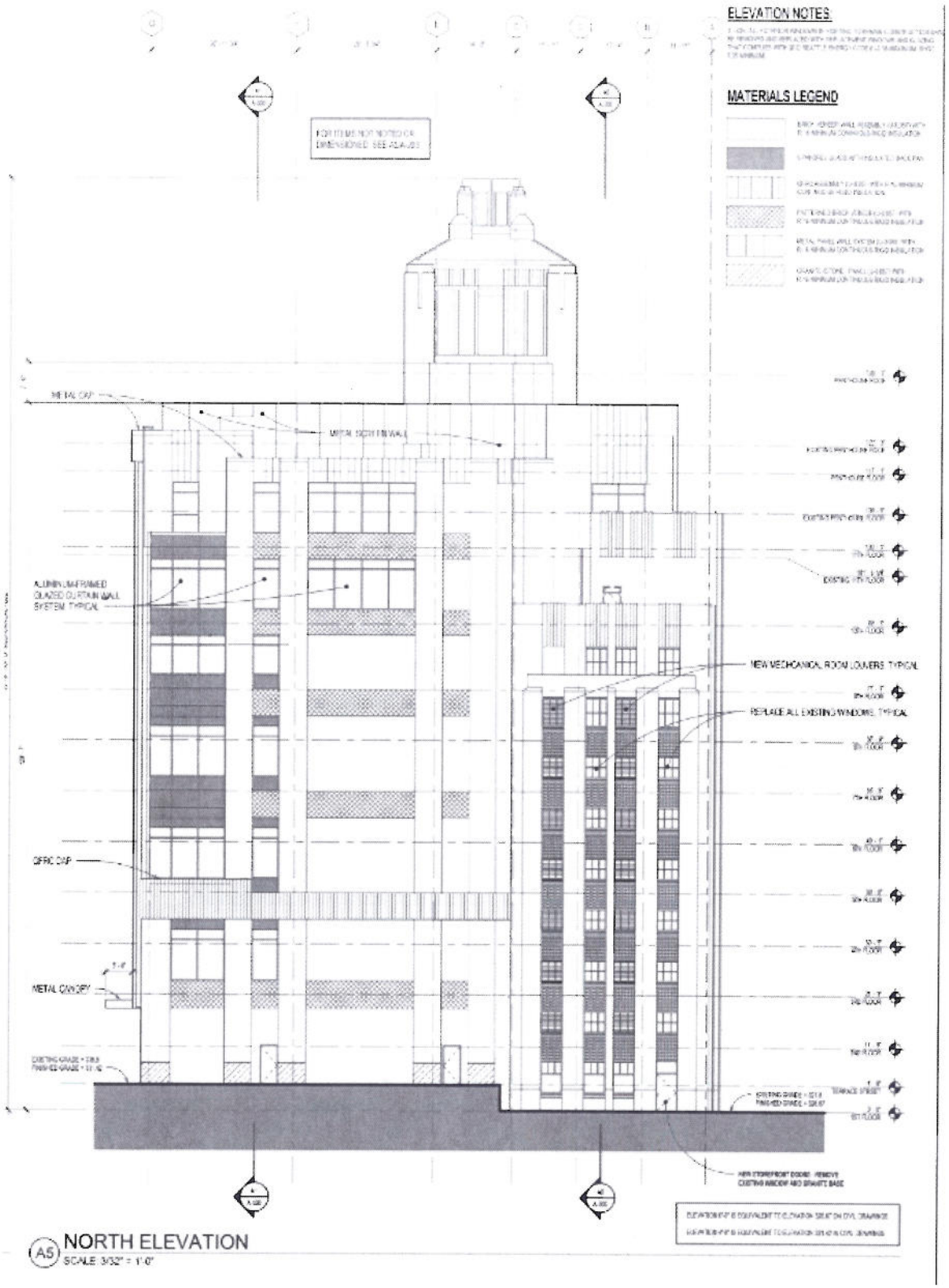
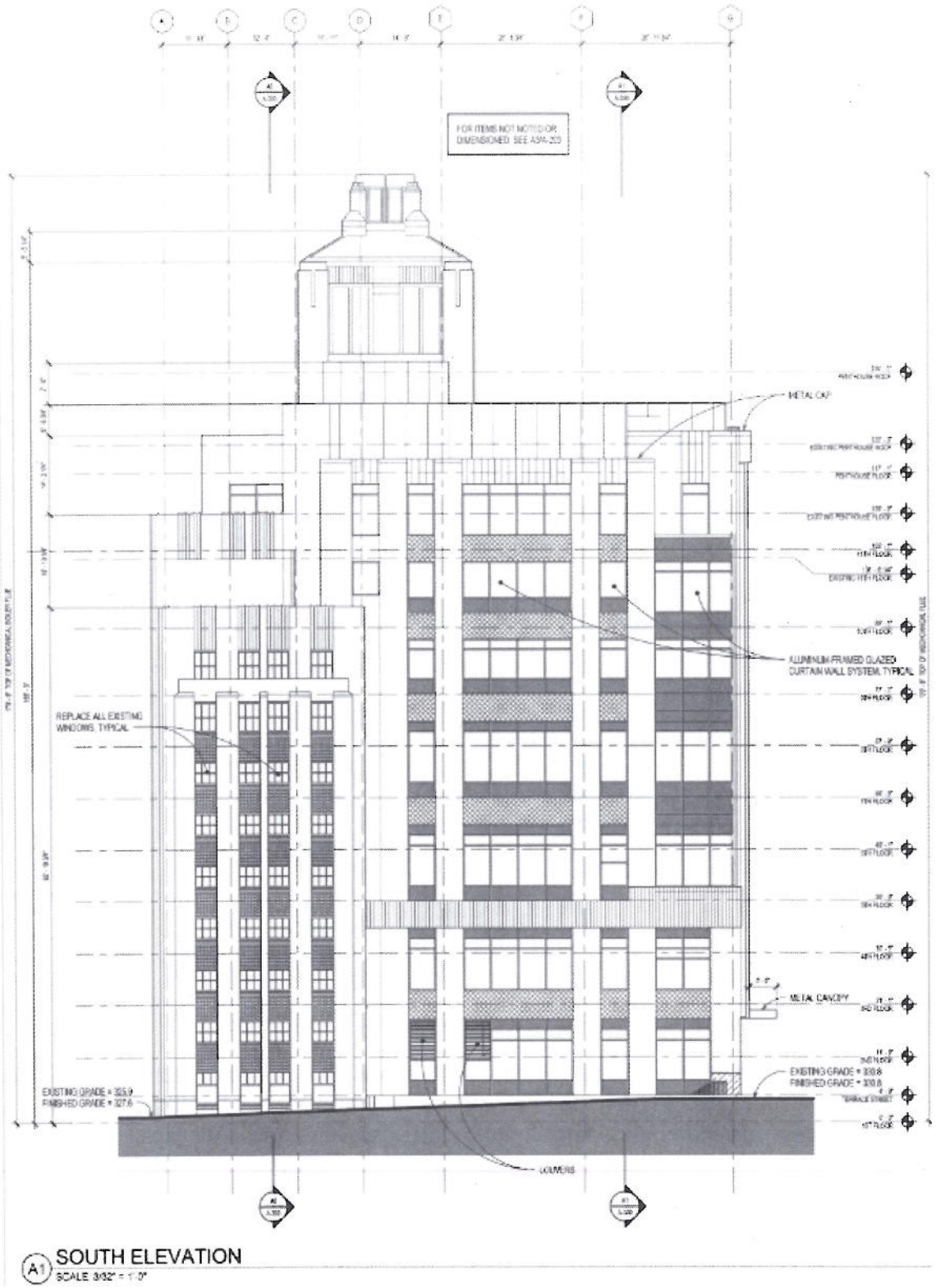


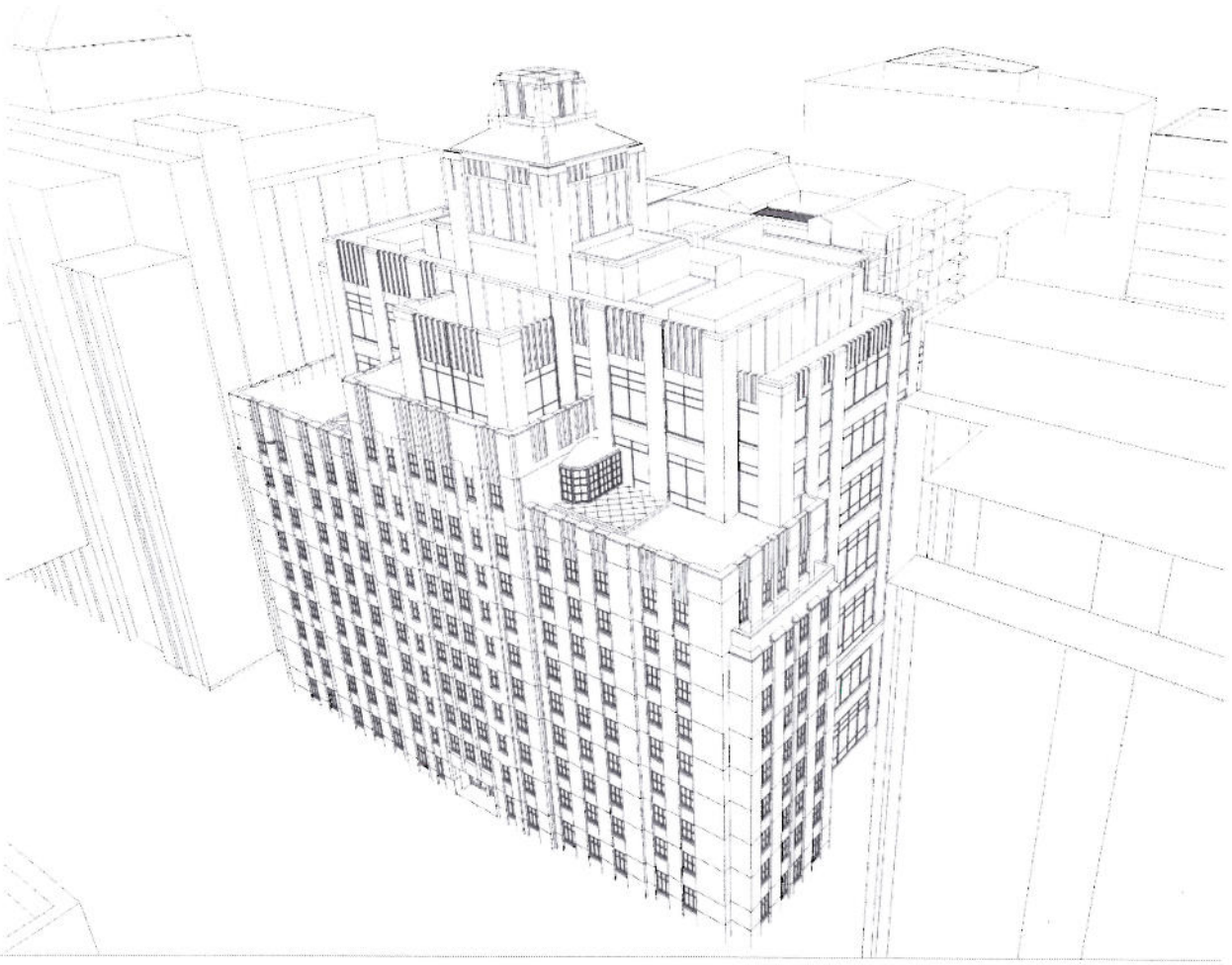
Figure 8
South Elevation



The Harborview Hall Adaptive Reuse façade materials along Ninth Avenue would include the existing brick façade; the existing windows would be replaced with new windows that match the typical existing window. *See* **Figures 5 – 8.**

The western Harborview Hall façade addition materials would consist of brick veneer, spandrel glass, metal panel wall and glass. The Harborview Hall Adaptive Reuse would include a mechanical boiler flue rising above the penthouse level that included brick veneer, metal panels, terra cotta and decorative precast caps. *See* **Figure 9.**

Figure 9
Harborview Hall Adaptive Reuse Western Façade



Along the Terry Avenue eastern façade, the new Harborview Hall Adaptive reuse section eastern façade would be visible. *See* **Figure 10.** The eastern façade materials would include plain and patterned brick veneer, spandrel glass, metal panel wall, glass and terra cotta caps.

Figure 10
Harborview Hall Adaptive Reuse Eastern Façade

The Harborview Hall Adaptive Reuse landscaping plan, as shown at **Figure 11,** includes cast in place concrete adjacent the Harborview Hall. Along Ninth Avenue, the landscaping includes new street trees and planter areas.

Along Terry Avenue, the Proposed Project includes redevelopment of 21,000 sf. of landscaped open space plaza. The Proposed Project landscaped open space/plaza will include plaza landscaping (including approximately 12 on-site Mt. Vernon laurels and assorted shrubbery), public art, pavers, overhead weather protection, benches, pedestrian lighting, covered pedestrian walkways along Terrace Street and street trees and cast-in-place sidewalks along Terry Avenue.

The Harborview Medical Center EIS studied alternatives[6] incorporating elements similar to the key features of the Proposed Project, particularly increased density at the site,[7] relocation of the proposed open space,[8] retention of the existing Harborview Hall[9] and parking demand impacts.[10]

---

[6] Increased Height/Increased Intensity (Alternative Four):

> "…Greater intensification of the core campus may be possible, as an alternative to greater horizontal campus expansion. Flexibility in transferring development from one location to another is needed. This alternative proposed increased building heights that would shift the proposed

[INTENTIONAL PAGE BREAK]

amount of development to different campus locations. The total amount of Planned and Potential development property is the same as the proposed; it is located differently and configured in different building volume than the proposal." Harborview Medical Center EIS, pg. 23.

[7] Land Use analysis for Increased Height/Increased Intensity (Alternative Four):

"The land use impacts would be the same as the Proposed Action since all of the same sites would be institutional use. However, density would be substantially increased in the campus core area and reduced toward the campus edges....Compatibility impacts may be lessened with the most activity located toward the campus center, away from campus edges that abut sensitive uses (such as residential). Less future displacement impacts may occur. Less campus open space would be developed with the more development intensification." Harborview Medical Center EIS, pg. 60.

See also Light/Glare/Shadow analysis for Increased Height/Increased Intensity (Alternative Four):

"If future expansion capability at the central plaza [e.g. Harborview Hall] occurs, then this 'campus heart' open space would be eliminated." Harborview Medical Center EIS, pg. 104.

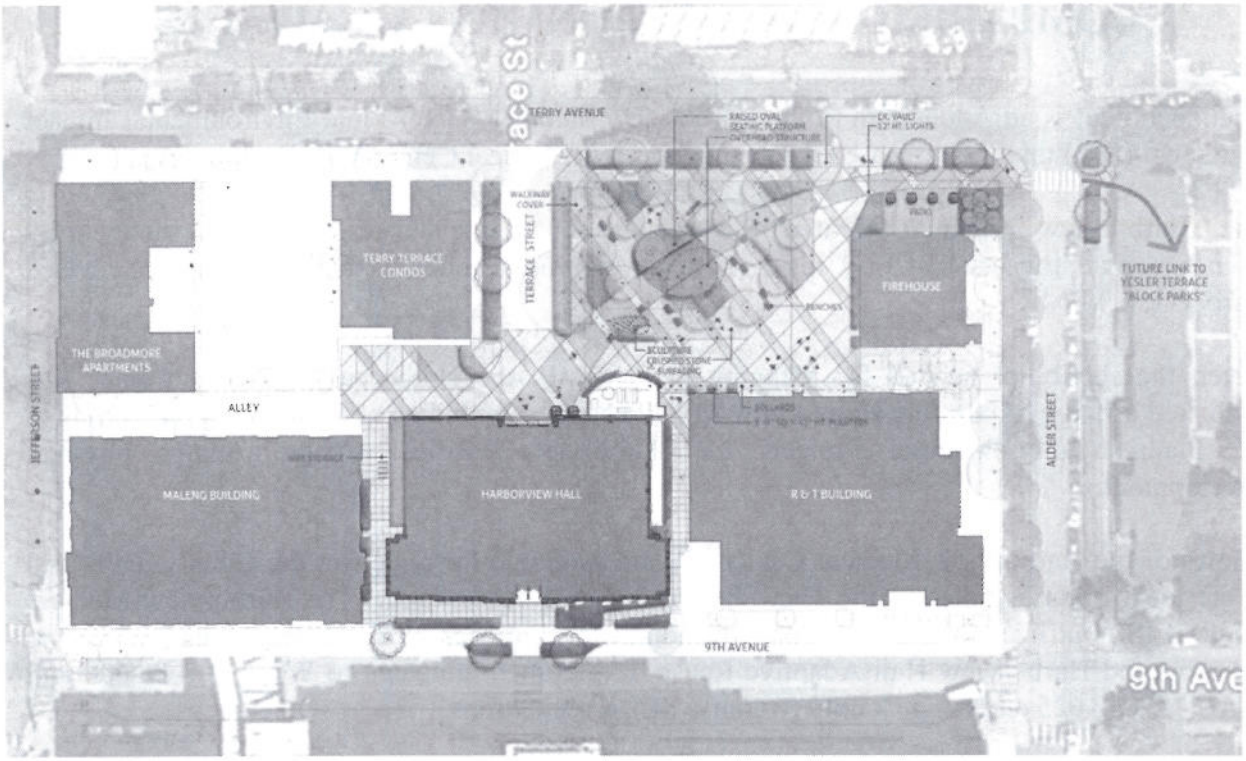
[8] *Id.*

[9] *See, e.g.,* Historic Resources analysis for Increased Height/Increased Intensity (Alternative Four) and No Action (Alternative Five), Harborview Medical Center EIS, pg. 131.

[10] Transportation and Parking analysis for Increased Height/Increased Intensity (Alternative Four):

"Since the total amount of development and the parking garage locations would be the same as that of the Proposed Action, the traffic and parking impacts would be the same as that described for the Proposed Action." Harborview Medical Center EIS, pg. 183.

Figure 11
Harborview Hall Adaptive Reuse Landscaping Plan



PROPOSED CONSTRUCTION SCHEDULE

The proposed Harborview Hall Adaptive Reuse development would include demolition of a portion of the existing Harborview Hall, full demolition of the Engineering Services structure and construction of the new Harborview Hall, open space/plaza and assorted site improvements. Demolition and construction activity on the site is estimated to begin in late 2014 with the building occupancy by mid-to-late 2015. Construction staging would occur on-site.

[INTENTIONAL PAGE BREAK]

SECTION II

COMPARISION OF ENVIRONMENTAL IMPACTS

This document is an Addendum to the Harborview Medical Center Final Environmental Impact Statement (EIS) that was prepared for the Harborview Medical Center MIMP adoption.

The Harborview Medical Center EIS identifies and evaluates probable, noteworthy environmental impacts that may result from development undertaken pursuant to the revised Harborview MIMP.

Given the flexibility needed for planning in a MIMP, the Harborview Medical Center EIS evaluated a range of possible Harborview MIMP changes, including several on-site variations to the Planned and Potential Projects for Harborview Medical Center campus physical development.

Copies of the Harborview Medical Center EIS are available for review at the County, DPD and at the local libraries noted in the Fact Sheet to this EIS Addendum. The Harborview Medical Center EIS is utilized, along with this Addendum, for purposes of SEPA compliance related to the proposed Harborview Hall Adaptive Reuse development pursuant to WAC 197-11-600 and WAC 197-11-625 and King County (County) SEPA regulations.

According to the SEPA Rules[11] and the County's Environmental Policies and Procedures,[12] an EIS Addendum is an environmental document that is used to provide additional information or analysis about a proposal that does not substantially change the analysis of significant impacts and alternatives in existing environmental documents. Existing environmental documents may be used in whole or in part to address environmental considerations. The previous Proposal and this Proposed Project need not be identical, but must have similar elements that provide for a basis comparing environmental consequences.[13]

The Harborview Medical Center EIS analyzed the impact of increasing building intensity on the Harborview campus, including the Harborview Hall Adaptive Reuse site.[14] The Harborview Medical Center EIS has been found to be adequate. Subsequently, the City approved the Harborview MIMP with Ordinance No. 120073. The final Harborview MIMP was adopted along with 63 conditions regarding future development of the Harborview campus. Many of these conditions apply to the Harborview Hall Adaptive Reuse and may address the anticipated impacts.

The purpose of this EIS Addendum, therefore, is to provide additional, more-detailed analysis and information concerning the site-specific Harborview Hall Adaptive Reuse development.

---

[11] WAC 197-11-600(4)(c); 197-11-706.
[12] KCC 20.40.070.
[13] RCW 43.21C.034.
[14] Harborview Medical Center EIS, pg. 23.

Scope of Analysis of EIS Addendum

The Harborview Medical Center EIS provides detailed environmental analyses relative to a broad range of environmental parameters. The King County Department of Executive Services, acting as the SEPA lead agency, has determined that the Harborview Medical Center EIS is a suitable document for the proposed Harborview Hall Adaptive Reuse project along with additional environmental analysis and/or mitigation provided in this Addendum relating to:

- **Earth/Seismic**
- **Energy**
- **Environmental Health/Noise**
- **Land Use** (existing land uses and height, density and scale)
- **Aesthetics** (views)
- **Light, glare and shadow**
- **Historical Resources**
- **Transportation** (circulation and parking)
- **Construction Impacts** (earth, air quality, noise/vibration and transportation (circulation and parking))

Project-specific information is presented in this EIS Addendum relative to each of the environmental elements noted above. The analysis for each consists of a brief summary of the impacts noted in the Harborview Medical Center EIS and the project-specific impacts associated with the Proposed Project.

A. EARTH/SEISMIC

EIS

The Harborview Medical Center EIS provided an analysis of the earth/seismic impacts under the Federal Emergency Management Agency (FEMA) NEHRP Guidelines for the Seismic Rehabilitation of Existing Buildings (known as FEMA 273). The Harborview Medical Center EIS evaluated the Planned and Potential Projects and alternatives under the "rare" event standard. The FEMA 273 "rare" event standard means a probability of reoccurrence once in every 475 years.

The Harborview Medical Center EIS noted that the existing Harborview Hall contains large public assembly spaces at the lower level that may contribute to a "soft story" seismic problem.[15]

[15] Harborview Medical Center EIS, pg. 29. A "soft story" is a building level with less stiffness; generally, this may be a ground floor level with higher heights.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project is consistent with the earth/seismic impacts studied in the Harborview Medical Center EIS.

The Harborview Hall Adaptive reuse development would be seismically improved to Life Safe criteria consistent with the planned use as addressed by ASCE-7 (which incorporates current information from AISC 360, 341 and ACI 318). The Proposed Project will be designed as a conventional Office use (Risk Category II, $I_e = 1.0$). Portions of the Proposed Project (e.g., the basement, main structural core and other areas associated with key mechanical systems) will be designed as an Essential Facility (Risk Category IV, $I_e = 1.5$). Work will include bracing the existing western façade internally and bracing individual parts of the building to limit nonstructural damage. The 7-story buttress addition will provide additional seismic support to the Harborview Hall structure and will be designed to the City's applicable life safety and seismic standards.

POTENTIAL MITIGATION MEASURES

The Proposed Project will be designed to comply with FEMA 273 standards for a Life Safe Performance Objective, meaning that all building occupants should be able to safely exit the structure after an earthquake of the design magnitude or less.

The Proposed Project design will account for any existing irregularities (including horizontal, vertical, torsional, stiffness (including "soft story" seismic problems), mass and/or geometric). The Proposed Project design will include a detailed analysis used to identify and account for any irregularity requiring structural components. Any "soft story" effects look to be addressed with the sizing and reinforcement of the main core of the Proposed Project.

SIGNIFICANT UNAVOIDABLE IMPACTS

No significant unavoidable adverse earth/seismic impacts are anticipated relative to the Proposed Project.

B. ENERGY

EIS

The Harborview Medical Center EIS evaluated the energy usage for the proposal and the associated impacts to the environment. The Harborview Medical Center EIS acknowledged the implementation of the Harborview MIMP would consume increased energy during all phases (e.g., construction, demolition and operation). In the analysis, the Harborview Medical Center EIS acknowledged that an increased intensity alternative would result in specific building envelopes differing in energy usage. However, cumulative impacts would be similar to the Proposal studied.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project during all phases (construction, demolition and operation) is consistent with energy impacts studied and disclosed in the Harborview Medical Center EIS. As noted in the increased intensity alternative, the Proposed Project will result in system loads distribution shifts due to the adaptive reuse of the Harborview Hall. The Planned Action shall be designed to incorporate the requirements of the Seattle Energy Code.

The Proposed Project proposes the inclusion of a steam plant in the Harborview Hall basement. The proposed steam plant would serve the Norm Maleng Building, Ninth & Jefferson Building, Research & Technology Building and the Harborview Hall Adapt Reuse Building. The proposed steam plant would provide N+1 redundancy for critical areas of the Harborview Medical Campus (e.g., Norm Maleng Building) to ensure continued fulfilment of Harborview's role in a crisis.

Due to the increased efficiencies of a closed loop steam plant, the Proposed Project would increase fuel and water efficiency and reduce distribution losses. The proposed steam plant will be designed to allow for compatibility as a node for a future district energy system. By incorporating the steam plant, the Proposed Project will reduce electricity demands by approximately 270,000 kilowatt hours and natural gas demands by 1.3 M therms,[16] resulting in a 2.8 M lbs/yr CO_2 emissions savings.

The Proposed Project will include seismic bracing and back-up system provisions that are intended to ensure continued operation of these critical facilities during and following a major earthquake.

POTENTIAL MITIGATION MEASURES

City Council condition #1 to the adopted Harborview MIMP provides: "The Planned and Potential Projects shall be designed to incorporate requirements of the Seattle Energy Code." The Proposed Project shall be designed consistent with the applicable Seattle Energy Code standards.

City Council condition #2 reads: "In new construction, mechanical systems shall be braced to comply with the standards for critical facilities in active seismic zones. The existing mechanical systems should also be braced throughout the facilities as part of the proposed renovations." This Council condition shall be incorporated into the Proposed Project design and construction.

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned in the Harborview MIMP, no significant unavoidable adverse energy impacts are anticipated relative to the Proposed Project.

C. ENVIRONMENTAL HEALTH/NOISE

[16] A therm is equal to 100,000 British Thermal Units (BTU). A BTU is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

EIS

The Harborview Medical Center EIS evaluated the long-term noise conditions, particularly associated with building systems and emergency vehicle operations. The Harborview Medical Center EIS acknowledged that the First Hill location near downtown is a relatively noisy urban area with ambient sound levels or 65-70 dBA. These ambient sounds include vehicular traffic, emergency vehicles, air traffic, building/mechanical systems and concentration of people activity.

Short-term construction-related noise/vibration impacts are discussed in Section II.I.3, below.

EIS ADDENDUM – PROJECT IMPACTS

The building equipment related to the Proposed Project will be the primary concern associated with noise. Additionally, there may be some noise associated with existing Harborview operational activity. Building related noise sources may occur from boilers, ventilation and air-conditioning equipment and from emergency generators. The design would be subject to the Seattle Noise Ordinance (SMC 25.08) of a 55 dBA daytime and 45 dBA nighttime for residential noise receivers. Intermittent noise events of short duration may occur; however, the cumulative noise impact would not substantially change the ambient noise levels in the urbanized First Hill location.

There are Harborview institutional buildings approximately 25 ft. north and south of the Proposed Project. The closest residential receivers are the apartments within one block to the north and east.

The Proposed Project will include a secure patient delivery area for trucks and vans to transport patients to the site. The secure patient delivery area supports and facilitates the controlled, safe transfer of patients with medical, mental health and/or mobility impairments. The secure patient delivery area would be accessed via Terrace Street. The volume of secure patient deliveries is expected to be four to eight vehicles per day.

Equipment, material and supply deliveries for Harborview Hall would occur off-site at existing loading facilities at other Harborview campus locations (e.g., the Research and Training Building loading dock located directly adjacent to the Proposed Project site, Ninth & Jefferson Building and/or the West Campus loading docks), consistent with existing practice. The deliveries would then be transported manually to the Proposed Project by existing tunnels which connect the Harborview campus.

The Harborview Medical Center EIS evaluated the Proposed Project site as a possible access location for an underground parking garage (Plaza Garage).[17] This evaluated alternative results in substantially more intensive noise impacts from vehicular sources than the Proposed Project.

[17] *See* Harborview Medical Center EIS, pg. 49 and pg. 175, Figure 35.

POTENTIAL MITIGATION MEASURES

City Council condition #4 to the adopted Harborview MIMP states: "Harborview shall comply with the requirements of the Seattle Noise Ordinance (SMC 25.08)."

Harborview MIMP Condition #5 reads: "Harborview shall ensure that building related noise sources such as heating, ventilating and air conditioning equipment and emergency generators are designed and operated within the noise levels permitted by the Seattle Noise Ordinance."

Harborview MIMP condition #6 provides: "Harborview shall orient parking facilities, loading areas, material transfer and waste facilities away from sensitive residential uses where feasible, and provide adequate acoustical buffers to reduce noise exposure, where feasible."

City Council condition #7 to the adopted Harborview MIMP requires that "Harborview shall install acoustic baffles for sound control on HVAC equipment and fans."

Finally, the City Council imposed condition #8 regarding noise on the Harborview MIMP, stating: "Harborview shall continue to implement policy of "shutting-down" emergency vehicle sirens within two blocks of the hospital (both for arriving and departing emergency vehicles), except when prevented by safety/traffic conditions."

The Proposed Project will be subject to the Noise Ordinance and will incorporate the Council conditions from the Harborview MIMP into the Proposed Project's design and operations. In particular, any transportation to the secure patient delivery area would be subject to the "shutting-down" policy for sirens within two blocks of the Proposed Project site.

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned by the City Council in the Harborview MIMP, no significant unavoidable adverse environmental health/noise impacts are anticipated relative to the Proposed Project.

D. LAND USE

1. Existing Land Uses

EIS

As noted in the Harborview Medical Center EIS, the First Hill neighborhood north and east of the Harborview campus includes several major institutional facilities, as well as many medical offices, apartment buildings, religious facilities, retail/commercial buildings and an art museum. To the south is the Seattle Housing Authority's Yesler Terrace residential community. To the west, the Harborview campus is Interstate-5; beyond the interstate is the City's downtown commercial core.

Under the alternatives studied in the Harborview Medical Center EIS, the Harborview major institution land use within Harborview's Major Institution Overlay district (MIO) boundary was projected to intensify. The Harborview Medical Center EIS stated 90 percent of the land area within the existing campus (including approved projects) is related to major institution functions.

Since the Harborview Medical Center EIS was published, the land uses surrounding the Proposed Project have continued the trend of intensified major institution use functions. Particularly, the Harborview campus completed the Ninth & Jefferson Building (440,000 sf. building with parking for 630 vehicles) and the Inpatient Expansion Building & Seismic Upgrade (245,000 sf. building).

The City also approved the Seattle Housing Authority's (SHA) Yesler Terrace redevelopment plan. In 2011 – 2012, the City adopted a comprehensive plan amendment, rezone and planned action ordinance to facilitate the redevelopment of Yesler Terrace. Under the Master Plan Community – Yesler Terrace development standards, Seattle Housing Authority is authorized to develop a maximum of: (1) 3.95M sf. of residential use (roughly 4,500 units); (2) 900,000 sf. of office/medical services/lodging use; (3) and 150,000 sf. of other uses. Ordinance No. 123962. Seattle Housing Authority estimates the Yesler Terrace redevelopment may phase over 20 years.

Yesler Terrace is located to the south and southeast of the Harborview campus. **Figure 12.** The City has approved SHA's application to redevelop the Yesler Terrace Steam Plant located at 120 8th Avenue south of Harborview as a 17,000 sf. new community center. MUP No. 3012978.

Other entitled development within the vicinity of the Proposed Project includes 500 Terry Avenue, a proposed 27-story residential building. The City issued MUP No. 3012929 on May 21, 2013.

[INTENTIONAL PAGE BREAK]

ADDENDUM

to the

FINAL ENVIRONMENTAL IMPACT STATEMENT

for the

Harborview Medical Center

prepared for the

Harborview Hall Adaptive Reuse Development

August 31, 2014

ADDENDUM

to the

Harborview Medical Center Final EIS

prepared for

Harborview Hall Adaptive Reuse Development

MUP Project # 3016021

King County
Department of Executive Services

This EIS Addendum has been prepared in compliance with the State Environmental Policy Act of 1971 (SEPA) (Chapter 43.21C, Revised Code of Washington); the SEPA Rules, effective April 4, 1984, as amended (Chapter 197-11, Washington Administrative Code) and King County Environmental Procedures (Chapter 20.44, King County Code), which implement SEPA.

Date of Issuance of this EIS Addendum
August 31, 2014

PREFACE

The purpose of this EIS Addendum is to provide information concerning site-specific development that is proposed as the Harborview Hall Adaptive Reuse development.

The Seattle Municipal Code, SMC Chapter 23.69, governs medical major institutions, including the Harborview Medical Center (Harborview). Harborview is owned by King County (County).

Harborview is required to adopt a major institution master plan (MIMP) in order to balance the needs of the major institution to develop facilities for the provision of health care with the need to minimize the impacts of such development on the surrounding neighborhoods. The City of Seattle (City) adopted the original MIMP for Harborview in April 1988 with Ordinance No. 113894.

In April 1998, the County began the process to establish a new Harborview MIMP. As part of that effort, the County's Department of Construction and Facilities Management (predecessor of the County's Department of Executive Services, Facilities Management Division (FMD)) issued a Harborview Medical Center Draft Environmental Impact Statement (DEIS).

The County issued the Harborview Medical Center Final Environmental Impact Statement (FEIS) on November 12, 1999. The DEIS and FEIS (collectively, the Harborview Medical Center EIS) identifies and evaluates probable, noteworthy environmental impacts that may result from adoption and implementation of the revised Harborview MIMP.

The Harborview Medical Center EIS evaluated a range of possible changes to the Harborview MIMP, including future development at a maximum campus density of 3.6 floor area ratio (FAR). The total Harborview campus area is 594,480 sf., so the maximum 3.6 FAR would result in a building area of 2,140,128 sf. The Harborview Medical Center EIS evaluated the potential demolition of the 11-story Harborview Hall (95,000 sf.), planned new building development of 442,900 sf. (172,154 sf. net new) and the potential development of 526,000 sf. of buildings for the Harborview campus, including the proposed Harborview Hall Adaptive Reuse development site.

Recognizing the need for flexibility in planning for a major institution, the Harborview Medical Center EIS also studied alternatives that provided for increased intensity in the core campus by locating and configuring the proposed uses differently than the planned and potential projects.

An addendum is an environmental document that is used to provide additional analysis or information about a proposal, but does not substantially change the analysis of significant environmental impacts and alternatives in the existing environmental documentation (e.g., the

Harborview Medical Center EIS).[1] The probable significant environmental impacts of a 160,000 sf. (65,000 sf. net new) building and 21,000 sf. of open space on the Harborview campus has already been adequately evaluated as part of the Harborview Medical Center EIS. The purpose of this EIS Addendum is to provide additional, detailed analysis and information concerning the project-specific Harborview Hall Adaptive Reuse development (the Proposed Project).

This EIS Addendum is not an authorization for an action, nor does it constitute a decision or a recommendation for action. This EIS Addendum will accompany the Harborview Hall Adaptive Reuse development through the County's and City's review processes and will be considered by County and City officials in making the necessary permitting and approval decisions.

The EIS Addendum is organized into three major sections. The Fact Sheet (starting on page iii) provides an overview of the proposed Harborview Hall Adaptive Reuse project (the Proposed Project) and its location, permits required, and points of contact. Section I (starting on page 1) is a comprehensive description of the Proposed Project; and Section II (starting on page 19) contains an analysis of the environmental impacts associated with the Proposed Project compared with those described in the Harborview Medical Center EIS.

[1] Washington Administrative Code (WAC) 197-11-706; King County Code (KCC) 20.44.070. The adequacy of environmental review provided in the Harborview Medical Center EIS was not challenged. Accordingly, the evaluation of the environmental impacts contained in the Harborview Medical Center EIS is presumed valid for the purpose of this Addendum.

FACT SHEET

Name of Proposal	Harborview Hall Adaptive Reuse
Proponent	King County
Location	The Harborview Hall Adaptive Reuse development is located on the mid-block of Ninth Avenue between Jefferson Street and Alder Street in the First Hill neighborhood of the City of Seattle. The Harborview Hall Adaptive Reuse site address is 326 Ninth Avenue.
Proposed Project	The Proposed Project is the adaptive re-use of the existing 11-story Harborview Hall and the construction of a 7-story infill addition to the eastern façade of Harborview Hall. The Proposed Project will include the demolition of a portion of the existing Harborview Hall structure (50,375 sf.), construction of a 7-story buttress addition (115,625 sf.), demolition of the 6,000 sf. Engineering Services building, 21,000 sf. of landscaped open space along Terry Avenue between Terrace Street and Alder Street and 9,000 cu. yds. of grading. The Proposed Project does not include a change in parking.
Lead Agency	King County, Department of Executive Services
Responsible Official and Contact Person	Kathy Brown, Facilities Management Division Director King County, Department of Executive Services King County Administration Building 500 Fourth Avenue, Suite 800 Seattle, WA 98104 Tel: 206-296-0631 Email: kathy.brown@kingcounty.gov
Addendum To Original Document	This EIS Addendum provides additional site-specific information and analysis concerning the Proposed Project, but does not substantially change the analysis of significant impacts and alternatives that are described in the EIS previously issued for the Harborview Medical Center Major Institution Master Plan.
Master Use Permit	DPD MUP No. 3016021
Required Approvals	Initial study shows that the following permits and/or approvals could be required for the Proposed Project. Additional permits/approvals may be recognized during the review procedure. ■ **City of Seattle** Department of Planning & Development (DPD)

Permits/approvals associated with the proposed project, including:

- Major Institution Master Plan minor amendment
- Master Use Permit
- Building Permit
- Site Demolition Permit
- Electrical Permits
- Grading/Shoring Permit
- Mechanical Permits
- Certificate of Occupancy
- Comprehensive Drainage Control Plan approval, *if necessary*
- Large-Parcel Drainage Control Plans with Construction Best Management Practices, Erosion and Sediment Control Approval, *if necessary*

Seattle Department of Transportation (SDOT)

- Street Improvements (e.g., sidewalk modifications, curb cuts, alley improvements, etc.)
- Street Use Permits (temporary – construction-related)

■ **King County**

- State Environmental Policy Act compliance
- King County Department of Health Permits

■ **Puget Sound Clean Air Agency**

- Demolition Permit (asbestos removal, if necessary)

Authors and Principal Contributors to this

The Harborview Hall Adaptive Reuse EIS Addendum has been drafted at the direction of King County. In addition to King County staff, the following firms assisted in the study and analysis for this document:

■ **Sabey Corporation** – Earth/Seismic, Landmark, Land Use, Construction/Short-Term Impact
■ **McKinstry** - Energy
■ **The Transpo Group** – Traffic Study
■ **Callison** – Architect, Design and Shadow Studies

Location of Background Data

King County, Department of Executive Services
King County Administration Building
500 Fourth Avenue, Suite 800
Seattle, WA 98104

Date of Issuance of This EIS Addendum	**August 31, 2014**
Date of Issuance of the Final EIS	November 12, 1999
Date of Issuance of the Draft EIS	April 30, 1999
Availability/Cost of this EIS Addendum	Notification of availability of this EIS Addendum has been distributed to agencies, organizations and individuals noted on the Notification List (Appendix A to this EIS Addendum). This EIS Addendum is also available for review at the County's Facilities Management Division offices, located at 500 Fourth Avenue, Suite 800. Additional copies may be available at the City's Department of Planning & Development Public Resource Center, which is located in Suite 2000 of the Seattle Municipal Tower in Downtown Seattle (700 Fifth Avenue) and at the Seattle Public Library (1000 Fourth Avenue). A limited number of complimentary copies of this EIS Addendum may be obtained from the King County Facilities Management Division offices while supplies last. Additional copies may be purchased at the King County Facilities Management Division offices for the cost of reproduction. The Harborview Medical Center EIS may also be available for review at the DPD Public Resources Center and at the Seattle Public Library (1000 Fourth Avenue). Copies of this EIS Addendum and of the Harborview Medical Center EIS are additionally available for viewing online at: *KingCounty.gov/HarborviewHall*

SECTION I

PROJECT DESCRIPTION

A. PROPONENT/PROJECT LOCATION

PROPONENT

The Harborview Hall Adaptive Reuse development is sponsored by King County. The King County Department of Executive Services, Facilities Management Division is the Lead Agency for the environmental review.

PROJECT LOCATION

The Proposed Project will be located in the City of Seattle (City) in the First Hill neighborhood at 326 Ninth Avenue, Seattle, Washington 98104.

Figure 1

REGIONAL MAP

The 2.5 acre site will occupy three of the eight platted lots and the vacated Terrace Street that are situated on the western half-block and two of the eight platted lots on the eastern half-block between Ninth Avenue and Terry Avenue. The full block of the site is bounded by Jefferson Street to the north, Terry Avenue to the east, Alder Street to the south and Ninth Avenue to the west.

Figure 2

VICINITY MAP

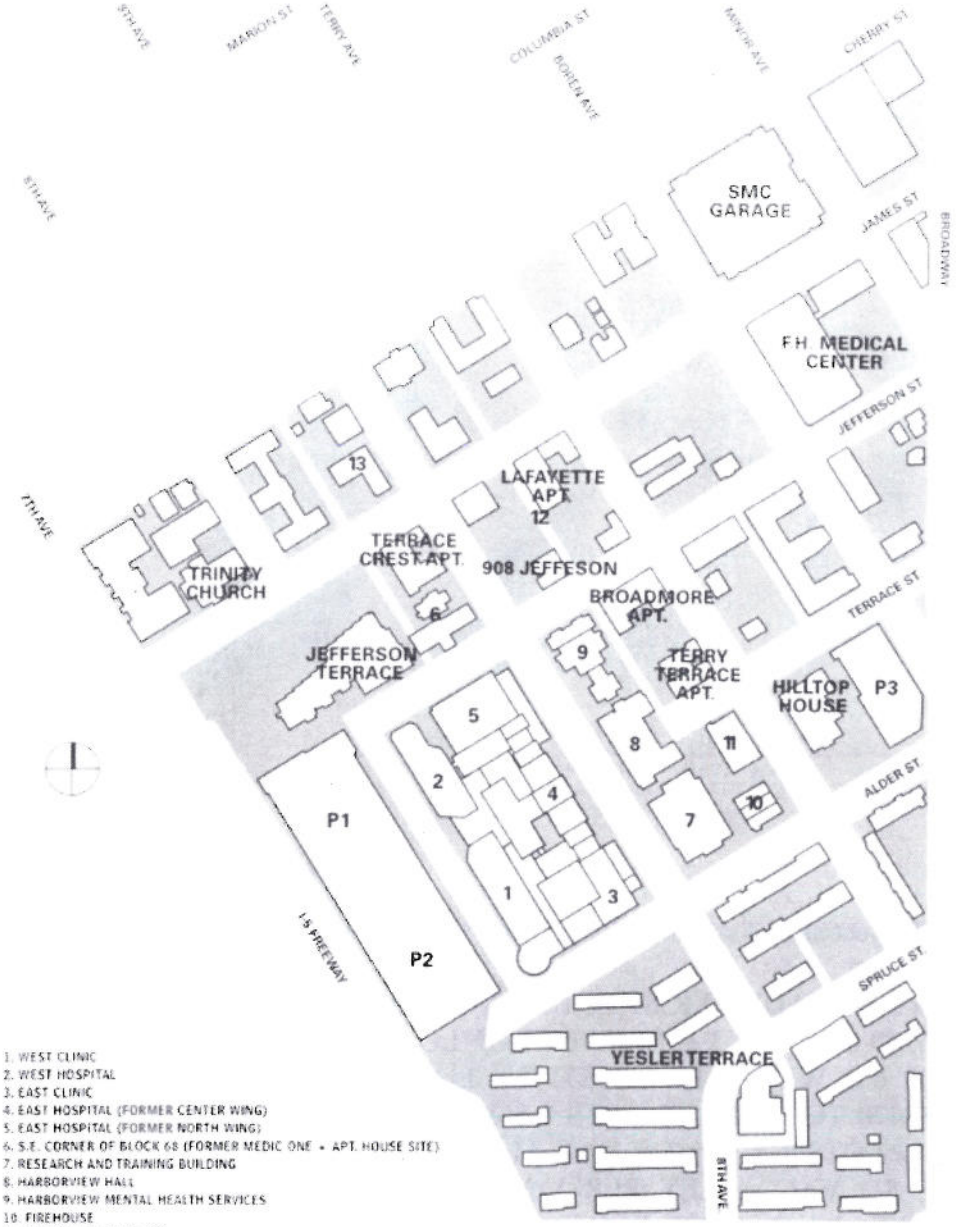
The Proposed Project site (Assessor's Parcel No. 850900220) legal description is:

TERRYS 2ND ADD BLK 81 LOTS 1 & 4 THRU 7 & WLY ½ OF 8 TGW BLK 82 SLY 40 OF LOTS 3 & NLY 40 FT OF LOT 6 & SLY 17 FT OF W 30 FT OF SD LOT 6 & WLY 30 FT OF LOT 7 & LOTS 1-4 5 & 8 & VAC ST ADJ PER VO #58470 TGW BLK 83 LOTS 1-8 & VAC ALLEY ADJ PER VO #112262 TGW 88 LOTS 2-3 & 6-7 & VAC ALLEY ADJ LESS WLY 6 FT OF NLY 77 FT OF SD VAC ALLEY PER VO #114974 – AKA PCL B OF CITY OF SEATTLE LLA #8907305, REC # 9002281294.

EXISTING SITE CHARACTERISTICS

The Proposed Project site currently includes the 11-story Harborview Hall building with exterior storage area and improvements, the 1-story Engineering Services building and site landscaping.

Figure 3
Harborview Medical Center Campus Plan



Harborview Medical Center
Campus Plan

According to the DPD geographic information system (GIS) data, the Proposed Project site does not contain listed environmentally critical areas.

B. BACKGROUND INFORMATION

This portion of the EIS Addendum provides a summary of several factors that have influenced the Proposed Project.

HARBORVIEW MEDICAL CENTER MIMP

The Seattle Municipal Code, SMC Chapter 23.69, governs medical major institutions. Harborview is a medical major institution required to adopt a MIMP. The City's rationale for the MIMP policy is to balance the needs of the major institution to develop facilities for the provision of health care with the need to minimize the impacts of such development on the surrounding neighborhoods.

A MIMP is a conceptual plan for a major institution consisting of three components: (1) development standards (e.g., setbacks, height limits, open space); (2) development program component (e.g., description of alternative proposals for physical development, including existing and planned future development); and (3) a transportation management program. SMC 23.69.030.

Harborview had an existing MIMP which was adopted by the City in April 1988 with Ordinance No. 113894. In April 1998, King County began the process to establish a new MIMP for the Harborview Medical Center. The MIMP adoption process is governed by SMC 23.69.025 - .036.

HARBORVIEW MEDICAL CENTER EIS

As part of the Harborview MIMP review process, the County's Department of Construction and Facilities Management (predecessor to the County's Department of Executive Services, Facilities Management Division (FMD)) issued a Draft Environmental Impact Statement (DEIS) entitled the Harborview Medical Center Environmental Impact Statement on April 30, 1999.

The County issued the Harborview Medical Center Final Environmental Impact Statement (FEIS) on November 12, 1999. The DEIS and FEIS (collectively, the Harborview Medical Center EIS) identifies and evaluates probable, noteworthy environmental impacts of developing the Harborview Medical Center Campus pursuant to a revised Harborview MIMP.

The Harborview Medical Center EIS evaluated a range of possible Harborview MIMP changes, including several on-site variations to the planned and potential future Harborview Medical Center campus physical development.

The Harborview Medical Center EIS also evaluated the nearer-term (2000-2010) new building development of 442,900 sf. (172,154 sf, net new) (Planned Projects) and the longer-term (2010-2020) development of 526,000 sf. of buildings for the Harborview campus (Potential Projects).

The Planned Projects studied, among other development, the potential demolition of the 11-story Harborview Hall (95,000 sf.) and new building construction of 442,900 sf. (172,154 sf. net new).

The Potential Projects included, among others, a 7-story research building at the west side of Terry Avenue between Terrace and Alder Streets and a potential Terrace Street vacation for open space.

Recognizing the need for flexibility in planning for a major institution, the Harborview Medical Center EIS also studied core campus alternatives that located and configured the proposed uses differently than the Planned and Potential Projects.

The Harborview Medical Center EIS evaluated future development at a maximum campus density of 3.6 floor area ratio (FAR). The total Harborview Campus area is 594,480 sf., so the maximum 3.6 FAR would result in an allowable Harborview Campus total building area of 2,140,128 sf.

The Harborview Medical Center EIS acknowledged that, given the need for flexibility and uncertainties with healthcare, the distinction of Planned and Potential Projects may change and is provided only as a timing sequence. The Harborview Medical Center EIS discussion accordingly provides comprehensive consideration of the overall size and use of these Planned and Potential Projects. The Harborview Medical Center EIS analyzed the potential long-term, short-term and cumulative impacts of the Planned and Potential Projects and alternatives.

The Harborview Medical Center EIS considered these changes in the context of impacts to:

Long-Term Impacts	
Earth/Seismic	Energy/Natural Resources
Environmental Health/Noise	Land Use
Plan/Policy Relationship	Population/Housing
Aesthetics (Height, Bulk and Scale)	Light, Glare and Shadow
Historic Preservation	Transportation
Parking (off and on-street)	Utilities (sewer, water, stormwater)
Short-Term/Construction Impacts	
Earth	Air
Water	Noise
Vehicular and Pedestrian Traffic	Parking

The following is a summary of the type and amount of development envisioned by the Harborview Medical Center EIS relative to the alternatives.

- **Proposal.** Consistent with the City's guidance for MIMP, the Proposal includes:

- Six Planned Projects totaling about 442,900 sf. of new construction for approximately 1,000 spaces/353,000 sf. of construction and demolition of about 175,154 sf. of existing space
- Four Potential Projects totaling approximately 526,000 sf.
- Seismic upgrades, interior renovations and building updates
- Campus boundary expansion from a 13.2 acre campus to 13.6 acres
- Multiple street and alley vacations and sky bridge/tunnel permits (below grade, aerial and at-grade
- Addition of landscaped open space and pedestrian amenities
- Modification/new development standards
- Modification/new transportation management program
- Master plan project variations such as underground garage connections, shifts in new construction/renovation/demolition amounts, changes in specific building measurement/heights/massing

■ **Alternative One.** This alternative suggests not vacating Ninth Avenue (studied as an element of a Planned Action project) and maintaining through traffic.

■ **Alternative Two.** This alternative suggests the addition of below-grade parking with the redevelopment of the Clinical Services building (a Planned Project). The alternative would include a three-level underground garage with roughly 200 parking stalls.

■ **Alternative Three.** This alternative suggests that the Harborview Major Institution Overlay (MIO) district boundary be amended to delete the Boren Street Garage, which is within the existing Harborview MIO boundary under the prior Harborview MIMP.

■ **Alternative Four.** This alternative considers increased building heights/increased intensity that would shift the proposed amount of development to different campus locations. While the total amount of Planned and Potential development program is the same as the Proposal, it is located differently and configured in different building volumes.

■ **Alternative Five.** Pursuant to the SEPA Rules,[2] this alternative is the "no-action" alternative that would involve no Planned or Potential Projects, no MIMP boundary change and no change to existing development standards or transportation management program.

The Harborview Hall Adaptive Reuse site is within the geographic range that was analyzed in the Harborview Medical Center EIS. In addition, the proposed Harborview Hall Adaptive Reuse development is within the range of actions and impacts that were assessed as part of the Proposal and alternatives, particularly the Increased Height/Increased Intensity alternative, in the Harborview Medical Center EIS.[3]

---

[2] WAC 197-11-440(5).

[3] *See* Aesthetics analysis for Increased Height/Increased Intensity (Alternative Four):

The City staff acknowledged that if the Harborview Hall demolition did not proceed, the EIS Increased Height/Increased Intensity Alternative would be imposed and the open space at the "campus heart" would not be provided. *See* Report, Analysis and Recommendation of the Director, Project No. 9804983 (Harborview MIMP Council Action), dated Feb. 2, 2000 at pg. 28.

UPDATED HARBORVIEW MEDICAL CENTER MIMP

The City approved the new Harborview MIMP on August 24, 2000 with Ordinance No. 120073.

The final Harborview MIMP was adopted along with 63 conditions regarding future development of the Harborview campus. Many of these conditions apply to the Harborview Hall Adaptive Reuse development and effectively address the anticipated impacts. *See* Section II for discussion.

EIS ADDENDUM – KEY ANALYSES

King County determined that for purposes of compliance with the State Environmental Policy Act (SEPA) for the Harborview Hall Adaptive Reuse development, it is appropriate to utilize the Harborview Medical Center EIS and prepare an EIS Addendum to add project-specific information.[4]

> "New development may replace the visual prominence of existing buildings due to their greater heights. **The most intense development core would visually shift to the east side of 9th Avenue at the Harborview Hall site.** The proximity of building space would create a more compact and concentrated campus. Aesthetic impacts would be different than those of the Proposed Action with the campus core massing located more to the east. The Proposed Action [studied in original Harborview Medical Center EIS] provides a landscaped open space at this location that creates a transition to the residential areas to the east. The increased development of the alternative may have greater height, bulk and scale impacts to this adjacent residential area." Harborview Medical Center EIS, pg. 110 (emphasis added).

See also Light/Glare/Shadow analysis for Increased Height/Increased Intensity (Alternative Four):

> "If future expansion capability at the central plaza [e.g. Harborview Hall] occurs, then this 'campus heart' open space would be eliminated." Harborview Medical Center EIS, pg. 104.

See also Land Use analysis for Increased Height/Increased Intensity (Alternative Four):

> "The land use impacts would be the same as the Proposed Action since all of the same sites would be institutional use. However, density would be substantially increased in the campus core area and reduced toward the campus edges....Compatibility impacts may be lessened with the most activity located toward the campus center, away from campus edges that abut sensitive uses (such as residential). Less future displacement impacts may occur. Less campus open space would be developed with the more development intensification." Harborview Medical Center EIS, pg. 60.

[4] WAC 197-11-625; KCC 20.44.070.

King County determined that the EIS Addendum should address the following environmental elements:

- **Earth/Seismic**
- **Energy**
- **Environmental Health/Noise**
- **Land Use** (existing land uses and height, density and scale)
- **Aesthetics** (views)
- **Light, glare and shadow**
- **Historical Resources**
- **Transportation** (circulation and parking)
- **Construction Impacts** (earth, air quality, noise/vibration and transportation (circulation and parking))

C. DESCRIPTION OF THE PROPOSED PROJECT

PROJECT OVERVIEW

This portion of the EIS Addendum provides a summary of the Proposed Project.

The Proposed Project is the adaptive reuse of the existing 11-story Harborview Hall. The Project will allow for the demolition of an eastern section of the existing Harborview Hall structure (50,375 sf.) and the construction of a 7-story buttress addition on the eastern façade (115,625 sf.). The adaptive reuse will preserve the existing Harborview Hall western facade along Ninth Avenue.

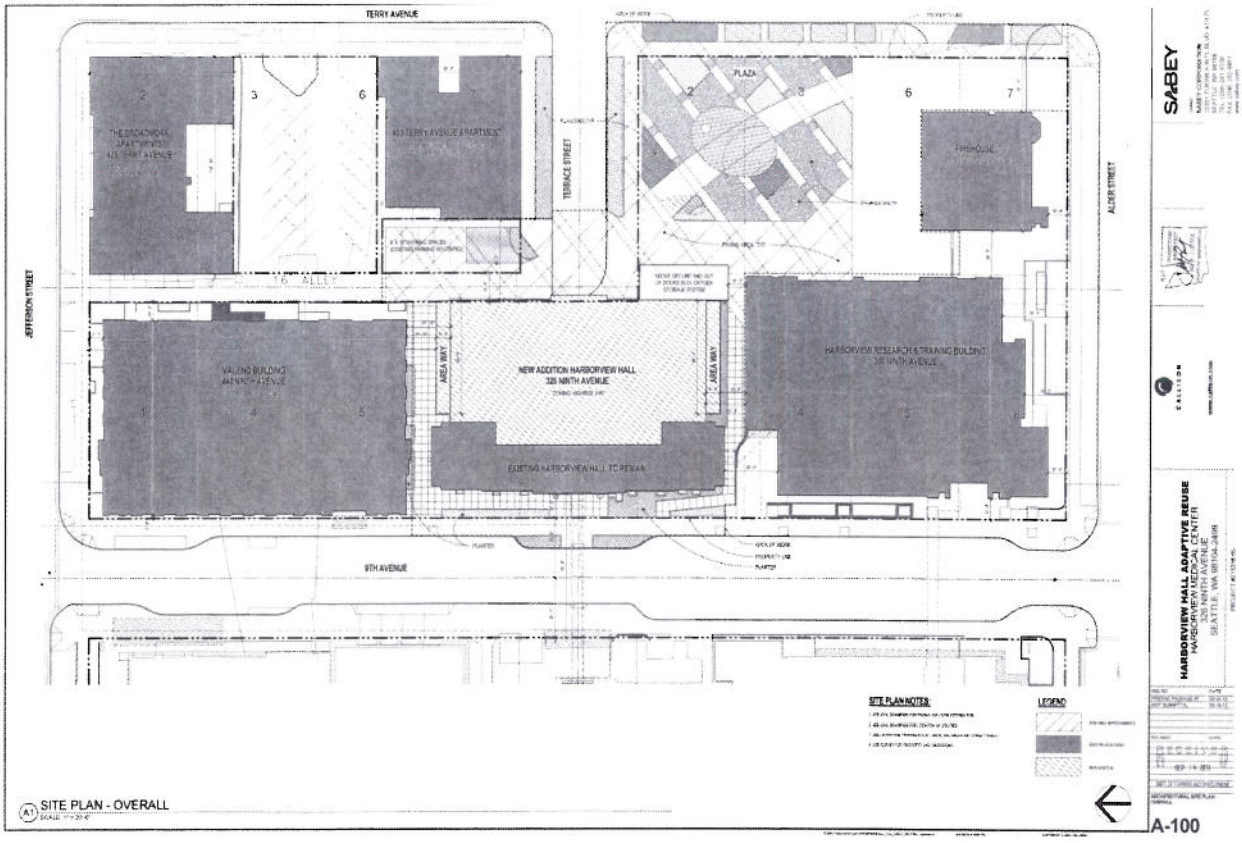
The adapted Harborview Hall building will provide approximately 160,000 sf. (net new 65,000 sf. accounting for partial demolition of existing structure sections and the total square footage of the buttress addition) of office space and medical institutional space. The Harborview Hall Adaptive Reuse project will be designed to achieve current life safety, seismic and energy codes standards. The quantities and configurations of the space may change as the Harborview Hall Adaptive Reuse development progresses and market conditions change. However, any changes in the quantity and layout of the offices is not projected to significantly alter this Addendum analysis.

The Proposed Project includes improvements to the Ninth Avenue frontage abutting Harborview Hall, including new street lighting, cast-in-place concrete sidewalks, landscaping and street trees.

Additionally, the Proposed Project includes the demolition of the existing 6,000 sf. Engineering Services building adjacent to Terry Avenue on the eastern section of the block. The Proposed Project envisions that this area will be redeveloped as 21,000 sf. of landscaped open space plaza.

[INTENTIONAL PAGE BREAK]

Figure 4
Harborview Hall Adaptive Reuse Site Plan



The Proposed Project's landscaped open space plaza will include landscaping, public art, overhead weather protection, benches, pedestrian lighting, covered pedestrian walkways along Terrace Street and street trees and cast-in-place sidewalks along Terry Avenue between Terrace and Alder.

The Proposed Project includes 9,000 cu. yds. of grading.

The Proposed Project does not include a change in parking, which is provided on-campus pursuant to the adopted Harborview MIMP. The Harborview Medical Center campus under the MIMP was approved for a total of 2,056 on-site parking stalls through the Planned and Potential Projects. This is a net increase of 761 stalls over the no action alterative and exceeds the maximum required by the Land Use Code. SMC 23.54.016.[5] To date, the County has developed 792 net stalls under the MIMP and approved modifications to Planned Projects. The increase in net parking stalls is attributable to the increased parking at the Ninth & Jefferson Building. The City approved the Ninth & Jefferson Building project, including parking, on October 19, 2006 (DPD MUP No. 3005971). Therefore, the Proposed Project does not propose additional site-specific parking.

PROJECT DESIGN

The proposed Harborview Hall Adaptive Reuse would develop the entire 54,070 sf. project site.

The proposed Harborview Hall Adaptive Reuse would be a 7-story in-fill tower addition to the existing 11-story Harborview Hall structure. The existing Harborview Hall eastern façade will be demolished; the western façade shall remain. The 7-story addition will be grafted to the existing structure. The combined Harborview Hall Adaptive Reuse structure height to the penthouse level will be 135 ft. The overall height would be 170 ft. 11 in. to the top of the mechanical boiler flue.

Figures 5 – 8 are elevations of the proposed Harborview Hall Adaptive Reuse building as viewed from the east, north and south and west perspectives.

[INTENTIONAL PAGE BREAK]

[5] Harborview Medical Center EIS, pg. 180, Table 46 (summarizing the parking code requirements. The maximum code-required parking limit for the Harborview Major Institution Master Plan is equal to 135 percent of the minimum requirement.).

Figure 5
West Elevation

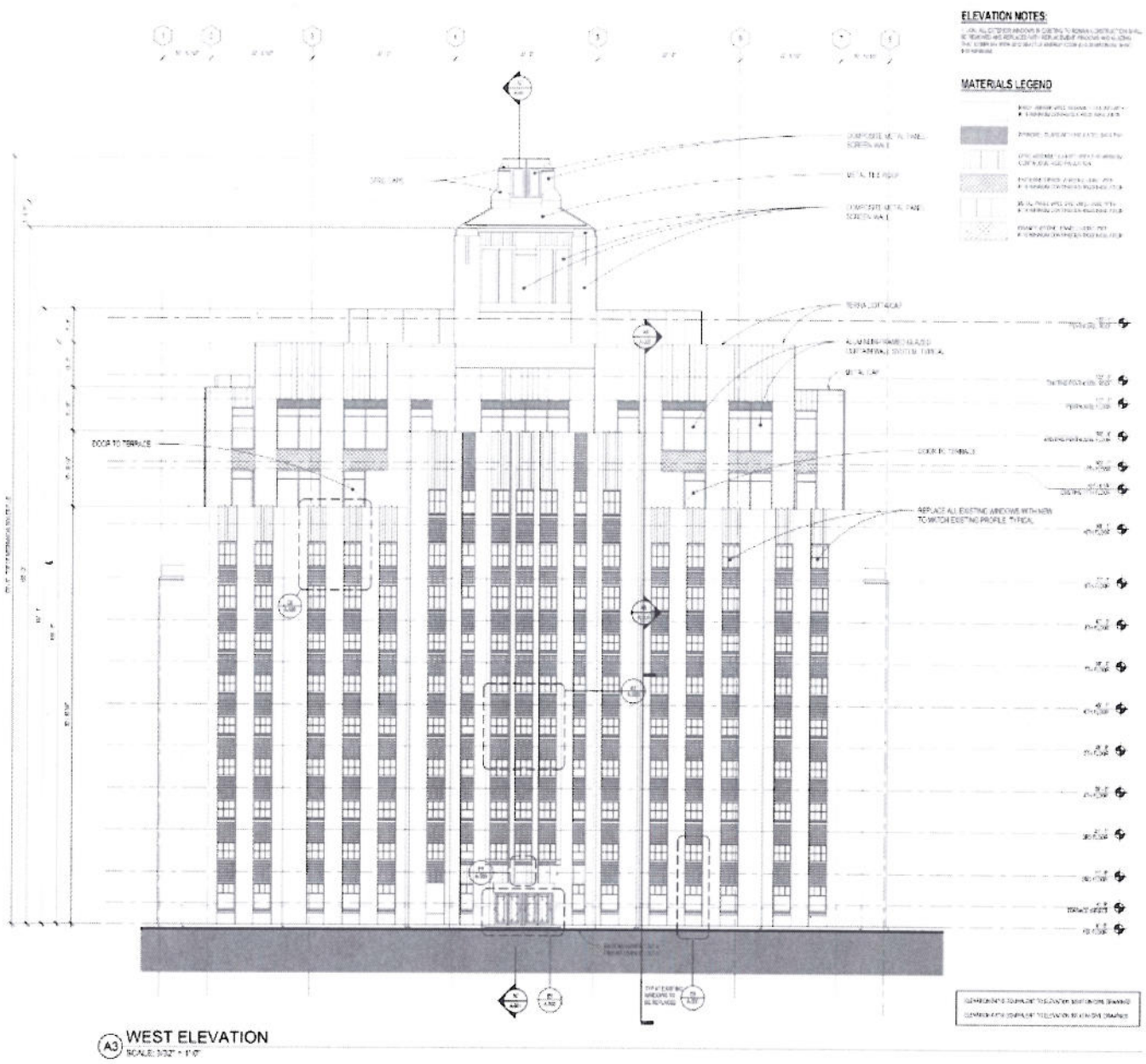


Figure 6
East Elevation

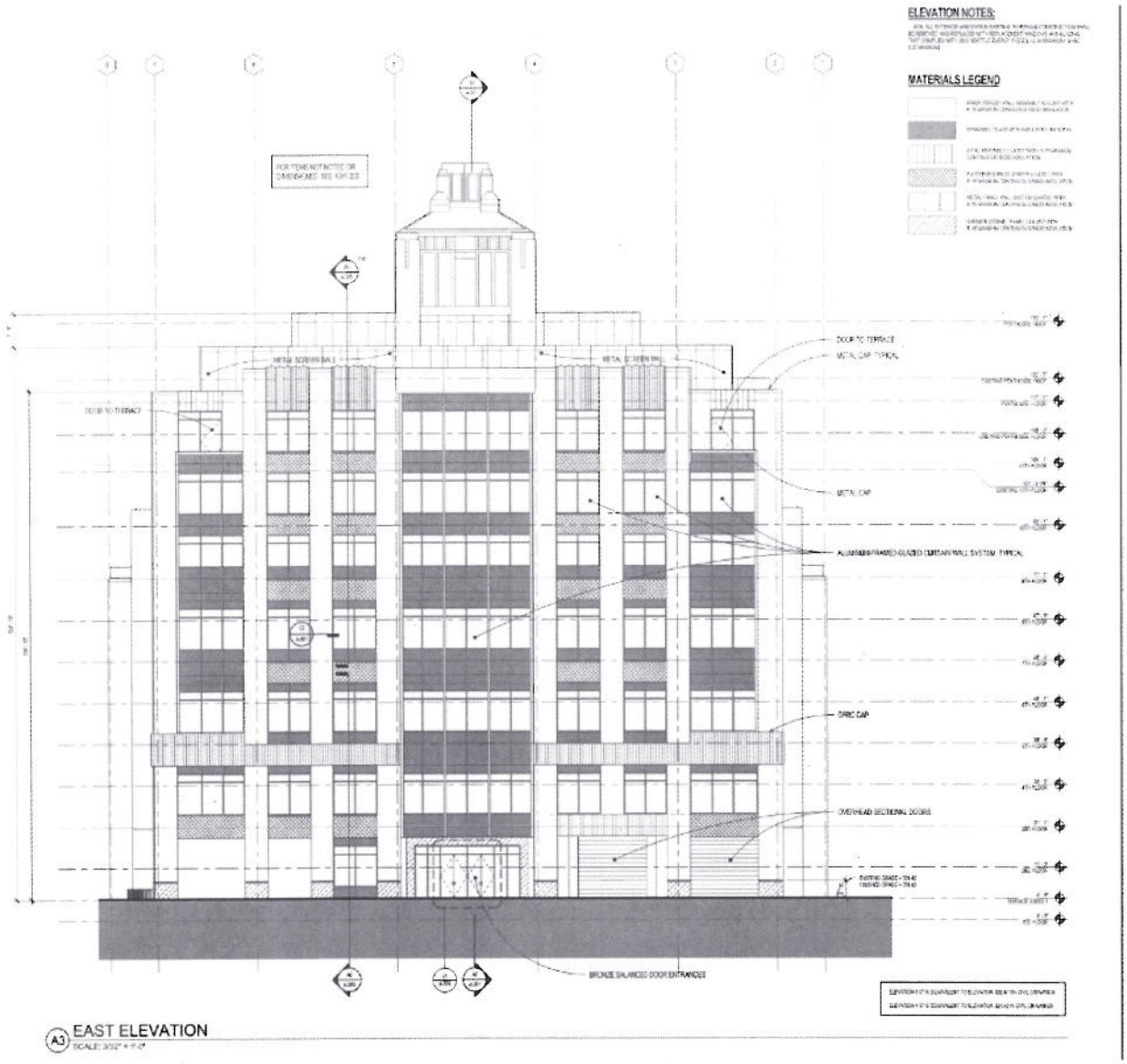


Figure 7
North Elevation

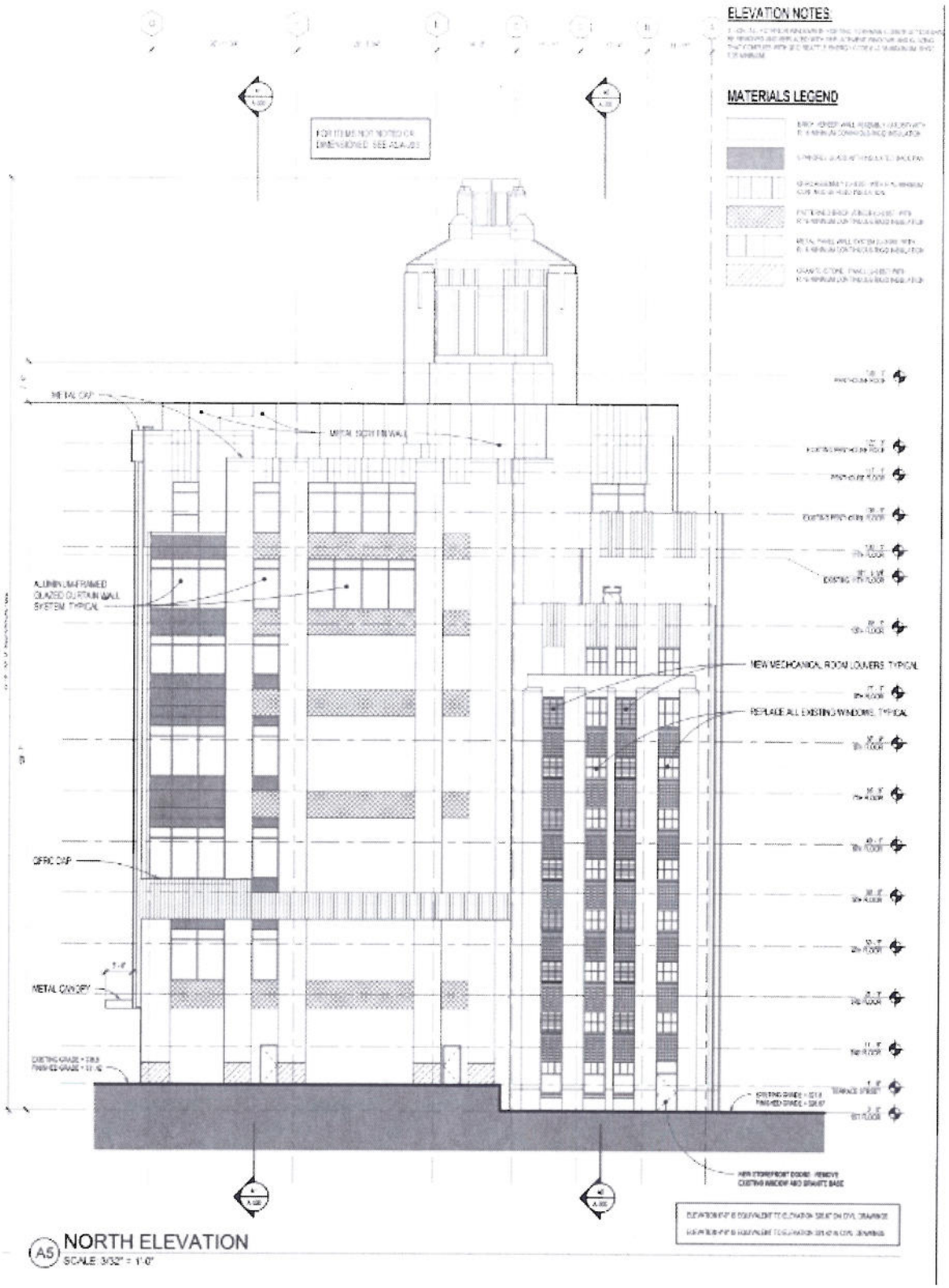
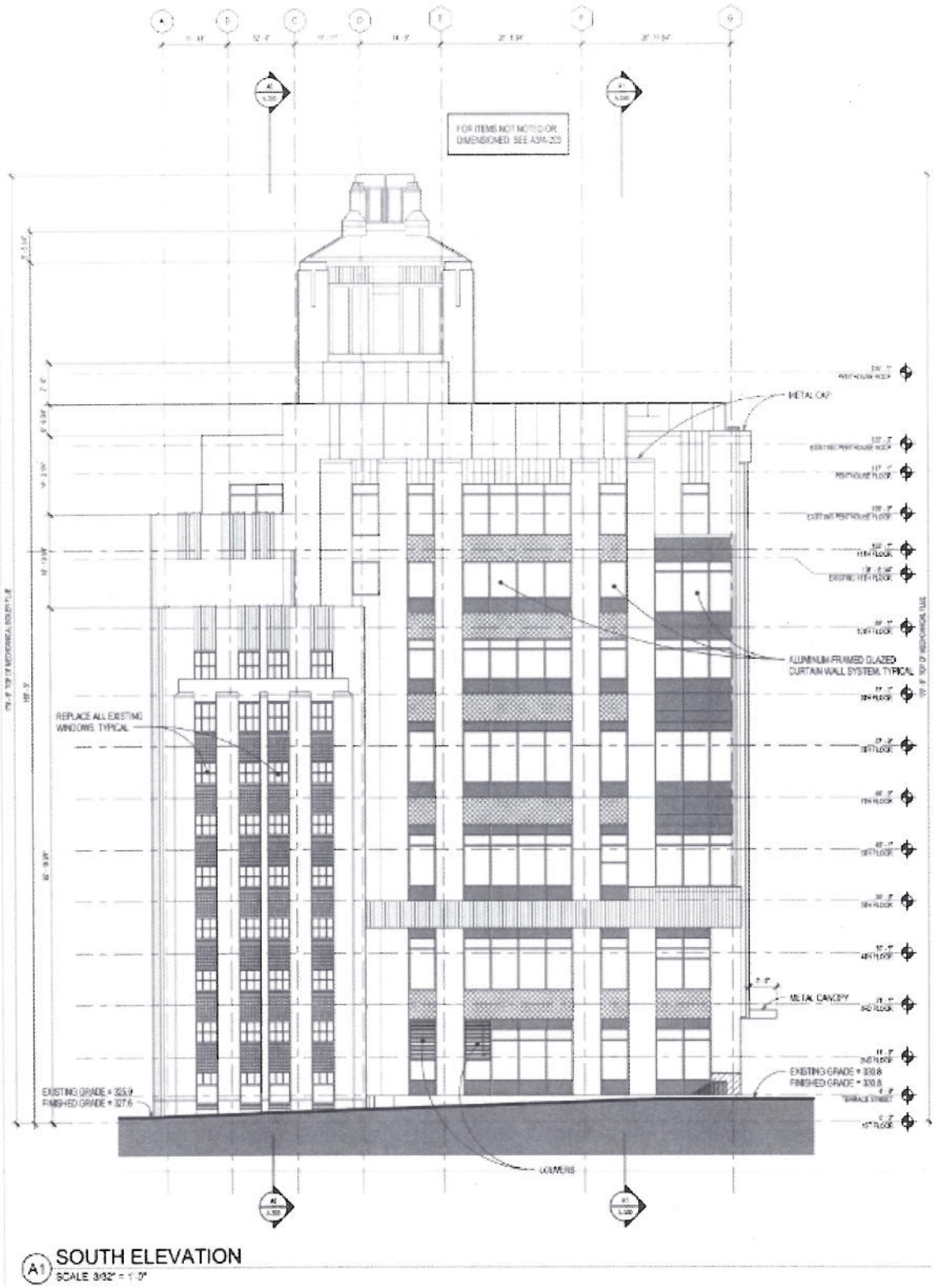


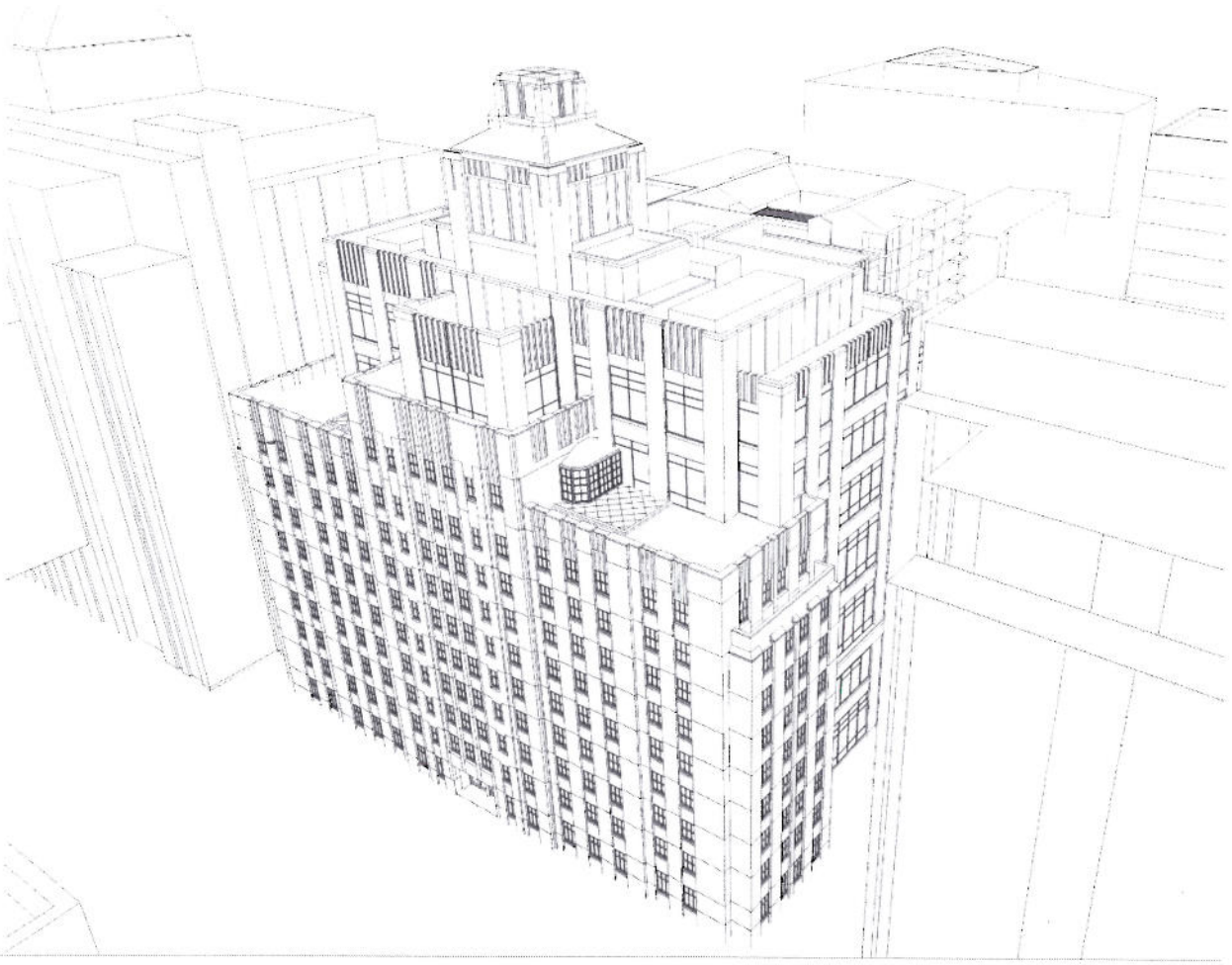
Figure 8
South Elevation



The Harborview Hall Adaptive Reuse façade materials along Ninth Avenue would include the existing brick façade; the existing windows would be replaced with new windows that match the typical existing window. *See* **Figures 5 – 8.**

The western Harborview Hall façade addition materials would consist of brick veneer, spandrel glass, metal panel wall and glass. The Harborview Hall Adaptive Reuse would include a mechanical boiler flue rising above the penthouse level that included brick veneer, metal panels, terra cotta and decorative precast caps. *See* **Figure 9.**

Figure 9
Harborview Hall Adaptive Reuse Western Façade



Along the Terry Avenue eastern façade, the new Harborview Hall Adaptive reuse section eastern façade would be visible. *See* **Figure 10.** The eastern façade materials would include plain and patterned brick veneer, spandrel glass, metal panel wall, glass and terra cotta caps.

Figure 10
Harborview Hall Adaptive Reuse Eastern Façade

The Harborview Hall Adaptive Reuse landscaping plan, as shown at **Figure 11,** includes cast in place concrete adjacent the Harborview Hall. Along Ninth Avenue, the landscaping includes new street trees and planter areas.

Along Terry Avenue, the Proposed Project includes redevelopment of 21,000 sf. of landscaped open space plaza. The Proposed Project landscaped open space/plaza will include plaza landscaping (including approximately 12 on-site Mt. Vernon laurels and assorted shrubbery), public art, pavers, overhead weather protection, benches, pedestrian lighting, covered pedestrian walkways along Terrace Street and street trees and cast-in-place sidewalks along Terry Avenue.

The Harborview Medical Center EIS studied alternatives[6] incorporating elements similar to the key features of the Proposed Project, particularly increased density at the site,[7] relocation of the proposed open space,[8] retention of the existing Harborview Hall[9] and parking demand impacts.[10]

---

[6] Increased Height/Increased Intensity (Alternative Four):

> "…Greater intensification of the core campus may be possible, as an alternative to greater horizontal campus expansion. Flexibility in transferring development from one location to another is needed. This alternative proposed increased building heights that would shift the proposed

[INTENTIONAL PAGE BREAK]

amount of development to different campus locations. The total amount of Planned and Potential development property is the same as the proposed; it is located differently and configured in different building volume than the proposal." Harborview Medical Center EIS, pg. 23.

[7] Land Use analysis for Increased Height/Increased Intensity (Alternative Four):

"The land use impacts would be the same as the Proposed Action since all of the same sites would be institutional use. However, density would be substantially increased in the campus core area and reduced toward the campus edges....Compatibility impacts may be lessened with the most activity located toward the campus center, away from campus edges that abut sensitive uses (such as residential). Less future displacement impacts may occur. Less campus open space would be developed with the more development intensification." Harborview Medical Center EIS, pg. 60.

See also Light/Glare/Shadow analysis for Increased Height/Increased Intensity (Alternative Four):

"If future expansion capability at the central plaza [e.g. Harborview Hall] occurs, then this 'campus heart' open space would be eliminated." Harborview Medical Center EIS, pg. 104.

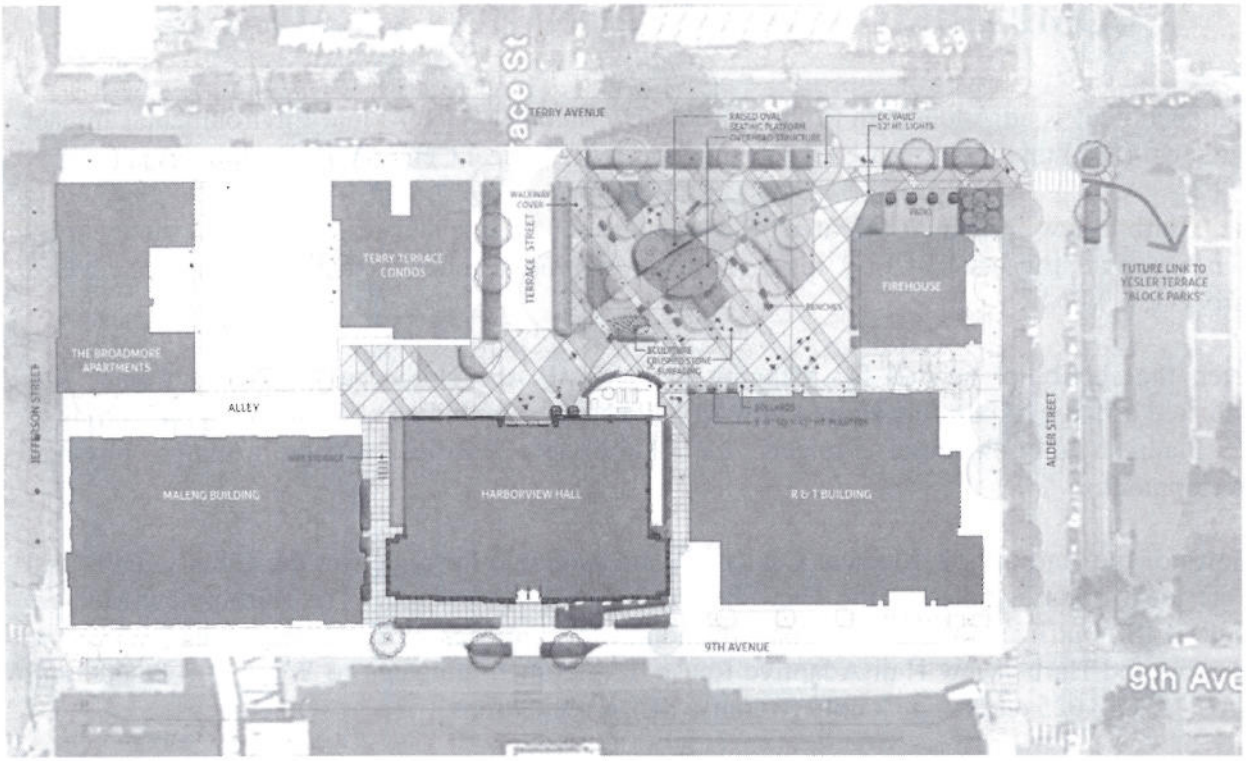
[8] *Id.*

[9] *See, e.g.,* Historic Resources analysis for Increased Height/Increased Intensity (Alternative Four) and No Action (Alternative Five), Harborview Medical Center EIS, pg. 131.

[10] Transportation and Parking analysis for Increased Height/Increased Intensity (Alternative Four):

"Since the total amount of development and the parking garage locations would be the same as that of the Proposed Action, the traffic and parking impacts would be the same as that described for the Proposed Action." Harborview Medical Center EIS, pg. 183.

Figure 11
Harborview Hall Adaptive Reuse Landscaping Plan



PROPOSED CONSTRUCTION SCHEDULE

The proposed Harborview Hall Adaptive Reuse development would include demolition of a portion of the existing Harborview Hall, full demolition of the Engineering Services structure and construction of the new Harborview Hall, open space/plaza and assorted site improvements. Demolition and construction activity on the site is estimated to begin in late 2014 with the building occupancy by mid-to-late 2015. Construction staging would occur on-site.

[INTENTIONAL PAGE BREAK]

SECTION II

COMPARISION OF ENVIRONMENTAL IMPACTS

This document is an Addendum to the Harborview Medical Center Final Environmental Impact Statement (EIS) that was prepared for the Harborview Medical Center MIMP adoption.

The Harborview Medical Center EIS identifies and evaluates probable, noteworthy environmental impacts that may result from development undertaken pursuant to the revised Harborview MIMP.

Given the flexibility needed for planning in a MIMP, the Harborview Medical Center EIS evaluated a range of possible Harborview MIMP changes, including several on-site variations to the Planned and Potential Projects for Harborview Medical Center campus physical development.

Copies of the Harborview Medical Center EIS are available for review at the County, DPD and at the local libraries noted in the Fact Sheet to this EIS Addendum. The Harborview Medical Center EIS is utilized, along with this Addendum, for purposes of SEPA compliance related to the proposed Harborview Hall Adaptive Reuse development pursuant to WAC 197-11-600 and WAC 197-11-625 and King County (County) SEPA regulations.

According to the SEPA Rules[11] and the County's Environmental Policies and Procedures,[12] an EIS Addendum is an environmental document that is used to provide additional information or analysis about a proposal that does not substantially change the analysis of significant impacts and alternatives in existing environmental documents. Existing environmental documents may be used in whole or in part to address environmental considerations. The previous Proposal and this Proposed Project need not be identical, but must have similar elements that provide for a basis comparing environmental consequences.[13]

The Harborview Medical Center EIS analyzed the impact of increasing building intensity on the Harborview campus, including the Harborview Hall Adaptive Reuse site.[14] The Harborview Medical Center EIS has been found to be adequate. Subsequently, the City approved the Harborview MIMP with Ordinance No. 120073. The final Harborview MIMP was adopted along with 63 conditions regarding future development of the Harborview campus. Many of these conditions apply to the Harborview Hall Adaptive Reuse and may address the anticipated impacts.

The purpose of this EIS Addendum, therefore, is to provide additional, more-detailed analysis and information concerning the site-specific Harborview Hall Adaptive Reuse development.

---

[11] WAC 197-11-600(4)(c); 197-11-706.
[12] KCC 20.40.070.
[13] RCW 43.21C.034.
[14] Harborview Medical Center EIS, pg. 23.

Scope of Analysis of EIS Addendum

The Harborview Medical Center EIS provides detailed environmental analyses relative to a broad range of environmental parameters. The King County Department of Executive Services, acting as the SEPA lead agency, has determined that the Harborview Medical Center EIS is a suitable document for the proposed Harborview Hall Adaptive Reuse project along with additional environmental analysis and/or mitigation provided in this Addendum relating to:

- **Earth/Seismic**
- **Energy**
- **Environmental Health/Noise**
- **Land Use** (existing land uses and height, density and scale)
- **Aesthetics** (views)
- **Light, glare and shadow**
- **Historical Resources**
- **Transportation** (circulation and parking)
- **Construction Impacts** (earth, air quality, noise/vibration and transportation (circulation and parking))

Project-specific information is presented in this EIS Addendum relative to each of the environmental elements noted above. The analysis for each consists of a brief summary of the impacts noted in the Harborview Medical Center EIS and the project-specific impacts associated with the Proposed Project.

A. EARTH/SEISMIC

EIS

The Harborview Medical Center EIS provided an analysis of the earth/seismic impacts under the Federal Emergency Management Agency (FEMA) NEHRP Guidelines for the Seismic Rehabilitation of Existing Buildings (known as FEMA 273). The Harborview Medical Center EIS evaluated the Planned and Potential Projects and alternatives under the "rare" event standard. The FEMA 273 "rare" event standard means a probability of reoccurrence once in every 475 years.

The Harborview Medical Center EIS noted that the existing Harborview Hall contains large public assembly spaces at the lower level that may contribute to a "soft story" seismic problem.[15]

[15] Harborview Medical Center EIS, pg. 29. A "soft story" is a building level with less stiffness; generally, this may be a ground floor level with higher heights.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project is consistent with the earth/seismic impacts studied in the Harborview Medical Center EIS.

The Harborview Hall Adaptive reuse development would be seismically improved to Life Safe criteria consistent with the planned use as addressed by ASCE-7 (which incorporates current information from AISC 360, 341 and ACI 318). The Proposed Project will be designed as a conventional Office use (Risk Category II, $I_e = 1.0$). Portions of the Proposed Project (e.g., the basement, main structural core and other areas associated with key mechanical systems) will be designed as an Essential Facility (Risk Category IV, $I_e = 1.5$). Work will include bracing the existing western façade internally and bracing individual parts of the building to limit nonstructural damage. The 7-story buttress addition will provide additional seismic support to the Harborview Hall structure and will be designed to the City's applicable life safety and seismic standards.

POTENTIAL MITIGATION MEASURES

The Proposed Project will be designed to comply with FEMA 273 standards for a Life Safe Performance Objective, meaning that all building occupants should be able to safely exit the structure after an earthquake of the design magnitude or less.

The Proposed Project design will account for any existing irregularities (including horizontal, vertical, torsional, stiffness (including "soft story" seismic problems), mass and/or geometric). The Proposed Project design will include a detailed analysis used to identify and account for any irregularity requiring structural components. Any "soft story" effects look to be addressed with the sizing and reinforcement of the main core of the Proposed Project.

SIGNIFICANT UNAVOIDABLE IMPACTS

No significant unavoidable adverse earth/seismic impacts are anticipated relative to the Proposed Project.

B. ENERGY

EIS

The Harborview Medical Center EIS evaluated the energy usage for the proposal and the associated impacts to the environment. The Harborview Medical Center EIS acknowledged the implementation of the Harborview MIMP would consume increased energy during all phases (e.g., construction, demolition and operation). In the analysis, the Harborview Medical Center EIS acknowledged that an increased intensity alternative would result in specific building envelopes differing in energy usage. However, cumulative impacts would be similar to the Proposal studied.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project during all phases (construction, demolition and operation) is consistent with energy impacts studied and disclosed in the Harborview Medical Center EIS. As noted in the increased intensity alternative, the Proposed Project will result in system loads distribution shifts due to the adaptive reuse of the Harborview Hall. The Planned Action shall be designed to incorporate the requirements of the Seattle Energy Code.

The Proposed Project proposes the inclusion of a steam plant in the Harborview Hall basement. The proposed steam plant would serve the Norm Maleng Building, Ninth & Jefferson Building, Research & Technology Building and the Harborview Hall Adapt Reuse Building. The proposed steam plant would provide N+1 redundancy for critical areas of the Harborview Medical Campus (e.g., Norm Maleng Building) to ensure continued fulfilment of Harborview's role in a crisis.

Due to the increased efficiencies of a closed loop steam plant, the Proposed Project would increase fuel and water efficiency and reduce distribution losses. The proposed steam plant will be designed to allow for compatibility as a node for a future district energy system. By incorporating the steam plant, the Proposed Project will reduce electricity demands by approximately 270,000 kilowatt hours and natural gas demands by 1.3 M therms,[16] resulting in a 2.8 M lbs/yr CO_2 emissions savings.

The Proposed Project will include seismic bracing and back-up system provisions that are intended to ensure continued operation of these critical facilities during and following a major earthquake.

POTENTIAL MITIGATION MEASURES

City Council condition #1 to the adopted Harborview MIMP provides: "The Planned and Potential Projects shall be designed to incorporate requirements of the Seattle Energy Code." The Proposed Project shall be designed consistent with the applicable Seattle Energy Code standards.

City Council condition #2 reads: "In new construction, mechanical systems shall be braced to comply with the standards for critical facilities in active seismic zones. The existing mechanical systems should also be braced throughout the facilities as part of the proposed renovations." This Council condition shall be incorporated into the Proposed Project design and construction.

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned in the Harborview MIMP, no significant unavoidable adverse energy impacts are anticipated relative to the Proposed Project.

C. ENVIRONMENTAL HEALTH/NOISE

[16] A therm is equal to 100,000 British Thermal Units (BTU). A BTU is the amount of heat required to raise the temperature of one pound of water one degree. One BTU is equal to 0.0002928 kilowatt-hours.

EIS

The Harborview Medical Center EIS evaluated the long-term noise conditions, particularly associated with building systems and emergency vehicle operations. The Harborview Medical Center EIS acknowledged that the First Hill location near downtown is a relatively noisy urban area with ambient sound levels or 65-70 dBA. These ambient sounds include vehicular traffic, emergency vehicles, air traffic, building/mechanical systems and concentration of people activity.

Short-term construction-related noise/vibration impacts are discussed in Section II.I.3, below.

EIS ADDENDUM – PROJECT IMPACTS

The building equipment related to the Proposed Project will be the primary concern associated with noise. Additionally, there may be some noise associated with existing Harborview operational activity. Building related noise sources may occur from boilers, ventilation and air-conditioning equipment and from emergency generators. The design would be subject to the Seattle Noise Ordinance (SMC 25.08) of a 55 dBA daytime and 45 dBA nighttime for residential noise receivers. Intermittent noise events of short duration may occur; however, the cumulative noise impact would not substantially change the ambient noise levels in the urbanized First Hill location.

There are Harborview institutional buildings approximately 25 ft. north and south of the Proposed Project. The closest residential receivers are the apartments within one block to the north and east.

The Proposed Project will include a secure patient delivery area for trucks and vans to transport patients to the site. The secure patient delivery area supports and facilitates the controlled, safe transfer of patients with medical, mental health and/or mobility impairments. The secure patient delivery area would be accessed via Terrace Street. The volume of secure patient deliveries is expected to be four to eight vehicles per day.

Equipment, material and supply deliveries for Harborview Hall would occur off-site at existing loading facilities at other Harborview campus locations (e.g., the Research and Training Building loading dock located directly adjacent to the Proposed Project site, Ninth & Jefferson Building and/or the West Campus loading docks), consistent with existing practice. The deliveries would then be transported manually to the Proposed Project by existing tunnels which connect the Harborview campus.

The Harborview Medical Center EIS evaluated the Proposed Project site as a possible access location for an underground parking garage (Plaza Garage).[17] This evaluated alternative results in substantially more intensive noise impacts from vehicular sources than the Proposed Project.

[17] *See* Harborview Medical Center EIS, pg. 49 and pg. 175, Figure 35.

POTENTIAL MITIGATION MEASURES

City Council condition #4 to the adopted Harborview MIMP states: "Harborview shall comply with the requirements of the Seattle Noise Ordinance (SMC 25.08)."

Harborview MIMP Condition #5 reads: "Harborview shall ensure that building related noise sources such as heating, ventilating and air conditioning equipment and emergency generators are designed and operated within the noise levels permitted by the Seattle Noise Ordinance."

Harborview MIMP condition #6 provides: "Harborview shall orient parking facilities, loading areas, material transfer and waste facilities away from sensitive residential uses where feasible, and provide adequate acoustical buffers to reduce noise exposure, where feasible."

City Council condition #7 to the adopted Harborview MIMP requires that "Harborview shall install acoustic baffles for sound control on HVAC equipment and fans."

Finally, the City Council imposed condition #8 regarding noise on the Harborview MIMP, stating: "Harborview shall continue to implement policy of "shutting-down" emergency vehicle sirens within two blocks of the hospital (both for arriving and departing emergency vehicles), except when prevented by safety/traffic conditions."

The Proposed Project will be subject to the Noise Ordinance and will incorporate the Council conditions from the Harborview MIMP into the Proposed Project's design and operations. In particular, any transportation to the secure patient delivery area would be subject to the "shutting-down" policy for sirens within two blocks of the Proposed Project site.

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned by the City Council in the Harborview MIMP, no significant unavoidable adverse environmental health/noise impacts are anticipated relative to the Proposed Project.

D. LAND USE

1. Existing Land Uses

EIS

As noted in the Harborview Medical Center EIS, the First Hill neighborhood north and east of the Harborview campus includes several major institutional facilities, as well as many medical offices, apartment buildings, religious facilities, retail/commercial buildings and an art museum. To the south is the Seattle Housing Authority's Yesler Terrace residential community. To the west, the Harborview campus is Interstate-5; beyond the interstate is the City's downtown commercial core.

Under the alternatives studied in the Harborview Medical Center EIS, the Harborview major institution land use within Harborview's Major Institution Overlay district (MIO) boundary was projected to intensify. The Harborview Medical Center EIS stated 90 percent of the land area within the existing campus (including approved projects) is related to major institution functions.

Since the Harborview Medical Center EIS was published, the land uses surrounding the Proposed Project have continued the trend of intensified major institution use functions. Particularly, the Harborview campus completed the Ninth & Jefferson Building (440,000 sf. building with parking for 630 vehicles) and the Inpatient Expansion Building & Seismic Upgrade (245,000 sf. building).

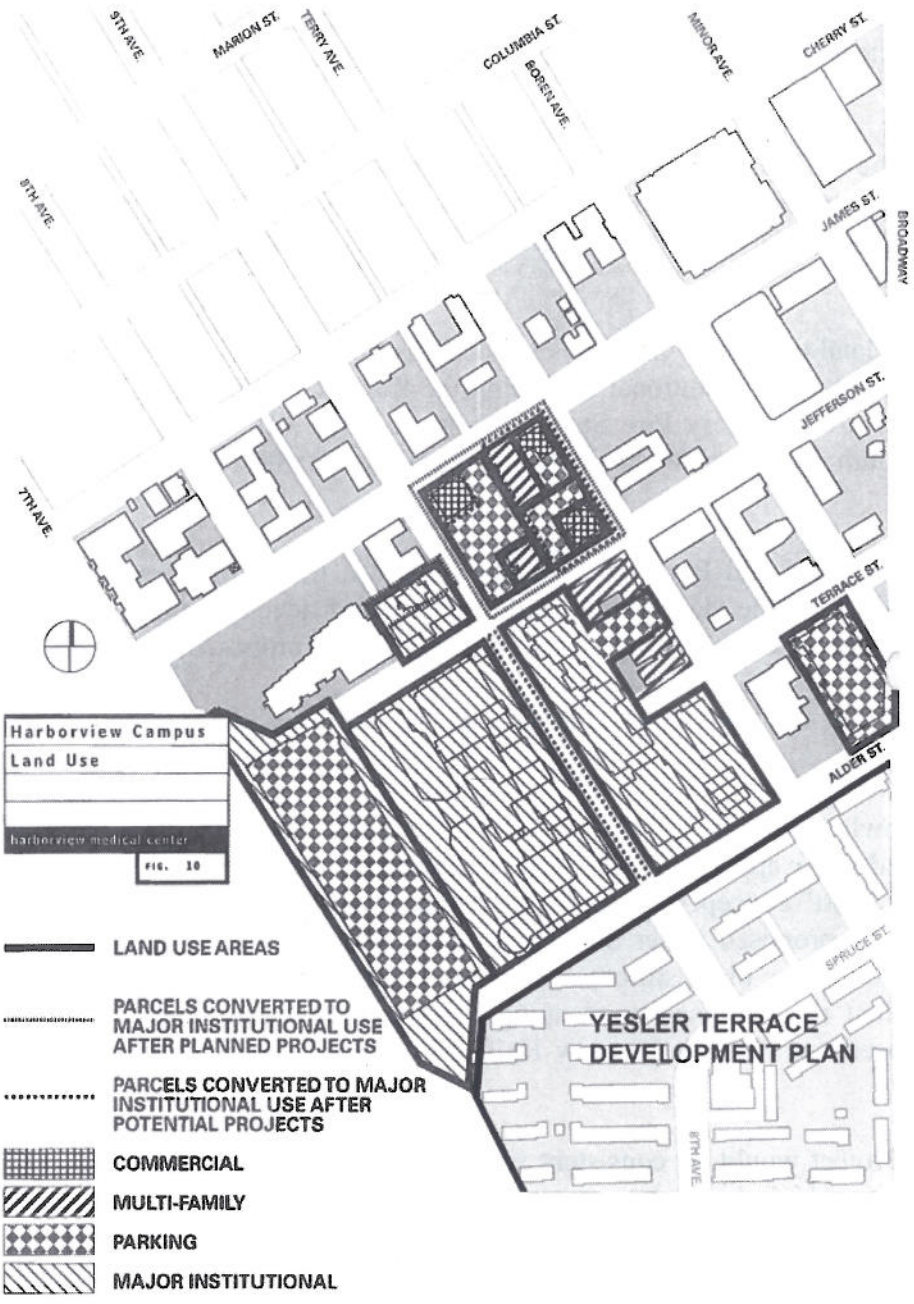
The City also approved the Seattle Housing Authority's (SHA) Yesler Terrace redevelopment plan. In 2011 – 2012, the City adopted a comprehensive plan amendment, rezone and planned action ordinance to facilitate the redevelopment of Yesler Terrace. Under the Master Plan Community – Yesler Terrace development standards, Seattle Housing Authority is authorized to develop a maximum of: (1) 3.95M sf. of residential use (roughly 4,500 units); (2) 900,000 sf. of office/medical services/lodging use; (3) and 150,000 sf. of other uses. Ordinance No. 123962. Seattle Housing Authority estimates the Yesler Terrace redevelopment may phase over 20 years.

Yesler Terrace is located to the south and southeast of the Harborview campus. **Figure 12.** The City has approved SHA's application to redevelop the Yesler Terrace Steam Plant located at 120 8th Avenue south of Harborview as a 17,000 sf. new community center. MUP No. 3012978.

Other entitled development within the vicinity of the Proposed Project includes 500 Terry Avenue, a proposed 27-story residential building. The City issued MUP No. 3012929 on May 21, 2013.

[INTENTIONAL PAGE BREAK]

Figure 12
First Hill Vicinity Land Use Map



EIS ADDENDUM – PROJECT IMPACTS

The Harborview Hall Adaptive Reuse site is within the MIO boundaries. The pattern of land use activity within the vicinity of the site includes a mixture of major institution and residential uses.
The primary land use changes would occur to the northeast and southeast of the existing site. The Proposed Project includes a 7-story addition to the existing structure on the eastern façade and development of 21,000 sf. landscaped open space along Terry Avenue between Terrace and Alder.

To the north, the land uses within the vicinity include medical institutional use (e.g., Norm Maleng Building) and an apartment structure located within the MIO boundary. To the northeast outside the MIO boundary across Terry Avenue, uses include two apartments and a surface parking lot.

To the west, the land use in the vicinity is medical institutional use (e.g., Center Tower). To the south, land uses are also institutional, including the Research & Training Building and the City designated landmark one-story Fire Station #3 structure at 301 Terry Avenue. Across Alder Street to the south and outside the MIO boundary is the SHA's Yesler Terrace residential community.

Originally, the Planned and Potential Projects studied in the Harborview Medical Center EIS proposed demolition of the Harborview Hall structure and development of a 100,000 sf. office structure adjacent to the Terry Avenue location which is now proposed for the open space area.

However, the approved Harborview MIMP did not authorize the demolition of Harborview Hall.[18]

The City acknowledged that if Harborview Hall was not demolished, the increased intensity alternative would likely apply and the "campus heart" open space proposal would not occur. The MIMP "campus heart" concept was not for permanent open space. The CAC recommended that the parking garage proposed under the "Heart of the Campus" be engineered to accommodate future construction above those structures to the maximum level consistent with the MIO height limits and prudent medical facility planning.[19] The Proposed Project is in response to the County's proposed reuse of Harborview Hall and will provide additional permanent campus open space.

The Proposed Project would be consistent with the recent and ongoing land use pattern in the surrounding area, which has seen increases in the continued intensification of the major

---

[18] *See* MIMP Condition #5. Approval of the MIMP is not approval of the proposed demolition or any alteration to Harborview Hall. The City required the Harborview MIMP to be amended following a determination by the City's Landmarks Preservation Board (Board) regarding the landmark status of the existing Harborview Hall. If the Board did not approve the nomination, the Council shall file a copy of the Board's decisions in the Clerk File and shall pass an ordinance amending the MIMP to reflect the Board's decision. The Board denied the nomination of the Harborview Hall on September 16, 2009. The Proposed Project is intended to effectuate MIMP Condition #5.
[19] *See* Harborview Medical Center EIS, pg. 268 (Harborview Master Plan Citizens Advisory Committee Formal Comments to King County, dated June 24, 1999 at pg. 6).

institution use. The Proposed Project would not expand the MIO boundaries or displace residential, commercial or retail uses. It would reconfigure institutional uses and open space evaluated in the Harborview Medical Center EIS, moving the institutional use closer to the campus core and relocating the landscape open space at the campus edge adjacent to residential uses. The permanent open space invites public enjoyment and buffers the transition from the more institutional use. The open space location and alignment along Terry Avenue enhances connectivity with the adjacent residential use and links to a planned Yesler Terrace "Blocks Park."

As was noted in the Harborview Medical Center EIS, the land use impacts of such reconfiguration under an increased intensity scenario would be the same as the Planned and Potential Projects because the same sites would remain in institutional use. Additionally, compatibility impacts may be lessened when activity is located away from the Harborview campus edges that abut sensitive users (e.g., residential). Therefore, the Proposed Project is consistent with the land use analysis.

POTENTIAL MITIGATION MEASURES

The City Council imposed land use conditions in the Harborview MIMP, including:

- Condition #9: Harborview shall located the most intensive and people-generating functions away from residential buildings;
- Condition #10: Harborview shall improve the quality of landscaped open space in the proposed open spaces; and
- Condition # 11: Harborview shall buffer and screen potentially objectionable views of support and service uses by landscaping, walls and fences.

The City has adopted land use regulations that are designed, in part, to minimize or prevent impacts resulting from incompatible land use. DPD may condition or deny a project to mitigate adverse land use impacts resulting from a proposed project or to achieve consistency with the applicable City land use regulations, or the goals and policies set forth in Section B of the Comprehensive Plan land use element regarding land use categories.[20]

The Proposed Project will be designed to comply with the applicable Harborview MIMP development standards, standards and conditions. Particularly, the Harborview Hall Adaptive Reuse will locate the more intense institutional use closer to the campus core and away from the residential uses abutting Terry Avenue. Furthermore, the Proposed Project landscape open space is dedicated as permanent open space and usability improved with the addition of public art, pavers, overhead weather protection and relocation adjacent to the street edge to buffer uses.

These Council conditions shall be integrated into the Proposed Project's design and operations.

SIGNIFICANT UNAVOIDABLE IMPACTS

[20] SMC 25.05.675.J.

As conditioned in the Harborview MIMP, no significant unavoidable adverse land use impacts are anticipated relative to the Proposed Project.

2. Consistency with Plans/Policies/Regulations

EIS

The Harborview Medical Center FEIS evaluated the relationship of the proposed Harborview MIMP with adopted plans, policies and regulations, including the City's applicable SEPA Policies, Comprehensive Plan, Zoning Code, Major Institution Policies, First Hill Neighborhood Plan, Sound Transit Plan, Street Vacation Policies and adjacent major institution master plans.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project does not propose a change to applicable MIO boundaries or MIMP standards. The existing MIO and MIMP development standards will continue to guide development. The EIS Addendum utilizes the Harborview Medical Center EIS analysis relative to SEPA policies, zoning code, First Hill Neighborhood Plan and adjacent major institution master plans. The EIS Addendum addresses the following land use elements with additional information: (1) major institution policies; (2) Yesler Terrace redevelopment plan; and (3) Seattle Municipal Code regulations regarding major institutions minor amendment procedures (SMC Ch. 23.69).

Major Institution Policies

Following the City's adoption of the Harborview MIMP and the Harborview Medical Center EIS, the City repealed the major institution policies set forth in SMC 23.12.120 with Ordinance 120691.

The City elected to integrate the major institution policies into the Comprehensive Plan and development regulations. The Proposed Project is particularly relevant with the major institution Comprehensive Plan as discussed in **Table 1**.

Table 1
Relationship of Key Major Institution Policies to the Proposed Project

Major Institution Comp Plan Policies	*Consistency with Proposed Project*
LU 180: Designate campuses of large hospitals, colleges and universities as Major Institutions to recognize that a separate public process is used to define appropriate uses in these areas	Harborview is a major institution under this policy. The City has designated Harborview as a major institution and adopted a MIMP for the campus, which includes the Proposed Project.
LU 182: Establish Major Institution Overlays (MIO) to permit appropriate institutional	The Proposed Project is located within the Harborview MIO. The Proposed Project is

development within boundaries while minimizing the adverse impacts associated with development and geographic expansion. Balance the public benefits of growth and change for major institutions with the need to maintain the livability and vitality of adjacent neighborhoods. Where appropriate, establish MIO boundaries so that they contribute to the compatibility between major institution areas and less intensive zones.	designed to allow for continued viability of the medical use while enhancing the livability of the adjacent residential uses along Terry Avenue by providing a permanent open space plaza in an area readily accessible/enjoyable to the neighborhood. The Proposed Project moves the more intense institutional use closer to the campus core and away from residential uses.
LU 186: Discourage the expansion of established major institution boundaries.	The Proposed Project does not request expansion of Harborview's existing MIO district boundaries.
LU 188: Encourage Advisory Committee participation through the process of revision, amendment and refinement of the master plan.	The County has been continually engaged with the Harborview CAC regarding the Proposed Project, including briefings on November 20, 2013 and January 15, 2014.

The Harborview Medical Center EIS contemplated that Harborview Hall may be preserved in some form. Originally, the Planned and Potential Projects studied in the Harborview Medical Center EIS proposed demolition of the Harborview Hall structure and development of a 100,000 sf. office structure adjacent to the Terry Avenue location which is now proposed for the open space area. However, the approved Harborview MIMP did not authorize the demolition of the existing Harborview Hall.[21]

Major Institution Amendment Regulations

The City has adopted regulations governing the procedures for amendment of a major institution master plan. *See* SMC Ch. 23.69. Proposed changes to an adopted MIMP shall be processed as an exempt change, a minor amendment or a major amendment. SMC Ch. 23.69.035. The DPD Director shall determine whether an amendment is minor or major based on defined standards; the Director's decision shall be made in the form of an interpretation pursuant to SMC Ch. 23.88.

The Harborview Medical Center EIS anticipated that variations in the projects or programs, changes in phasing and shifts in priorities were anticipated and likely for the proposed Harborview MIMP.[22] The Harborview MIMP intent is to provide safe and sufficient facilities for the highest quality of health care, teaching, research and community service. Additionally, the Harborview MIMP provides for flexibility in implementing the projects set forth in consideration of uncertainties and changes in the healthcare industry.[23] The Harborview MIMP noted that the development density and building heights may shift among the projects studied in

[21] *See* footnote 18; *See also* MIMP Condition #31: "(Compliance with the Landmarks Preservation Ordinance (SMC 25.12) will constitute compliance with the SEPA Landmarks Policy. Nothing in the [MIMP] approval shall be construed as prejudging or superseding the landmark review process as specified in the landmark preservation ordinance or diminishing the Landmarks Board's role in that process."
[22] Harborview Medical Center EIS, pg. 22.
[23] Harborview MIMP, pg. 3.

the Harborview Medical Center EIS; as a result, an Increased Height/Increased Density alterative was evaluated.[24]

The Proposed Project's consistency with the City's major institution minor amendment regulations is discussed in **Table 2**.

Table 2
Relationship of Major Institution Minor Amendment Regulations to the Proposed Project

Minor Amendment Regulations	*Consistency with Proposed Project*
Not an exempt change according to SMC 23.69.035.B;	Not applicable. The Proposed Project is not an exempt change pursuant to SMC 23.69.035.B.
Consistent with original intent of adopted master plan; and **At least one of following:**	The Proposed Project is consistent with the original intent of the Harborview MIMP.[22, 23, 24] The Proposed Project site would continue for health care-related institutional uses with the same impacts. The County has concluded that the preservation and adaptive reuse of the Proposed Project are both economically and environmentally better choices than demolition as originally proposed in the Harborview MIMP. The refinement is consistent with the Harborview MIMP intent to provide safe and sufficient facilities for the highest quality of health care, teaching, research and community service while allowing future flexibility to respond to changes in the County's campus master plan and the broader healthcare industry. Additionally, the long-term commitment to public open space included in the Proposed Project would be an enhancement over the temporary open space contemplated in the original Harborview MIMP.
Amendment will not result in significantly greater impacts than those contemplated in the adopted master plan (SMC 23.69.035.D.1)	The development area associated with the Proposed Project is well within the overall development area authorized under the MIMP. Thus, impacts would remain the same, as the total gross square footage contemplated under the Harborview MIMP would not be affected.
Amendment is a waiver from a development	Not applicable. The Proposed Project is not

[24] Harborview MIMP, pg. 32.

standard or master plan condition, or a change in the location or decrease in size of designated open space, and the proposal does not go beyond the minimum necessary to afford relief and will not be materially detrimental to the public welfare or injurious to proper or improvements in the vicinity in which the Major Institution is located (SMC 23.69.035.D.2)	seeking a waiver from a development standard or master plan condition, or a change in the location or decrease in size of designated open space. The Harborview MIMP noted that the "campus heart" open space, **if developed,** will be considered designated open space. (emphasis added). Condition #16. The Harborview MIMP noted that development of this proposed open space is "subject to the modifications related to Harborview Hall included in this document." *Id.* (including Condition #5 reserving authority to the Landmark Board to make determination regarding demolition of the Harborview Hall structure). The "campus heart" was never developed; accordingly, the conceptual design does not qualify as designated open space or permanent open space. The Proposed Project would authorize the development of 21,000 sf. of permanent, public open space on campus.
The amendment is a proposal by a Major Institution to lease space or otherwise locate a use at street level in a commercial zone outside an MIO District, and within two thousand five hundred feet (2,500') of the MIO District boundary, and the use is allowed in the zone for but not permitted pursuant to SMC 23.69.022. (SMC 23.69.035.D.3).	Not applicable. The Proposed Project is not a proposal to lease space or other locate a use at street level in a commercial zone.

The Proposed Project's relationship with the City's major institution major amendment regulations is discussed in **Table 3**.

Table 3

Relationship of Major Institution Major Amendment Regulations to the Proposed Project

Major Amendment Regulations	*Consistency with Proposed Project*
Not an exempt change according to SMC 23.69.035.B;	Not applicable. The Proposed Project is not an exempt change pursuant to SMC 23.69.035.B.
Not a minor amendment according to SMC 23.69.035.D; and	**Inconsistent.** As demonstrated in **Table 2**, the Proposed Project satisfies the minor amendment criteria under SMC 23.69.035.D.
In addition, **any of the following shall be considered a major amendment:**	

An increase in a height designation or the expansion of the boundary of the MIO District; or	Not applicable. The Proposed Project does not constitute an increase to the existing height limits of the MIO District at this location.
Any change to a development standard that is less restrictive; or	Not applicable. The Proposed Project does not involve or require a waiver from any development standard or master plan condition.
A reduction in the housing stock outside the boundary but within two thousand five hundred feet (2,500') of the MIO District, other than within a Downtown zone, that exceeds the level in an adopted master plan; or	Not applicable. The Proposed Project does not involve a reduction in housing stock.
A change to the single-occupancy vehicle goal of an approved transportation management program that increases the percentage of people travelling by single-occupancy vehicle; or	Not applicable. The Proposed Project does not involve a change to the single-occupancy vehicle goal of an approved transportation management program.
A use that requires Council Conditional Use approval, including but not limited to a helistop or a major communication utility, that was not described in an adopted master plan; or	Not applicable. The Proposed Project does not involve a use that requires Council Conditional Use approval.
The update of an entire development program component of a master plan that was adopted under Code provisions prior to the 1996 Major Institutions Ordinance where the institution proposes an increase to the total amount of gross floor area allowed or the total number of parking spaces allowed under the institution's existing development program component within the MIO District.	Not applicable. The Proposed Project does not involve an update of an entire development program component of a master plan that was adopted prior to the 1996 Major Institutions Ordinance.

Yesler Terrace Redevelopment Plan

Subsequent to the Harborview Medical Center EIS, the Seattle Housing Authority (SHA) proposed a redevelopment plan for the Yesler Terrace campus to the south of Harborview. **Figure 12.**

SHA prepared an environmental impact statement for the Yesler Terrace Redevelopment Plan (Yesler Terrace DEIS). The Yesler Terrace DEIS was issued on October 19, 2010. Consistency with the Harborview Medical Center MIMP was analyzed. The proposed alternatives would allow for redevelopment of the Yesler Terrace site to a new dense, urban mixed use, mixed-income community with higher building heights, particularly along and near the north boundary of the site, adjacent to the Harborview campus. Yesler Terrace DEIS, pg. 3.9-37.

The Yesler Terrace DEIS found the alternatives would be compatible with the Harborview MIMP.

The Final Yesler Terrace Redevelopment Plan EIS (Yesler Terrace FEIS) was issued April 13, 2011. SHA proposed a Preferred Alternative, which was within the range of alternatives studied in the Yesler Terrace DEIS. The Yesler Terrace FEIS concluded the Preferred Alternative was consistent with the Harborview MIMP. Yesler Terrace FEIS, pg. 273.

POTENTIAL MITIGATION MEASURES

The City Council imposed land use conditions in the Harborview MIMP, including:

- Condition #9: Harborview shall located the most intensive and people-generating functions away from residential buildings;
- Condition #10: Harborview shall improve the quality of landscaped open space in the proposed open spaces; and
- Condition # 11: Harborview shall buffer and screen potentially objectionable views of support and service uses by landscaping, walls and fences.

The Proposed Project is consistent with the alternatives studied in the Harborview Medical Center EIS which included intensification of the medical services uses.[25] The Proposed Project is consistent with the City's Comprehensive Plan Policies regarding Major Institutions, particularly LU 182 and LU 186. The Proposed Project is consistent with the Seattle Municipal Code regulations intent of concentrating institutional facilities within the boundaries of a MIO and avoiding neighborhood encroachment. Furthermore, the Proposed Project is consistent with these City's major institution regulations for minor amendments as demonstrated in Table 2; the Proposed Project is inconsistent with the City's standards for designation of a major amendment to a MIMP. The Proposed Project is consistent with the Yesler Terrace Redevelopment Plan adjacent to the Harborview campus.

SIGNIFICANT UNAVOIDABLE IMPACTS

No significant unavoidable adverse land use impacts relative to consistency with applicable plans, policies and regulations are anticipated.

E. AESTHETICS

EIS

The Harborview Medical Center EIS notes that adjacent views are generally limited and localized with some distant mountain and water views to the west and east from higher elevations/upper floors. The Harborview Medical Center EIS evaluated the view impacts of the

[25] *See* footnote 3.

Planned and Potential Projects, including the demolition of Harborview Hall and the construction of a 7-story office which abuts Terry Avenue and Terrace Street. The analysis found that under the Harborview MIMP, views to the west would result in greater distance terminus of view along Terrace Street; the Potential Project 7-story building on Terry Avenue would also result in more intense massing.

The Harborview Medical Center EIS found that the development of Planned and Potential Projects would result in a substantial increase in height, bulk and scale of development in the Harborview area. However, the increased was perceived to have less impact on sites interior to the campus because the surrounding land uses are also institutional in nature.

EIS ADDENDUM – PROJECT IMPACTS

The City's SEPA Policies include public view protection policies, including the following:

> ■ It is the City's policy to protect public views of significant natural and human-made features: Mount Rainer, the Olympic and Cascade Mountains, the downtown skyline, and major bodies of water including Puget Sound, Lake Washington, Lake Union and the Ship Canal, from public places consisting of the specified viewpoints, parks, scenic routes, and view corridors....This subsection does not apply to the Space Needle, which is governed by subsection P2c of this section.

The City has designated 89 public parks, viewpoints, playgrounds and view corridors. The closest viewpoint to the Proposed Project in terms of potential impacts and/or reductions to views of the downtown skyline and the Puget Sound is the Harborview Hospital Viewpoint to the west. This viewpoint is approximately one block to the northwest. The 11-story East Hospital (Center Wing) is located between Proposed Project site and the viewpoint; therefore, views will not be impacted.

> ■ It is the City's policy to protect public views of historic landmarks designated by the Landmarks Preservation Board which, because of their prominence of location or contrasts of siting, age, or scale, are easily identifiable visual features of their neighborhood or the City and contribute to the distinctive quality or identity of their neighborhood or the City. This subsection does not apply to the Space Needle, which is governed by subsection P2c of this section.

There are two designated Landmarks within the immediate proximity of the Proposed Project: (1) Fire Station #3 (301 Terry Avenue); and (2) the East Hospital (Center Wing) (325 Ninth Avenue).

The Proposed Project is located on Ninth Avenue across from Harborview Medical Center and does not block existing public views of the designated Landmarks from the existing right-of-way.

Regarding the Fire Station #3, the Proposed Project improves views from the public right-of-way by the demolition of the existing one-story structure on Terry Avenue that impedes views from

the north. The Proposed Project envisions redevelopment of the Engineering Services Building as an open space/plaza area, which will improve the public views of the Fire Station #3 from the north.

- It is the City's policy to protect public views of the Space Needle from the following public places.[26]

The City has identified ten public viewpoints in which views of the Space Needle are to be protected. The Space Needle is not located in the Downtown, but is visible from many vantages throughout the City. The majority of the ten identified viewpoints are north of Downtown and the Proposed Project location (e.g. Gasworks, Seattle Center or Myrtle Edwards Park). There are three viewpoints located south of Downtown. These three sites are all located in West Seattle (Alki Beach Park, Hamilton Viewpoint and Seacrest Park). Accordingly, the Proposed Project would not affect views of the Space Needle from any of the public places designated in the SEPA Policies.

- Adopted Land Use Codes attempt to protect private views through height and bulk controls and other zoning regulations but it is impractical to protect private views through project-specific review.

Several surrounding buildings' private views may be impacted by the Proposed Project. These include, but are not limited to the apartments located northeast and east of the project site; their views are already constrained by the existing Harborview Hall. The Harborview Medical Center EIS contemplated the existing Harborview Hall may be retained.[27] Accordingly, the Harborview Medical Center EIS disclosed the potential view impacts. Notably, SEPA Policies do not protect private views.

POTENTIAL MITIGATION MEASURES

The City Council condition #25 of the Harborview MIMP regarding aesthetics stated: "Techniques to reduce the apparent scale of new buildings (e.g., architectural detailing, modulation, stepbacks, materials, etc.) shall be incorporated into building design. Building design shall seek to soften the appearance of structures. Pedestrian scaled improvements shall be included at street level."

City Council condition #27 to the adopted Harborview MIMP provides: "Lighting and graphics that reduces the appearance of building bulk and scale shall be incorporated into new structures."

City Council condition #28 to the adopted Harborview MIMP read: "To break-up building groupings and collective massing, pedestrian connections shall be maintained through the campus and with the neighborhood (such as at the "campus heart")."

City Council condition #29 to the adopted Harborview MIMP provides: "Landscaping shall be included to soften building scale and create amenities."

---

[26] SMC 25.05.675.P.2.c.

[27] *See* footnote 18.

City Council condition #30 to the adopted Harborview MIMP provides: "The design of each building approved under this Master Plan shall be stylistically consistent with the design of the existing structures on the Harborview campus and shall be reviewed and approved by the CAC."

These Council conditions shall be integrated into the Proposed Project's design and operations.

No view obstruction is anticipated from the public places identified in the SEPA Policies for public view protection. The Proposed Project would affect some cross-site private views from residential dwellings and office buildings located proximate to the project site. However, these private views are not protected by the City's SEPA Policies. As such, no mitigation measures are proposed.

SIGNIFICANT UNAVOIDABLE IMPACTS

No significant adverse impacts to public views are anticipated as part of the Proposed Project. Some impacts may result to private views, which are not protected under the City's SEPA Policies.

F. SHADOW, LIGHT AND GLARE

EIS

The Harborview Medical Center EIS states that the principal sources of light in the Harborview area are streetlights, car headlights and lighting from nearby Interstate-5, building lighting and security lighting. Due to its 24-hour operation, Harborview was acknowledged to generate continuous building and site lighting. The Harborview Medical Center EIS found that there were no unusually bright sources of light or extraordinary levels of illumination/glare. The Harborview Medical Center EIS found no probable significant light and glare impacts that cannot be mitigated.

Regarding shadows/glare, the Harborview Medical Center EIS did not identify any buildings on the Harborview campus or vicinity that have highly reflective surfaces, mirrored glass or other glare causing material. The topography of the area and solar exposure did not present unusual conditions. The Harborview Medical Center EIS shadow study (**Figure 16**) is incorporated by reference here. Regarding the Planned Project open space at present Harborview Hall site, the EIS found the usability of the proposed open space may be affected by shadows from tall buildings.

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project will include possible, but limited light and glare impacts to the immediate vicinity. The increased building mass along Terry Avenue from the 7-story buttress addition

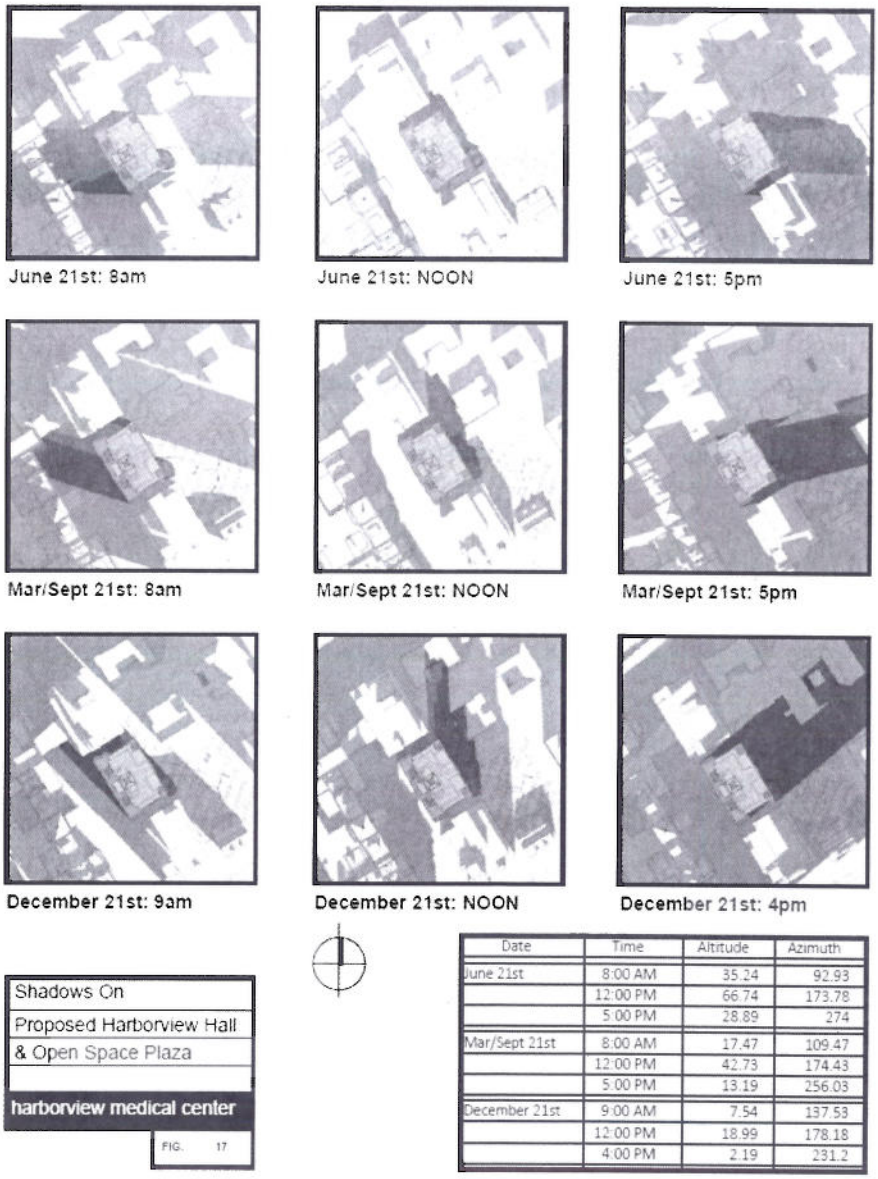
may increase exposure to light and glare. However, the amount and level (intensity) of glare impacts are not expected to be significant due to the proposed institutional use; the impacts are similar to the existing conditions with nighttime illumination of Harborview Hall and the campus. Potential impacts can be mitigated.

The Harborview Hall Adaptive Reuse development does not include highly reflective materials. Building materials will include glazing consistent with high rise development, but is not expected to create any significant light and glare impacts.

Lighting levels along the Ninth Avenue, Terry Avenue and the open space plaza may increase. The Proposed Project planned lighting, landscaping, streetscape improvements and pavers will would contribute to improved visibility and pedestrian public safety.

The Proposed Project open space location along Terry Avenue improves potential solar exposure for peak use periods, which are assumed to be mid-day in the spring – summer. The Harborview Medical Center EIS acknowledged the Planned Project location for the open space "campus heart" on the end of Terrace Avenue would be affected by the taller surrounding buildings during this peak period. The Proposed Project improves the usability of the proposed open space by relocating away from shadows cast by the Norm Maleng, Center Wing and Research and Training Buildings.

Figure 17



Date	Time	Altitude	Azimuth
June 21st	8:00 AM	35.24	92.93
	12:00 PM	66.74	173.78
	5:00 PM	28.89	274
Mar/Sept 21st	8:00 AM	17.47	109.47
	12:00 PM	42.73	174.43
	5:00 PM	13.19	256.03
December 21st	9:00 AM	7.54	137.53
	12:00 PM	18.99	178.18
	4:00 PM	2.19	231.2

A shadow analysis of the Proposed Project in comparison to existing conditions was completed. The key times considered were the Vernal/Autumnal Equinox (March/September 21) and the Summer Solstice (June 21). The Winter Solstice (December 21) was considered for comparison.

The analysis provided in **Figure 17** demonstrated that the Proposed Project's permanent open space would be at least partially shadowed year-round. The shadowing is least at mid-date in the spring and summer when the sun is high and the shadows cast from buildings are the shortest. The southern portion of the open space closer to the Fire House would have the best solar exposure.

Notably, the proposed open space provides improved solar exposure over the "campus heart" design included in the Harborview Medical Center EIS. *Compare* **Figure 16** with **Figure 17.**

POTENTIAL MITIGATION MEASURES

The City's SEPA Policies lack authority to mitigate shadow impacts. However, the Proposed Project improves the likely usability of the proposed open space along Terry Avenue by relocating away from the shadows of the existing structures to the south and west of a Harborview Hall site.

City Council condition #18 to the adopted Harborview MIMP provides: "Exterior lighting fixtures shall be shielded or directed away from adjacent residential uses."

City Council condition #19 to the adopted Harborview MIMP provides: "Lighting poles shall be located away from and/or at heights compatible with residential development, to the extent feasible."

City Council condition #20 to the adopted Harborview MIMP states: "Screening and shading devices shall be installed to reduce or eliminate spillover lighting, particularly from across from sensitive residential receivers, to the extent possible."

City Council condition #21 to the adopted Harborview MIMP provides: "Glass and building materials shall be used that are not highly reflective to avoid creating glare."

City Council condition #22 to the adopted Harborview MIMP provides: "Building façades shall be designed with wall and glazing articulation and recesses to avoid large expanses of uniform surfaces. Spandrels, mullions and architectural detailing could lessen the effect of reflective glare from both artificial and natural light."

City Council condition #23 to the adopted Harborview MIMP provides: "Landscaping shall be included to diffuse and obscure light and glare impacts."

City Council condition #24 to the adopted Harborview MIMP provides: "To avoid having buildings shade landscaped open spaces, solar exposure and potential adjacent building sun blockages shall be considered in the design of all the proposed campus open spaces."

These Council conditions shall be integrated into the Proposed Project's design and operations.

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned in the Harborview MIMP, no significant impacts relative to light, glare and shadows are anticipated as a result of the Harborview Hall Adaptive Reuse development.

G. HISTORICAL RESOURCES

EIS

According to the Harborview Medical Center EIS, there are three designated City Landmarks buildings in the vicinity of the Proposed Project. Fire Station #3 is located south of the Proposed Project site, adjacent to the proposed open space area. The U.S. Assay House/German House (also on the National Registry) is located to the north of the Harborview campus at 613 Ninth Avenue. Finally, the Trinity Parish Episcopal Church is located north of the campus at 609 Eight Avenue.

The Harborview Medical Center EIS found no significant adverse impacts will occur to the nearby landmark structures. Fire Station #3 was proposed to be maintained; the analysis indicated that the setting will be changed to the extent of the adjacent 7-story Potential Project was developed.

EIS ADDENDUM – PROJECT IMPACTS

Following the City's adoption of the Harborview MIMP, the City's Landmarks Preservation Board (Board) took action on two structures on the Harborview campus, including the site of the Proposed Project – Harborview Hall – as well as the East Hospital (Center Wing) at 325 Ninth Avenue.

On September 16, 2009, the Board approved the Landmark designation of the East Hospital (former Center Wing). However, the Board denied the Landmark designation of Harborview Hall. The Board majority found that Harborview Hall did not meet any of the designation criteria. [28] Accordingly, Harborview Hall is ineligible for landmark nomination for five years from the date of the termination without the written consent of the County; this expiration is September 16, 2014.

The County concluded that the preservation and adaptive reuse of Harborview Hall was an economically and environmentally preferable choice compared to the demolition of the structure.[29]

There are two designated Landmarks within the immediate proximity of the Proposed Project: (1) Fire Station #3; and (2) the East Hospital (Center Wing).

The Proposed Project is located on Ninth Avenue across from Harborview Medical Center and does not block existing public views of the designated Landmarks from the existing right-of-way.

---

[28] *See* SMC 25.12.350.

[29] Harborview Hall Adaptive Re-use Update, KING COUNTY FACILITIES MANAGEMENT DIVISION, http://kingcounty.gov/operations/FacilitiesManagement/currentProjects/HarborviewAdaptiveReuse.aspx (last visited June 12, 2014).

Regarding the Fire Station #3, the Proposed Project improves views from the public right-of-way by the demolition of the existing one-story structure on Terry Avenue that impedes views from the north. The Proposed Project envisions redevelopment of the Engineering Services Building as an open space/plaza area, which will improve the public views of the Fire Station #3 from the north.

POTENTIAL MITIGATION MEASURES

City Council condition #31 for the adopted Harborview MIMP provides: "Compliance with the Landmarks Preservation Ordinance (SMC 25.12) will constitute compliance with the SEPA Landmarks Policy. Nothing in this Master Plan approval shall be construed as prejudging or superseding the landmark review process as specified in the Landmarks Preservation Ordinance or diminishing the Landmarks Board's role in that process."

The City's Department of Neighborhoods Landmarks Board staff has reviewed the Proposed Project's potential impacts to adjacent and proximate landmark buildings and has determined that there are no significant impacts relative to landmark structures. Thus, no mitigation is necessary. Please see Appendix B for the Landmarks Board staff letter regarding the historical resources review of the Proposed Project. Additionally, the Harborview Hall Adaptive Reuse development façade has been designed to be respectful to the adjacent Harborview campus and neighborhood.

SIGNIFICANT UNAVOIDABLE IMPACTS

No significant impacts relative to the proximate landmarked structures are anticipated as a result of the Harborview Hall Adaptive Reuse development.

H. TRANSPORTATION/PARKING

EIS

The Harborview Medical Center EIS assessed the direct, indirect and aggregate impacts of the Planned and Potential Projects and alternatives as they relate to the general transportation system, including traffic operations, pedestrian facilities, traffic safety, circulation systems and parking.

In relation to parking demand, the Harborview Medical Center EIS figures that the future with-Planned and Potential Project demand was calculated based on project hourly trip generation characteristics of hospital staff and non-staff members.[30] It was determined that future demand would exceed future supply and that the peak demand would occur between 1:00-2:00 PM. However, the future parking shortfall would be four hours less than the existing shortfall.[31] The peak future parking demand would be approximately 2,210 vehicles. Overall, the Harborview Medical Center EIS determined this deficit would be less than one-quarter of the deficit that

[30] Harborview Medical Center EIS, pg. 180-181, Table 47.
[31] *Id.*

would exist under the Future Without-Master Plan scenario. Increases in the use of alternative transportation modes resulting from the Harborview Transportation Management Program (TMP) would reduce the parking deficit.

The Harborview Medical Center EIS noted that the traffic and parking demand impacts under the Increased Height/Increased Intensity Alternative would be the same as the original Proposed Action since the total amount of development and parking garage locations would be the same.[32]

EIS ADDENDUM – PROJECT IMPACTS

A Traffic Impact Analysis (TIA) (located at Appendix C to this Addendum) was prepared for the Harborview Hall Adaptive Reuse development. The TIA is on-file with DPD as a component of the MUP Project File (MUP No. 3016021).

The TIA evaluates traffic impacts regarding access/circulation and parking demand. **Table 4.**

Table 4 Comparison of Approved Harborview Medical Center MIMP and Proposed Project Characteristics

Characteristic	Approved MIMP[1]	Development to Date[2]	Remaining Development Potential
Development Area	Existing: 1.336 million sf New: 803,875 sf **Total: 2.1 million sf**	New: 434,380 sf **Total: 1.770 million sf**	**New: 369,495 sf**
Parking Supply	New: +1,000 spaces Displaced: -208 spaces **Total New: 792 spaces**	New: +1,000 spaces Displaced: -208 spaces **Total New: 792 spaces**	**All spaces assumed in the approved master plan have been constructed**
Access for Harborview Hall	• Proposed Access via the alley along Jefferson Street between 9th Avenue and Terry Avenue. • Possible access at entrance along Terry Avenue at Terrace Street	• No Changes	• No changes anticipated.

Notes: sf = square-feet
1. Based on the *Harborview Medical Center Final Environment Impact Statement* (FEIS), November 12, 1999.
2. *Addendum to the Harborview Medical Center Major Institution Master Plan FEIS for the Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB)*, September 22, 2003.

Regarding access/circulation, the Proposed Project will include a secure patient delivery area for trucks and vans to transport patients to the site. The secure patient delivery area supports and facilitates the controlled, safe transfer of patients with potential medical and/or mobility impairments. The secure patient delivery area would be accessed via Terrace Street. The volume of secure patient deliveries is expected to be four to eight vehicles per day. The Harborview Medical Center EIS evaluated the Proposed Project site as a possible access location for an underground parking garage (Plaza Garage).[33] This evaluated alternative results in substantially more intensive circulation and access impact than the Proposed Project. Traffic

[32] Harborview Medical Center EIS, pg. 183.
[33] *See* Harborview Medical Center EIS, pg. 175 and Figure 35.

associated with Proposed Project users would utilize the existing garage access locations and parking stalls previously constructed pursuant to the approved MIMP.

Equipment, material and supply deliveries would occur at the existing loading facility at other Harborview campus locations (e.g., the Research and Training Building loading dock located directly adjacent to the Proposed Project site, Ninth & Jefferson Building and/or the West Campus loading docks), consistent with existing practice. The deliveries would then be transported manually to the Proposed Project by existing tunnels which connect the Harborview campus.

Regarding parking, the Proposed Project does not include a change in parking. All Harborview Medical Center campus parking supply anticipated in the Harborview MIMP to support the medical institution use has been provide in the build-out, including the increase of 130 underground parking stalls provided with the Ninth & Jefferson Building as approved in 2003.[34] The overall parking count does not change, so there will be no noticeable change to parking impacts as described in the Harborview Medical Center EIS.

The proposed Harborview Hall Adaptive Reuse development is within the range of transportation impacts evaluated as part of the Harborview Medical Center EIS projects and alternatives.

POTENTIAL MITIGATION MEASURES

City Council condition #34 for the adopted Harborview MIMP provides: "Harborview shall comply with the terms of the Transportation Management Program (TMP) to reduce the number of Harborview commuter trips in employee single occupancy vehicles to forty-five percent (45%) of the total number of weekday, day shift commuter trips. Enhancements shall be proposed to the Harborview's TMP that would likely result in additional reductions in the employees' use of single-occupant vehicles for commuting. The TMP identifies strategies and actions that are intended to reduce parking and traffic demands associated with projected growth at the Harborview campus. The proposed TMP is described in the Major Institution Master Plan document with the following elements: a building transportation coordinator, periodic promotional events, commuter information centers, ride-matching service coordination, parking fees, carpool/vanpool subsidy, carpool/vanpool preferential parking, transit pass subsidy, University of Washington Health Sciences Shuttle Services, First Hill Express, bicycle racks and lockers, motorcycle parking spaces, residential parking zones, guaranteed ride home, telecommuting, pedestrian access, evaluation criteria and annual reporting."

SIGNIFICANT UNAVOIDABLE IMPACTS

As conditioned in the Harborview MIMP, no significant impacts relative to transportation access/circulation or parking are anticipated as a result of the Harborview Hall Adaptive Reuse development.

---

[34] *See* Addendum to the Harborview Medical Center Final Environmental Impact State for Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB), September 22, 2003, at pg. 6.

I. SHORT-TERM CONSTRUCTION IMPACTS

EIS

This section of the EIS Addendum provides additional detailed analysis of possible short-term construction impacts associated with the Proposed Project, specifically relating to earth, air quality, noise, and transportation/parking. With respect to each of the elements discussed below, construction impacts of the proposed Harborview Hall Adaptive Reuse development are substantially similar to those evaluated as a component of the Harborview Medical Center EIS.

EIS ADDENDUM

The Harborview Hall Adaptive Reuse development is located on the mid-block of Ninth Avenue between Jefferson Street and Alder Street in the First Hill neighborhood of the City of Seattle.

The Proposed Project is the adaptive re-use of the existing 11-story Harborview Hall and the construction of a 7-story infill addition to the eastern façade of Harborview Hall. The Proposed Project will include the demolition of a portion of the existing Harborview Hall structure (50,375 sf.), construction of a 7-story buttress addition (115,625 sf.), demolition of the 6,000 sf. Engineering Services building, 21,000 sf. of landscaped open space along Terry Avenue between Terrace Street and Alder Street and 9,000 cu. yds. of grading.

The Proposed Project does not include a change in parking. All Harborview Medical Center campus parking supply anticipated in the Harborview MIMP to support the medical institution use has been provide in the build-out, including the increase of 130 underground parking stalls provided with the Ninth & Jefferson Building as studied in an Addendum approved in 2003.[35]

The Harborview Hall Adaptive Reuse development is located within the urbanized First Hill neighborhood. In terms of the surrounding neighborhood, the adjacent land use is primarily institutional with areas of residential to the north, northeast and southeast. Construction activity from the Proposed Project would be noticeable to some of the adjacent land uses. The following evaluates the potential construction-related impacts in terms of short-term noise/vibration, air quality and transportation related impacts.

1. Earth – Short Term

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project demolition and site preparation, including grading and excavation, would impact the Harborview campus area. It is estimated the Proposed Project will require the removal of approximately 13,750 cu. yds. of material, including an estimated 9,000 cu. yds. of grading.

---

[35] *See* Addendum to the Harborview Medical Center Final Environmental Impact State for Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB), September 22, 2003, at pg. 6.

Materials would be removed by truck to an approved disposal site, to be determined. There would be minor, short-term disruption of traffic by trucks and equipment and dust/mud on street impacts.

The proposed Harborview Hall Adaptive Reuse development is within the range of actions and short-term construction impacts related to demolition and excavation evaluated as part of the Harborview Medical Center EIS.

POTENTIAL MITIGATION MEASURES

The City Council imposed short-term construction conditions in the Harborview MIMP, including:

Prior to Commencement of any Demolition or Construction

- Condition #52: "The excavation contractor shall provide a truck management plan to SeaTran Permit office (predecessor to the Seattle Department of Transportation (SDOT)) for approval and identify demolition and excavation disposal sites."

For the life of the Project

- Condition #63: "Harborview shall consider the input of the standing committee on future proposed projects once those projects are detailed. Additional SEPA review, whether through addenda, checklists, or supplemental EIS's may be required for individual projects as determined appropriate by the DCLU (predecessor to DPD) Director, depending on whether the scope of anticipated impacts exceeds those described in the FEIS, and whether the adopted mitigation is deemed adequate. Proposed developments not reviewed at the project level in the FEIS shall require additional environmental review at the time of application for Master Use and/or building permit. Additional environmental review may also be required for those proposed developments, which were reviewed at the project level in the FEIS if there are changes to the preferred or alternative building sites, programs or designs, which in the judgment of the Director of DCLU would result in substantially different environmental impacts than are described in the FEIS. This information may be provided as addendum(s) to the FEIS, unless the DCLU Direct determines that supplemental EIS(s) are necessary."

SIGNIFICANT UNAVOIDABLE IMPACTS

The Proposed Project will have construction-related impacts related to demolition and excavation that are unavoidable due to the nature of the construction. However, with the proposed mitigation and given the anticipated duration, none of these temporary construction-related impacts are considered to be significant.

2. Air Quality – Short Term

EIS ADDENDUM – PROJECT IMPACTS

The Proposed Project construction will likely generate emissions as a result of the fugitive dust from the demolition activities associated with earthmoving and from vehicular/equipment traffic.

Residential uses in the vicinity of the Harborview Hall Adaptive Reuse Development are the most sensitive land uses to this particulate matter, specifically the apartments to the north and northeast.

The primary type of pollutants during the construction of the Proposed Project would be the particulates and hydrocarbons from the gasoline and/or diesel-powered machinery used for demolition, excavation and construction. Such emissions would be temporary in nature and localized to the immediate vicinity of the Proposed Project construction activity.

Also, the trucks transporting excavated earth and/or construction materials would emit carbon monoxide and hydrocarbons along truck routes used by the construction vehicles. No construction activity or off-site construction-related truck movements are expected to cause violations of the applicable ambient air quality standards.

The proposed Harborview Hall Adaptive Reuse development is within the range of actions and short-term construction impacts related to air quality evaluated as part of the Harborview Medical Center EIS.

POTENTIAL MITIGATION MEASURES

The Proposed Project construction will adhere to the Puget Sound Clean Air Agency's (PSCAA) regulations regarding demolition activity and fugitive dust emissions, including the following:

- Wetting of exposed soils;
- Covering or wetting of transported earth materials;
- Washing of truck tires and undercarriages prior to travelling on public streets; and
- Prompt cleanup of any materials tracked or spilled onto public streets.

SIGNIFICANT UNAVOIDABLE IMPACTS

The Proposed Project will have certain construction-related air-quality impacts that are unavoidable due to the nature of the construction. However, with the proposed mitigation and given the anticipated duration, none of these temporary construction-related impacts are considered to be significant.

3. Noise/Vibration – Short Term

EIS ADDENDUM – PROJECT IMPACTS

Due to the nature of the planned construction related activity, the Proposed Project would result in an increase in the levels of sound and vibration within the project vicinity as well as the streets used by construction vehicles entering/exiting the site. The City's Noise Ordinance standards for construction would be enforced during the project and regulate any noise generated by the associated construction activities.[36] **Table 5** depicts the average noise levels associated with various construction equipment typically used on a project site. The increase in sound levels associated with the Proposed Project would be contingent on the type and period of equipment used as well as its vicinity to the property line.

The proposed Harborview Hall Adaptive Reuse development is within the range of actions and short-term construction impacts related to noise/vibration evaluated as part of the Harborview Medical Center EIS.

Table 5
Construction Equipment Noise Emission Levels[37]

Equipment	Average Noise Level (dBA) 50 ft. from source
Air compressor	81
Backhoe	80
Compactor	82
Concrete pump	82
Dozer	85
Generator	81
Jack hammer	88
Pump	74
Saw	76

Construction related noise would be temporary and could result in brief impacts including irritation and speech interference. **Table 6,** below, provides a list of sound levels to be used for comparison against the noise levels listed above in **Table 5.**

Table 6
Common Sounds and their DBA Levels[38]

Source	Average Noise Level (dBA)
Rocket launching pad	180
Jet plane	140
Gunshot blast	140

[36] SMC 25.08.425.
[37] EPA, 1971; Barnes et al., 1976.
[38] EPA, 1972; EPA 1976.

Riveting steel tank	130
Automobile horn	120
Sandblasting	112
Woodworking shop	100
Punch press	100
Pneumatic drill	100
Boiler shop	100
Hydraulic press	100
Car manufacturing plant	100
Subway	90
Average factory	80-90
Noisy restaurant	80
Busy traffic	75
Conversational speech	66
Average home	50
Quite office	40
Soft whisper	30

POTENTIAL MITIGATION MEASURES

The City's Noise Ordinance objective standards (allowed hours and noise levels) for construction will be enforced for the Proposed Project.[39] The Noise Ordinance uses zoning to determine noise levels for construction. Whether the use is commercial or residential, the underlying zone determines the objective decibel limit for construction noise.

The Proposed Project shall be subject to the City's Noise Ordinance scheduling regulations. By limiting most construction-related activities to the standard construction hours established by the Noise Ordinance (7 a.m. to 10 p.m. on weekdays; 9 a.m. to 10 p.m. weekends and legal holidays), disturbances can be reduced.[40] The Proposed Project shall include specific mitigation measures, such as the ones discussed below, to minimize all noise and construction related impacts.

The Harborview MIMP imposed SEPA impact short-term construction conditions relative to noise. These conditions are applicable to the Proposed Project and effectively address the anticipated impacts. The City imposed the following conditions:

During Construction

- Condition #55: "The following low impact noise will be permitted on Saturdays from 9:00 am to 5:00 pm. Requests to do work described below in the weekday evenings (6:00 pm to 8 pm) will be reviewed on a case-by-case basis. DCLU (DPD) approval is required prior to any such occurrence.

[39] SMC 25.08.425.
[40] SMC 25.08.425.A.2.

All work on-site shall be fully supervised by Harborview or King County on-site construction personnel who will ensure that Saturday construction is of a non-noisy nature and report back to the Land Use Planner with written confirmation of agreement to the construction hours of the subcontractors. Periodic monitoring of work activity and noise levels will be conducted by DCLU (DPD) construction inspectors.

Surveying and layout. This requires no noise generating equipment and requires two or three people walking around the project.

Stocking with crane. The crane is electric and requires four people to work with the crane.

Other ancillary tasks. This includes: site security; surveillance; and monitoring and maintenance of weather protection; water dams; and heating equipment.

Concrete work. This includes finishing and setting."

- Condition #56: "Critical quiet construction activities, which are of an emergency nature that are related to issues of safety, or which could substantially shorten the total construction time-frame if done after the regulation construction crew has left, will be allowed. In order to accommodate the needs of the Hospital and ensure that the construction activities will not have adverse impacts on the nearby residential uses, request to extend the hours of construction on weekdays from 6:00 pm to 8:00 pm shall be reviewed on a case-by-case basis and approved by DCLU (DPD) prior to each occurrence. Periodic monitoring of work activity and noise monitoring will be conducted by DCLU (DPD) construction inspectors."

- Condition #57: "Quiet non-construction activities that can be done at any time such as, but not limited to, site security, surveillance, monitoring of weather protection, checking tarps, surveying, and walk on and around the site and structure will not be limited by the conditions imposed above or below."

- Condition #58: "In addition to the Noise Ordinance requirements to reduce the noise impacts of construction on nearby properties, all demolition, grading, and construction activities shall be limited to non-holiday weekdays between 7:30 am and 6:00 pm. After each floor of the building is enclosed with exterior walls and windows, interior construction on individual enclosed floors can be done at other times with the written approval of the Land Use Planner and the Director of Construction Inspections of DCLU (DPD)."

- Condition #59: "Equipment shall be employed on-site that is as quiet as feasible for the work to be performed."

- Condition #60: "Nearby residents shall be advised of the construction schedule, the construction process and Harborview must provide a contact person to address construction-related problems, such as noise impacts."

- Condition #61: "Construction schedules shall be coordinated with nearby on-campus research activities, allowing the opportunity to reschedule research or construction activities if a conflict arises."

- Condition #62: "Whenever practical, rubber-tire equipment shall be used instead of equipment with metal tracks. Muffler shall be provided and maintained for stationary engines. Construction personnel shall limit the extent of unnecessary equipment idling. Air compressors shall be utilized with silencing packages. Preference shall be given to electrically-driven and hydraulically-driven equipment in place of diesel or pneumatic equipment."

SIGNIFICANT UNAVOIDABLE IMPACTS

The Proposed Project will include certain construction-related noise and vibration impacts that are unavoidable due to the nature of the construction. However, with the proposed mitigation and given the anticipated duration, none of these temporary construction-related impacts are considered to be significant.

4. Transportation, Circulation and Access – Short Term

EIS ADDENDUM – PROJECT IMPACTS

Due to the nature of the planned construction related activity, the Proposed Project would result in an increase in the transportation and parking impacts within the project vicinity.

Vehicle trips generated by construction activity would include:

- Arrival and departure of construction workers.
- Delivery of construction materials.
- Delivery of construction equipment and vehicles.
- Delivery and removal of materials associated with demolition or grading.
- Removal of debris from demolition activity.

Construction worker trips as noted above generally occur before or right at the beginning of the morning or evening peak commute times. Generally, construction worker trips do not have a noticeable impact on peak hour traffic operations at adjacent streets and intersections because the relatively low number in comparison with overall traffic volumes in the vicinity of Harborview.

The remaining category of vehicle trips are associated with deliveries/truck trips. The majority of trips would be associated with demolition and excavation activities. Approximately 13,750 cu. yds. of excavation and demolition material would be removed from the site during construction of the Proposed Project. Based on a 22-cu. yds. capacity for a tandem truck, the Proposed Project would generate approximately 625 trips during construction. The number of truck trips daily would vary depending on the level of construction activity.

Due to the constricted Proposed Project site, temporary street closures may be likely at some stage in the construction process. Of the adjacent streets to the building sites that have the greatest potential for closure (e.g., Terrace Street and Terry Avenue), none are principal arterials. Therefore, temporary closures are not anticipated to have a significant impact on traffic operations.

Construction associated with the Proposed Project would generate temporary increases in parking demand, primarily due to the demand generated by construction workers.

POTENTIAL MITIGATION MEASURES

The Harborview MIMP imposed SEPA impact short-term construction conditions relative to noise. These conditions are applicable to the Proposed Project and effectively address the anticipated impacts. The City imposed the following conditions:

Prior to Commencement of any Demolition or Construction

- Condition #52: "The excavation contractor shall provide a truck management plan to SeaTran Permit office (SDOT) for approval and identify demolition and excavation disposal sites."

- Condition #53: "In order to ensure that construction workers do not park on the street and do not usurp existing off-street parking on parking lots within Harborview's primary impact area, Harborview shall prepare and distribute to all construction workers a flyer that includes: a map of the available parking lots, rates; the restriction on lots located outside the primary impact area identified in the Draft Environmental Impact Statement for Harborview's Major Institution Master Plan; and explanation that construction workers must park outside the primary impact area, that no on-street parking by construction workers is allowed. Harborview shall require contractors to secure parking for their construction workers outside the primary impact area."

During Construction

- Condition #54: "The flyer described in condition #53 shall be distributed to all current construction workers and any future workers hired."

For the life of the Project

- Condition #63: "Harborview shall consider the input of the standing committee on future proposed projects once those projects are detailed. Additional SEPA review, whether through addenda, checklists, or supplemental EIS's may be required for individual projects as determined appropriate by the DCLU (predecessor to DPD) Director, depending on whether the scope of anticipated impacts exceeds those described in the FEIS, and whether the adopted mitigation is deemed adequate. Proposed developments not reviewed at the project level in the FEIS shall require additional environmental review at the time of application for Master Use and/or building permit. Additional environmental review may also be required for those proposed developments, which were reviewed at the project level in the FEIS if there are changes to the preferred or alternative building sites, programs or designs, which in the judgment of the Director of

DCLU would result in substantially different environmental impacts than are described in the FEIS. This information may be provided as addendum(s) to the FEIS, unless the DCLU Direct determines that supplemental EIS(s) are necessary."

SIGNIFICANT UNAVOIDABLE IMPACTS

The Proposed Project will have certain construction-related transportation circulation and parking impacts that are unavoidable due to the nature of the construction. Occasional and/or temporary street closures on non-arterial streets may inconvenience pedestrians and hamper traffic flow. However, with the proposed mitigation and given the anticipated duration, none of these temporary construction-related impacts are considered to be significant.

APPENDIX A

Notification List per Harborview Medical Center EIS List

APPENDIX A.

Notification List Updated from the Original Harborview EIS List

Federal Agencies

EPA
Office of Environmental Assessment
1200 6th Avenue Suite 900
Seattle WA 98101

Economic Development Administration
US Dept. of Commerce
915 2nd Avenue, Room 1890
Seattle WA 98174

HUD
Environmental Officer
Seattle Federal Office Building
909 1st Avenue Suite 200
Seattle WA 98104-1000

Federal Aviation Administration
Regional Office
1601 Linde Ave SW
Renton WA 98055-4056

United Indians of All Tribes
Discover Park
P.O. Box 99100
Seattle WA 98139

US Bureau of Indian Affairs
NW Regional Office
911 NE 11th Ave
Portland OR 97232

US Geological Survey
Western Regional Offices
909 1st Avenue 8th Floor
Seattle WA 98104

State Agencies

Office of the Governor
P.O. Box 40002
Olympia, WA 98504

Department of Ecology
Environmental Review Section
P.O. Box 47600
Olympia, WA 98504-7600

Department of Health
Office of Program Services
P.O. Box 47890
Olympia, WA 98507-7890

WSDOT
310 Maple Park Avenue SE
P.O. Box 47300
Seattle WA 98504-7300

State Historic Preservation Officer
P.O. Box 48343
1063 South Capitol Way Suite 106
Olympia, WA 98504-8343

Department of Natural Resources
P.O. Box 47000
1111 Washington St. SE
Olympia WA 98504-7000

University of Washington
Capital Projects Office
Box 352205
Seattle, WA 98504-2205

University of Washington
School of Medicine
Attn: Johnese Spisso, Chief Health Systems
Box 359717
Seattle, WA 98195

Regional Agencies

Sound Transit
Director
401 South Jackson St.
Seattle, WA 98104

Puget Sound Air Pollution Control Agency
110 Union St., Suite 500
Seattle, WA 98101

Puget Sound Regional Council of Governments
Director of Government Relations
1011 Western Avenue Suite 500
Seattle, WA 98104

King County

King County Executive Office
Attn: Sung Yang, Chief of Staff
400 5th Ave, Suite 800
Seattle, WA 98104

Harborview Medical Center
Attn: Elise Chayet
325 9th Avenue
Seattle, WA 98104

Permitting and Environmental Review
King County
35050 SE Douglas St. Suite 210
Snoqualmie, WA 98065

APPENDIX A.

Notification List Updated from the Original Harborview EIS List

KING COUNTY WATER AND LAND DIVISION
MARK ISSACSON, DIRECTOR
201 SOUTH JACKSON
SEATTLE WA 98104

KING COUNTY DNRP
CHRISTIE TRUE, DIRECTOR
KING STREET CENTER, SUITE 700
201 SOUTH JACKSON
SEATTLE WA 98104

KING COUNTY ROADS SERVICES DIVISION
BRENDA BAUER, DIRECTOR
KING STREET CENTER
201 SOUTH JACKSON STREET
SEATTLE WA 98104

CITY OF SEATTLE

SEATTLE CITY LIGHT
P.O. BOX 34023
700 5TH AVENUE SUITE 3300
SEATTLE, WA 98124

SEATTLE TRANSPORTATION DEPT.
ATTN: CONSTRUCTION AND DEVELOPMENT
P.O. BOX 34996
700 5TH AVENUE SUITE 3800
SEATTLE, WA 98124-4996

SEATTLE PUBLIC UTILITIES SUPERINTENDENT
P.O. BOX 34018
700 5TH AVE SUITE 4900
SEATTLE, WA 98124-4018

SEATTLE POLICE DEPARTMENT CHIEF
610 5TH AVENUE
P.O. BOX 34986
SEATTLE WA 98124-4986

SEATTLE FIRE DEPARTMENT
301 2ND AVENUE SOUTH
SEATTLE WA 98104

SEATTLE PARKS SUPERINTENDENT
100 DEXTER AVENUE NORTH
SEATTLE, WA 98109

DEPARTMENT OF NEIGHBORHOODS
P.O. BOX 94649
SEATTLE WA 98124-4649

MAYOR'S OFFICE
EXECUTIVE BRANCH CITY BUDGET
P.O. BOX 94747
SEATTLE, WA 98124-4747

SEATTLE CITY COUNCIL
P.O. BOX 34025
SEATTLE, WA 98104

OFFICE OF SUSTAINABILITY AND ENVIRONMENT
P.O. BOX 94729
SEATTLE WA 98124-4729

OFFICE OF HOUSING
P.O. BOX 94725
SEATTLE WA 98124-4725

DEPARTMENT OF HUMAN SERVICES
P.O. BOX 34215
SEATTLE WA 98124-4215
HEALTH DEPARTMENT OF SEATTLE & KING COUNTY
401 5TH AVENUE #1300
SEATTLE WA 98104

DEPARTMENT OF PLANNING AND DEVELOPMENT
P.O. BOX 34019
700 5TH AVENUE #2000
SEATTLE WA 98124-4019

SEATTLE PLANNING COMMISSION
P.O. BOX 34019
700 5TH AVENUE #2000
SEATTLE WA 98124-4019

SEATTLE DESIGN COMMISSION
P.O. BOX 34019
700 5TH AVENUE #2000
SEATTLE WA 98124-4019

LIBRARIES

SEATTLE MAIN LIBRARY
DOCUMENTS DEPARTMENT
1000 4TH AVENUE
SEATTLE WA 98104

SEATTLE PUBLIC LIBRARY
HENRY BRANCH
425 HARVARD AVE. E.
SEATTLE WA 98102

SEATTLE PUBLIC LIBRARY
DOUGLASS-TRUTH BRANCH
2300 E. YESLER WAY
SEATTLE WA 98122

SEATTLE PUBLIC LIBRARY
UNIVERSITY BRANCH
12755 GREENWOOD AVE NORTH
SEATTLE, WA 98133

APPENDIX A.

Notification List Updated from the Original Harborview EIS List

SEATTLE PUBLIC LIBRARY
GREENLAKE BRANCH
7364 GREENWOOD AVENUE NORTH
SEATTLE, WA 98133

WASHINGTON STATE LIBRARY
OLYMPIA, WA 98504

NEWSPAPERS

SEATTLE DAILY JOURNAL OF COMMERCE
P.O. BOX 11050
SEATTLE WA 98111

THE SEATTLE TIMES
P.O. BOX 70
SEATTLE WA 98111

SEATTLE WEEKLY
1008 WESTERN AVE. SUITE 300
SEATTLE WA 98104

ORGANIZATIONS

ALLIED ARTS OF SEATTLE
107 SOUTH MAIN STREET
SEATTLE WA 98104

LEAGUE OF WOMEN VOTERS
LAND USE CHAIR
1401 18TH AVENUE
SEATTLE WA 98122

HARBORVIEW CITIZENS ADVISORY COMMITTEE
ATTN: DEPT. OF NEIGHBORHOODS/STEVE SHEPARD
P.O. BOX 94649
SEATTLE WA 98124-4649

FIRST HILL IMPROVEMENT ASSOCIATION
1315 MADISON STREET #281
SEATTLE, WA 98104

DOWNTOWN SEATTLE ASSOCIATION
1809 7TH AVENUE SUITE 900
SEATTLE, WA 98101

GREATER SEATTLE CHAMBER OF COMMERCE
1301 5TH AVENUE SUITE 2500
SEATTLE, WA 98101

BROADVIEW EMERGENCY SHELTER
DIRECTOR
P.O. BOX 31151
SEATTLE WA 98103

NEIGHBORS

JEFFERSON TERRACE
COMMUNITY MANAGER
800 JEFFERSON STREET
SEATTLE, WA 98104

JEFFERSON TERRACE
ADMINISTRATOR
800 JEFFERSON STREET
SEATTLE, WA 98104

HILLTOP HOUSE
RESIDENT COUNCIL PRESIDENT
1005 TERRACE STREET
SEATTLE, WA 98104

HILLTOP HOUSE
ADMINISTRATOR
1005 TERRACE STREET
SEATTLE, WA 98104

ST. JAMES CATHEDRAL
804 9TH AVENUE
SEATTLE, WA 98104

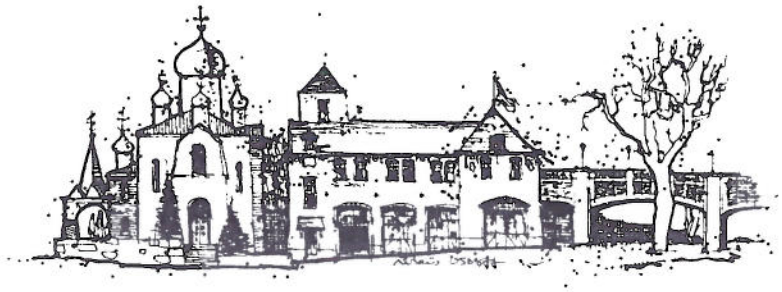
YESLER TERRACE COMMUNITY COUNCIL
815 YESLER WA
SEATTLE WA 98104

SEATTLE HOUSING AUTHORITY
ATTN: ANNE FISKE
P.O. BOX 19028
SEATTLE, WA 98109

APPENDIX B

Landmarks Preservation Board Letter

OTHR
DEPTS



The City of Seattle

Landmarks Preservation Board

Mailing Address: PO Box 94649 Seattle WA 98124-4649
Street Address: 700 5th Ave Suite 1700

September 22, 2009 LPB 475/09

Kathy Brown
King County Facilities Management Division
500 Fourth Avenue, Room 800
Seattle, WA 98104

Subject: Denial of Designation of Harborview Hall
326 Ninth Avenue

Dear Ms. Brown:

At the September 16, 2009 meeting of the City's Landmarks Preservation Board, the Board voted to deny the designation of Harborview Hall at 326 Ninth Avenue. The majority opinion to deny the designation was based on the finding that this property does not meet any of the designation standards of SMC 25.12.350.

Termination of Proceedings

SMC 2.12.850A states:

> "In any case where a site, improvement or object is nominated for designation as a landmark site or landmark and thereafter the Board fails to approve such nominate or to adopt a report approving designation of such site, improvement or object, such proceeding shall terminate and no new proceeding under this ordinance may be commenced with respect to such site, improvement or object within five (5) years from the date of such termination without the written agreement of the owner."

This provision is applicable to these designation proceedings.

Issued: September 22, 2009

Sarah Sodt
Coordinator, Landmarks Preservation Board Coordinator

cc: Thomas Walsh, Foster Pepper LLP
Elise Chayet, Harborview Medical Center
Mimi Sheridan, Sheridan Consulting Group

Diane Sugimura, DPD
Cheryl Mosteller, DPD
Ken Mar, DPD
Stephen Lee, LPB Chair

APPENDIX C

Transportation Impact Analysis

MEMORANDUM

Date:	April 18, 2014	**TG:**	13321.00
To:	Kathy Brown, King County		
From:	Mike Swenson and Stefanie Herzstein – Transpo Group		
cc:	Ian Morrison & Jack McCullough, McCullough Hill Leary		
Subject:	Harborview Medical Center – Harborview Hall Adaptive Reuse Transportation Review		

Harborview Medical Center is proposing an adaptive reuse of the existing Harborview Hall located along 9th Avenue midway between Alder Street and Jefferson Street. This memorandum provides a review of the transportation characteristics to determine if there would be additional transportation impacts of the proposal not already identified in the *Harborview Medical Center Final Environment Impact Statement* (FEIS), November 12, 1999 and subsequent *Addendum to the FEIS Harborview Medical Center Major Institution Master Plan Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB)*, September 22, 2003.

Approved Master Plan/Development to Date

Table 1 presents the elements of the approved Harborview Medical Center Major Institution Master Plan (Master Plan) that are a subject of this comparative analysis. It summarizes the development area, parking supply, and site access evaluated in the approved master plan. In addition, the incremental development that has occurred to date is presented and the remaining development potential calculated.

Table 1. Comparison of Approved Master Plan and Proposed Project Characteristics

Characteristic	Approved Master Plan[1]	Development to Date[2]	Remaining Development Potential
Development Area	Existing: 1.336 million sf New: 803,875 sf **Total: 2.1 million sf**	New: 434,380 sf **Total: 1.770 million sf**	**New: 369,495 sf**
Parking Supply	New: +1,000 spaces Displaced: -208 spaces **Total New: 792 spaces**	New: +1,000 spaces Displaced: -208 spaces **Total New: 792 spaces**	**All spaces assumed in the approved master plan have been constructed**
Access for Harborview Hall	• Proposed Access via the alley along Jefferson Street between 9th Avenue and Terry Avenue. • Possible access at entrance along Terry Avenue at Terrace Street	• No Changes	• No changes anticipated.

Notes: sf = square-feet
1. Based on the *Harborview Medical Center Final Environment Impact Statement* (FEIS), November 12, 1999.
2. *Addendum to the FEIS Harborview Medical Center Major Institution Master Plan Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB)*, September 22, 2003.

As shown in Table 1, an additional 369,495 square-feet of medical office/hospital square footage can be developed within the bounds of the original Master Plan approval, after accounting for what has been developed since adoption of the Master Plan. With respect to the anticipated parking supply, the approved Master Plan identified a need of an additional 792 spaces to support the full campus build-out under the Master Plan. These additional stalls were constructed as part of

previous development phases, so no additional parking is required for the remaining 369,495 square-feet of development.

Harborview Hall Project Description

The existing Harborview Hall is a 95,900 square-feet building. It is located along 9th Avenue midway between Alder Street and Jefferson Street on the Harborview Medical Center campus. The proposed project constitutes an adaptive reuse of the building with 50,000 square-feet of the existing building reused and a 116,000 square-foot addition, resulting in a 166,000 square-foot building.

General parking associated with staff and patient visitors of the building would occur at the existing parking garages on-campus or existing parking off-campus. The proposal would include a secure patient delivery area for vans or trucks to transport patients. This patient delivery area would be accessed via Terrace Street at the back of the building. Equipment, material, and supply deliveries for Harborview Hall would occur at the existing loading facility at the building adjacent to Harborview Hall. The deliveries would then be transported manually to the building via tunnels. Smaller deliveries such as FedEx would occur along 9th Avenue consistent with current conditions.

The project would also decrease the size of the existing Harborview Hall Oxygen Tank farm, but the activity levels and function would be consistent with existing conditions. Liquid oxygen deliveries would continue to occur via Terrace Street to the oxygen tank located at the back of Harborview Hall. Deliveries occur once per week and last for approximately one-hour.

Table 2 provides a comparison between the approved master plan and the proposed project.

Table 2. Comparison of Approved Master Plan and Proposed Project Characteristics

Characteristic	Approved Master Plan[1]	Development to Date[2]	Remaining Development Potential	Proposed Project
Development Area	Existing: 1.336 million sf New: 803,875 sf **Total: 2.1 million sf**	New: 434,380 sf **Total: 1.770 million sf**	**New: 369,495 sf**	New: 116,000 sf **Total: 1.937 million sf**
Parking Supply	New: +1,000 spaces Displaced: -208 spaces Total New: 792 spaces	New: +1,000 spaces Displaced: -208 spaces Total New: 792 spaces	Total: 0 spaces	New: 0 spaces Total: 0 spaces
Access for Harborview Hall	• Proposed Access via the alley along Jefferson Street between 9th Avenue and Terry Avenue. • Possible access at entrance along Terry Avenue at Terrace Street	• No Changes	• No changes anticipated.	• Access via alley and Terrace Street consistent with approvals

Notes: sf = square-feet
1. Based on the *Harborview Medical Center Final Environment Impact Statement* (FEIS), November 12, 1999.
2. *Addendum to the FEIS Harborview Medical Center Major Institution Master Plan Inpatient Expansion Building (IEB) and Seismic Upgrade and Ninth & Jefferson Building (NJB)*, September 22, 2003

Development Area

The total development approved with the Master Plan was 2.1 million square-feet. The total remaining development approved with the Master Plan is 369,495 square-feet. The proposed project includes 116,000 square-feet of new development for a total of 1.937 million square-feet,

which is less than the amount of development approved with the Master Plan. The remaining development potential after completion of the proposed project would be 147,774 square-feet of new development.

Parking Supply

The proposed project does not include development of any new patient or staff parking. All parking associated with the approved Master Plan has been constructed thus no additional parking to support this project is required.

Access/Circulation

Secure patient delivery access to the proposed project via Terrace Street is consistent with the approved Master Plan. Vehicles accessing the building would be related to patient transport. The volume of patient transport vehicles are expected to include four to eight vehicles per day. The approved Master Plan evaluated this location as a possible access to a parking garage, which would result in substantially more vehicular traffic than the proposal. Traffic associated with users of this building would utilize the existing parking structures around the campus.

As shown in the table and described above, the proposal is within the range of development proposed in the approved Master Plan including the size of the building, number of parking spaces, and access to and from the site. Given that the development falls within the approved master plan, it is anticipated that transportation impacts would be consistent with those identified in the FEIS and subsequent Addendum.