

CITY OF POMONA  
POMONA VALLEY HOSPITAL  
MEDICAL CENTER SPECIFIC PLAN  
Environmental Impact Report

SCH No. 2008031111

*Volume I: Screencheck Draft EIR*

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# Acronyms/Abbreviations

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
ACMs	Asbestos-Containing Building Materials
ACOE	United States Army Corps of Engineers
ADA	Americans with Disabilities Act
ADT	Average Daily Traffic
AEP	Association of Environmental Professionals
AFY	acre-feet per year
ALUC	Airport Land Use Commission
ANSI	American National Standards Institute
AQMP	Air Quality Management Plan
ASTM	American Society for Testing and Materials
BGS	below the ground surface
CAA	Clean Air Act
CAAQS	California Ambient Air Quality Standard
Cal-ARP	California Accidental Release Prevention Program
Cal-OSHA	California Occupational Safety and Health Administration
Caltrans	California Department of Transportation
CAO	Cleanup and Abatement Orders
CAPCOA	California Air Pollution Control Officers Association
CARB	California Air Resources Board
CAT	California Climate Action Team
CBC	California Building Code
CCAA	California Clean Air Act
CCR	California Code of Regulations
CDC	Centers for Disease Control and Prevention
CDFG	California Department of Fish and Game
CDO	Cease and Desist Orders
CEQA	California Environmental Quality Act
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFC	Chlorofluorocarbons
CFR	Code of Federal Regulations
CGS	California Geologic Survey
CH <sub>4</sub>	Methane
CHP	California Highway Patrol

**Acronyms/Abbreviations**

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
CHRIS	California Historical Resources Information System
CHSC	California Health and Safety Code
CIWMB	California Integrated Waste Management Board
CIWMP	Los Angeles County Integrated Waste Management Plan
CMP	Congestion Management Plan
CNDDDB	California Natural Diversity Database
CNEL	Community Noise Equivalent Level
CNPS	California Native Plant Society
CNPSEI	California Native Plant Society's Electronic Inventory
CO	Carbon Monoxide
COG	Council of Governments
COHb	Carboxyhemoglobin
CPUC	California Public Utilities Commission
CRHR	California Register of Historical Resources
CSDLAC	County Sanitation Districts of Los Angeles County
CTC	California Transportation Commission
CUPA	Certified Unified Program Agency
CWA	Clean Water Act
CWC	Canon Water Company
dB	decibel
dBA	weighted decibel scale
DEIR	Draft Environmental Impact Report
DHS	California Department of Health Services
DOF	California Department of Finance
DOSH	Division of Occupational Safety and Health
DPM	Diesel Particulate Matter
DTSC	Department of Toxic Substances Control
DWR	Department of Water Resources
EIR	Environmental Impact Report
EOC	Environment of Care
ERNS	Emergency Response Notification System
ESA	Environmental Site Assessment
FAR	Federal Aviation Regulation
FDD	Facilities Development Division
FEIR	Final Environmental Impact Report
FEMA	Federal Emergency Management Agency
FHWA	Federal Highway Administration
Findings	Findings of Fact

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
FIRMS	Flood Insurance Rate Maps
FTA	Federal Transit Administration
g	gravity
GCC	Global Climate Change
GHG	Greenhouse Gases
GPA	General Plan Amendment
H&H Report	Hydrology and Hydraulics Report
HFCs	Hydrofluorocarbons
HHMD	Health Hazardous Materials Division
HHWE	Household Hazardous Waste Element
HMP	Hazardous Materials Plan
HOV	High-Occupancy Vehicle
HRA	Health Risk Assessment
HRECs	Historical Recognized Environmental Conditions
HSSA	Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1973
HSWA	Hazardous and Solid Waste Amendments Act
HVAC	Heating, Ventilation, and Air Conditioning
HWCL	Hazardous Waste Control Law
I-10	Interstate 10
IPCC	United Nations Intergovernmental Panel on Climate Change
IRP	Integrated Resources Plan
IS	Initial Study
ITE	Institute of Transportation Engineers
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LA RWQCB	Los Angeles Regional Water Quality Control Board
LACoFD	Los Angeles County Fire Department
LACSD	Los Angeles County Sanitary Districts
LADPW	Los Angeles Department of Public Works
LOS	Level of Service
LST	Localized Significance Thresholds
LTS	Less Than Significant
LUFT	Leaking Underground Fuel Tank
LUST	Leaking Underground Storage Tank
MBTA	Migratory Bird Treat Act
MEP	Maximum Extent Practicable
MGD	Million Gallons Per Day
MM	Mitigation Measure
MMI	Modified Mercalli Intensity

**Acronyms/Abbreviations**

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
MMRP	Mitigation Monitoring and Reporting Plan
MPO	Metropolitan Planning Organization
Mw	Moment Magnitude
MWD	Metropolitan Water District
NAAQS	National Ambient Air Quality Standard
NAHC	Native American Heritage Commission
NDFE	Nondisposal Facility Element
NFIP	National Flood Insurance Program
NI	No Impact
NIH	National Institutes of Health
NM VOC	Nonmethane Volatile Organic Compound
NO <sub>2</sub>	Nitrogen dioxide
NOI	Notice of Intent
NOP	Notice of Preparation
NPDES	National Pollutant Discharge Elimination System
NRPA	National Recreation and Park Association
O&M	Operations and Maintenance
O	Ozone
OEHHA	Office of Environmental Health Hazards
OES	Office of Emergency Services
OSHA	Occupational Safety and Health Administrations
OSHPD	California Office of Statewide Health Planning and Development
P&Ps	Policies and Procedures
Pb	Lead
PCBs	Polychlorinated biphenyls
PCE	Perchloroethylene
PFCs	Perfluorocarbons
PM <sub>10</sub>	Respirable Particulate Matter
PM <sub>2.5</sub>	Fine Particulate Matter
PMI	Point of Maximum Impact
PPD	Pomona Police Department
PPH	People Per Household
PR	Project Requirement
PRC	Public Resource Code
Preliminary SUSMP	Preliminary Standard Urban Stormwater Mitigation Plan
PS	Potentially Significant Impact
PUSD	Pomona Unified School District
PVHMC	Pomona Valley Hospital Medical Center

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
PVPA	Pomona Valley Protective Association
PWR	Pomona-Walnut-Rowland
PWRP	Pomona Water Reclamation Plant
RACM	Regulated Asbestos Containing Material
RCPG	Regional Comprehensive Plan and Guide
RCRA	Resources Conservation and Recovery Act
RCRAGN	Resource Conservation and Recovery Act Generator
RECs)	Recognized Environmental Conditions
REL	Reference Exposure Level
RMP	Risk Management Plan
RPS	Renewable Portfolio Standard
RTP	Regional Transportation Plan
RWQCB	Los Angeles Regional Water Quality Control Board
SARA	Superfund Amendments and Reauthorization Act
SARA Title III	Emergency Planning and Community Right-to-Know
SCAG	Southern California Association of Governments
SCAQMD	South Coast Air Quality Management District
SCCIC	South Central Coastal Information Center
SCE	Southern California Edison
SCGC	Southern California Gas Company
SF6	Sulfur hexafluoride
SFHA	Special Flood Hazard Area
SGVAC	San Gabriel Valley Association of Cities
SHPO	State Historic Preservation Office
SIP	State Implementation Plan
SJVAPCD	San Joaquin Valley Air Pollution Control District
SLIC	Spills, Leaks, Investigations, and Cleanups
SO2	Sulfur dioxide
SOC	Statement of Overriding Considerations
SQMP	Stormwater Quality Management Plan
SRAs	Source Receptor Area
STIP	State Transportation Improvement Program
SU	Significant and Unavoidable
SUSMP	Standard Urban Storm Water Mitigation Plan
SWPPP	Stormwater Pollution Prevention Plan
TAC	Toxic Air Contaminants
TCE	Trichloroethylene
TCI	Thermal Combustion Innovators, Inc.

## Acronyms/Abbreviations

<i>Acronyms/Abbreviations</i>	<i>Definition</i>
TDS	Total Dissolved Solids
Tg	Teragram
TMDL	Total Maximum Daily Load
TOD	Transit-Oriented Development
TVMWD	Three Valley's Municipal Water District
U.S. EPA	United States Environmental Protection Agency
UNFCCC	United Nations Framework Convention on Climate Change
USDHHS	United States Department of Health and Human Services
USDOT	United States Department of Transportation
USFWS	United States Fish and Wildlife Service
USGS	United States Geological Survey
UST	Underground Storage Tank
UWMP	Urban Water Management Plan
VdB	Vibration Decibels
VMT	Vehicle Miles Traveled
VOC	Volatile Organic Compound
WCP	Water Conservation Program
WDRs	Waste Discharge Requirements
WQCB	Water Quality Control Board
WRP	Water Reclamation Plants
WSA	Water Supply Assessment
WSDM Plan	Water Surplus and Drought Management Plan

# CHAPTER 1 Introduction

Pomona Valley Hospital Medical Center (PVHMC) is a regional medical facility, centrally located in the City of Pomona, which provides emergency, in-patient hospital, and out-patient services to residents of a service area which stretches from the foothills of the San Gabriel Mountains to the Chino Hills and from the City of Walnut to the City of Ontario. For nearly a decade, the PVHMC has been working on the development of a master plan for the modernization and expansion of its core campus. Among its many purposes, the PVHMC master plan was developed to help the Medical Center realize the State-mandated goal of bringing its hospital facilities into compliance with the requirements of the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953),<sup>1</sup> while, at the same time, expanding its core campus outpatient and emergency service capacity and, where feasible, equipping its existing physical plant to accommodate current and emerging medical technologies. To facilitate the implementation of its master plan, PVHMC and the City of Pomona have worked together to develop the Pomona Valley Hospital Medical Center Specific Plan. The PVHMC Specific Plan is intended to guide the future growth and development of the Medical Center through the year 2030.

As described in the Specific Plan, the PVHMC core campus would be expanded and/or redeveloped in three primary, sequential phases. Phase 1 would include the construction of a new 56,000-square foot (sf) outpatient pavilion followed by construction of a 138,000 sf addition to the hospital, which would allow for expansion of the emergency department, relocate the hospital's main entrance, and increase the hospital's capacity by a net addition of 67 beds. Approximately 22,850 sf of existing, freestanding ancillary facilities would be demolished to accommodate the proposed hospital expansion. Phase 2 would add a second 54,000 sf outpatient pavilion, a second 123,000 sf hospital wing, and increase the hospital's capacity by a net addition of 2 beds. Phase 3 would add a third 129,000 sf hospital wing and would also include the demolition of approximately 209,851 sf of existing, obsolete hospital facilities, resulting in a reduction of 47 beds as compared to Phase 2, and a net increase of 22 beds as compared to the current hospital bed count. The new wing would provide space for 60 new medical/surgical beds, 36 new critical-care beds, an expanded surgery, a new hospital lobby, and a gift shop. A 400-stall parking garage would also be added to the campus.

At build-out, the hospital would contain approximately 475 hospital beds. The Medical Center's Pomona campus would expand to include 1,012,314 sf of combined new and existing facilities, a net increase of 267,299 sf. Infrastructure improvements to support the new facilities are also proposed, along with certain off-site traffic control and minor sewer and storm drain improvements. Two public streets (Willow Street and Cadillac Drive) would be closed where they traverse the Medical Center campus and the public right-of-way would be vacated. The Medical Center's core campus surface parking lots would be reconfigured to improve internal circulation, to maximize parking, and to add landscaping, which will

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<sup>1</sup> SB 1953 (Chapter 740, Statutes of 1994) requires hospitals to comply with three seismic safety deadlines: (1) by 2002, major non-structural systems such as backup generators, exit lighting, etc. must be braced; (2) by 2008, all general acute-care inpatient buildings at risk of collapsing during a strong earthquake must be rebuilt, retrofitted or closed; and (3) by 2030, all hospital buildings in the state must be operational following a major earthquake.

incorporate bio-swales and flow-through planters to filter storm water run-off for water quality purposes. Additional new landscaping, enhanced signage, and related improvements would be included in the overall development.

Implementation of the proposed PVHMC Specific Plan would take place between 2009 and 2030, a period of approximately 21 years. Fairly detailed plans exist for the first phase of the proposed Specific Plan project, which would start construction in 2009, allowing for the evaluation of Phase 1 environmental effects at a project-specific level. Plans for Phases 2 and 3 are still in conceptual stages. Accordingly, this EIR will evaluate these latter phases at a programmatic level.

## 1.1 PURPOSE OF THE EIR

Since the Specific Plan is an activity that may cause either a direct physical change in the environment or a reasonably foreseeable indirect change in the environment, it is a project pursuant to Section 21065 of the *Public Resources Code* (PRC) and Section 15378 of the California Environmental Quality Act (CEQA) Guidelines and is subject to the environmental review mandated by CEQA. Accordingly, this Environmental Impact Report (EIR) has been prepared in accordance with CEQA (PRC Sections 21000 et seq.), the CEQA Guidelines (*California Code of Regulations*, Title 14, Sections 15000 et seq.), and the City of Pomona CEQA guidelines and procedures to assess the potential environmental effects arising out of the implementation of the proposed PVHMC Specific Plan project. As required by CEQA, this EIR serves to (1) assess the expected direct, indirect, and cumulative impacts of the proposed project's physical development; (2) identify means of avoiding or minimizing potential adverse environmental impacts; and (3) evaluate a reasonable range of alternatives to the proposed project, including the No Project Alternative.

As the public agency with the principal responsibility for carrying out or approving a project and conducting the environmental review, the City of Pomona is the Lead Agency as defined by Section 15367 of the CEQA Guidelines. In compliance with California's PRC Section 21002.1, the City of Pomona, as Lead Agency, has prepared this EIR for the following purposes:

- To inform the general public, the local community, responsible and interested public agencies, the City's decision-making bodies (e.g., Planning Commission and City Council) and other organizations, entities, and interested persons of the scope of the proposed project, its potential environmental effects, possible measures to reduce potentially significant environmental impacts, and alternatives that could reduce or avoid the significant effects of the proposed project
- To enable the City to consider environmental consequences when deciding whether to approve the proposed project
- To satisfy the substantive and procedural requirements of CEQA

CEQA charges public agencies with the duty to substantially reduce or avoid significant environmental effects where feasible for projects subject to CEQA (refer to PRC Section 21004, CEQA Guidelines Sections 15002(a)(3) and 15021(a)(2)). In discharging this duty, the public agency has an obligation to balance a variety of public objectives, taking into account economic, environmental, and social issues. The EIR is intended to be an informational document that informs public agency decision-makers and

the general public of the significant environmental effects of a project and the ways in which those effects can be reduced to less-than-significant levels, either through the imposition of mitigation measures or through the implementation of specific alternatives to the project as proposed. In a practical sense, the EIR functions as a vehicle for fact-finding, allowing an applicant, the general public, and public agency staff an opportunity to collectively review and evaluate baseline conditions and project effects through a process of full and objective disclosure. Additionally, the EIR serves as a primary source of environmental information about the project, which the Lead Agency is required to consider when exercising any permitting authority or discretionary approval power directly related to implementation of the proposed project.

## 1.2 SCOPE OF THE EIR

Based on the environmental information provided as part of the project application, the City of Pomona has determined that an EIR should be prepared to analyze the potential environmental effects associated with implementation of the PVHMC Specific Plan. In making this determination, the City prepared and circulated an Initial Study (IS) and Notice of Preparation (NOP) for public review from March 25, 2008, to April 23, 2008, soliciting comments from responsible agencies and the general public regarding the environmental issue areas that should be addressed in the EIR.

As required by Section 15082 of the CEQA Guidelines, the City distributed the IS/NOP to responsible or trustee agencies as well as to organizations, companies, and/or individuals that the City believed might have an interest in the proposed project. A copy of the IS/NOP is included as Appendix A1 of this EIR. The City also held a scoping meeting on April 3, 2008, for the purpose of soliciting additional public input regarding the scope and content of this EIR. Agencies or interested persons that did not respond with comments during the IS/NOP public review period or the Scoping Meeting will have an opportunity to comment during the public review period for the Draft EIR, as well as at subsequent scheduled hearings on the proposed project, as it is implemented over time.

The scope of the EIR includes assessment and evaluation of potentially significant environmental effects which were identified in the IS/NOP and/or in responses received by the City to the IS/NOP, as well as in the input received at the scoping meeting, and as surfaced through discussions among the public, consulting staff, and the City of Pomona. Based on this assessment of the potential environmental effects of the proposed project, including cumulative impacts, the EIR will evaluate the following environmental issue areas, identified in Appendix G to the CEQA Guidelines, as well as global climate change, as required by the State Attorney General:

- Aesthetics
- Air Quality
- Biological Resources
- Cultural Resources
- Geology and Soils
- Hazards and Hazardous Materials
- Hydrology and Water Quality
- Land Use and Planning

- Noise
- Population, Housing, and Employment
- Public Services
- Transportation/Traffic
- Utilities and Service Systems
- Climate Change
- Mandatory Findings of Significance

Each of these environmental issue areas is addressed in Chapter 4 (Environmental Analysis) of this EIR.

This EIR evaluates the direct, indirect, and cumulative impacts resulting from planning, construction, and operation of the proposed project, using the most current information available, and in accordance with the provisions of the 2009 edition of the CEQA Guidelines. In preparing the EIR, pertinent City policies and guidelines, existing EIRs, and background documents prepared by the City or PVHMC were researched and evaluated for applicability to the proposed project. A full reference list for each environmental issue area is found at the conclusion of each respective impact analysis section in Chapter 4 of this document.

All environmental effects associated with agricultural and mineral resources were determined to be “Effects Not Found to Be Significant” (indicated as “No Impact” in this EIR) pursuant to Section 15128 of the CEQA Guidelines, and are not addressed further in this EIR. Chapter 4, Section 4.0.2 (Scope of the EIR) of this document, details the reasons for that determination.

### 1.3 EIR PROCESS

As noted, the EIR process provides an opportunity for the public to review and comment on the potential environmental effects of the proposed project and to further inform the environmental analysis. The IS/NOP process was used to determine what aspects of the proposed project, either individually or cumulatively, could cause a significant adverse effect on the environment so as to narrow the focus (or scope) of the environmental analysis.

The IS/NOP was filed with the California Office of Planning and Research State Clearinghouse as notice that an EIR would be prepared for the proposed project. In turn, the State Clearinghouse distributed the IS/NOP to public agencies and interested parties for the public review period that began on March 25, 2008, and ended on April 23, 2008. The purpose of the public review period was to solicit comments on the scope and content of the environmental analysis in the Draft EIR. The City received thirteen comment letters in response to the IS/NOP. Additional comments were received at the April 3, 2008, public scoping meeting. Copies of the above referenced comment letters are included as a part of Appendix A1.

The Draft EIR shall be circulated for review and comment by the public and other interested parties, agencies, and organizations for a period of 45 days beginning on [date TBD] and ending on [date TBD]. During this 45-day EIR public review period, copies of the Draft EIR will be available for review at the locations, and during the hours, listed below:

City of Pomona  
 Planning and Housing Department—Planning Division  
 505 South Garey Avenue  
 Pomona, CA 91766

Pomona Public Library (Monday through Thursday 12 noon to 8:30 P.M., and Friday and Saturday  
 12 noon to 5:30 P.M.)  
 625 South Garey Avenue  
 Pomona, CA 91766

Written comments on the EIR should be addressed to the following:

Brad Johnson, Planning Manager  
 City of Pomona Planning Division  
 505 South Garey Avenue  
 Pomona, CA 91766

A copy of the Notice of Completion (NOC) for the proposed project will be available on the City's website at [www.ci.pomona.ca.us](http://www.ci.pomona.ca.us). After the close of the EIR public comment period, responses to written comments on the environmental effects of the proposed project will be prepared and published. A Final EIR (FEIR), consisting of this Draft EIR, comments on the Draft EIR, written responses to those comments, and the Mitigation Monitoring and Reporting Program (MMRP), which describes the timing and process to ensure implementation of mitigation measures or project requirements, will be considered for certification by the City at public hearings before the Planning Commission and the City Council.

According to PRC Section 21081, the Lead Agency must make specific Findings of Fact (Findings) before approving the FEIR when the FEIR identifies significant environmental impacts that may result from a project. The purpose of the Findings is to establish the connection between the contents of the FEIR and the action of the Lead Agency to approve or reject the proposed project. Prior to approval of a project, Section 15091 of the CEQA guidelines requires that the Lead Agency make one of three following findings:

- Changes or alterations have been required in, or incorporated into, the project that avoid or substantially lessen the significant environmental effects as identified in the EIR
- Such changes or alterations are within the responsibility and jurisdiction of another public agency and not the agency making the finding; such changes have been adopted by such other agency or can and should be adopted by such other agency
- Specific economic, legal, social, technological, or other considerations, including provision of employment opportunities for highly trained workers, make infeasible the mitigation measures or project alternatives identified in the FEIR

PRC Section 21081.6 requires that the Lead Agency include a Mitigation Monitoring and Reporting Program (MMRP) for projects in which significant impacts will be avoided or reduced by the implementation of mitigation measures. The purpose of the MMRP is to ensure compliance with required mitigation during implementation of the proposed project.

It is not always possible to mitigate a project’s environmental impacts to a less-than-significant level. When this occurs, such impacts are considered significant and unavoidable. If a public agency approves a project that has significant and unavoidable impacts, the agency shall state in writing the specific reasons for approving the project based on the FEIR and any other information in the public record. This is termed a “Statement of Overriding Considerations” (SOC). The SOC explains the specific reasons why the benefits of a proposed project make its unavoidable environmental effects acceptable.

## 1.4 DOCUMENT ORGANIZATION

This EIR has been organized for easy use and reference. To help the reader locate information of particular interest, a brief summary of the contents of each chapter of the EIR is provided. The following chapters are contained within the EIR:

- **Front Matter**—The title page, table of contents, and table of acronyms and abbreviations are contained here.
- **Chapter 1: Introduction**—This chapter describes the background of the proposed project, purpose and scope of the EIR, a summary of the environmental and public review process, and a brief outline of the document’s organization.
- **Chapter 2: Executive Summary**—This chapter includes a brief synopsis of the proposed project and project objectives, describes the necessary actions to be taken by the City of Pomona, lists areas of controversy/issues to be resolved, provides a description of the intent of the MMRP, and an overview of project alternatives. This chapter also summarizes (in table format) environmental impacts that would result from implementation of the proposed project; the level of significance of impacts prior to the incorporation of mitigation measures, if applicable; proposed mitigation measures that would avoid or reduce project-related impacts; and the level of significance of impacts after the incorporation of mitigation measures.
- **Chapter 3: Project Description**—This chapter provides a detailed description of the proposed project including its location, existing site and land use characteristics, surrounding land uses, project objectives, anticipated construction activities, intended uses of the EIR, public actions and approvals required, and technical, economic, and environmental characteristics of the proposed project. In addition, a discussion of the projects’ cumulative development scenario is provided.
- **Chapter 4: Environmental Analysis**—The introduction to this chapter describes the scope and format of the environmental analysis, including key assumptions used. The chapter is divided into sections. Each section addresses a specific environmental issue area in the order and manner in which these are identified in Appendix G to the CEQA Guidelines. Each section includes an analysis of environmental impacts for the sections’ specific environmental issue area. The only environmental issue areas that will not be addressed in this EIR are Agricultural Resources and Mineral Resources since these were determined to be “Effects Not Found to Be Significant” in the Initial Study (IS).

The discussion of each environmental issue area begins with an introduction, which provides an overview of the scope of the impact analysis. Each section also contains a description of the environmental setting (or existing conditions), regulatory framework, project-related and cumulative impacts (including a discussion of the analytic method and thresholds of significance used to determine the nature or magnitude of environmental impacts), and includes, where

applicable, feasible mitigation measures that would avoid or reduce significant environmental impacts. In addition to the analysis provided for each of the environmental issue areas, Chapter 4 addresses mandatory findings of significance, as required by the CEQA Guidelines.

- **Chapter 5: Other CEQA Considerations**—This chapter summarizes the impacts that would result from the proposed project. These include (1) significant environmental impacts, (2) significant and unavoidable environmental impacts, (3) irreversible changes to the environment, and (4) growth-inducing impacts.
- **Chapter 6: Alternatives**—This chapter provides a description and analysis of alternatives to the proposed project that could reduce or avoid potentially significant impacts. The chapter includes a comparison of the impacts of the alternatives to the proposed project and identifies the environmentally superior alternative.
- **Chapter 7: Report Preparers**—This chapter lists the individuals involved in preparing this Draft EIR as well as the organizations and persons consulted.
- **Appendices**—The technical appendices to the EIR, which include reference documents and studies completed in support of the EIR, are bound under separate cover or contained on CD.



## CHAPTER 2 Executive Summary

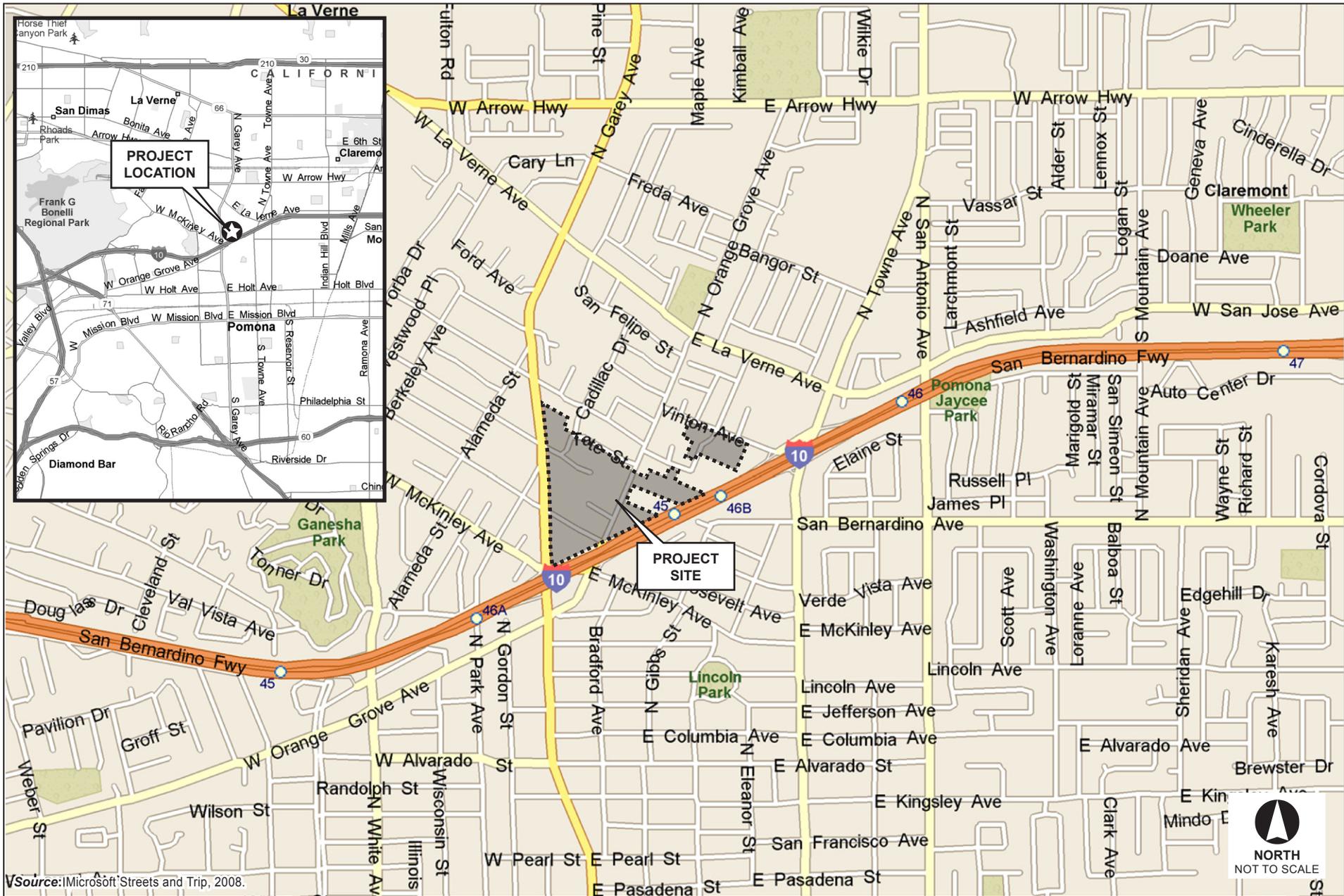
This Environmental Impact Report (EIR) assesses the potential environmental impacts of the proposed Pomona Valley Hospital Medical Center (PVHMC) Specific Plan (Specific Plan). The Specific Plan is intended to guide the future growth and operation of PVHMC and is designed, in part, to help PVHMC meet Senate Bill 1953 (SB 1953) hospital seismic safety requirements.<sup>2</sup> Under the Specific Plan, PVHMC would be expanded in three phases. Phase 1 would include the construction of a new 56,000-square-foot (sf) outpatient pavilion and a 138,000 sf inpatient wing and lobby addition to the main hospital building, which would allow expansion of the hospital's emergency department, relocation of the Medical Center's Central Processing Department, and provide space for 94 net new hospital beds. The demolition of 22,850 sf of existing hospital facilities would occur during Phase 1B. Phase 2 would add a second, 54,000-sf outpatient pavilion, which would contain an auditorium and conference center designed for hospital functions only, additional outpatient services, outpatient imaging, additional procedure rooms, and an expanded outpatient lobby serving both pavilion structures. Phase 2 would also include a 123,000-sf hospital inpatient wing, that would house 100 hospital beds (a net increase of 2 beds) as well as a new cafeteria and hospital kitchen, additional storage facilities, and support services. Phase 3 would add an additional 129,000 sf of inpatient facilities in a new, five-story plus basement wing. The new wing would provide space for 60 new medical/surgical beds, 36 new critical care beds, an expanded surgery, and a new hospital lobby and gift shop. In addition, Phase 3 would add a 400-stall parking structure. PVHMC hospital currently houses 453 hospital beds. At build-out, the hospital would contain approximately 475 patient beds. The PVHMC core campus will have expanded to include 1,012,314 sf of combined new and existing facilities, a net increase of 267,299 sf. Demolition of 232,701 sf of existing facilities is also proposed, the majority of which would occur at the end of Phase 3. The proposed demolition includes all of the existing ancillary facilities immediately adjacent to the hospital and all of the existing hospital facility built prior to 1975. Implementation of the Specific Plan would occur over a period of approximately 21 years, between 2009 and 2030.

### 2.1 PROJECT LOCATION

The proposed Specific Plan area includes 23 individual parcels, all owned by PVHMC, with a combined total land area of 40.26 acres, collectively known as the Specific Plan area. These properties are generally located at 1798 North Garey Avenue, on the north side of Interstate 10 (I-10), on the east side of Garey Avenue in the City of Pomona, as illustrated in Figure 2-1 (Project and Regional Location Map). Not all of the parcels are contiguous. The project site is divided into three general areas: (1) a core area (e.g., PVHMC core campus) located north of I-10 between Garey Avenue and Orange Grove Avenue, south

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<sup>2</sup> SB 1953 (Chapter 740, Statutes of 1994) requires hospitals to comply with three seismic safety deadlines: (1) by 2002, major non-structural systems such as backup generators, exit lighting, etc. must be braced; (2) by 2008, all general acute-care inpatient buildings at risk of collapsing during a strong earthquake must be rebuilt, retrofitted or closed; and (3) by 2030, all hospital buildings in the state must be operational following a major earthquake.



Source: Microsoft Streets and Trip, 2008.

**FIGURE 2-1**  
**Project and Regional Location Map**



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of Tate Street; (2) certain properties located on the east side of Orange Grove Avenue between Ervilla Street and I-10; and (3) certain properties located on the south side of Vinton Street on the east and west sides of the intersection with Royalty Drive. Regional access to the project site is via I-10, which is located immediately south of the project area.

## 2.2 PROJECT OBJECTIVES

The Objectives of the Pomona Valley Hospital Medical Center Specific Plan are the following:

- **Present and Future Healthcare Needs:** Meet the present and future health care needs of the Pomona community by expanding and evolving PVHMC, as it has expanded and evolved over the past 100 years.
- **Critical Facility during Hazard Event:** Maintain PVHMC as a viable, centrally located facility, critical to the health and welfare of the local population, which is particularly important during and after a hazard event.
- **Centralized Services for Easy Access:** Provide all the main Medical Center-provided services within one central, easily accessible location/master planned area so as to reduce vehicle miles traveled.
- **Visitor and Pedestrian Friendly:** Enhance the visitor experience by making PVHMC more visitor friendly, visually pleasing, and pedestrian friendly.
- **Unifying Landscape and Open Space Design:** Provide a campus-like environment with additional green space, utilizing landscaping and open spaces as a unifying theme throughout the campus.
- **Prominent City Gateway:** Provide an expansion of medical facilities at an important gateway into the City of Pomona.
- **Cost-Effective Development:** Aid in the cost effective development and renovation of the PVHMC by combining the targeted reuse/continued use of structurally compliant and technologically appropriate existing facilities with the addition of new, state-of-the-art inpatient and outpatient facilities.
- **Plan for Long-Term Growth:** Provide a comprehensive framework for the cohesive and integrated long-term growth and development of PVHMC as it responds to the growing medical needs of the community and its requirement to meet the provisions set forth in the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953).
- **Valuable Community Resource:** Enhance and improve emergency services available, providing a valuable community resource easily accessible to and centrally located in the community, without which the community would have to travel farther for emergency care.
- **Improved Circulation and Parking:** Improve parking and internal circulation of vehicles and pedestrians within the boundaries of the Specific Plan.
- **Patient Care:** Improve conditions for the inpatient population of the hospital by emphasizing the provision of single-occupancy as opposed to double-occupancy rooms.

- **Operational Efficiency:** Improve the operational efficiency of the hospital by facilitating the movement of patients and staff between the main hospital and medical service units.
- **Sensitive to Neighboring Community:** Plan, stage, and construct the project in a manner that provides minimal disruption to the surrounding neighborhood.
- **Complements Surrounding Neighborhood:** Ensure that the redevelopment of PVHMC is conducted as part of a master planned medical complex that complements the surrounding neighborhood.
- **Supporting Infrastructure:** Provide the infrastructure necessary to meet project needs in an efficient and cost-effective manner.
- **Campus Synergy:** Integrate interrelated facilities in a single site to optimize operational synergy.
- **New and Improved Buildings and Systems:** Replace older buildings and wing additions on the site, with mechanical, electrical, and plumbing infrastructure that require a high degree of maintenance, with newer, more efficient, and environmentally sensitive systems.
- **Existing Campus Setting:** Construct new buildings within the framework of the existing campus setting with careful consideration of their location and functionality for the overall efficient operation of the campus.

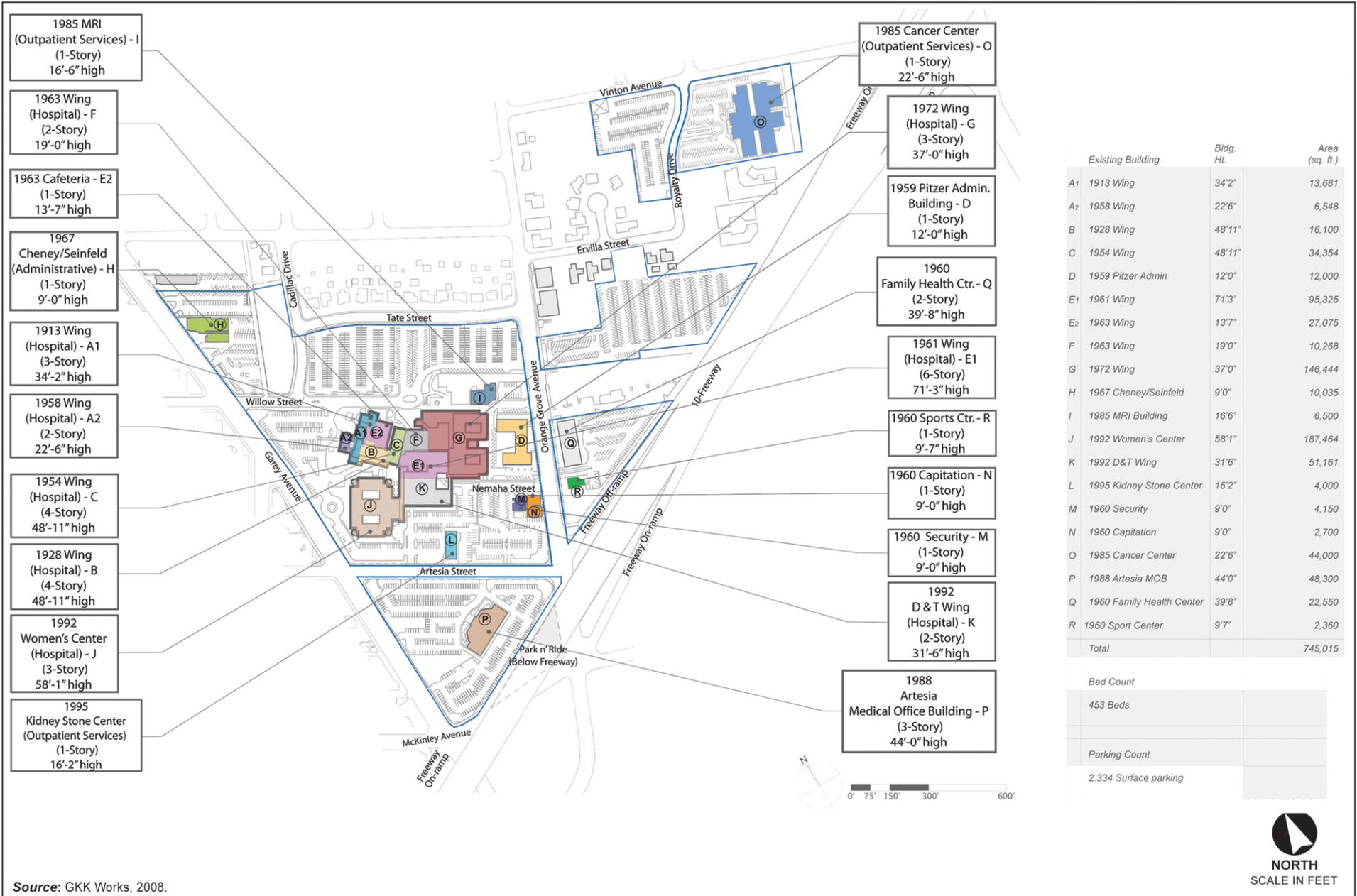
## 2.3 PROJECT CHARACTERISTICS

The PVHMC Specific Plan area covers approximately 40.26 acres of land in three non-contiguous areas. The properties contain the PVHMC hospital and its ancillary facilities, as well as a Cancer Care Center, medical offices, other outpatient facilities, administrative offices, and support facilities. Figure 2–2 (Existing Site Plan) depicts the existing development; the legend shows the type, scale, and age of each structure (or in the case of the PVHMC hospital, each wing) within the Specific Plan area. The eleven buildings located within the boundaries of the Specific Plan contain a total building area of approximately 745,015 sf, summarized by primary use as follows:

- Core Hospital Facilities—621,470 sf
- Cancer Center—44,000 sf
- Medical Office—48,300 sf
- Administrative Buildings—22,035 sf
- Miscellaneous Support Facilities—9,210 sf

The core campus is bordered by intermittent perimeter fencing and on-site landscaping which includes expanses of lawn, mature trees, and hedges. The perimeter of the main campus includes landscaped buffers in combination with fencing or low block walls.

The PVHMC Specific Plan is intended to guide the development and renovation of PVHMC in a manner that facilitates the provision of medical services required by a growing and evolving community, removes and replaces obsolete facilities to accommodate rapidly evolving medical technology, and allows PVHMC to provide medical services in a cost-effective manner. The Specific Plan is also intended to help guide redevelopment of the hospital as it works to meet the requirements of the *Alfred E. Alquist*



**FIGURE 2-2**  
**Existing Site Plan**

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*Hospital Facilities Seismic Safety Act of 1994* (SB 1953). SB 1953 requires that acute-care inpatient hospital buildings at risk of collapsing during a strong earthquake be rebuilt, retrofitted, or closed by January 1, 2008. A five-year extension to January 1, 2013, is available for hospital buildings that meet certain criteria and can show that they can meet 2030 requirements by 2013.

### 2.3.1 Specific Plan Development

Pursuant to the proposed Specific Plan, development/redevelopment of the project site would occur in three discrete phases. Phasing development would avoid any interruption in medical services and would ease the transition from the existing to the proposed facilities. Development under the Specific Plan would occur over the course of an approximately 21-year planning horizon. Upon completion, the Specific Plan would include the following modifications and additions to PVHMC operations and facilities:

- Construction of new inpatient hospital facilities, which would combine with existing hospital facilities to provide space for 475 beds, related administrative and support services and a larger Emergency Department.
- Construction of two new outpatient pavilions not to exceed a total of 110,000 sf
- Vacation and closure of Cadillac Drive between Tate Street and Willow Street and vacation of the public right-of-way of Willow Street between Garey Avenue and Cadillac Drive
- Construction of a new 400-stall parking structure

At full build-out of the proposed Specific Plan, the Pomona Valley Hospital Medical Center would total 1,012,314 sf of hospital facilities. Figure 2-2 shows the current layout of the PVHMC campus. Located in Chapter 3 (Project Description), Figure 3-6 (Proposed Site Plan—Phase 3) shows the PVHMC campus as it would appear at full build-out following implementation of the third phase of development.

### 2.3.2 Phases of Development

#### ■ PHASE 1

As illustrated by Figures 3-4B (Proposed Site Plan—Phase 1B) located in Chapter 3 (Project Description), upon completion of Phase 1 the proposed project would add a new outpatient pavilion to the core campus and a new inpatient wing to the PVHMC hospital. The two components of Phase 1 are designated Phase 1A and Phase 1B respectively in the Specific Plan and in this EIR.

#### *Phase 1A*

Phase 1A would add a 56,000 sf, three-story outpatient pavilion to the PVHMC core campus. The outpatient pavilion would be located immediately north of the PVHMC hospital. Phase 1A also includes major infrastructure upgrades, including hospital central plant upgrades detailed in Chapter 3 (Project Description), construction of new, and reconfiguration of existing, surface parking; the vacation of the Willow Street public right-of-way, the vacation of Cadillac Drive between Tate Street and Willow Street (along with a parallel alley) and the incorporation of the right-of-way area into the north hospital parking

lot; the construction of an alternative pedestrian access between Cadillac Drive and Garey Avenue; and the installation of a traffic signal at the intersection of Aliso Street and Garey Avenue. No demolition of existing facilities is proposed as part of Phase 1A. The new outpatient pavilion would house the following services:

- Outpatient Surgery
- Kidney Stone Center
- Physical Therapy/Cardiac Rehabilitation
- Pre-Admission Testing
- Administration Suite
- Lobby and Food Service

### ***Phase 1B***

In Phase 1B, a 138,000 sf, five-story (plus basement) hospital wing would be built on the southeast side of PVHMC hospital, adjoining its eastern and southern walls. The new wing would house 94 patient beds and increase the number of available patient beds by a net total of 67. The new hospital wing would also double the size of the existing Emergency Department. The new wing will also house the PVHMC Central Processing Department. Four existing freestanding ancillary buildings, with a total floor area of 22,850 sf, would be demolished to make way for the new wing and the services currently housed in these structures would be relocated either to the new hospital wing or to the new outpatient pavilion.-

At the conclusion of Phase 1 construction, PVHMC would include 913,865 sf of combined new and existing facilities and the hospital would house approximately 520 patient beds.

### **■ PHASE 2**

In Phase 2 a new, 123,000 sf, five-story (plus basement) hospital wing would be built immediately south of the new Phase 1 wing. The new wing would house approximately 100 new patient beds, a new kitchen and cafeteria and additional storage and support services. Since all of the new patient beds would be housed in single-occupancy rooms, and because existing patient beds housed in older portions of the PVHMC hospital would be decommissioned due to AB 1953 rules, the addition of the new hospital wing would result in a net increase of only two patient beds.

Phase 2 would also include the construction of a second, 54,000 sf, three-story outpatient pavilion housing outpatient services, outpatient imaging, an auditorium and conference center for hospital functions only, and expanded procedure rooms. The new Phase 2 outpatient pavilion would be located adjacent and to the east of the Phase 1A pavilion and would be served by the same lobby. Phase 2 does not include the demolition of any existing facilities. Figure 3-5 (Proposed Site Plan—Phase 2) illustrates the Phase 2 improvements.

### **■ PHASE 3**

In Phase 3 a new 129,000 sf hospital wing would be built immediately to the south of the existing D&T wing of the PVHMC hospital and its Women's Center. The new five-story plus basement addition would

house 60 new medical/surgical beds, 36 new critical care beds, expansion of the hospital's surgical facilities, and a new lobby and gift shop.

A new parking structure, containing 400 parking stalls, would be constructed in the Artesia Triangle area of the core campus, south of Artesia Street.

Implementation of Phase 3 would also involve the demolition of 209,851 sf of existing hospital facilities, including the 1913, 1958, 1928, 1954, 1961, and 1963 wings, and the 1985 MRI Building. At the conclusion of the third and final phase of the planned PVHMC expansion, PVHMC would include a total of 1,012,314 sf of combined outpatient and inpatient facilities. The hospital would house 475 hospital beds. Figure 3-6 (Proposed Site Plan—Phase 3) illustrates the Phase 3 improvements and depicts PVHMC as it would appear in 2030.

### 2.3.3 Circulation and Parking

Implementation of the proposed Specific Plan would involve the closure of several site access points, the creation of new driveways, reconfiguration of existing parking, the addition of a parking structure, reorientation of the main entrance of the hospital to the Artesia Street frontage, the vacation of the public right-of-way of two streets which traverse the core campus, and the installation of various internal and off-site circulation improvements. These improvements would include signalization of two intersections as specified in the project's traffic study (Appendix I1).

Construction of these improvements, along with the construction of certain water, sewer, and storm drain improvements may require intermittent, short-term traffic control measures on Orange Grove Avenue, Artesia Street, and Tate Street. During Phase 1, portions of Cadillac Drive and Willow Street would be closed permanently to public access and the public right-of-way would be formally vacated by the City. The Artesia Street right-of-way between Orange Grove Avenue and Garey Avenue would be maintained as public right of way; however monument signage and a signalized mid-block pedestrian crossing would be added to link the hospital and new outpatient facilities to the Artesia Triangle area and ultimately to the new parking structure. At build out, PVHMC will have a total of approximately 2,338 parking spaces.

### 2.3.4 Landscaping

The Specific Plan project utilizes landscaping and open space as unifying themes throughout the PVHMC campus. The landscape design elements would complement the building massing, pedestrian circulation, vehicular circulation, and parking areas. The Specific Plan contains open space and landscaping design guidelines and development standards which recognize that landscaping and open space represent the primary ways in which the proposed new construction can be woven into the existing fabric of the Medical Center campus.

The Specific Plan prioritizes the protection of existing trees and foliage within the Specific Plan area, and, where feasible, existing vegetation would be utilized as an integral design element in the new landscape to provide a visual and functional connection between new and existing elements of the project.

The Specific Plan requires landscape treatments at major building entrances, building frontages, around the perimeter of buildings, and in parking lots, as well as perimeter buffering of the Medical Center where it interfaces with public right-of-way and adjacent uses. The Specific Plan sustainability standards identify the use of drought-tolerant and native plant material and the use of ultra-efficient irrigation to conserve water. The Specific Plan includes a Master Plant List (Section 6.3.4) and guidelines for the hardscape components of the site landscaping.

### **2.3.5 Leadership in Energy and Environmental Design (LEED)**

Leadership in Energy and Environmental Design (LEED) is a third-party certification program through the United States Green Building Council (USGBC) and is the nationally accepted benchmark for the design, construction and operation of high performance green buildings. LEED gives building owners and operators the tools they need to have an immediate and measurable impact on their buildings' performance. LEED promotes a whole-building approach to sustainability by recognizing performance in five key areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection, and indoor environmental quality. The LEED for Healthcare Green Building Rating System was developed to meet the unique needs of the health care market, including inpatient care facilities, licensed outpatient care facilities, and licensed long-term care facilities. LEED for Healthcare may also be used for medical offices, assisted living facilities and medical education & research centers. LEED for Healthcare addresses issues such as increased sensitivity to chemicals and pollutants, traveling distances from parking facilities, and access to natural spaces.

PVHMC proposes to pursue Leadership in Energy and Environmental Design (LEED) equivalency of all new buildings. While LEED certification standards extend to many facets of project implementation, they include the achievement of specified quantifiable energy and water consumption standards to which the proposed central plant improvements would contribute.

### **2.3.6 Senate Bill 1953**

*Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953) requires that hospital buildings that house patient beds (i.e., “essential buildings”) and are not in compliance with OSHPD seismic standards, or which may be at risk of collapsing during a strong earthquake, be rebuilt, retrofitted, or closed by January 1, 2008. A five-year extension, to January 1, 2013, is available for hospital buildings that meet certain criteria and can show that they can meet 2030 requirements (i.e., remain operational following a large earthquake) by 2030.

### **2.3.7 Specific Plan and General Plan Amendments**

The PVHMC Specific Plan is established under the authority of *California Government Code* Title 7, Division 1, Chapter 3, Article 8, Sections 65450 through 65457 (Specific Plans) and the provisions of the *Pomona City Code*. A Specific Plan is a legislative planning tool, regulatory in nature, which serves as zoning law for the property(s) involved. Development plans, site plans, and tentative tract/parcel maps

must be consistent with both the Specific Plan and the City's General Plan. The Specific Plan would be adopted by ordinance of the City Council.

The majority of the PVHMC Specific Plan area is designated as Institutional in the City's General Plan Land Use Element. An area south of Artesia Street and east of Orange Grove Avenue is designated as Administrative Professional and an area west of Cadillac Drive is designated as Single-family Residential and General Commercial. As part of the approval process for the Specific Plan, the project area's General Plan land use designation and zoning would be amended to "Medical Center Specific Plan."

### 2.3.8 Construction Schedule

Development of the Specific Plan project would occur over the next 21 years in three discrete and sequential phases. Construction of Phase 1 would commence in 2009. Construction is scheduled to last approximately forty-eight months, concluding in 2013, and would occur during normal construction hours (7:00 A.M. to 8:00 P.M.)

- **Phase 1A:** Construction of Phase 1A would begin in 2009 and would include approximately four months of grubbing, site preparation, grading, and off-site utility improvements to support the outpatient pavilion. Construction of the pavilion itself would take approximately 20 months and would include permanent vacation of portions of Willow Street and Cadillac Drive, and reconfiguration of the northern parking lots between Orange Grove Avenue and Garey Avenue.
- **Phase 1B:** Construction of Phase 1B would begin with approximately eight months of grubbing, site preparation, grading, and off-site utility improvements beginning in mid-2010, followed by approximately 28 months of construction and paving work for the inpatient building, with completion scheduled for the end of 2013.

Implementation of Phase 2 would commence after completion of Phase 1 and Phase 3 would commence after completion of Phase 2. The development schedule and timing is dependent on funding, but all phase of proposed project would be completed by 2030.

## 2.4 AREAS OF CONTROVERSY

The PVHMC Specific Plan involves a General Plan Amendment (GPA) to designate the entire Specific Plan area as "Medical Center Specific Plan." All development undertaken pursuant to the Specific Plan would still be required to complete an entitlement process as outlined in the Specific Plan document (Section 7.3). These subsequent entitlement processes may include a Development Review, and/or the approval of a Tentative Parcel Map to assure that future development within the PVHMC Specific Plan is consistent with the Plan's purpose and guiding principles and in compliance with the provisions of the Plan. Street and alley vacations are subject to review and approval by the City's Public Works Department. Additional environmental review may be required as part of the entitlement process for each phase should conditions warrant. Demolition of existing structures must be permitted by the City's Department of Public Works. The Specific Plan indicates that all proposed demolition of buildings or portions of buildings that were constructed prior to 1945 must first be considered by the Pomona Historic Preservation Commission for a *Certificate of Appropriateness* even if the structure is not designated

a Historic Landmark, as required by the City's Historic Preservation Ordinance. Two wings of the existing main hospital building (Wings A and B) were constructed prior to 1945. The balance of the hospital building and all of the ancillary structures proposed for demolition as part of the proposed project were constructed subsequent to 1945. See Section 4.C (Cultural Resources) and Appendix D2 (Historic Resources Evaluation) (Kaplan Chen Kaplan 2008) for a full discussion of these issues.

Concurrent with the processing of the Specific Plan and General Plan Amendment, PVHMC is processing entitlements and seeking building permits for the construction of Phase 1A. While this EIR addresses the entire Specific Plan on a programmatic level, it provides greater detail regarding Phase 1 impacts, as more complete information is available with respect to this phase. As noted, implementation of subsequent phases of the Specific Plan project may require subsequent environmental review, which may include a subsequent or supplemental EIR to address project-specific impacts which might result from changes in project design, and baseline conditions which were not known at the time this EIR was prepared.

In addition to the City, there are also federal, State, and regional responsible agencies that have authority over various aspects of the proposed project. These could include, but are not necessarily limited to, the following:

- **California Office of Statewide Health Planning and Development (OSHPD)—Facilities Development Division (FDD)**—Reviews and inspects health facility construction projects and enforces building standards per the California Building Standards Code as they relate to health care facilities. OSHPD is also responsible for enforcing the provisions of SB 1953 (seismic safety). OSHPD would be responsible for plan checking and permitting the actual hospital construction.
- **Los Angeles Regional Water Quality Control Board (RWQCB)**—Issuance of a National Pollution Discharge Elimination System (NPDES) Permit for construction activities disturbing more than 1 acre and General Construction permits for dewatering during construction, and approval of operational stormwater treatment.
- **South Coast Air Quality Management District (SCAQMD)**—SCAQMD shares responsibility with the California Air Resources Board and Southern California Association of Governments (SCAG) for ensuring that all applicable federal and State air quality standards are achieved and maintained. In addition, SCAQMD issues an Authority to Construct and Operating Permit for operation of on-site mechanical equipment.
- **California Department of Health Services (DHS)**—DHS licenses and inspects hospital facilities. Its Medical Waste Management Program and Radiological Health Program regulate disposal of medical waste during the project's operational phase.
- **Department of Toxic Substances Control (DTSC)**—The DTSC regulates the disposal of toxic materials including asbestos released as the result of demolition of structures. The Department also regulates the disposal of hazardous medical waste during the project's operational phase.
- **California Public Utilities Commission (CPUC)**—The CPUC reviews and permits construction and/or relocation of electrical substations, transformers and electrical vaults, and natural gas lines which may be required in the course of implementing the proposed project.

- **California Occupational Safety and Health Administration (Cal-OSHA)**—Regulates occupational safety on construction job sites as well as hospital worker safety during the project’s operational phase.
- **California Department of Transportation (Caltrans)**—Caltrans will be responsible for reviewing and approving plans for the proposed off-site traffic signal at Garey Avenue and the I-10 freeway off-ramp. Caltrans must issue an encroachment permit prior to the installation of the signal and will be responsible for its subsequent operation and maintenance.
- **Los Angeles County Fire Department (LACoFD)**—Plan approval for Emergency Access.
- **County Sanitation Districts of Los Angeles County (CSDLAC)**—Approval of Sewer Connections.

## 2.5 ALTERNATIVES TO THE PROJECT

Chapter 6 of this EIR evaluates alternatives to the proposed project. The following alternatives were considered and eliminated from further review: (1) Maximum Reduction of Impacts – Avoidance of Air Quality, Noise and Vibration, Traffic and Utilities Impacts; (2) Alternative Site Configuration; and (3) Alternative Sites – Relocation of the Entire PVHMC hospital. The reasons for eliminating these alternatives for consideration are discussed in detail in Section 6.3.1 (Maximum Reduction of Project Impacts Alternative), Section 6.3.2 (Alternative Site Configuration), and Section 6.3.3 (Alternative Sites) of Chapter 6 (Alternatives to the Proposed Project).

The following alternatives were considered and have been chosen for further review based on their ability to reduce potentially significant impacts that may occur as part of the proposed project development:

- **Alternative 1: No Project/No Build Alternative**—This alternative represents what would occur if the project does not proceed and existing conditions do not change.
- **Alternative 2: No Project/Reasonably Foreseeable Development Alternative**—This alternative would develop the site under current zoning, which would permit a denser, and more diverse development of the project site.
- **Alternative 3: Reduced Demolition**—Under this alternative Wings E1 and F of the hospital would be preserved and used to house the proposed new outpatient services. The proposed new outpatient pavilions would not be built. All three proposed hospital wings would be constructed. A smaller parking structure would be constructed as part of Phase 3.
- **Alternative 4: Alternative Sites**—This option would involve development of the two outpatient pavilions (not to exceed 110,000 sf) on an alternative site. The proposed new hospital wings would be constructed on the core campus and planned demolition would proceed as per the proposed project, yielding a net additional 157,299 sf of hospital facilities on the core campus. Three alternative sites are considered.
- **Alternative 5: Reduced Project I**—Net new construction would be reduced by 50 percent by reducing the number and size of the proposed new hospital wings, eliminating the parking structure and slightly reducing demolition. Construction would be constructed in two phases. The outpatient pavilions would be built.

- **Alternative 6: Reduced Project II**—Under this alternative, no new outpatient services or facilities would be added either on or offsite. The 390,000 square foot new inpatient hospital facilities would be constructed and approximately 232,701 square feet of demolition would occur. A smaller parking structure would be constructed. The project would be constructed in three phases.

## ■ Summary of Environmental Impacts and Mitigation Measures

Table 2-1 (Summary of Environmental Impacts and Project Requirements/Mitigation Measures) provides a summary of the environmental impacts and mitigation measure that are described and analyzed in Chapter 3 of this document.

Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures

KEY: LTS = Less Than Significant, PS = Potentially Significant, SU = Significant and Unavoidable

Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
<b>Aesthetics</b>			
Impact 4.1-1 Implementation of the proposed project would not create a substantial shadow on a sensitive use. This impact would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS
Impact 4.1-2 Operation of the proposed project would not substantially degrade the existing visual character or quality of the site and its surroundings. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i> .	LTS	<p>PR4.1A Building treatments and architecture shall be appropriate in scale, proportion, detail, and the appropriate use of materials, textures, and colors. Articulated building façades shall be utilized as feasible to avoid monotonous building lines.</p> <p>PR4.1B Areas at the campus perimeter boundaries that abut privately owned properties shall include permanent screening such as berming, shrub hedge, or low wall.</p> <p>PR4.1C Each existing mature tree (as determined by the PVHMC Tree Inventory [Appendix C2]) that is removed shall be replaced with two 2- to 3-inch caliper trees or larger. Replacement trees in the general open space areas and public edge setback areas shall be 2- to 3-inch caliper, and replacement trees in the central open space and in the property line buffers shall be a minimum of 3- to 4-inch caliper. Any newly planted trees that do not survive for 5 years after planting shall be replaced by PVHMC within 30 days of removal with like kind and size.</p> <p>PR4.1D Five percent of the interior surface parking areas shall be planted with shade trees of at least 2-inch caliper at a ratio of a least one tree for every five permanent parking spaces and these trees shall attain a minimum of 15 percent parking area coverage within five years of installation.</p> <p>PR4.1E A 5-foot-wide planting area shall be provided along the perimeter of parking areas adjacent to public streets and shall contain trees and shrubs of a sufficient height to screen views of cars and headlights from the adjacent street.</p> <p>PR4.1F PVHMC shall prepare a Master Signage Program for monument signs for the primary entrances, building-mounted signs for the main hospital and outpatient buildings, and way-finding signage designating, among other things, the location of bike paths, pedestrian walkways, and directional signage. Signage specific to each individual phase of the project will be submitted to the City for approval prior to issuance of a building permit for individual phase of the proposed project. All signage shall conform to all applicable City standards.</p> <p>PR4.1G All fences and walls within public view from within or outside the PVHMC shall be designed to be visually compatible with other site improvements. PVHMC shall include wall and fence plans as part of the submittal package for the entitlement of each phase of the Specific Plan project.</p> <p>PR4.1H All sides of any cooling and mechanical buildings surface parking areas and parking structures, as well as other service and mechanical areas shall be designed, treated, and finished in a manner compatible with the surrounding</p>	LTS

**Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures**

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Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
		<p>campus pursuant to the design guidelines of the Specific Plan.</p> <p>PR4.1I All service, maintenance, cooling/mechanical, and trash collection areas within the Specific Plan shall be fully screened from public view. If roof mounted, all mechanical equipment shall be set back from the roof edge and either contained within a penthouse or otherwise screened from view in a manner that is architecturally integrated with the rest of the building. The building heights specified in the Specific Plan for the outpatient pavilions and hospital wing additions shall be understood to include roof-mounted equipment and shall not be exceeded unless an amendment to the Specific Plan, increasing building height limitations, is approved by the City.</p> <p>PR4.1J All trash, storage, loading, service, maintenance, and mechanical equipment areas in public view from within or outside the medical campus shall be screened by a solid masonry fence or wall of minimum height 6 feet.</p>	
<p>Impact 4.1-3 Construction of the proposed project would temporarily degrade the existing visual character or quality of the site and its surroundings. This is a potentially significant impact. Implementation of mitigation measure MM4.1-1 would ensure that this impact would remain <i>less than significant</i>.</p>	<p>PS</p>	<p>MM4.1-1 Construction documents shall include language that requires all construction contractors to strictly control the staging of construction equipment and the cleanliness of construction equipment stored or driven beyond the limits of the construction work area. Construction equipment shall be parked and staged on the project site. Staging areas shall be screened from view with solid wood fencing or green fence. Prior to the issuance of building permits, PVHMC shall submit a construction staging, access and parking plan to the City of Pomona for review and approval. Construction worker parking shall be located off-site on lots owned or leased by PVHMC; however on-street parking of construction worker vehicles shall be prohibited. Vehicles shall be kept clean and free of mud and dust before leaving the project site. PVHMC contractors shall sweep surrounding streets used for construction access daily and maintain them free of dirt and debris.</p>	<p>LTS</p>
<p>Impact 4.1-4 Implementation of the proposed project would add new sources of nighttime light to the project area that could adversely affect day or nighttime views in the area. This is a potentially significant impact. Implementation of the identified project requirements and mitigation measures MM4.1-2 and MM4.1-3 would reduce this impact to a <i>less-than-significant</i> level.</p>	<p>PS</p>	<p>PR4.1K All windows in the Phase 2 outpatient pavilion shall be tinted or otherwise coated to reduce the level of interior lighting visible from off site.</p> <p>PR4.1L All parking-lot and other security lighting shall be directed away from surrounding land uses and towards the specific location intended for illumination. State-of-the-art fixtures shall be used, and all lighting shall be shielded to minimize the production of glare and light spill onto surrounding use. The parking structure shall be constructed with screening walls of sufficient height to block spill light from vehicle headlights pursuant to the City's lighting standards.</p> <p>PR4.1M Landscape illumination and exterior sign lighting shall follow the Pomona City Code guidelines and be accomplished with low-level unobtrusive fixtures.</p> <p>MM4.1-2 PVHMC shall prepare a lighting plan for each phase of the proposed project and submit it for review and approval to the Pomona Police Department and the City's Planning Department, prior to the issuance of building permits. Outdoor lighting shall maintain a minimum required illumination, as determined appropriate by the Pomona Police Department and the City's Planning Department, for all parking and pedestrian areas. In addition, the plan must include details such as beam spreads and/or photometric calculation, location and type of fixtures, exterior colors, details on foundations, and arrangement of exterior lighting such that it does not create glare or hazardous interference on adjacent streets or properties or result in spill light that would adversely impact sensitive receptors in the project area.</p>	<p>LTS</p>

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Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
		MM4.1-3 Design of the proposed structures shall include the use of textured or other nonreflective exterior surfaces and nonreflective glass.	
<b>Air Quality</b>			
Impact 4.2-1 Implementation of the proposed project would not conflict with or obstruct implementation of the applicable air quality plan. This is considered a <i>less-than-significant</i> impact.	LTS	No mitigation is required.	LTS
Impact 4.2-2 Implementation of the proposed project would not result in or create objectionable odors affecting a substantial number of people. Therefore, this impact would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS
Impact 4.2-3 Implementation of the proposed project (short term and long term) would generate increased mobile and stationary emissions from project development and increased local traffic volumes that could potentially lead to higher CO pollutant concentrations. However, pollutant emissions would be well below the California Ambient Air Quality Standard (CAAQS) or National Ambient Air Quality Standard (NAAQS) thresholds of significance and would not expose sensitive receptors to substantial localized CO concentrations. This impact would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS

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Impact 4.2-4 Operation of the proposed project would not violate an air quality standard or contribute substantially to an existing or projected air quality violation. Impacts would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS
Impact 4.2-5 Operation of the proposed project would not alter air movement, moisture, or temperature, or cause any change in climate. Impacts would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS
Impact 4.2-6 Implementation of the proposed project could expose sensitive receptors to substantial pollutant concentrations of TACs. This is a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measures MM4.2-1 through MM4.2-3 would reduce this impact to <i>less than significant</i> .	PS	<p>PR4.2A PVHMC shall post signs within the loading dock area, in a location that is clearly visible to truck drivers, stating that trucks cannot idle in excess of five minutes per trip.</p> <p>MM4.2-1 PVHMC shall comply with American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standard 170-2008—Ventilation of Health Care Facilities for its air intake systems. PVHMC shall also comply with the standards for “Protective Environment” under the Standard, which requires a dual-phase filtration intake system with efficiency ratings at MERV 8 for phase one filtration and MERV 17 (HEPA) filters for phase two filtration.</p> <p>MM4.2-2 PVHMC shall incorporate the use of inoperable exterior windows in all new construction.</p> <p>MM4.2-3 PVHMC shall install electrical hook-ups for refrigerated delivery trucks in the loading dock area so that refrigerated delivery trucks can shut down their engines to observe the idling restriction without compromising the temperature of the refrigerated load.</p>	LTS
Impact 4.2-7 Construction of the proposed project could violate an air quality standard or contribute substantially to an existing or projected air quality violation. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce impacts to a <i>less-than-significant</i> level.	PS	<p>PR4.2B As required by South Coast Air Quality Management District Rule 403—Fugitive Dust, all construction activities that are capable of generating fugitive dust are required to implement dust control measures during each phase of project development to reduce the amount of particulate matter entrained in the ambient air. These measures include the following:</p> <ul style="list-style-type: none"> <li>■ Limiting the amount of area disturbed during site grading to 10 acres per day</li> <li>■ Application of soil stabilizers to inactive construction areas</li> <li>■ Quick replacement of ground cover in disturbed areas</li> <li>■ Watering of exposed surfaces three times daily</li> <li>■ Watering of all unpaved haul roads three times daily</li> <li>■ Covering all stock piles with tarp</li> <li>■ Reduction of vehicle speed on unpaved roads</li> </ul>	LTS

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		<ul style="list-style-type: none"> <li>■ Post signs on site, limiting traffic to 15 miles per hour or less</li> <li>■ Sweep streets adjacent to the project site at the end of the day if visible soil material is carried over to adjacent roads</li> <li>■ Cover or have water applied to the exposed surface of all trucks hauling dirt, sand, soil, or other loose materials prior to leaving the site to prevent dust from impacting the surrounding areas</li> <li>■ Install wheel washers where vehicles enter and exit unpaved roads onto paved roads to wash off trucks and any equipment leaving the site each trip</li> </ul> <p>PR4.2C PVHMC shall require by contract specifications that all paints/architectural coating used on both the interior and exterior of all buildings and structures (and any appurtenant walls, fixtures, etc.) shall be emit zero VOCs (0 VOC paint).</p> <p>MM4.2-4(a) PVHMC shall require by contract specifications that all diesel-powered equipment used in the construction of the proposed project be retrofitted with after-treatment products (e.g., engine catalysts and other technologies, being therefore in compliance with the US Environmental Protection Agency Tier 3 requirements for non-road diesel equipment at the time construction commences. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(b) PVHMC shall require by contract specifications that all heavy-duty diesel-powered equipment operating and refueling at the project site use low-NO<sub>x</sub> diesel fuel (up to 125 percent of the cost of California Air Resources Board diesel). This requirement shall not apply to diesel-powered trucks traveling to and from the project site. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(c) PVHMC shall require by contract specifications that alternative fuel construction equipment (i.e., compressed natural gas, liquid petroleum gas, and unleaded gasoline) are utilized in the South Coast Air Basin at the time construction activities commence. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(d) PVHMC shall require by contract specifications that construction equipment engines be maintained in good condition and in proper tune per manufacturer's specification for the duration of construction. Further, construction equipment shall be turned off if not in use for more than five minutes. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(e) PVHMC shall require by contract specifications that construction-related equipment, including heavy-duty equipment, motor vehicles, and portable equipment, shall be turned off when not in use for more than five minutes. Diesel-fueled commercial motor vehicles with gross vehicular weight ratings of greater than 10,000 pounds shall be turned off when not in use for more than five minutes. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(f) PVHMC shall require by contract specifications that construction operations rely on the electricity</p>	

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		<p>infrastructure surrounding the construction site rather than electrical generators powered by internal combustion engines. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(g) PVHMC shall require by contract specifications that dedicated on-site and off-site left-turn lanes on truck hauling routes be utilized for movement of construction trucks and equipment on site and off site during construction activities. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-4(h) Notification shall be mailed to owners and occupants of all developed land uses immediately bordering the Specific Plan area providing a schedule for major construction activities that will occur through the duration of the construction period. In addition, the notification will include the identification and contact number for a community liaison and designated construction manager that would be available on site to monitor construction activities. The construction manager shall be responsible for complying with all project requirements and mitigation measures related to air quality impacts. The construction manager will be located at the on-site construction office during construction hours for the duration of all construction activities. Contact information for the community liaison and construction manager will be located at the construction office, City Hall, and the police department.</p>	
<p>Impact 4.2-8 Construction activities associated with development proposed under the Specific Plan could generate emissions that would result in an exceedance of localized significance thresholds for PM<sub>10</sub> and PM<sub>2.5</sub> established by the SCAQMD, and, therefore, could expose sensitive receptors to substantial pollutant concentrations. Compliance with the identified project requirement and implementation of mitigation measures MM4.2-4(a) through MM4.2-4(h), MM4.2-5(a), and MM4.2-5(b) would reduce impacts, but not to a level of less than significant. Impacts would remain <i>significant and unavoidable</i>.</p>	<p>PS</p>	<p>PR4.2B and MM4.2-2(a) through MM4.2-2(l) would also apply to this impact.</p> <p>MM4.2-5(a) PVHMC shall require by contract specifications that immediately prior to demolition and construction activities the operational portions of the existing and newly expanded hospital be sealed off from relevant portions of the demolition and construction. Sealing off the relevant portions of the demolition and construction activities may include, but are not limited to, providing temporary shielding using plastic sheeting at least 4 millimeters thick such as Visqueen or other material that will prevent air movement between the demolition and construction activities and the operational portions of the hospital. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p> <p>MM4.2-5(b) PVHMC shall require by contract specifications to post signs near demolition/construction areas that state that demolition/construction activities are occurring and that high levels of dust and emissions may be present within the barricaded area. Such signs shall also be posted on doors leading into any outdoor construction area. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.</p>	<p>SU</p>

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Impact 4.2-9 Construction of development under the Specific Plan would result in emissions of cumulatively considerable criteria pollutants. Implementation of identified mitigation measures would reduce this impact, but not to a less-than-significant level. Therefore, this impact would remain <i>significant and unavoidable</i> .	PS	PR4.2A, PR4.2B, PR4.2C, MM4.2-1, MM4.2-2, MM4.2-3, MM4.2-4(a) through MM4.2-4(h), MM4.2-5(a), and MM4.2-5(b) would also apply to this impact.	SU
<b>Biological Resources</b>			
Impact 4.3-1 Implementation of the proposed project could result in the loss of nesting habitat for avian species protected by the <i>Migratory Bird Treaty Act</i> . This is considered a potentially significant impact. However, implementation of mitigation measures MM4.3-1(a) and MM4.3-1(b) would reduce this impact to a <i>less-than-significant</i> level.	PS	MM4.3-1(a) Not more than thirty days prior to construction activities that occur between February 1 and August 15, surveys for nesting bird species shall be conducted by a qualified biologist selected by the developer(s), and approved by the City. Surveys shall be conducted in accordance with California Department of Fish and Game regulations. If no active avian nests are identified on or within 250 feet of the limits of the construction area, up to the limits of the project site, no further mitigation is necessary. Alternatively, to avoid impacts, the developer can begin construction after the previous breeding season for bird species has ended (after August 15) and before the next breeding season begins (before February 15).  MM4.3-1(b) If active nests for avian species found within the construction footprint, construction activities shall be delayed within a minimum 250-foot buffer zone (as recommended by California Department of Fish and Game) surrounding nests of other special-status avian species until the young have fledged. This buffer zone shall not extend beyond the project site. No action other than avoidance shall be taken without CDFG consultation.	LTS
Impact 4.3-2 Implementation of the proposed project could conflict with the City's Street Tree Ordinance and Oak Tree Preservation Ordinance. This is a potentially significant impact. Implementation of mitigation measure MM4.3-2 would reduce this impact to a <i>less-than-significant</i> level.	PS	MM4.3-2 The hospital shall obtain a permit from the City to trim or remove any street trees and/or oak trees in the Specific Plan area prior to each phase of construction. The hospital shall, to the maximum extent feasible, replace the trees that are removed as a result of development, with in-kind tree species, at a minimum ratio of 1:1.	LTS

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<b>Cultural Resources</b>			
<p>Impact 4.4-1 Construction of the proposed project could cause a substantial adverse change in the significance of a previously unrecorded archaeological resource. This is a potentially significant impact. Compliance with mitigation measures MM4.4-1(a) and MM4.4-1(b) would reduce this impact to a <i>less-than-significant</i> level.</p>	LTS	<p>MM4.4-1(a) Prior to site preparation or grading activities, construction personnel shall be informed of the potential for encountering unique archaeological resources and taught how to identify these resources if encountered. This shall include the provision of written materials to familiarize personnel with the range of resources that might be expected, the type of activities that may result in impacts, and the legal framework of cultural resources protection. All construction personnel shall be instructed to stop work in the vicinity of a potential discovery until a qualified, archaeologist assesses the significance of the find and implements appropriate measures to protect or scientifically remove the find. Construction personnel shall also be informed that unauthorized collection of archaeological resources is prohibited.</p> <p>MM4.4-1(b) A qualified archaeologist shall first determine whether an archaeological resource uncovered during construction is a "unique archaeological resource" under <i>Public Resources Code</i> Section 21083.2(g). If the archaeological resource is determined to be a "unique archaeological resource," the archaeologist shall formulate a mitigation plan in consultation with PVHMC that satisfies the requirements of Section 21083.2 of the CEQA Guidelines.</p>	LTS
<p>Impact 4.4-2 Construction of the proposed project could directly or indirectly destroy a unique paleontological resource or site or unique geologic feature. This is a potentially significant impact. Compliance with mitigation measures MM4.4-2(a) and MM4.4-2(b) would reduce this impact to a <i>less-than-significant</i> level.</p>	LTS	<p>MM4.4-2(a) Prior to site preparation or grading activities, construction personnel shall be informed of the potential for encountering paleontological resources and taught how to identify these resources if encountered. This shall include the provision of written materials to familiarize personnel with the range of resources that might be expected, the type of activities that may result in impacts, and the legal framework of cultural resources protection. All construction personnel shall be instructed to stop work in the vicinity of a potential discovery until a qualified paleontologist assesses the significance of the find and implements appropriate measures to protect or scientifically remove the find. Construction personnel shall also be informed that unauthorized collection of paleontological resources is prohibited.</p> <p>MM4.4-2(b) A qualified paleontologist shall first determine whether a paleontological resource uncovered during construction meets the definition of a unique paleontological resource under PRC Section 21083.2(g). If the paleontological resource is determined to be a "unique paleontological resource," the paleontologist shall formulate a mitigation plan in consultation with the campus that satisfies the requirements of PRC Section 21083.2. If the paleontologist determines that the paleontological resource is not a unique resource, the paleontologist may record the site and submit the recordation form to the Natural History Museum of Los Angeles County. The paleontologist shall prepare a report of the results of any study prepared as part of a mitigation plan, following accepted professional practice. Copies of the report shall be submitted to the City of Pomona and to the Natural History Museum of Los Angeles County.</p>	LTS

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Impact 4.4-3 Construction of the proposed project could disturb human remains, including those interred outside of formal cemeteries. This is a potentially significant impact. However, implementation of mitigation measure MM4.4-3 would reduce this impact to <i>less than significant</i> .	LTS	MM4.4-3 In the event of the discovery of a burial, human bone, or suspected human bone, all excavation or grading in the vicinity of the find shall halt immediately, the area of the find shall be protected, and PVHMC shall immediately notify the Los Angeles County Coroner of the find and comply with the provisions of PRC Section 5097 with respect to Native American involvement, burial treatment, and re-burial, if necessary.	LTS
<b>Geology and Soils</b>			
Impact 4.5-1 Implementation of the proposed project would not expose people or structures to potential substantial adverse effects, including the risk of loss, injury, or death involving strong seismic groundshaking. Compliance with the identified project requirements would ensure that this impact remains <i>less than significant</i> .	LTS	<p>PR4.5A Prior to approval of construction documents for each phase of the proposed project, PVHMC shall prepare and submit for review and approval a complete, in-depth geotechnical, soils, and seismic study, prepared by a California-registered Geologist pursuant to California Geological Survey Note 49 Guidelines to the City, the State Geologist, and/or OSHPD, as applicable, for the specific building type. Each study shall identify design and engineering treatments to reduce the risks associated with seismic activity for its specific structure, including (if subsequent studies identify the need) surface fault rupture in response to the identified conditions present on the project site. All foundation, site preparation, and structural plans shall conform to the recommendations contained in the approved report.</p> <p>PR4.5B PVHMC shall demonstrate to the City and/or as applicable, the OSHPD that the design of the project complies with all applicable provisions of the 2007 (or most current) CBC with respect to seismic design. Compliance would include the following:</p> <ul style="list-style-type: none"> <li>■ The use of the most current CBC Standards as the minimum seismic-resistant design for all proposed facilities</li> <li>■ Additional seismic-resistant earthwork and construction design criteria, based on the site-specific recommendations of a California-Certified Engineering Geologist in cooperation with the project's California-registered geotechnical and structural engineers</li> <li>■ An engineering analysis that demonstrates satisfactory performance of alluvium or fill where either forms part or all of the support, especially where the possible occurrence of liquefiable soils exists</li> <li>■ An analysis of soil expansion potential and appropriate remediation (compaction, removal/replacement, etc.) prior to using any expansive soils for foundation support</li> </ul>	LTS

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<p>Impact 4.5-2 Implementation of the proposed project would not result in substantial soil erosion or the loss of topsoil. Compliance with NPDES permit requirements, and compliance with the identified project requirements would ensure that this impact remains <i>less than significant</i>.</p>	<p>LTS</p>	<p>PR4.7C, PR4.7F, and PR4.7G would also apply to this impact.</p>	<p>LTS</p>
<p>Impact 4.5-3 Implementation of the proposed project could expose people or structures to potential adverse effects, including the risk of loss, injury, or death involving seismic-related ground failure, including liquefaction. This is a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measure MM4.5-1 would reduce impacts to a <i>less-than-significant</i> level.</p>	<p>PS</p>	<p>PR4.5C As part of the geotechnical studies required by project requirement PR4.3A, PVHMC shall submit a site-specific evaluation of unstable soil conditions prepared by a registered soils professional as part of the construction document package for the proposed hospital additions, freestanding outpatient buildings, and proposed parking structure. The evaluation shall include recommendations for ground preparation, earthwork activities, and construction practices specific to the site and in conformance with the 2007 CBC or any subsequently adopted CBC. Construction documents, including foundation plans, structural plans, and grading plans shall demonstrate adherence to the recommendations contained in the above-referenced report to the satisfaction of the City’s building official and/or OSHPD and the City’s Public Works Department.</p> <p>MM4.5-1 During the construction phase of each building PVHMC shall search for, excavate around and inspect old irrigation pipelines and laterals, any new suspicious moist areas in lawns, or new depressions in paved areas and shall, prior to the foundation construction, conduct an appropriate investigation to locate any abandoned irrigation lines or abandoned wells within and around the footprint of each new structure to be constructed. Old artesian wells should be allowed to flow; however, flows encountered shall be controlled via installation of pipelines that discharge the groundwater to the appropriate discharge point (i.e., storm drain), subject to the applicable WQMP and RWQCB standards. If old irrigation lines or wells are found, flow rates and water samples shall be obtained to help assess possible differences in sources.</p>	<p>LTS</p>

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Impact 4.5-4 The proposed project would be located on a geologic unit or soil that is subject to liquefaction and seismically induced dry settlement, which could potentially result in on-site subsidence, liquefaction, or collapse. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measure MM4.5-1 would reduce this impact to a <i>less-than-significant</i> level.	PS	PR4.5A, PR4.5B, PR4.5C, and MM4.5-1 would also apply to this impact.	LTS
<b>Hazards and Hazardous Materials</b>			
Impact 4.6-1 The proposed project would include medical uses, but would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials. Compliance with the identified project requirements would ensure that this impact would be <i>less than significant</i> .	LTS	<p>PR4.6A Pomona Valley Hospital Medical Center shall comply with existing hazardous materials regulations, which are codified in Titles 8, 22, and 26 of the California Code of Regulations, and their enabling legislation set forth in Chapter 6.95 of the California Health and Safety Code. In addition, Pomona Valley Hospital Medical Center shall comply with applicable federal, state, and local laws and regulations pertaining to the transport, use, and disposal of hazardous waste, including, but not limited to, Title 49 of the Code of Federal Regulations and as implemented by Title 13 of the CCR.</p> <p>PR4.6B Prior to the issuance of an occupancy permit, Pomona Valley Hospital Medical Center shall ensure that all new structures comply with the Los Angeles County Certified Unified Program Agency (CUPA) hazardous materials regulation requirements as well as the California Hazardous Materials Release Response Plan and Inventory Law (Business Plan Act) to minimize the potential for accidents involving hazardous materials.</p>	LTS
Impact 4.6-2 Development of the proposed project would not impair implementation of or physically interfere with an adopted emergency response plan and/or emergency evacuation plan. Compliance with the identified project requirements would ensure that this impact is <i>less than significant</i> .	LTS	<p>PR4.6C To ensure adequate access for emergency vehicles when construction activities would result in temporary lane or roadway closures, PVHMC shall obtain an encroachment permit from the City of Pomona, and submit a traffic management and control plan to be reviewed and approved by the City's Public Works Department, the PPD, and LACoFD.</p> <p>PR4.11A would also apply to this impact.</p>	LTS

**Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures**

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<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
<p>Impact 4.6-3 Implementation of the proposed project would result in the handling of acutely hazardous materials, substances, or waste within ¼ mile of an existing or proposed school. This is a potentially significant impact. Compliance with federal, State, and local regulations and the identified project requirement and implementation of mitigation measure MM4.6-1 would reduce this impact to <i>less than significant</i>.</p>	PS	<p>MM4.6-1 PVHMC shall retain a qualified environmental specialist (e.g., a Registered Environmental Assessor or similarly qualified individual) to inspect existing buildings planned for demolition for the presence of asbestos, PCBs, mercury, lead, and other hazardous materials and prepare a report detailing the extent of these types of materials, if any. PVHMC shall submit the report to the City of Pomona prior to demolition, together with an explanation of how the project will address any issues identified in the report. If found at levels that require special handling (i.e., any building material containing 0.1 percent asbestos, paint that contains more than 5,000 parts per million of lead, or any building materials known or suspected to contain PCBs or mercury), PVHMC shall manage these materials as required by law and according to federal and state regulations and guidelines, including those of DTSC, Cal/OSHA, and any other agency with jurisdiction over these hazardous materials.</p> <p>PR4.6A would also apply to this impact.</p>	LTS
<p>Impact 4.6-4 Implementation of the proposed project could expose construction workers and occupants of other buildings on site to a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous material into the environment. This is a potentially significant impact; however, compliance with the identified project requirement and implementation of mitigation measure MM4.6-1 would reduce this impact to a <i>less-than-significant</i> level.</p>	PS	PR4.6A and MM4.6-1 would also apply to this impact.	LTS
<p>Impact 4.6-5 Construction of the proposed project could expose construction workers or the public to potential health and safety hazards if contaminants are present in soil or groundwater disturbed in the course of construction, demolition, and removal and if the contaminant concentrations are at levels that would present a health risk of upset or accident resulting in the</p>	PS	<p>MM4.6-2 In the event that previously unknown or unidentified soil and/or groundwater contamination that could present a threat to human health or the environment is encountered during construction on the project site, construction activities in the immediate vicinity of the contamination shall cease immediately. If contamination is encountered, PVHMC shall prepare and implement an RMP. The RMP shall (1) identify the contaminants of concern and the potential risk each contaminant would pose to human health and the environment during construction and post-development; and (2) describe measures to be taken to protect workers, and the public from exposure to potential site hazards. Such measures could include a range of options, including, but not limited to, physical site controls during construction, remediation, long-term monitoring, post-development maintenance or access limitations, or some combination thereof. Depending on the nature of contamination, if any, appropriate agencies shall be notified (e.g., Los Angeles County Fire Department). If needed, a Site Health and Safety Plan that meets Occupational Safety and Health Administration</p>	LTS

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<p>release of hazardous materials into the environment. This is considered a potentially significant impact. Implementation of mitigation measures MM4.6-2 and MM4.6-3 would reduce this impact to a <i>less-than-significant</i> level.</p>		<p>requirements shall be prepared and in place prior to commencement of work in any contaminated area.</p> <p>MM4.6-3 Prior to the commencement of ground disturbing activities associated with development of the Specific Plan, PVHMC shall retain a qualified professional to prepare a Phase 2 Subsurface Investigation to determine whether the two 20,000-gallon UST present within the main hospital building property have leaked since their installation, and if so, if any leaks have resulted in soil and/or groundwater contamination. If leaks are discovered, then the investigation shall recommend measures to repair the tanks. If soil and/or groundwater contamination is determined to have resulted from a leak, then the investigation shall also recommend measures for remediation of the soil and/or groundwater to the satisfaction of all applicable agencies (e.g., City of Pomona, DTSC, LA RWQCB, etc.). All required remediation shall occur prior to the commencement of ground disturbing activities associated with development of the proposed project. In addition, if remediation is required, closure reports or other reports acceptable to the City of Pomona that document the successful completion of required remediation activities for contaminated soils, in accordance with the required standards, shall be submitted and approved by the City, DTSC and any other applicable regulatory agencies prior to issuance of grading permits for site development. No construction shall occur on-site until reports have been approved by the City, DTSC and any other applicable regulatory agencies.</p>	
<p>Impact 4.6-6 The proposed project site is included on a list of hazardous materials sites compiled pursuant to <i>Government Code</i> Section 65962.5 that could create a significant hazard to the public or the environment. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measures MM4.6-2 and MM4.6-3 would reduce this impact to a <i>less-than-significant</i> level.</p>	PS	PR4.6A, PR4.6B, MM4.6-2, and MM4.6-3 would also apply to this impact.	LTS

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Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
<b>Hydrology</b>			
<p>Impact 4.7-1 Implementation of the proposed project would not expose people or structures to a significant risk of loss, injury, or death involving flooding as a result of the failure of a dam. Implementation of mitigation measure MM4.7-1 would ensure that this impact remains <i>less than significant</i>.</p>	LTS	<p>MM4.7-1 PVHMC shall incorporate into its Emergency Operations Plan provisions for evacuation of visitors, employees, and patients of the hospital to upper floors upon notification of failure of the San Antonio Dam.</p>	LTS
<p>Impact 4.7-2 Construction of development proposed under the Specific Plan would not result in a violation of water quality standards or waste discharge requirements and would not provide substantial additional sources of polluted runoff. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	<p>PR4.7A The proposed Specific Plan project shall conform to the City of Pomona Building and Safety Division Standard Grading Notes which require that all grading be accomplished in compliance with Ordinance No. 3444 and the latest State building codes plus any supplements. Grading plans shall be approved and signed by the City of Pomona prior to the start of ground-disturbing activity SWPPP-required BMPs shall be installed and maintained for the duration of the construction phase of the project and City inspection of the construction site shall include verification of the presence and effectiveness of any erosion control and siltation BMPs. The contractor shall be required to incorporate erosion control measures during and after construction and the site shall be in compliance with all applicable stormwater pollution requirements. Additionally, finish grading must be completed and approved and slope plantings and irrigation systems installed prior to obtaining a certificate of occupancy and release of any grading bonds.</p> <p>PR4.7B The proposed project must obtain all required RWQCB environmental clearance prior to receiving any grading, development, or building permit. The Municipal Stormwater Permit does not allow the City of Pomona to issue permits until such time as the project has obtained the environmental clearance.</p> <p>PR4.7C As required by the SWRCB and in compliance with the City of Pomona requirements for environmental clearance, the project developer shall file an NOI with the State of California to comply with the requirements of the National Pollution Discharge Elimination System General Construction Permit. This will include the preparation of an SWPPP incorporating BMPs for construction and post-construction-related control of erosion and sedimentation contained in stormwater runoff. The SWPPP may include, but would not necessarily be limited to, the following applicable measures:</p> <ul style="list-style-type: none"> <li>■ Erosion and Sediment Control BMPs, which may include the following: <ul style="list-style-type: none"> <li>&gt; Construction scheduling, such as phasing and season avoidance, to minimize erosion and sediment</li> <li>&gt; Perimeter protection, such as straw wattles or silt fences</li> <li>&gt; Check dam to prevent gulley erosion and/or slow water down to allow sediment to settle out</li> <li>&gt; Gravel bag berm/barriers to prevent runoff or run-on of surface water flows</li> </ul> </li> </ul>	LTS

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		<ul style="list-style-type: none"> <li>&gt; Street sweeping and vacuuming to remove vehicle tracked soil and sediment</li> <li>&gt; Storm Drain Inlet Protection such as filter bags and perimeter protection</li> <li>&gt; Stabilized Construction Entrances/Exits, Stabilized Construction Roads, Tire Washing to prevent vehicle tracking of sediment and debris on roadways</li> <li>&gt; Wind Erosion Control BMP such as soil stabilizers (would require more water quality modeling), wetting down of dry sediment, or covering exposed surfaces</li> <li>&gt; Covering exposed surfaces as soon as possible (e.g., hydro-seeding, hydraulic mulch, soil binders, and others)</li> <li>&gt; Velocity dissipation devices</li> <li>■ Water Conservation Practices BMPs</li> <li>■ Vehicle and Equipment Operation BMPs (vehicle and equipment cleaning/maintenance, potable water/irrigation controls). Several types of vehicles and equipment would be used on site throughout the project, including graders, scrapers, excavators, loaders, paving equipment, rollers, trucks and trailers, backhoes, forklifts, generators, compressors, and traffic control equipment. All vehicle maintenance would be conducted at least 50 feet away from operational inlets and drainage facilities and on a level graded area. Drip plans or absorbent pads would be used for all vehicle and equipment maintenance activities that involve grease, oil, solvents, or other vehicle fluids. Vehicle and equipment fueling would take place in a contained staging area to prevent discharges of fuel and other vehicle fluids.</li> <li>■ Equipment staging areas to localize and establish BMPs for control of pollutants associated with equipment re-fueling, operation, and maintenance which may include the following:                         <ul style="list-style-type: none"> <li>&gt; Construction equipment shall be brought to the site no sooner than it is needed and shall be removed from the site as soon as practical. Major equipment overhaul will take place off site</li> <li>&gt; Vehicle and equipment maintenance facilities will be prepared and used to prevent discharges of fuel and other vehicle fluids.</li> <li>&gt; Vehicle and equipment fueling will take place in a contained staging area to prevent discharges of fuel and other vehicle fluids</li> </ul> </li> <li>■ Waste Management and Materials Management BMPs; waste management and material pollution BMPs for control of pollutants associated with the storage of construction materials and construction activities may include the following:                         <ul style="list-style-type: none"> <li>&gt; Material Delivery and Storage—materials will be stored either off site or under cover. Hazardous materials will be stored in contained areas</li> <li>&gt; Material Use—selection of less environmentally detrimental materials will be used, where feasible and practical</li> <li>&gt; Stockpile Management—stockpiles will be minimized and covered to prevent leaching of potential chemicals and sediment</li> </ul> </li> </ul>	

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		<ul style="list-style-type: none"> <li>&gt; Spill Prevention and Control will be implemented to prevent contamination of soil or water with construction and equipment operations chemicals</li> <li>&gt; Solid Waste Management</li> <li>&gt; Sanitary/Septic Waste Management</li> <li>&gt; Hazardous Waste Management—hazardous chemicals used in construction will be disposed of in accordance with hazardous waste materials management regulations, including Municipal Code: Title VII, Chapter 8.7823(i), which states that “[A]ll hazardous substances and hazardous materials shall be stored in such a manner as to prevent such substances or materials from coming into contact with stormwater or other runoff which discharges into the storm drain system. It is unlawful for any person to dispose of any hazardous waste in any trash container used for municipal trash disposal.”</li> <li>&gt; Contaminated Soil Management—soil found to exhibit signs of pre-existing contamination will be tested and disposed of as required based on level of contamination. No contaminated soil will be brought on site and used as fill material</li> <li>&gt; Concrete Waste Management, such as contained concrete washout areas</li> </ul> <p>PR4.7D The PVHMC will comply with the Construction and Project Dewatering General Permit if substantial construction or permanent dewatering is necessary. In order to comply with the Construction and Project Dewatering General Permit, the project developer or construction contractor must do the following:</p> <ul style="list-style-type: none"> <li>■ Demonstrate that pollutant concentrations in the discharge shall not cause violation of any applicable water quality objective, including discharge prohibitions</li> <li>■ Perform reasonable potential analysis using a representative sample of groundwater to be discharged. The sample shall be analyzed and the data compared to the water quality screening criteria for the constituents to determine the most appropriate permit</li> <li>■ If deemed necessary by LARWQCB, the discharge shall pass through a treatment system designed and operated to reduce the concentration of contaminants to meet the effluent limitations of this Construction Dewatering General Permit</li> <li>■ The discharger must also submit an NPDES permit application and Report of Waste Discharge (ROWD) for coverage under the Construction Dewatering General Permit. A representative sample(s) of the groundwater to be treated and discharged must be obtained and analyzed (using appropriate sampling and laboratory methods). The analytical result shall be submitted with the NPDES application. The ROWD shall include, but is not limited to, the following information:             <ul style="list-style-type: none"> <li>&gt; A feasibility study on reuse and/or alternative disposal methods of the treated groundwater</li> <li>&gt; Description and flow diagram of the groundwater treatment collection and discharge system</li> <li>&gt; If any treatment system is proposed, a flow diagram of the system a description the type of chemicals that will be</li> </ul> </li> </ul>	

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		used during the operation and maintenance of the treatment system and a description of preventive maintenance procedures and schedule	
<p>Impact 4.7-3 Operation of development proposed under the Specific Plan would not result in a violation of water quality standards or waste discharge requirements and would not provide substantial additional sources of polluted runoff. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	<p>PR4.7E Pursuant to Order No. R4-2003-0108 (Waste Discharge Requirements for Discharges of Groundwater from Potable Water Supply Wells to Surface Waters in Coastal Watersheds of Los Angeles and Ventura Counties), the Pomona Valley Hospital Medical Center, in order to meet the provisions contained in Division 7 of the California Water Code and the provisions of the Federal Clean Water Act, shall apply for and receive a permit allowing the discharge of its potable artesian groundwater flows into the City's sewer system and by extension into the San Jose Creek channel and San Gabriel River. The Pomona Valley Hospital Medical Center must abide by the terms of this permit at all times (This is the same as PR4.13C).</p> <p>PR4.7F Consistent with Article X Stormwater Management, Division 3. Discharge Regulations and Requirements for the City of Pomona, ), the Pomona Valley Hospital Medical Center shall prohibit any discharge that would contribute to a violation of the Municipal Stormwater Permit (Section 18-493 Discharge in violation of permit) and implement all practicable measures to reduce pollutants in stormwater from activities, including pavement cleaning, best management practices for new development and redevelopment, and compliance with best management practices (Section 18-495. Reduction of pollutants in stormwater) (Code 1959, § 35-12; Ord. No. 3735, § 1 (part)).</p> <p>PR4.7G The project proponent shall develop a SUSMP for each phase of the proposed project in compliance with the City-required SUSMP and Municipal Stormwater Permit. This SUSMP must include the following stormwater quality BMPs, where applicable:</p> <ul style="list-style-type: none"> <li>■ Peak Stormwater Runoff Discharge Rates. Post-development peak stormwater runoff discharge rates shall not exceed the estimated pre-development rate for developments where the increased peak stormwater discharge rate will result in increased potential for downstream erosion.</li> <li>■ Minimize Stormwater Pollutants of Concern. The development must be designed so as to minimize, to the maximum extent practicable, the introduction of pollutants of concern that may result in significant impacts, generated from site runoff of directly connected impervious areas (DCIA), to the stormwater conveyance system as approved by the building official. Pollutants of concern, consist of any pollutants that exhibit one or more of the following characteristics: current loadings or historic deposits of the pollutant are impacting the beneficial uses of a receiving water, elevated levels of the pollutant are found in sediments of a receiving water and/or have the potential to bio-accumulate in organisms therein, or the detectable inputs of the pollutant are at a concentrations or loads considered potentially toxic to humans and/or flora and fauna.</li> <li>■ Provide Storm Drain System Stenciling and Signage. The stencil contains a brief statement that prohibits the dumping of improper materials into the stormwater conveyance system. Graphical icons, either illustrating anti-dumping symbols or images of receiving water fauna, are effective supplements to the anti-dumping message: <ul style="list-style-type: none"> <li>&gt; All storm drain inlets and catch basins within the project area must be stenciled with prohibitive language (such as: "NO DUMPING – DRAINS TO OCEAN") and/or graphical icons to discourage illegal dumping.</li> </ul> </li> </ul>	LTS

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		<ul style="list-style-type: none"> <li>&gt; Signs and prohibitive language and/or graphical icons, which prohibit illegal dumping, must be posted at public access points along channels and creeks within the project area.</li> <li>&gt; Legibility of stencils and signs must be maintained.</li> <li>■ Properly Design Outdoor Material Storage Areas. Outdoor material storage areas refer to storage areas or storage facilities solely for the storage of materials. Where proposed project plans include outdoor areas for storage of materials that may contribute pollutants to the stormwater conveyance system, the following Structural or Treatment BMPs are required:               <ul style="list-style-type: none"> <li>&gt; Materials with the potential to contaminate stormwater must be: (1) placed in an enclosure such as, but not limited to, a cabinet, shed, or similar structure that prevents contact with runoff or spillage to the stormwater conveyance system; or (2) protected by secondary containment structures such as berms, dikes, or curbs.</li> <li>&gt; The storage area must be paved and sufficiently impervious to contain leaks and spills.</li> <li>&gt; The storage area must have a roof or awning to minimize collection of stormwater within the secondary containment area.</li> </ul> </li> <li>■ Properly Design Trash Storage Areas. A trash storage area refers to an area where a trash receptacle or receptacles are located for use as a repository for solid wastes. All trash areas must meet the following Structural or Treatment Control BMP requirements:               <ul style="list-style-type: none"> <li>&gt; Trash areas must have drainage from adjoining roofs and pavement diverted around the area(s).</li> <li>&gt; Trash container areas must be screened or walled to prevent off-site transport of trash.</li> </ul> </li> <li>■ Provide Proof of Ongoing BMP Maintenance. PVHMC will be required to implement and maintain Structural or Treatment Control BMPs in project plans. PVHMC shall provide verification of maintenance provisions to the City of Pomona on an bi-annual basis and shall conduct regular inspections of its treatment BMPs</li> <li>■ Design Standards for Structural or Treatment Control BMPs. Structural or Treatment control BMPs selected for use at any project shall meet the design standards unless specifically exempted. Post-construction Structural or Treatment Control BMPs shall be designed to:               <ul style="list-style-type: none"> <li>&gt; Mitigate (infiltrate or treat) stormwater runoff from either:                   <ul style="list-style-type: none"> <li>○ The 85<sup>th</sup> percentile 24-hour runoff event determined as the maximized capture stormwater volume for the area, from the formula recommended in Urban Runoff Quality Management, WEF Manual of Practice No. 23/ASCE Manual of Practice No. 87, (1998), or</li> <li>○ The volume of annual runoff based on unit basin storage water quality volume, to achieve 80 percent or more volume treatment by the method recommended in California Stormwater Best Management Practices Handbook—Industrial/Commercial, (1993), or</li> <li>○ The volume of runoff produced from a 0.75 inch storm event, prior to its discharge to a stormwater</li> </ul> </li> </ul> </li> </ul>	

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		<p>conveyance system, or</p> <ul style="list-style-type: none"> <li>○ The volume of runoff produced from a historical-record based reference 24-hour rainfall criterion for “treatment” (0.75 inch average for the Los Angeles County area) that achieves approximately the same reduction in pollutant loads achieved by the 85<sup>th</sup> percentile 24-hour runoff event,</li> <li>■ Limitations on Use of Infiltration BMPs. The risk of contamination of groundwater may be reduced by pretreatment of stormwater. A discussion of limitations and guidance for infiltration practices is contained in, Potential Groundwater Contamination from Intentional and Non-Intentional Stormwater Infiltration, Report No. EPA/600/R-94/051, USEPA (1994).             <ul style="list-style-type: none"> <li>&gt; The distance of the groundwater table from the infiltration BMP may also be a factor determining the risk of contamination. A water table distance separation of ten feet depth in California presumptively poses negligible risk for stormwater not associated with industrial activity or high vehicular traffic.</li> <li>&gt; New parking lots and 100,000 square-foot commercial development such as the proposed project shall implement the following BMPs:</li> </ul> </li> <li>■ Properly Design Loading/Unloading Dock Areas. The following design criteria are required:             <ul style="list-style-type: none"> <li>&gt; Cover loading dock areas or design drainage to minimize run-on and runoff of stormwater.</li> <li>&gt; Direct connections to storm drains from depressed loading docks (truck wells) are prohibited.</li> </ul> </li> <li>■ Properly Design Repair/Maintenance Bays. Design plans for repair bays must include the following:             <ul style="list-style-type: none"> <li>&gt; Repair/maintenance bays must be indoors or designed in such a way that doesn’t allow stormwater run-on or contact with stormwater runoff.</li> <li>&gt; Design a repair/maintenance bay drainage system to capture all wash water, leaks, and spills. Connect drains to a sump for collection and disposal. Direct connection of the repair/maintenance bays to the storm drain system is prohibited. If required by local jurisdiction, obtain an Industrial Waste Discharge Permit.</li> </ul> </li> <li>■ Properly Design Vehicle/Equipment Wash Areas. If needed, include in the project plans an area for washing/steam cleaning of vehicles and equipment. The area in the site design must be self-contained and/ or covered, equipped with a clarifier, or other pretreatment facility, and properly connected to a sanitary sewer.</li> <li>■ Properly Design Parking Area. To minimize the off-site transport of pollutants from parking lots, the following design criteria are required:             <ul style="list-style-type: none"> <li>&gt; Reduce impervious land coverage of parking areas to the extent feasible</li> <li>&gt; Infiltrate runoff before it reaches storm drain system</li> <li>&gt; Treat runoff before it reaches storm drain system</li> <li>&gt; Treat to remove oil and petroleum hydrocarbons at parking lots that are heavily used</li> <li>&gt; Ensure adequate operation and maintenance of treatment systems particularly sludge and oil removal, and</li> </ul> </li> </ul>	

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		system fouling and plugging prevention control	
<p>Impact 4.7-4 Operation of development proposed under the Specific Plan would result in increased water demands within the City of Pomona and may create additional impervious surfaces as compared to the existing condition. These activities would not, however, substantially interfere with groundwater recharge or result in a substantial depletion of groundwater supplies or a lowering of the groundwater table. Compliance with identified project requirements and implementation of water conservation measures would ensure this impact remains <i>less than significant</i>.</p>	LTS	MM4.13-1 and MM4.13-2 would also apply to this impact.	LTS
<p>Impact 4.7-5 Development proposed pursuant to the proposed Specific Plan would alter the existing drainage patterns of the site, but would not substantially alter such patterns, nor alter the course of a stream or river and thereby result in substantial erosion or siltation. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	PR4.7A, PR4.7C, and PR4.7F would also apply to this impact.	LTS

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Impact 4.7-6 Development proposed under the Specific Plan would not otherwise substantially degrade water quality. Compliance with the identified project requirements and implementation of the identified mitigation measures would ensure that this impact would remain <i>less than significant</i> .	PS	PR4.7A through PR4.7G, MM4.7-1, and MM4.7-2 would also apply to this impact.	LTS
Impact 4.7-7 Development proposed under the Specific Plan would alter the existing drainage patterns of the site and could substantially increase the rate or amount of surface runoff such that storm drain system capacity is exceeded and flooding would occur on site or off site. This is a potentially significant impact. Implementation of mitigation measure MM4.7-2 would reduce this impact to <i>less than significant</i> .	PS	<p>MM4.7-2 Prior to receiving a grading permit for each phase, PVHMC shall prepare a Preliminary Drainage Report and Drainage Plan applicable to that phase of the Specific Plan as well as a Conceptual Drainage Plan and Drainage Report for the entire Specific Plan area at build-out prior to receiving a grading permit for Phase 1. These plans and reports shall be prepared and submitted to the City of Pomona Utilities and Services Division for approval. The City Engineer or its designate shall review the Conceptual Specific Plan Drainage Plan and Drainage Report for adequacy of overall potential effects and environmental compliance with this EIR. The City Engineer shall impose additional considerations/conditions of approval, as necessary. PVHMC shall incorporate the City's additional requirements into the Conceptual Specific Plan Drainage Plan and Drainage Report.</p> <p>Prior to receiving a grading or building permit for each phase of the proposed project, PVHMC shall prepare a Phase Drainage Plan and Preliminary Phase Drainage Report and submit these to the City Utilities and Services Division for review. The City Engineer shall review each Phase Drainage Plan and Preliminary Phase Drainage Report for compliance with the Specific Plan Drainage Plan, existing regulations, and adequacy of storm drainage prior to receiving a grading permit for the phase. The City Engineer shall determine the adequacy of each Phase Drainage Plan and Preliminary Phase Drainage Report and impose additional considerations/conditions of approval, as necessary. The evaluation of adequacy shall include determination of environmental compliance with this EIR. PVHMC shall incorporate the additional considerations/project requirements into each Phase Drainage Plan and prepare a Final Phase Drainage Report.</p> <p>Each Phase Drainage Plan and the Conceptual Specific Plan Drainage Plan shall include identification of local catchments and existing impervious area within each catchment, Boundaries of the phase improvements, existing and proposed pervious and impervious areas, drainage flow paths and the locations, type, design characteristics of any detention/retention devices and storm drain connections</p> <p>The Preliminary Phase Drainage Reports and Conceptual Specific Plan Drainage Report shall identify available storm drain capacity, provide preliminary engineering calculations and a drainage study</p> <p>The Final Phase Drainage Plan and Drainage Report shall provide complete hydrology and hydraulic calculations, a stormwater runoff plan that demonstrates protection from runoff generated by a 50-year storm event, drainage</p>	LTS

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		improvement plans (signed by a registered and licensed civil engineer and evidence that all necessary approvals and permits have been obtained.	
Impact 4.7-8 Development proposed under the Specific Plan would alter the existing drainage patterns of the site and may be subject to localized artesian flows, particularly through unknown, abandoned wells and irrigation pipe and laterals. This would be a potentially significant impact. Implementation of mitigation measure MM4.5-1 (Geology) would reduce this impact to a <i>less-than-significant</i> level.	PS	MM4.5-1 would also apply to this impact.	LTS
Impact 4.7-9 Development proposed under the Specific Plan may substantially increase the rate or amount of surface runoff such that storm drain system capacity is exceeded that would require or result in the construction of new or expanded stormwater drainage facilities, the construction of which could cause significant environmental effects. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measure MM4.7-2 would reduce this impact to <i>less than significant</i> .	PS	PR4.7A through PR4.7G and MM4.7-2 would also apply to this impact.	LTS

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<b>Land Use</b>			
<p>Impact 4.8-1 Implementation of the proposed project could conflict with an applicable land use plan, policy, or regulation of an agency with jurisdiction over the proposed project (including, but not limited to the general plan, specific plan, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect. This is considered a potentially significant impact. However, compliance with the identified project requirements and implementation of the mitigation measures identified in Sections 4.1 (Aesthetics) through Section 4.14 (Climate Change) of this document would reduce this impact to a <i>less-than-significant</i> level.</p>	PS	<p>All project requirements and mitigation measures identified in Sections 4.1 through Section 4.14 would apply to this impact.</p>	LTS
<b>Noise</b>			
<p>Impact 4.9-1 Operation of the proposed project would not cause a substantial permanent increase in ambient noise levels in the project vicinity. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	<p>PR4.9A PVHMC shall provide effective noise shielding for all new components of air cooling, heating, and air circulation &amp; filtration systems used by the proposed project such that their operation does not cause a substantial permanent increase in exterior noise at nearby sensitive receptors and/or land uses, based on the 60 dBA exterior noise standard found in the Pomona City Code and as demonstrated by an acoustical study, provided by the hospital, prior to the issuance of building permits.</p>	LTS
<p>Impact 4.9-2 Operation of the proposed project would not result in a substantial temporary or periodic increase in ambient noise levels. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	<p>PR4.9B Upon completion of paving of the Ervilla Street parking lot and prior to first use, PVHMC shall post signs requesting patron courtesy and assistance in minimizing sound impacts on the adjacent residential uses.</p>	LTS

Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures

KEY: LTS = Less Than Significant, PS = Potentially Significant, SU = Significant and Unavoidable

Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
Impact 4.9-3 Operation of the proposed project would not generate or expose persons on site or off site to excessive groundborne vibration or groundborne noise levels. This is considered a <i>less-than-significant</i> impact.	LTS	No mitigation is required.	LTS
Impact 4.9-4 Operation of the proposed project would not expose people on or off site to noise levels that exceed the standards established by the City of Pomona. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i> .	LTS	PR4.9A and PR4.9B would also apply to this impact.	LTS
Impact 4.9-5 Construction of the proposed project could expose people to or generate excessive groundborne vibration or groundborne noise levels. This is a potentially significant impact. Compliance with the identified project requirement and mitigation measure MM4.9-1 would reduce this impact to <i>less than significant</i> .	PS	PR4.9C The contractor for the project shall not use pile-driving, and instead all building foundations shall be constructed of either poured-in-place foundations or cast-in drilled hole (CIDH) pile foundations.  MM4.9-1 PVHMC shall, through specification in contract documents, prohibit the use of any construction equipment generating greater than 0.049 RMS within 25 feet of any sensitive receptor (residents and hospital inpatients).	LTS
Impact 4.9-6 Construction activities associated with development proposed by the Specific Plan would generate noise levels that exceed the noise standards established by the City of Pomona's Noise Ordinance. This is considered a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measures MM4.9-2(a) and MM4.9-2(b) would reduce this impact,	PS	PR4.9D As required by Section 18-305(3) of the Pomona City Code, all construction activity, including material deliveries and the repair and maintenance of construction vehicles and equipment at the project site, shall be limited to between the hours of 7:00 A.M. and 8:00 P.M. Monday through Saturday. Construction activities shall be prohibited on Sundays and federal holidays.  MM4.9-2(a) PVHMC shall require by contract specifications that the following construction best management practices (BMPs) be implemented by contractors to reduce construction noise levels: <ul style="list-style-type: none"> <li>■ Notification shall be mailed to owners and occupants of all developed land uses immediately bordering or directly across the street from the Specific Plan area providing a schedule for major construction activities that will occur through the duration of the construction period. In addition, the notification will include the identification and contact number of a community liaison and designated construction manager who would be available on site to monitor construction activities. The construction manager will be located at the on-site construction office during construction</li> </ul>	SU

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but not to less than significant. Therefore, this impact would be considered <i>significant and unavoidable</i> .		<p>hours for the duration of all construction activities. Contact information for the community liaison and construction manager will be located at the construction office, City Hall, and the police department.</p> <ul style="list-style-type: none"> <li>■ Ensure that construction equipment is properly muffled according to industry standards and be in good working condition.</li> <li>■ Schedule high noise-producing activities between the hours of 8:00 A.M. and 5:00 P.M. to minimize disruption to sensitive uses</li> <li>■ Temporary noise barriers consisting of no less than a six-foot high, ¾-inch plywood containing no gaps greater than 1/8-inch. shall be used to attenuate noise generated by construction activities where such activities are in direct line of sight of on- or off-site sensitive receptors</li> <li>■ Prior to the start of construction, PVHMC shall perform pre-construction testing and shall provide continuous interior construction noise monitoring. Where interior daytime noise exists in excess of the standards set for by the PCC, in-room noise abatement measures will be taken to lessen the impact. These measures may include, but are not limited to, installation of insulated shielding or noise blankets installed on the outside of exterior walls.</li> </ul> <p>MM4.9-2(b) The use of residential streets by construction equipment shall be prohibited. Contract specifications shall be included in the proposed project construction documents, which shall be reviewed and approved by the City.</p> <p>The location of construction staging areas, construction labor parking and assembly areas, and construction material disposal areas shall be located as far away from on-site and off-site sensitive receptors as feasible and reviewed and approved by the City prior to the issuance of building permits for any phase of construction.</p> <p>PVHMC shall propose specific haul routes and truck queuing locations to the City for City review and approval prior to the issuance of building permits for any stage of construction. Haul routes shall avoid the use of residential and local streets.</p>	
Impact 4.9-7 Construction activities associated with the Specific Plan would result in a substantial temporary or periodic increase in ambient noise levels. This is a potentially significant impact. Implementation of mitigation measures MM4.9-2(a) and MM4.9-2(b) would reduce this impact, but not to less than significant. Therefore, this impact would be <i>significant and unavoidable</i> .	PS	MM4.9-2(a) and MM4.9-2(b) would also apply to this impact.	SU

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Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
<b>Population, Housing, and Employment</b>			
<p>Impact 4.10-1 Implementation of the proposed project would not induce substantial population growth in the area either directly or indirectly, nor would this population growth cumulatively exceed official regional or local population projects. This is a <i>less-than-significant</i> impact.</p>	LTS	No mitigation is required.	LTS
<b>Public Services and Recreation</b>			
<p>Impact 4.11-1 Implementation of the proposed project would not result in substantial adverse environmental impacts associated with provision of new or physically altered fire protection facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, response times, or other performance objectives. Compliance with the identified project requirements would ensure that this impact remains <i>less than significant</i>.</p>	LTS	<p>PR4.11A PVHMC shall comply with all regulations of <i>California Health and Safety Code</i> Sections 13000 et seq. and LACoFD requirements pertaining to fire protection systems, such as the adequate provision of smoke alarms, fire extinguishers, building access, emergency response notification systems, fire flows, and hydrant pressure and spacing.</p> <p>PR4.11B Prior to issuance of the occupancy permit, the Target Hazard Building Preplan shall be updated to include all changes to the PVHMC Campus.</p> <p>PR4.11C Per Section 70-70 of the <i>Pomona City Code</i>, the proposed project is required to pay a Public Safety Improvement Fee prior to the issuance of building or public works permits. The fee shall be paid to the city and deposited into a Public Safety Improvement Fund, which shall be expended solely for the construction or reimbursement for construction of public safety improvements.</p>	LTS
<p>Impact 4.11-2 Implementation of the proposed project would increase the demand for police services, but would not require the construction of new or physically altered facilities to accommodate the increased demand. This is a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measures MM4.11-1 and MM4.11-2 would reduce this impact to</p>	PS	<p>PR4.11C would also apply to this impact.</p> <p>MM4.11-1 The PVHMC Security Office shall assess hospital security needs annually, in consultation with the Pomona Police Department, and shall hire additional security personnel as deemed necessary to maintain adequate security on the PVHMC property.</p> <p>MM4.11-2 During the construction period, security will be continuously provided (24-hours per day, 7 days per week) by the PVHMC's Security Office and the construction areas will be fenced. The fence will be locked before and after construction activities (after 8:00 P.M. and before 7:00 A.M.).</p>	LTS

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<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
<i>less than significant.</i>			
Impact 4.11-3 Implementation of the proposed project could increase the demand for school services, but would not require the construction of new or physically altered facilities to accommodate the increased demand. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i> .	LTS	PR4.11D The project developer shall pay the Pomona Unified School District a school impact fee of \$0.47 per square foot of new construction.	LTS
Impact 4.11-4 Implementation of the proposed project could increase the demand for library services, and could potentially require the construction of new or physically altered facilities to accommodate the increased demand. This impact would be <i>significant and unavoidable</i> .	PS	No feasible mitigation is available.	SU
Impact 4.11-5 The proposed project does not include recreational facilities but could require the construction or expansion of recreational facilities that might have an adverse physical effect on the environment. This is a potentially significant impact. As no feasible mitigation exists to reduce this impact, the impact would be <i>significant and unavoidable</i> .	PS	No feasible mitigation is available.	SU

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<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
<p>Impact 4.11-6 Implementation of the proposed project could result in increased use of existing recreational facilities and accelerate physical deterioration of those facilities. This is a potentially significant impact. As no feasible mitigation exists to reduce this impact, the impact would remain <i>significant and unavoidable</i>.</p>	<p>PS</p>	<p>No feasible mitigation is available.</p>	<p>SU</p>
<p><b>Transportation/Traffic</b></p>			
<p>Impact 4.12-1 Implementation of the proposed project would not conflict with adopted policies supporting alternative transportation. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i>.</p>	<p>LTS</p>	<p>PR4.12A One bicycle space shall be provided per ten automobile parking spaces.</p> <p>PR4.12B Bicycle parking racks shall be installed to provide for the required number of bicycle parking spaces. Bicycle racks shall be located within 50 feet of a building entry.</p> <p>PR4.12C For areas that are not connected by a street-front sidewalk, a 6-foot minimum width pedestrian path shall be provided to connect the following areas:</p> <ul style="list-style-type: none"> <li>■ Main Building Entrances</li> <li>■ Secondary/Service Building Entrances</li> <li>■ Central Open Space</li> <li>■ Garden Spaces</li> <li>■ Parking Areas</li> </ul> <p>PR4.12D T The existing ride-sharing program implemented at the Pomona Valley Hospital will continue to operate under the proposed Specific Plan and provide large parking spaces to accommodate vans used for ride-sharing. This includes distribution of material to employees that provides information about public transit services and alternative transportation opportunities, designation of a certain percentage of parking spaces for high-occupancy vehicles, provision of larger parking spaces to accommodate vans used for ride-sharing, and designation of adequate passenger loading and unloading and waiting areas.</p>	<p>LTS</p>

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<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
Impact 4.12-2 Implementation of the proposed project would not disrupt existing transit services or facilities, conflict or create inconsistencies with adopted transit system plans, guidelines, policies, or standards, or create a demand for public transit service above the capacity that is provided or planned. Compliance with the identified project requirements would ensure this impact would remain <i>less than significant</i> .	LTS	PR4.12A through PR4.12H and MM4.12-2 through MM4.12-4 would also apply to this impact.	LTS
Impact 4.12-3 Implementation of the proposed project would not disrupt existing bicycle facilities, or conflict or create inconsistencies with adopted bicycle system plans, guidelines, policies, or standards. Compliance with the identified project requirement would ensure this impact remains <i>less than significant</i> .	LTS	PR4.12E PVHMC shall mark a bicycle path along Artesia Street between Garey Avenue and Orange Grove Avenue, including pavement markings and signage.	LTS
Impact 4.12-4 Development of the Specific Plan would not substantially increase hazards due to a design feature or incompatible uses. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i> .	LTS	PR4.12I would also apply to this impact.	LTS

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<p>Impact 4.12-5 Implementation of the Specific Plan would not cause the proposed project to exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways. This would be a <i>less-than-significant</i> impact.</p>	LTS	No mitigation is required.	LTS
<p>Impact 4.12-6 Implementation of the Specific Plan would not result in inadequate emergency access. Compliance with the identified project requirements would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	PR4.6C and PR4.11A would also apply to this impact.	LTS
<p>Impact 4.12-7 Implementation of the proposed project would not disrupt existing pedestrian facilities. However, the increased use of hospital facilities under the proposed project could result in a safety risk for pedestrians crossing Artesia, as no crosswalk currently exists. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measure MM4.12-1 would reduce this impact to <i>less than significant</i>.</p>	PS	<p>PR4.12F During construction of all phases of the proposed project, temporary signage shall be placed in appropriate locations to direct pedestrians to safe walking routes through the medical campus.</p> <p>PR4.12G An ADA-compliant, pedestrian access route and bicycle access between Garey Avenue and Cadillac Drive shall be provided concurrent with completion of Phase 1A to provide permanent pedestrian linkage and to facilitate access to transit stops. A crosswalk shall be striped across Cadillac Drive at its intersection with the pedestrian route.</p> <p>PR4.12H During construction of Phase 1A, PVHMC shall provide a temporary, moveable pedestrian pathway through or around the construction area between Tate Street/Cadillac Drive and Garey Avenue. This pathway shall be fenced to ensure safety for pedestrians.</p> <p>MM4.12-1 Concurrent with or prior to the completion of Phase 1B of the project, PVHMC shall install a high-visibility crosswalk mid block on Artesia Street between Garey and Orange Grove Avenues. This crosswalk shall be signalized, activated by pedestrians wishing to cross. In addition, the crosswalk shall be constructed of highly visible pavement markings and signage shall be provided on both sides of the crosswalk to warn motorists of a pedestrian crossing.</p>	LTS

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Impact	Significance Before Mitigation	Project Requirements/Mitigation Measures	Significance After Mitigation
<p>Impact 4.12-8 Implementation of the proposed project could result in the provision of inadequate parking. This is a potentially significant impact. Implementation of mitigation measures MM4.12-2 through MM4.12-5 would reduce this impact to <i>less than significant</i>.</p>	PS	<p>MM4.12-2 During construction activities, PVHMC shall erect signage directing vehicles to available parking spaces.</p> <p>MM4.12-3 PVHMC shall develop a detailed temporary parking and circulation plan for City review and approval prior to each phase of construction. The construction management plan for each phase shall illustrate the location(s) for internal circulation, parking, and construction. City staff approval for each phase shall be contingent on submittal of a construction management plan that demonstrates the following:</p> <ul style="list-style-type: none"> <li>■ Areas of dedicated construction worker parking, equipment staging, and visitor and staff parking during construction</li> <li>■ Circulation routes during construction shall provide adequate site access for emergency vehicles and emergency room patients/visitors.</li> <li>■ On-site circulation routes shall be adequate to avoid vehicle queues that result in impacts to adjacent streets, and shall ensure the adequate provision of pedestrian access to/from bus stops on Garey Avenue including access from adjacent properties on Cadillac Drive, Tate Street, and Aliso Street.</li> <li>■ Construction staging areas shall not be accessed from Tate Street or other local streets.</li> <li>■ Bicycle access to the proposed project site</li> <li>■ Construction deliveries shall utilize entrances from Garey Avenue, Orange Grove Avenue, or Artesia Street, and shall not use Tate Street or other local streets.</li> </ul> <p>MM4.12-4 PVHMC shall develop a detailed parking and circulation striping plan for City review prior to Phase 1A construction and for each subsequent phase of development at the time site development review occurs for the phase. PVHMC shall provide an update to this parking study to support Phases 2 and 3 of the project. The study must show that the hospital has sufficient parking to support the latest phase of the project. If the updated study does not show that the hospital will have sufficient on-site parking, then the following means are considered acceptable for providing additional parking:</p> <ul style="list-style-type: none"> <li>■ Construction of additional secured surface parking on property acquired by the hospital within a reasonable radius of the hospital facility</li> <li>■ Proof of a legally binding agreement showing a long-term lease of parking space within a reasonable radius of the hospital facility; the lease term will be determined at the time of project approval</li> <li>■ Creation of additional parking supply with creative parking strategies; this could include a valet service that would allow cars to be stacked and parked more efficiently, and restriping</li> <li>■ Shuttle service shall be monitored and adjusted to provide service from distant lots to the main campus.</li> </ul> <p>MM4.12-5 PVHMC shall design the proposed Phase 3 parking structure to include 400 parking spaces. The footprint of the parking structure shall not exceed 70 surface parking spaces. This shall be confirmed during the design of Phase 3.</p>	LTS

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<p>Impact 4.12-9 Implementation of the proposed project would cause an increase in traffic that is substantial in relation to the existing traffic load and capacity of the street system. This is a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measures MM4.12-3, MM4.12-4, and MM4.12-6 would reduce this impact, but not to less than significant. Therefore, this impact would remain <i>significant and unavoidable</i>.</p>	<p>PS</p>	<p>PR4.12I Concurrent with the construction of Phase 1A, PVHMC shall install a 4-way traffic signal at the intersection of Aliso Street and Garey Avenue to City standards.</p> <p>MM4.12-6 PVHMC shall, with the approval of Caltrans, install a traffic signal at the intersection of Garey Avenue and the I-10 EB off-ramp. Signal phases should be timed to allow for efficient egress from the freeway. Implementation of this mitigation measure shall occur prior to completion of Phase 1A. In the event that Caltrans approval of the proposed signal construction drawings and issuance of a Caltrans encroachment does not occur prior to the completion of Phase 1A of the proposed project, PVHMC may request, and the City shall permit, a reasonable extension of time to complete the installation of the signal provided that Caltrans has approved the signal in concept prior to the completion of Phase 1A.</p> <p>MM4.12-3 and MM4.12-4 would also apply to this impact.</p>	<p>SU</p>
<p><b>Utilities and Service Systems</b></p>			
<p>Impact 4.13-1 Implementation of the Specific Plan would not require or result in the construction of new or expanded water treatment facilities, the construction of which could cause significant environmental effects. However the proposed project would result in the construction of additional off-site and on-site water conveyance infrastructure, the construction of which could cause significant environmental effects. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measure MM4.13-1 and related mitigation measures contained in Section 4.2 (Air Quality), Section 4.9 (Noise), and Section 4.12 (Transportation/Traffic), these construction-related impacts would be reduced to a <i>less-than-</i></p>	<p>PS</p>	<p>Mitigation measures for construction phase impacts contained in Section 4.2 (Air Quality), Section 4.9 (Noise) and Section 4.12 (Transportation/Traffic) would also apply to this impact.</p> <p>PR4.13A All of the construction-phase mitigation measures required in the Air Quality, Noise, and Traffic sections of this EIR must be observed during the construction of on-site infrastructure improvements. Excavation and any dewatering that might be required during the course of construction of these improvements shall be conducted in a manner consistent with City Code, the mitigation measures for dewatering contained in the Hydrology section of this EIR and in the Soils and Geotechnical Report for the project prepared by Kleinfelder (2008).</p> <p>PR4.13B Prior to start of construction of Phase 1A, PVHMC shall field verify the existence of the existing 12-inch main west of Orange Grove and the existing 12-inch main south of Tate Street.</p> <p>MM4.13-1 Prior to start of construction of Phase 1A, a Master Hydraulic Analysis, including interim demands per phase, shall be provided to the City of Pomona's Utilities Services Department and approved by the Department prior to the issuance of building permits for Phase 1A and all subsequent phases of the proposed Specific Plan project.</p>	<p>LTS</p>

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<i>significant level.</i>			
Impact 4.13-2 Implementation of the proposed project would generate an additional demand for water, would require water supplies in excess of existing entitlements and resources, or result in the need for new or expanded entitlements. Implementation of mitigation measure MM4.13-2 would reduce demands at the project site but would not reduce the impact to less-than-significant levels. The impact would remain <i>significant and unavoidable</i> .	PS	<p>MM4.13-2 The proposed project shall incorporate the following measures to ensure that conservation and efficient water use practices are implemented for the proposed project. PVHMC shall:</p> <ul style="list-style-type: none"> <li>■ Require employees to report leaks and water losses immediately and shall provide information and training as required to allow for efficient reporting and follow up.</li> <li>■ Educate employees about the importance and benefits of water conservation.</li> <li>■ Create water conservation suggestion boxes, and place them in prominent areas.</li> <li>■ Install signs in restrooms and cafeterias that encourage water conservation.</li> <li>■ Assign an employee to evaluate water conservation opportunities and effectiveness.</li> <li>■ Develop and implement a water management plan for its facilities that includes methods for reducing overall water use.</li> <li>■ Conduct a water use survey to update current water use needs. Medical methods, processes, and equipment are constantly upgrading, thus changing the need for water in some areas.</li> <li>■ Repair leaks. Check the water supply system for leaks and turn off unnecessary flows.</li> <li>■ Avoid washing cars or other vehicles on site unless necessary for operator safety.</li> <li>■ Utilize water-efficient irrigation systems and drought tolerant plant palette and insure that sprinklers are directing water to landscape areas, and not to parking lots, sidewalks or other paved areas.</li> <li>■ Adjust the irrigation schedule for seasonal changes.</li> <li>■ Install low-flow or waterless fixtures in public and employee restrooms and in patient rooms</li> <li>■ Instruct cleaning crews to use water efficiently for mopping.</li> <li>■ Use brooms, squeegees and wet/dry vacuums to clean surfaces before washing with water; do not use hoses as brooms. Sweep or blow paved areas to clean, rather than hosing off (applies outside, not inside).</li> <li>■ Avoid washing building exteriors or other outside structures.</li> <li>■ Sweep and scrape parking lots/sidewalks/window surfaces rather than washing with water.</li> <li>■ Switch from “wet” carpet cleaning methods, such as steam, to “dry,” powder methods. Change window cleaning schedule from “periodic” to “as required.”</li> <li>■ Set automatic optic sensors on ice makers to minimum fill levels to provide lowest possible daily requirement. Ensure units are air-cooled and not water-cooled. The hospital shall replace existing units as they become obsolete with water efficient units.</li> <li>■ Turn off continuous flow used to wash the drain trays in beverage islands in the cafeteria</li> <li>■ Upgrade kitchen equipment with water-efficient models as it becomes obsolete.</li> <li>■ Control the flow of water to the garbage disposal</li> </ul>	SU

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		<ul style="list-style-type: none"> <li>■ Install and maintain spray rinsers for pot washing and reduce flow of spray rinsers for prewash</li> <li>■ Turn off dishwashers when not in use – wash only full loads</li> <li>■ Scrape rather than rinse dishes before washing</li> <li>■ Operate steam tables to minimize excess water use</li> <li>■ Discontinue use of water softening systems where possible</li> <li>■ Ensure water pressure and flows to dishwashers are set a minimum required setting</li> <li>■ Overhaul faulty steam traps on sterilizers</li> <li>■ Install electric eye sensors for conveyer dishwashers</li> <li>■ In tank toilets, regularly conduct dye leak tests</li> <li>■ Retrofit existing flushometer (tankless) toilets with water-saving diaphragms and coordinate automatic systems with work hours so that they don't run continuously</li> <li>■ Use a shut-off nozzle on all hoses which can be adjusted down to a fine spray so that water flows only when needed.</li> <li>■ Install automatic rain shutoff device on sprinkler systems</li> <li>■ Use mulch around landscape plants to reduce evaporation and weed growth.</li> </ul>	
<p>Impact 4.13-3 Implementation of all phases of the proposed Specific Plan would not exceed wastewater treatment requirements of the Los Angeles Regional Water Quality Control Board. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i>.</p>	LTS	<p>PR4.13C Pursuant to Order No. R4-2003-0108 (Waste Discharge Requirements for Discharges of Groundwater from Potable Water Supply Wells to Surface Waters in Coastal Watersheds of Los Angeles and Ventura Counties), the Pomona Valley Hospital Medical Center, in order to meet the provisions contained in Division 7 of the California Water Code and the provisions of the federal <i>Clean Water Act</i>, shall apply for and receive a permit allowing the discharge of its potable artesian groundwater flows into the City's sewer system and The Pomona Valley Hospital Medical Center must abide by the terms of this permit at all times.</p>	LTS
<p>Impact 4.13-4 Implementation of the Specific Plan would not require or result in the construction of new or expanded wastewater treatment facilities, the construction of which could cause significant environmental effects. This is considered a <i>less-than-significant</i> impact.</p>	LTS	No mitigation is required.	LTS

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Impact 4.13-5 Implementation of all phases of the proposed project would generate an amount of wastewater that could be adequately treated by the existing wastewater treatment provider, in addition to the provider's existing commitments. This is considered a <i>less-than-significant</i> impact.	LTS	No mitigation is required.	LTS
Impact 4.13-6 Implementation of the Specific Plan would not require or result in the construction of new or expanded wastewater treatment facilities, the construction of which could cause significant environmental effects. However the proposed project would result in the construction of additional off-site and on-site wastewater conveyance infrastructure, the construction of which could cause significant environmental effects. This is a potentially significant impact. With the implementation of related mitigation measures contained in Section 4.2 (Air Quality), Section 4.9 (Noise), and Section 4.12 (Transportation/Traffic), these construction-related impacts would be reduced to a <i>less-than-significant</i> level.	PS	See construction-related mitigation measures in Section 4.2 (Air Quality), Section 4.9 (Noise), and Section 4.12 (Transportation/Traffic).	LTS
Impact 4.13-7 The proposed project would comply with all federal, State, and local statutes and regulations related to solid waste, and the project's impact would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS

Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures

KEY: LTS = Less Than Significant, PS = Potentially Significant, SU = Significant and Unavoidable

<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
Impact 4.13-8 Implementation of the proposed project would not generate solid waste that exceeds the permitted capacity of landfills serving the City of Pomona. This is a <i>less-than-significant</i> impact.	LTS	No mitigation is required.	LTS
Impact 4.13-9 Implementation of the Specific Plan would increase the demand for electricity, but would not require or result in the construction of new energy production or transmission facilities, the construction of which could cause a significant environmental impact. Compliance with the identified project requirement would ensure that this impact would remain <i>less than significant</i> .	LTS	PR4.13D Energy consumption of the proposed project shall comply with the California State Building Energy Efficiency Standards, embodied in Title 24 of the CCR. The proposed project shall comply with energy conservation standards specified in Title 24 of the CCR to regulate energy consumed for heating, cooling, ventilation, water heating, and lighting.	LTS
Impact 4.13-10 Development proposed under the proposed project would not result in the wasteful or inefficient use of energy. Implementation of project requirement PR4.13D, which requires compliance with Title 24, would ensure that the impact would remain <i>less than significant</i> .	LTS	PR4.13D would also apply to this impact.	LTS
Impact 4.13-11 Development proposed under the proposed project would not result in the wasteful or inefficient use of energy. Implementation of project requirement PR4.13D, which requires compliance with Title 24, would ensure that the impact would remain <i>less than significant</i> .	LTS	No mitigation is required.	LTS

**Table 2-1 Summary of Environmental Impacts and Project Requirements/Mitigation Measures**

KEY: LTS = Less Than Significant, PS = Potentially Significant, SU = Significant and Unavoidable

<i>Impact</i>	<i>Significance Before Mitigation</i>	<i>Project Requirements/Mitigation Measures</i>	<i>Significance After Mitigation</i>
Climate Change			
Impact 4.14-1 Construction of the proposed project would temporarily contribute to greenhouse gas emissions in the State of California; however, because the project would be incorporating measures during construction that are consistent with measures recommended by the California Climate Action Team to reduce greenhouse gas emissions, this impact would be <i>less than significant</i> .	LTS	PR4.14A PVHMC shall ensure, by contract specifications, that a minimum of 20 percent of building materials used in the construction of the proposed project are extracted, processed, and manufactured locally.  PR4.14B PVHMC shall recycle and/or reuse 75 percent of demolished construction material.	LTS
Impact 4.14-2 Operation of the proposed project would contribute to greenhouse gas emissions in the State of California; however, due to the proposed project's design features and the greenhouse gas emission reduction measures incorporated into the project, this impact would be <i>less than significant</i> .	LTS	No mitigation is required.	LTS



## CHAPTER 3 Project Description

A Specific Plan is a planning tool that combines traditional zoning with general design and development standards tailored to the unique conditions of a particular site. It contains all policies, development standards, and implementing regulations necessary for development within a particularly designated area. The purpose of the Pomona Valley Hospital Medical Center (PVHMC) Specific Plan (“Specific Plan” or “proposed project”) is to guide development and design within the approximately 40.26-acre project site (“Specific Plan area”) located in the northern portion of the City of Pomona, north of Interstate 10 (I-10), between Garey Avenue and Orange Grove Avenue. The PVHMC Specific Plan would accomplish this goal by providing a coherent set of regulations, design principles, and related implementing actions designed to foster quality development. These regulations, guidelines, and standards build upon the goals, objectives, and policies of the City of Pomona General Plan (General Plan) and the objectives of the PVHMC Master Plan. Implementation of the Specific Plan would require an amendment to the Pomona General Plan to amend the Land Use map and a zone change to re-designate the entire project site as “Medical Center Specific Plan.”

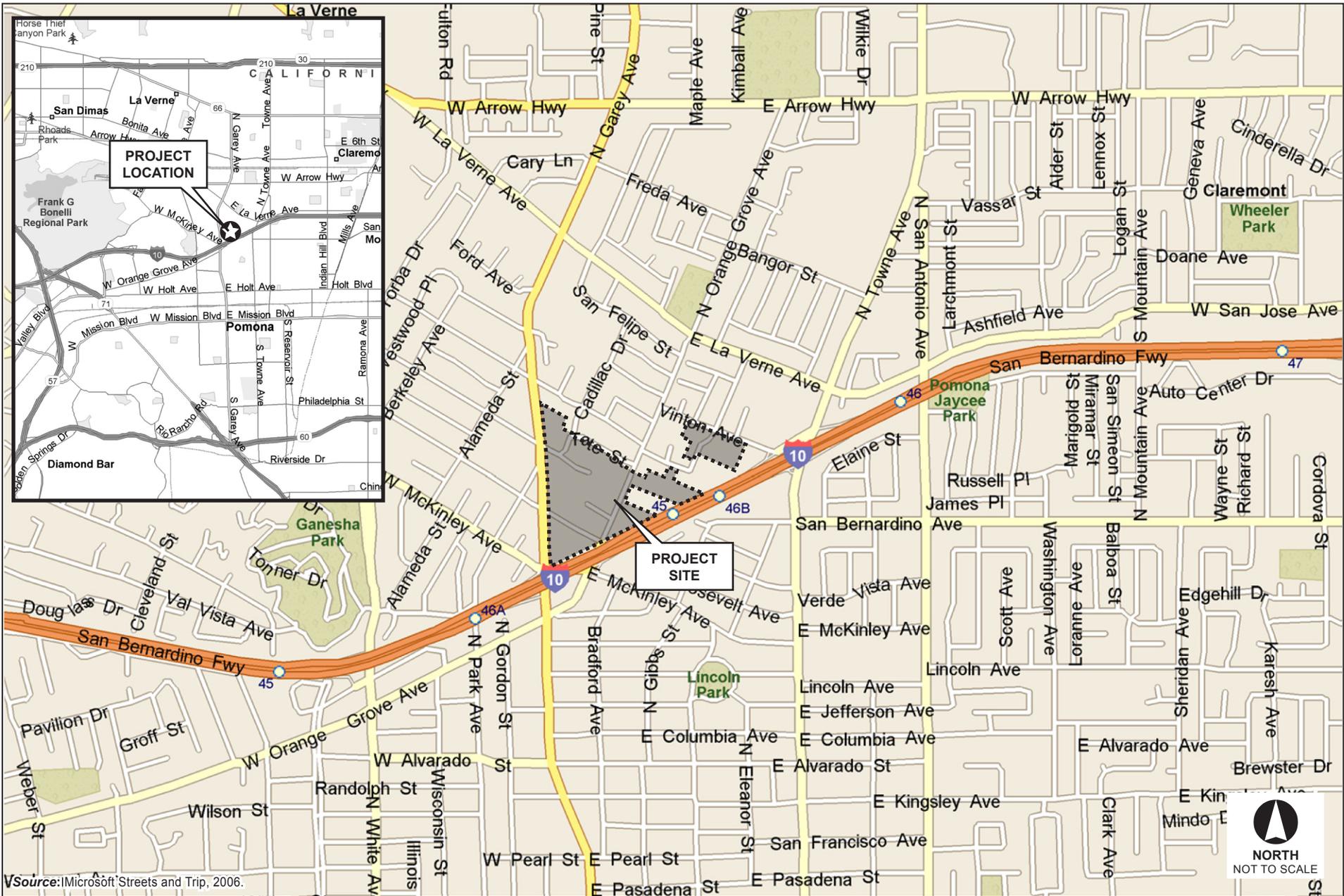
This Environmental Impact Report (EIR) has been prepared in compliance with the requirements of the *California Environmental Quality Act* (CEQA) to address the potential environmental impacts resulting from implementation of the PVHMC Specific Plan. As allowed by Sections 15168 and 15161 of the CEQA Guidelines, this EIR contains a program-level environmental analysis for the entire Specific Plan and a project-level environmental analysis of Phase 1 of the proposed Specific Plan.

### 3.1 PROJECT LOCATION

The proposed project site includes 23 parcels owned by PVHMC, having a combined total approximate land area of 40.26 acres, and generally located at and around 1798 North Garey Avenue, on the north side of I-10, east of Garey Avenue in the City of Pomona, as shown in Figure 3-1 (Project and Regional Location Map). The project site is comprised of three general areas as described below:

- (1) *PVHMC Core Campus*—The core campus area is located north of Interstate 10 (I-10) between Garey Avenue and Orange Grove Avenue, south of Tate Street and Aliso Street and includes the PVHMC hospital, its ancillary facilities and surface parking, and the Artesia Medical Office Building and its related parking located south of Artesia Street (Artesia Triangle Area).
- (2) *Family Health Center and Sports Medicine Center and Parking*—Those certain properties located on the east side of Orange Grove Avenue between Ervilla Street and I-10
- (3) *Robert and Beverly Lewis Family Cancer Care Center and Parking*—Those certain properties located on the south side of Vinton Street and on the east and west sides of the intersection with Royalty Drive

Figure 3-2 (Existing Site Plan) depicts the project site and immediate surroundings. Regional access to the project site is via I-10, located immediately south of the project site.

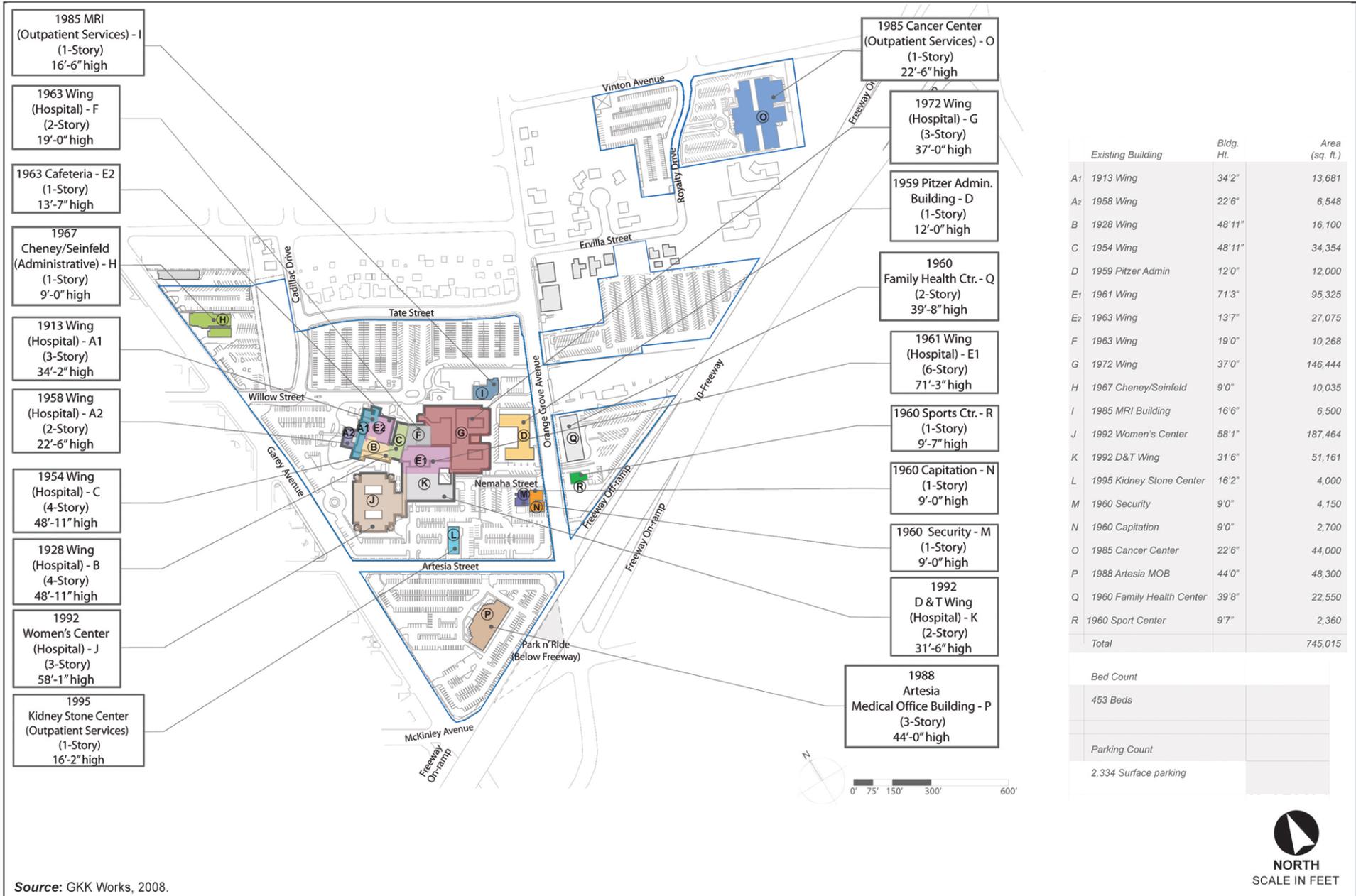


Source: Microsoft Streets and Trip, 2006.

**FIGURE 3-1**  
**Project and Regional Location Map**



OD2139000



**FIGURE 3-2**  
**Existing Site Plan**

OD2139000





## ■ Assessor’s Parcel Information

Table 3-1 (List of Existing Uses by Parcel) lists the 23 legal parcels which comprise the PVHMC campus and identifies the Assessor’s Parcel Number (APN), address, and specific use of each.

The Specific Plan project area currently contains eleven buildings, including the hospital, distributed among the project’s various parcels.<sup>3</sup> Most of the PVHMC buildings are located on the PVHMC core campus at 1798 North Garey Avenue. Other PVHMC-owned properties are occupied by medical buildings, parking lots with no structures, or are vacant. In addition to providing the information referenced above Table 3-1 provides information regarding existing uses and zoning, and proposed uses pursuant to the Specific Plan.

### 3.1.2 Surrounding Land Uses

Surrounding the PVHMC Specific Plan area is a mix of residential, commercial, and professional uses. Following is a description of the existing land uses surrounding the three general areas of the Specific Plan.

#### ■ PVHMC Core Campus

**North**—The area north of Tate and south of Aliso Streets and east and west of Cadillac Drive, is primarily single-family residential. Medical office buildings extend north from the PVHMC core campus along the east side of Garey Avenue and are separated from adjacent single-family residences by a public alley. A dedicated substation for PVHMC is located in the parking lot at the north side of Willow Street, approximately 400 feet southeast of Cadillac Drive.

**East**—Directly east of the PVHMC core campus, on the east side of Orange Grove Avenue, are the PVHMC Family Health Center and Sports Medicine Center, related parking, and other medical office uses not associated with the PVHMC, including their associated parking areas.

**South**—Directly south of the PVHMC core campus area is I-10. At this location I-10 is elevated and a park-and-ride lot is located under the freeway overpass.

**West**—To the west of the core campus along Garey Avenue are various medical and retail uses, including a gasoline station (vacant), restaurant, church, shopping center, and liquor store.

#### ■ Family Health Center and Sports Medicine Center

**North**—To the north of the Family Health and Sports Medicine Centers and associated parking areas, land uses consist of a mix of single-family residential and medical office uses.

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<sup>3</sup> The main hospital building was constructed over many decades and contains several wings which are outlined on the overall project map and identified by letter (i.e., “A”). These wings are not, however, independent buildings; rather they are parts of the one, main hospital building.

**Table 3-1 List of Existing Uses by Parcel**

<i>Key</i>	<i>APN</i>	<i>Address</i>	<i>Owner</i>	<i>Lot Size (sf)</i>	<i>Lot Size (acres)</i>	<i>Existing Use</i>	<i>General Plan Designation</i>	<i>Zoning</i>	<i>Proposed Development</i>
1	8362-007-039	360 E. Vinton	PVHMC	67,520	1.55	Parking Lot	Administrative Professional	AP	No change
2	8362-007-040	Approx 1911 N. Royalty	PVHMC	26,350	0.60	Parking Lot	Administrative Professional	AP	No change
3	8362-007-043	1910 N. Royalty	PVHMC	136,778	3.14	Cancer Care Center	Administrative Professional	AP	No change
4	8362-008-016	1770 N. Orange Grove	PVHMC	72,310	1.66	Medical Building and Parking Lot	Administrative Professional	AP	No change
5	8362-008-027	368 E. Ervilla Street	PVHMC	7,200	0.17	Vacant (residential building demolished)	Administrative Professional	AP	Parking Lot ( (to be constructed concurrent with Phase 2)
6	8362-008-030	Approx 1700 N. Orange Grove	PVHMC	9,790	0.22	Vacant	Administrative Professional	AP	No change
7	8362-008-031	Approx 1710 N. Orange Grove	PVHMC	2,810	0.65	Driveway	Administrative Professional	AP	No change
8	8362-008-032	Approx 1720 N. Orange Grove	PVHMC	11,250	0.26	Medical Building and Parking Lot	Administrative Professional	AP	No change
9	8362-008-037	1830 N. Orange Grove	PVHMC	174,240	4.00	Parking Lot	Administrative Professional	AP	No change
10	8362-009-036	136 E Artesia	PVHMC	117,176	2.69	Parking Lot	Administrative Professional	AP	Parking Structure, Multi-Level (Phase 3)
11	8362-009-038	160 E Artesia	PVHMC	107,593	2.47	Medical Office Building (MOB) and Parking Lot	Administrative Professional	AP	Parking Structure, Multi-Level (Phase 3) Medical Office Building to Remain

Table 3-1 List of Existing Uses by Parcel

Key	APN	Address	Owner	Lot Size (sf)	Lot Size (acres)	Existing Use	General Plan Designation	Zoning	Proposed Development
12	8362-011-017	1798 N. Garey	PVHMC	804,117	18.46	Hospital, Ancillary Structures, and Parking Lots	Institutional	AP	New Outpatient Pavilion and Reconfigured Surface Parking Lot (Phase 1-A) New Hospital Wing and main hospital lobby and Demolition of designated ancillary structures (Phase 1-B) Outpatient Pavilion and Hospital Wing Addition (Phase 2) Hospital Wing Addition, Demolition of portions of the existing hospital (Phase 3)
13	8362-012-052	1854 N. Garey	Pomona North Medical Building, Inc	30,350	0.70	Medical building and Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
14	8362-012-053	1838 N. Garey	PVHMC	5,100	0.12	Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
15	8362-012-054	1822 N. Garey	PVHMC	7,780	0.18	Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
16	8362-012-055	Approx. 1810 N. Garey	PVHMC	8,970	0.21	Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
17	8362-012-056	109 E. Willow	PVHMC	7,430	0.17	Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
18	8362-012-057	1811 N. Cadillac	PVHMC	11,900	0.27	Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
19	8362-012-058	1825 N. Cadillac	PVHMC	8,370	0.19	Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
20	8362-012-059	1837 N. Cadillac	PVHMC	9,570	0.22	Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)

**Table 3-1 List of Existing Uses by Parcel**

<i>Key</i>	<i>APN</i>	<i>Address</i>	<i>Owner</i>	<i>Lot Size (sf)</i>	<i>Lot Size (acres)</i>	<i>Existing Use</i>	<i>General Plan Designation</i>	<i>Zoning</i>	<i>Proposed Development</i>
21	8362-012-060	1849 N. Cadillac	PVHMC	9,350	0.21	Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
22	8362-012-061	1863 N. Cadillac	PVHMC	9,130	0.21	Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
23	8362-012-064	1860 N. Garey	PVHMC	33,106	0.76	Parking Lot	General Commercial	AP	Redesigned Parking Lot (Phase 1-A)
	Alley (portion), north of Willow, east of Garey	60' x 700'	City	42,000	0.96	Public Alley			New Parking Lot (Phase 1-A) public ROW to be vacated
	Cadillac, between Willow and Tate	60' x 260'	City	15,600	0.36	Public Street			New Parking Lot (Phase 1-A) public ROW to be vacated
	Willow, between Garey and Cadillac	60' x 180'	City	10,800	0.25	Public Street			Convert to Private Driveway (Phase 1-A) public ROW to be vacated
	<b>Total</b>			<b>1,753,790</b>	<b>40.26</b>				

SOURCE: City of Pomona 2009

**East, South**—Directly east and south of the Family Center is the I-10 Freeway.

**West**—West of the Family Center is the PVHMC core campus area.

## ■ Robert and Beverly Lewis Family Cancer Care Center

**North**—To the north of the Cancer Care Center, on the north side of Vinton Avenue, is primarily single-family residential development, with some commercial/retail to the northeast.

**East**—Land uses east of the Cancer Care Center consist of institutional land uses.

**South**—A mix of single-family residential and medical office uses are located south of the Cancer Care Center.

**West**—West of the Cancer Care Center, land uses consist of a mix of medical, institutional, and single-family residential.

## 3.2 PROJECT OBJECTIVES

The Specific Plan was prepared to meet the following project objectives:

- **Present and Future Healthcare Needs**—Meet the present and future health care needs of the Pomona community by expanding and evolving PVHMC, as it has expanded and evolved over the past 100 years.
- **Critical Facility during Hazard Event**—Maintain PVHMC as a viable, centrally located facility, critical to the health and welfare of the local population, which is particularly important during and after a hazard event.
- **Centralized Services for Easy Access**—Provide all the main Medical Center-provided services within one central, easily accessible location/master planned area so as to reduce adverse effects on traffic, air quality, and noise.
- **Visitor and Pedestrian Friendly**—Enhance the visitor experience by making PVHMC more visitor friendly, visually pleasing, and pedestrian friendly.
- **Unifying Landscape and Open Space Design**—Provide a campus-like environment with additional green space, utilizing landscaping and open spaces as a unifying theme throughout the campus.
- **Prominent City Gateway**—Provide an expansion of medical facilities at an important gateway into the City of Pomona.
- **Cost-Effective Development**—Aid in the cost effective development and renovation of the PVHMC by combining the targeted reuse/continued use of structurally compliant and technologically appropriate existing facilities with the addition of new, state-of-the-art inpatient and outpatient facilities.

- **Plan for Long-Term Growth**—Provide a comprehensive framework for the cohesive and integrated long-term growth and development of PVHMC as it responds to the growing medical needs of the community and its requirement to meet the provisions set forth in the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953).
- **Valuable Community Resource.** Enhance and improve emergency services available, providing a valuable community resource easily accessible to the community, without which the community would have to travel miles for emergency care.
- **Improved Circulation and Parking**—Improve parking and internal circulation of vehicles and pedestrians within the boundaries of the Specific Plan.
- **Patient Care**—Improve conditions for the inpatient population of the hospital by emphasizing the provision of single-occupancy as opposed to double-occupancy rooms to provide patient care that meets the expectations of the regional community.
- **Operational Efficiency**—Improve the operational efficiency of the hospital by facilitating the movement of patients and staff between the main hospital and medical service units.
- **Sensitive to Neighboring Community**—Plan, stage, and construct the project in a manner that provides minimal disruption to the surrounding neighborhood.
- **Complements Surrounding Neighborhood**—Ensure that the redevelopment of PVHMC is conducted as part of a master planned medical complex that complements the surrounding neighborhood.
- **Supporting Infrastructure**—Provide the infrastructure necessary to meet project needs in an efficient and cost-effective manner.
- **Campus Synergy**—Integrate interrelated facilities in a single site to optimize operational synergy.
- **New and Improved Buildings and Systems**—Replace older buildings and wing additions on the site with newer, more efficient, lower maintenance, and environmentally sensitive systems.
- **Existing Campus Setting**—Construct new buildings within the framework of the existing campus setting with careful consideration of their location and functionality for the overall efficient operation of the campus.
- **Dedicated Emergency Entrance**—Create a dedicated entrance for Emergency vehicles and a walk-in entrance with parking.
- **New Medical Center Main Entrance**—Develop a new main entrance that creates a strong identity for PVHMC and provides a connection to the community.

### 3.3 PROJECT CHARACTERISTICS

#### 3.3.1 Existing Facilities

The PVHMC Specific Plan area is comprised of approximately 40.26 acres of land generally located in three non-contiguous but geographically related areas. The properties contain the PVHMC hospital and its ancillary structures and related surface parking, as well as the Robert and Beverly Lewis Family Cancer Care Center, medical offices, administrative offices, and support facilities. Figure 3-2 shows existing

development on the campus. The eleven buildings in the project area contain a total floor area of approximately 745,015 square feet (sf), summarized by primary use as follows:

- Hospital Facilities—621,470 sf
- Robert and Beverly Lewis Family Cancer Care Center—44,000 sf
- Medical Office—48,300 sf
- Administrative Buildings—22,035 sf
- Miscellaneous Support Facilities—9,210 sf

Of the eleven existing buildings in the Specific Plan area, the largest is the PVHMC hospital, located in the PVHMC core campus area. Figure 3-2 shows the PVHMC Specific Plan area as it currently exists and identifies each of the 11 buildings on the site by use and date of construction. The figure also identifies the location and date of construction of the various wings of the PVHMC hospital

One of the primary purposes of the Specific Plan is to guide redevelopment of PVHMC as it works to meet the requirements of the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953) as they apply to essential buildings such as hospital facilities. SB 1953 requires that hospital buildings that are not in compliance with OSHPD seismic standards, or which may be at risk of collapsing during a strong earthquake, be rebuilt, retrofitted, or closed by January 1, 2008. A five-year extension, to January 1, 2013, is available for hospital buildings that meet certain structural criteria and where the hospital can show that these buildings can either meet 2030 requirements (i.e., remain operational following a large earthquake) or would be replaced by compliant buildings by 2030.

The PVHMC hospital was built over a period of nearly 80 years, beginning in 1913. Over time (1928, 1954, 1960, 1961, 1972, 1992), wings were added to the original 1913 building and new facilities and services were incorporated. The latest additions, the Women’s Center (Wing J) and the Diagnosis & Treatment wing (Wing K), were built in 1992. The original façades of the 1913 and 1928 wings and other later additions have disappeared as the hospital was repeatedly remodeled and added to and new additions were integrated into the building. Older portions of the hospital, built prior to 1945, have been almost entirely subsumed by later additions. Structural and architectural surveys of the hospital indicate that older wings of the building (generally those built between 1913 and 1960) have or will have reached the end of their useful life by 2030, cannot be cost-effectively adapted to new and constantly evolving medical technologies, and cannot be cost-effectively retrofitted to meet current seismic codes. In general, the older wings lack the crawl space and plate heights required to accommodate sprinklers, modern HVAC systems, and high-tech wiring and cabling and do not comply with newer Title 24 seismic requirements for acute-care facilities. As required by SB 1953, patient beds have been removed from hospital wings A and B (built prior to 1945) and these areas currently house administrative offices.

A structural evaluation of the PVHMC hospital was conducted in September 1994 by Taylor & Gaines (Appendix E2). A complete discussion of the Taylor & Gaines findings can be found in Section 4.4 (Cultural Resources) of this EIR under the heading “Adaptive Reuse.” To summarize, Taylor & Gaines found that the 1913 and 1928 wings (Wings A and B) could sustain considerable damage in a strong local earthquake and could not be feasibly upgraded to meet current standards; that the 1957 wing (Wing C) would be difficult to upgrade to Title 24 CBC requirements and that the 1961 Wing (E1 and E2) could

sustain sufficient damage due to local strong motion to make it unusable for hospital purposes, through the report notes that neither Wing C nor Wing E would be in danger of collapse.

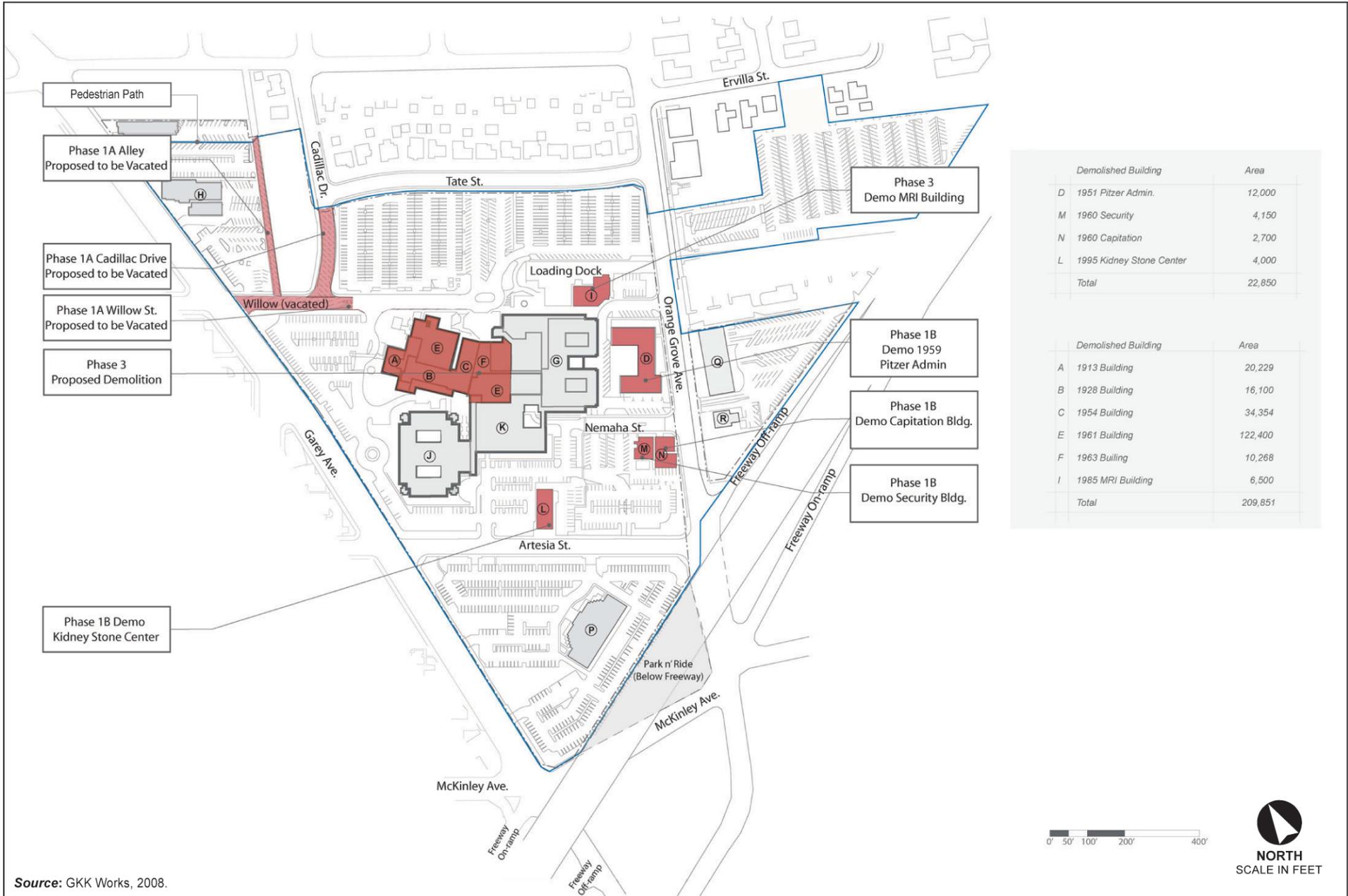
These findings considered together with the need to upgrade its facilities to accommodate modern technologies and standards of care and to provide services on an outpatient basis as demanded by current medical practice, motivated the development of the PVHMC Master Plan, which plan in turn provided the foundation for the PVHMC Specific Plan.

### 3.3.2 Proposed New Hospital and Outpatient Facilities

The proposed PVHMC Specific Plan project would include the construction of three new five-story hospital wings to house patient beds, new diagnostic, treatment, and surgical facilities, an expanded Emergency Department, administrative services including a central processing unit, and related hospital infrastructure. The three new hospital wings would be constructed sequentially, as funding permits. Together, the new hospital wings would add up to 390,000 sf of new facility to the hospital. A new main lobby would be constructed and approximately 232,701 square feet (sf) of the existing hospital, including several of its ancillary facilities, would ultimately be demolished. Figure 3-3 (Demolition Plan) illustrates the proposed demolition and identifies the freestanding structures and hospital wings that would be removed to accommodate the proposed new facilities or eliminate obsolete physical plant.

In addition to the proposed three new hospital wings, the Specific Plan proposes the addition of two outpatient pavilions to house outpatient surgery, kidney dialysis, and other services and to provide new quarters for PVHMC administrative services. The outpatient pavilions would contain approximately 110,000 sf in two three-story buildings located adjacent to and north of the hospital. Services provided in the outpatient pavilions would include medical services currently provided in scattered freestanding ancillary structures. These would expand and compliment the hospital inpatient services as well as the outpatient services currently offered by PVHMC within the Specific Plan area.

Figure 3-4 (Overall Development Plan) shows PVHMC as it would appear following completion of the third and final phase of the proposed Specific Plan project. At build-out, PVHMC hospital will have increased in size from 745,015 sf (inclusive of ancillary structures) to 902,314 sf, a net increase of approximately 157,299 sf. PVHMC will also have added 110,000 sf of outpatient and administrative facilities, for a total net increase of 267,299 sf. Table 3-2 (Construction and Demolition by Phase and Square Footage) details the proposed development sequencing of the PVHMC Specific Plan project. While enlarging and modernizing its physical plant, PVHMC would also reconfigure and relocate existing inpatient services. Most existing patient beds are located in double-occupancy rooms in Wings C, E1, E2, F, and G. Of these wings, only the G building would remain upon completion of the proposed project. As new hospital wings are built, patient beds would be gradually relocated from these older wings of the hospital to private, single-occupancy rooms in the new hospital additions. The vacated existing patient care space would be occupied temporarily by other hospital uses, including administrative services currently housed in Wings A and B and in the Pitzer Administrative Building, materials and records storage, security services, and plant management and maintenance services. Accordingly, while the hospital would increase its square footage, it would not experience a corresponding increase in staff



Demolished Building	Area
D 1951 Pitzer Admin.	12,000
M 1960 Security	4,150
N 1960 Capitation	2,700
L 1995 Kidney Stone Center	4,000
Total	22,850

Demolished Building	Area
A 1913 Building	20,229
B 1928 Building	16,100
C 1954 Building	34,354
E 1961 Building	122,400
F 1963 Building	10,268
I 1985 MRI Building	6,500
Total	209,851

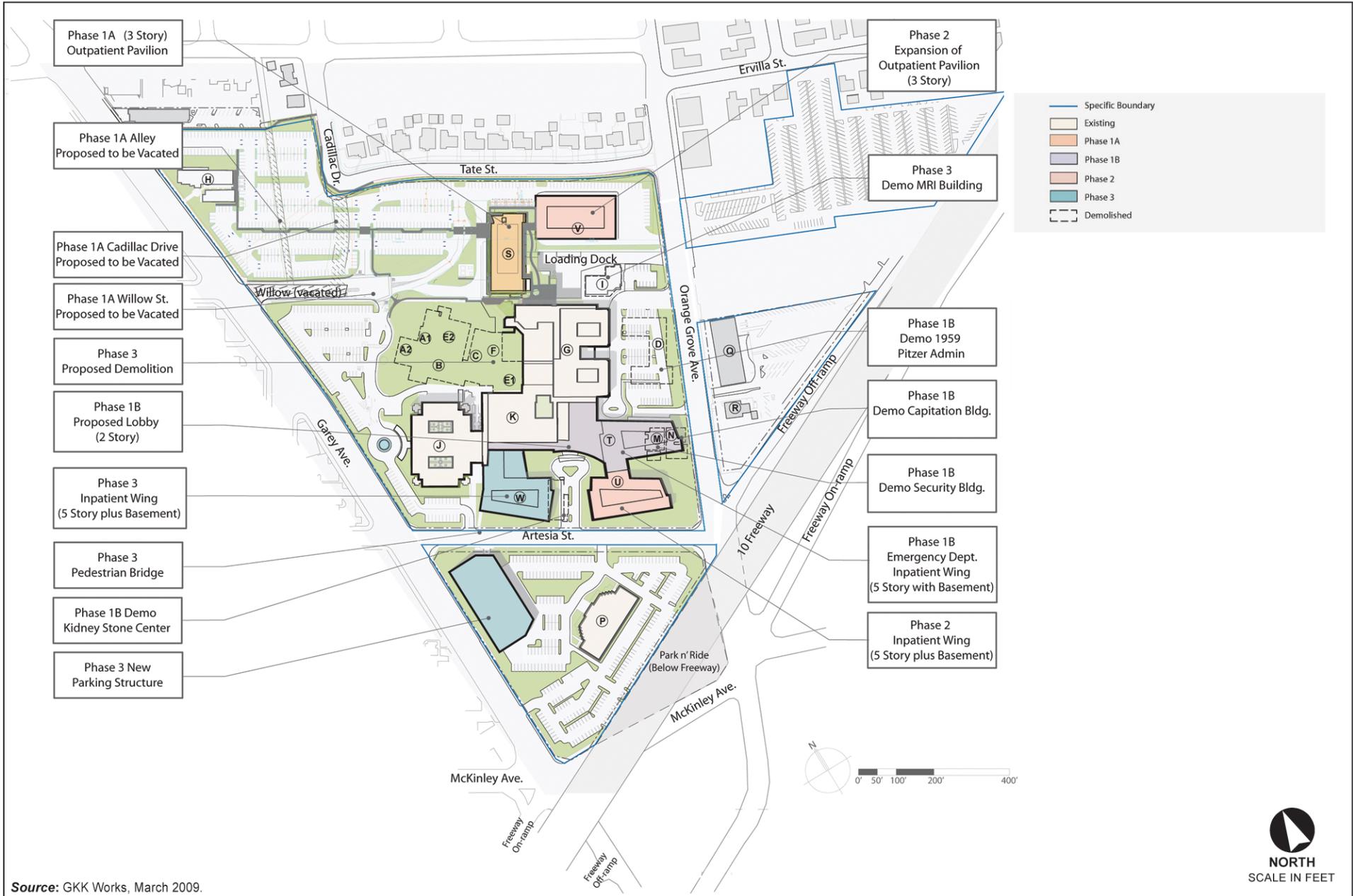
Source: GKK Works, 2008.

**FIGURE 3-3  
Demolition Plan**

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Source: GKK Works, March 2009.

**FIGURE 3-4**  
**Overall Development Plan**

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or patient load. The primary growth in the number of patient beds available at the hospital would occur with the completion of Phase 1 (addition of 67 patient beds). In Phase 2, the hospital would add only two additional patient beds. The balance of the additional bed capacity provided by the Phase 2 hospital addition would be filled with beds relocated from older wings of the hospital. When the Phase 3 hospital addition is completed, its capacity would be used to house the last of patient beds currently located in the older hospital wings, and those wings would then be demolished. At the end of Phase 3 the number of patient beds would actually decrease compared to Phase 2, and the total *net* increase in patient beds at build-out would be 22 when compared to the current inventory. Table 3-3 (Hospital Bed Distribution by Phase) illustrates how and when patient beds would be added and/or relocated from the existing hospital wings to the new additions over the life of the project.

<b>Table 3-2 Construction and Demolition by Phase and Square Footage</b>						
<i>Phase</i>	<i>Start Building Area</i>	<i>Demo Building Areas</i>	<i>Existing Area to Remain</i>	<i>New Building Area</i>	<i>Net</i>	<i>Result Final Building Area</i>
Start	745,015 sf	—	—	—	—	—
Phase 1A	745,015 sf	—	745,015 sf	Not to exceed 56,000 outpatient pavilion	56,000 sf	801,015 sf
Phase 1B	801,015 sf	Total: 22,850 sf D—1959 Pitzer Admin (12,000 sf) M—1960 Security (4,150 sf) N—1960 Capitation (2,700 sf) L—1995 Kidney Stone Center (4,000 sf)	778,165 sf	138,000 sf inpatient wing and lobby	+115,150 sf	916,165 sf
Phase 2	916,165 sf	—	916,165 sf	Inpatient wing addition (123,000 sf) outpatient pavilion addition (NTE 54,000)	+177,000 sf	1,093,165 sf
Phase 3	1,093,165	Total: 209,851 sf A1—1913 Wing (13,681 sf) A2—1958 (6,548 sf) B—1928 Wing (16,100 sf) C—1954 Wing (34,354 sf) E1—1961 Wing (95,325 sf) E2—1963 Wing (27,075 sf) F—1963 Wing (10,268 sf) I—1985 MRI Building (6,500 sf)	883,314 sf	129,000 sf inpatient wing addition (129,000 sf) 400-stall Parking Garage	-80,851 sf	1,012,314 sf
<b>Total</b>	<b>745,015 sf</b>	<b>232,701 sf (10 buildings)</b>	<b>512,314 sf</b>	<b>500,000</b>	<b>267,299 sf</b>	<b>1,012,314 sf</b>

SOURCE: PVHMC 2009.

**Table 3-3 Hospital Bed Distribution by Phase**

<i>Bed Type</i>	<i>Existing</i>	<i>Phase 1 (94 New Beds)</i>	<i>Phase 2 (100 New Beds)</i>	<i>Phase 3 (96 New Beds)</i>
	<i>2008</i>	<i>2015</i>	<i>2020</i>	<i>2030</i>
Medical/Surgical (1961) (Semi-Private)	80	80	0	0
Medical/Surgical (1961) (Private)	6	6	46	0
Medical/Surgical (1972) (Semi-Private)	86	86	0	0
Medical/Surgical (1972) (Semi-Private)	22	22	65	0
Medical/Surgical (New) (Private)	0	25	100	160
Post Partum (1961) (Semi-Private)	30	8	0	0
Post Partum (1961) (Private)	0	7	0	0
Post Partum (New) (Private)	0	25	50	50
Pediatrics (1954)	34	0	0	0
Pediatrics (New) (Private)	0	24	24	24
Neonatal Intensive Care (NICU) (1961)	6	6	6	0
Neonatal Intensive Care (NICU) (1992)	47	69	69	69
Intensive Care (ICU) and (CCU)	38	38	38	0
Intensive Care (ICU) and (CCU) (New)	0	10	10	46
Step Down Unit (Private)	0	10	10	40
Labor/Delivery/Recovery	66	66	66	66
<b>Total Beds</b>	<b>415</b>	<b>482</b>	<b>484</b>	<b>425</b>
Transitional (TCU) (1961)	38	38	38	0
Transitional (TCU) (1972)	0	0	0	50
<b>Total Beds</b>	<b>453</b>	<b>520</b>	<b>522</b>	<b>475</b>
<b>Net beds added or retired by phase</b>		<b>67</b>	<b>2</b>	<b>(47) 22 more beds than existing condition</b>

SOURCE: GKK Works (2008)

### 3.3.3 Central Plant Infrastructure

The new construction would be accompanied by major upgrades to PVHMC central plant infrastructure including mechanical and electrical systems, along with interior remodeling of parts of the existing hospital wings to, among other things, accommodate a shift from two-bed patient rooms to single-occupancy patient rooms. Among the central plant improvements contemplated for Phase 1 are the following:

- Provision of three new cooling towers at 1,000 tons each with variable-frequency drives and the removal of existing cooling towers and condenser water pumps
- Addition of four new condenser water pumps, cooling tower filtration/separator system, and cooling tower chemical treatment

- Provision of two new remote radiators for the existing backup electrical generators located in the Women's Center
- Replacement of the existing oxygen tank system with a new one sized to handle existing buildings plus the Phase 1 project
- Provision of a new 400-BHP steam boiler in the Women's Center.
- Extension of existing chilled water supply and return pipes to the new basement of the proposed Phase 1 hospital wing addition
- Provision of a new 10-inch steam supply and 6-inch steam condensate return for the proposed Phase 1 hospital wing addition
- Provision of two 1,200-amp, 4,160-volt circuit breakers with protective relaying at the Women's Center switchboard to service the proposed Phase 1 hospital wing addition
- Provision of high-voltage switches for source selection and to serve the future Phase 2 and Phase 3 hospital wing additions
- Removal and replacement of the existing ice machine and its associated pumps and piping
- Reinforce, modify, or remove the existing ice storage tank
- Addition of a new boiler stack.

In addition, each of the new hospital wings and new outpatient buildings would be mechanically self-sufficient, each with its own roof-mounted cooling tower, air-intake, and filtration systems. Each new hospital wing would also have its own backup electrical generator, located in the basement of the building. Existing backup generators located in the basement of Wing C would ultimately be replaced and new backup generators with greater capacity and greater energy efficiency would be installed to serve what would remain of the existing hospital building once the older portions of the structure are demolished.

Many of the contemplated center plant infrastructure improvements are intended to replace obsolete systems with newer, more efficient systems that would allow PVHMC to achieve reductions in energy and water use while improving both internal and external air quality and reducing the facility's carbon footprint. Section 4.2 (Air Quality), Section 4.13 (Utilities and Service Systems), and Section 4.14 (Climate Change) should be referred to for detailed discussions of these issues. Other Central Plant upgrades are intended to expand and extend existing Central Plant infrastructure to service the proposed new hospital wings and the proposed new outpatient pavilions.

Leadership in Energy and Environmental Design (LEED) is a third-party certification program through the United States Green Building Council (USGBC) and the nationally accepted benchmark for the design, construction and operation of high performance green buildings. LEED gives building owners and operators the tools they need to have an immediate and measurable impact on their buildings' performance. LEED promotes a whole-building approach to sustainability by recognizing performance in five key areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection and indoor environmental quality. The LEED for Healthcare Green Building Rating System was developed to meet the unique needs of the health care market, including

inpatient care facilities, licensed outpatient care facilities, and licensed long-term care facilities. LEED for Healthcare may also be used for medical offices, assisted living facilities and medical education and research centers. LEED for Healthcare addresses issues such as increased sensitivity to chemicals and pollutants, traveling distances from parking facilities, and access to natural spaces. PVHMC proposes to achieve Leadership in Energy and Environmental Design (LEED) equivalency of all new buildings and has incorporated project features and mitigation measures to achieve LEED equivalency, including specified quantifiable energy and water consumption standards to which the proposed central plant improvements would contribute.

### 3.3.4 Sewer, Water, Storm Drains, and Streets

The proposed project would also include improvements to the PVHMC core campus water, sewer, and storm drain infrastructure. In addition, two public streets (Willow Street and Cadillac Drive) and a public alley would be vacated where they traverse the PVHMC core campus. The right-of-way of the vacated Cadillac Drive and the public alley that parallels it would be incorporated into surface parking lots north of the hospital building. Willow Street would be vacated between Garey Avenue and Cadillac Drive but would remain in use as part of the private PVHMC driveway that currently provides the primary point of vehicular access to the PVHMC hospital.

#### *Sewer and Water*

The proposed Specific Plan project would include various improvements, additions, and removals associated with the on- and off-site water and sewer systems servicing the proposed project. Water improvements would include:

- Removal of an existing on-site 12-inch water main west of Orange Grove Avenue. This is a private water line to be removed to make way for new construction.
- Removal of an existing on-site 12-inch water main south of Tate Street. This is a private water line to be removed to make way for new construction.
- Off-site installation of a new 12-inch DIP water main in Tate Street between Cadillac Drive and Orange Grove Avenue.
- Off-site installation of a new 12-inch DIP water main in Artesia Street to a connection with the existing 12-inch water main located in Garey Avenue and the addition of three new fire hydrants.
- Installation of several new fire lines to serve the proposed new construction.
- Installation of three new fire hydrants on Tate Street.

In addition, water laterals would be extended from the new and/or existing water mains to provide potable water to each of the proposed new buildings. As existing structures are demolished, the water lines serving those structures would be capped and either removed or slurry-filled and abandoned in place.

Sewer improvements would include:

- Abandonment of the existing 8-inch VCP sewer main located in the to-be-vacated alley south of Tate Street and abandonment of the existing 4-inch sewer main west of Orange Grove. These are on-site lines.
- Abandonment of portions of a 4-inch VCP sewer main north of Artesia Street that currently serves the to-be-demolished Kidney Stone Center.
- Installation of a new 8-inch, on-site private sewer main south of the 7-inch main to be abandoned in the alley south of Tate Street to provide service to the proposed new outpatient buildings.
- Installation of new, on-site private 8-inch sewer mains, connecting to the public sewer main in Artesia Street to provide service to the proposed new hospital wings.

### ***Storm Drain***

The existing site is currently developed with the exception of a strip of vacant land, approximately one (1) acre in size, just west of Cadillac Drive. Since proposed development would be constructed on already developed sites, surface runoff would not increase significantly. Thus, existing on-site storm drain pipes would not be required to be upsized.

The project would detain incremental increases in stormwater runoff on site. To accomplish this, the project would include the construction of flow-through planters to both detain the incremental stormwater runoff and to provide water quality treatment of first flows from the site. The flow-through planters would be located throughout the site, with location based on storm flow routing studies. Additional water quality treatment would be provided through the installation of bio-filters in new and existing on-site catch basins. No off-site storm drain improvements are contemplated as part of the proposed project.

### ***Streets and Traffic Control***

As previously mentioned, the proposed PVHMC project would include the vacation of portions of two public streets and a public alley where they traverse the core campus. Cadillac Drive extends south from Aliso Street to a “T” intersection with Willow Street. At present, Cadillac Drive provides an alternative access to the PVHMC core campus and the main entrance to the hospital. It also provides pedestrian and vehicular access to and from the residential area north of Tate Street to the signalized intersection at Garey Avenue and Willow Street. Cadillac Drive between Tate Street and Willow Street would be vacated as a public right-of-way and abandoned. The right-of-way area would be incorporated into a new surface parking lot. A public alley which parallels Cadillac Drive would also be vacated and incorporated into the new parking lot.

The vacation of Cadillac Drive would eliminate vehicular and pedestrian access from the residential area north of Tate Street to the Garey Avenue/Willow Street intersection and result in the re-direction of traffic north of the core campus to the intersection of Garey Avenue and Aliso Street. For this reason, the proposed project would be required to install a four-way traffic signal at the Garey Avenue/Aliso Street intersection. An alternative, ADA-compliant pedestrian access would also be provided concurrent with the proposed vacation to maintain direct pedestrian linkage between Tate Street and Garey Avenue

and to facilitate access to transit stops located at Garey Avenue and Willow Street. A crosswalk would be provided across Cadillac Drive linking to the pedestrian access.

The proposed project would also relocate the main lobby of the hospital to the south side of the building and would construct a 400-stall parking structure south of Artesia Street. To ensure the safe passage of pedestrians across Artesia Street, the proposed project would be required to install a signalized pedestrian crossing at a specified mid-block location.

Lastly, the proposed project would be required to install a traffic signal at the I-10 eastbound Garey Avenue off-ramp.

Construction of these improvements may require intermittent, short-term roadway and intersection closures and the provision of detour routes.

### **3.3.5 Circulation and Parking**

Project development would also involve the reconfiguration of most of the project site's existing surface parking to facilitate access and to maximize the capacity of the hospital's surface parking. At present, PVHMC has approximately 2,334 total on-site parking spaces divided between nineteen lots, to meet an estimated parking demand for 1,941 spaces. Upon the completion of Phase 1, there would be approximately 2,270 parking spaces, a net decrease of 64 parking spaces. At the completion of Phase 3, PVHMC would have a total of on-site 2,338 parking spaces, including 400 spaces provided in the proposed new parking structure. The parking demand study is included as Appendix I2 to this EIR and is also discussed in greater detail in Chapter 4.12 (Transportation and Traffic) of this EIR.

The existing PVHMC shuttle service is designed for employee access to the core campus from the Royalty employee parking lot adjacent to the Women's Center. The service is active between 5:30 A.M. and 8:30 P.M. seven days per week. There are currently two 24-seat buses in service, running circuits between the parking lot and the facility every 15 minutes during peak shift intervals. This shuttle service would continue operation throughout implementation of the Specific Plan.

Internal pedestrian circulation would be revised as well and new walkways would be enhanced with lighting, paving, signage, and landscape to provide a coherent, safe path of travel through the PVHMC Core Campus. As noted, an alternative, ADA-compliant pedestrian access between Garey Avenue and Tate Street would be provided subsequent to the proposed street vacation.

### **3.3.6 Landscaping**

The Specific Plan utilizes landscaping and open spaces as a unifying theme throughout the Medical Center campus. The landscape design element would complement the building massing, pedestrian circulation, vehicular circulation, and parking areas. The Specific Plan contains open space and landscaping design guidelines, including a master plant list. The Plan also includes development standards, recognizing the role of landscaping and open space as the primary ways in which the proposed new construction can be woven into the existing fabric of the Medical Center. Landscaping would be

implemented by phase, corresponding to the proposed construction phases. The Specific Plan prioritizes the protection of existing trees and foliage within the project area and, where retained, existing vegetation would be utilized as an integral design element in the new landscape to provide a visual and functional connection between new and existing elements of the project.

The Specific Plan requires landscape treatments at major building entrances, building frontages, around the perimeter of buildings, and in parking lots as well as perimeter buffering of the core Medical Center where it interfaces with public right-of-way and adjacent uses. The Specific Plan also proposes a central open space and garden areas which would replace those portions of the existing main hospital building that are scheduled for demolition as part of Phase 3 of the proposed project. The Specific Plan also contains design guidelines to encourage landscaping to flank one or both sides of all pedestrian pathways. The Specific Plan sustainability standards identify the use of drought-tolerant and native plant material as a central component of the landscape plan with water conservation as a goal. New irrigation systems would be designed for efficiency and water conservation. The project's proposed LEED equivalence would require a quantifiable reduction in water use. The Specific Plan includes guidelines for hardscape components, as well as guidelines for signage, which would be integrated into the overall landscape design.

The only off-site landscape proposed in the Specific Plan is the installation or replacement of street trees located within the public right of way around the core campus perimeter. The Plan design guidelines include a designated street tree for each of the public streets on which the Medical Center has frontage. The street trees would be maintained by the City of Pomona.

### 3.3.7 Specific Plan Development

Pursuant to the proposed Specific Plan, development/redevelopment of the project site would occur in three discrete phases. Phasing of the development would avoid any interruption in medical services and would ease the transition from the existing to the proposed facilities. Development under the Specific Plan would occur over an approximately 21-year planning horizon.

Upon completion, the Specific Plan project would allow for the following modifications and additions to PVHMC:

- Construction of new inpatient hospital facilities (not to exceed 390,000 sf of new construction) that would house approximately 290 patient beds. The Specific Plan would combine the proposed new construction with some of the new, existing hospital facilities, which would remain following demolition of obsolete portions of the hospital building during Phase 3. At build-out the Medical Center would contain approximately 475 hospital beds, most of them housed in private rooms. The three proposed new hospital wings would together add 390,000 sf of state-of-the-art hospital facilities to the hospital and the hospital itself would experience a net increase in size of approximately 157,299 sf, growing to approximately 902,314 sf.
- Construction of two new outpatient pavilions (not to exceed 110,000 sf), bringing the total square footage of facilities (both new and existing) on the hospital core campus to approximately 1,012,314 sf, a net increase of 267,299 sf.

- Vacation and closure of Cadillac Drive, a related alley south of Aliso Street, and vacation of Willow Street west of Cadillac Drive as they traverse the Specific Plan area and provision of an alternative pedestrian/bicycle access between the residential neighborhood north of the Medical Center and Garey Avenue, replacing the existing access via Cadillac Drive and Willow Street.
- Construction of a new 400-stall parking garage.
- Demolition of freestanding buildings, D, L, M, and N, approximately 22,850 sf as part of Phase 1 of the proposed project
- Demolition of hospital wings A, B, C, E, and F and freestanding Building I, approximately 209,851 sf, as part of Phase 3 of the proposed project.
- Reconfiguration of existing surface parking, including the creation of new parking areas to replace parking lost to the proposed new construction.
- Reconfiguration of site access and the replacement and/or closure of some existing driveways to improve overall access and site circulation.

### 3.3.8 Phasing

The proposed Specific Plan would be implemented in three discrete phases. Table 3-2 details the proposed construction and demolition by phase and square footage. Table 3-3 details hospital bed distribution by phase and use. Table 3-4 (Construction Schedule for Phase 1A and Phase 1B) details the schedule of construction activities throughout Phase 1A and Phase 1B. A construction schedule would be made available for Phase 2 and Phase 3 when funding has been secured. Table 3-5 (Building Inventory by Phase) provides a building inventory by phase.

<b>Table 3-4 Construction Schedule for Phase 1A and Phase 1B</b>	
<i>Construction Activity</i>	<i>Occurs During (estimated)</i>
<b>PHASE 1A</b>	
<b>I. Site Preparation</b> Demolition and Rough Grading Soil Excavation and Compaction Footing, Foundation and Slab	2009
<b>II. Building Structure Frame Erection</b> Mechanical, Electrical and Plumbing Rough-Ins Interior Framing and Partition Installation	2010
<b>III. Building Exterior and Roofing</b> Mechanical, Electrical and Plumbing Finish Interior Partition Installation Finish Interior Finishes	2010
<b>IV. Interior Finishes and Mill Work</b> Mechanical, Electrical, and Plumbing System Commissioning Exterior Flat Work and Landscaping	Late 2010

**Table 3-4 Construction Schedule for Phase 1A and Phase 1B**

<i>Construction Activity</i>	<i>Occurs During (estimated)</i>
V. Complete Building Occupancy	Early to mid 2011
<b>PHASE 1B</b>	
I. Site Preparation Demolition and Rough Grading Shoring, Excavation and Compaction Footing, Foundation and Basement Level Walls and Deck	Mid to late 2011
II. Building Structure Frame Erection Mechanical, Electrical and Plumbing Rough-Ins Interior Framing and Partition Installation	2012
III. Building Exterior and Roofing Mechanical, Electrical and Plumbing Finish Interior Partition Installation Finish Interior Finishes	2012
IV. Interior Finishes and Mill Work Mechanical, Electrical, and Plumbing System Commissioning Exterior Flat Work and Landscaping Final Reviews and Approvals	2013
V. Complete Building Occupancy	Late 2013
SOURCE: PVHMC 2008	
The construction schedule for Phase 2 and 3 has not yet been determined. All construction would be complete in the year 2030.	

**Table 3-5 Building Inventory by Phase**

<i>Phase</i>	<i>Start Building Area</i>	<i>Result Final Building Area</i>
Start	745,015 sf	
Phase 1A	745,015 sf	801,015 sf
Phase 1B	801,015 sf	916,165 sf
Phase 2	916,165 sf	1,093,165 sf
Phase 3	1,093,165sf	1,012,314 sf
<i>Total</i>	<i>745,015 sf</i>	<i>1,012,314 sf</i>
SOURCE: PVHMC 2009		

## Phase 1

### Phase 1A

Phase 1A would include the construction of a 56,000 sf, three-story outpatient pavilion located north of the existing hospital building on the core campus and major infrastructure upgrades, including the

provision of an alternative pedestrian access to Garey Avenue from the residential neighborhood to the north, as illustrated in Figure 3-5a (Proposed Site Plan—Phase 1A). The proposed new outpatient pavilion would house the following services:

- Outpatient Surgery
- Kidney Stone Center
- Physical Therapy/Cardiac Rehabilitation
- Pre-Admission Testing
- Administration Suite
- Lobby and Food Service

The location of the outpatient pavilion is intended to facilitate the movement of patients and staff between the hospital and the pavilion's medical service units. The location would also improve general access and parking. Phase 1 includes the closure (i.e., "vacation") of Cadillac Drive and Willow Street, where they traverse the project site, along with a portion of a public alley located between Willow Street and just south of Aliso Street, approximately parallel to Garey Avenue. Cadillac Drive and Willow Street would be vacated to reduce hospital-generated traffic impacts to the residential neighborhood north of the core hospital campus, to provide room to increase on-site parking, and to provide increased security for the medical facilities. As noted, an alternative, ADA-compliant pedestrian access between Garey Avenue and Tate Street would be provided subsequent to the proposed street vacation.

Surface parking would be reconfigured to accommodate the proposed new construction, improve internal circulation, and provide the required parking for the hospital facilities and new outpatient building. Details of site parking and circulation for this, and all subsequent phases, are contained in Section 4.12 (Transportation/Traffic) of this EIR. Driveway access to the core campus would be from Garey Avenue and Artesia Street, with secondary driveway access from Orange Grove Avenue. Currently available vehicular access via Tate Street and Cadillac Drive via Willow Street would be closed. The vacated portion of Willow Street would become a private driveway providing access to the proposed outpatient facilities, Pitzer Auditorium, and the PVHMC hospital Garey Avenue. Emergency access would be maintained by a second driveway north of the Garey/Willow intersection. The proposed Phase 1 hospital wing addition would include the provision of a new hospital lobby oriented to Artesia; however, the main hospital entrance would not be relocated until Phase 1B.

The proposed site landscape has been designed to improve site aesthetics around the hospital and the new outpatient facilities by providing screening and by softening the angularity of the proposed and existing medical facilities. Landscape would be used in combination with enhanced hardscape to provide pedestrian linkages between structures and uses on the core hospital campus as well as to provide better, clearer paths of pedestrian circulation. Parking lots would be ornamented with trees and planters.



Source: GKK Works, March 2009.



FIGURE 3-5a  
Proposed Site Plan—Phase 1A

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Primary and secondary accesses to the campus would be highlighted by landscaping and signage and the streetscape would be enhanced by a combination of new and existing plantings. Landscaping for Phase 1A would focus on improvements surrounding the new outpatient pavilion, adjacent parking lots and along the north property edge along Tate Street. In addition, accent trees would line the entry drive and enhance the perimeter of the outpatient pavilion.

## Phase 1B

Following completion of the outpatient pavilion, construction of a proposed 138,000 sf., five-story (plus basement) hospital wing would begin. The Phase 1B project is illustrated in Figure 3-5b (Proposed Site Plan—Phase 1B). The new hospital addition would house approximately 94 new hospital beds.

A new lobby would be added, oriented to Artesia Street. Four existing, freestanding buildings, having a combined total of 22,850 sf., would be demolished, including an existing administration building (Bldg. D), security building (Bldg. M), Kidney Stone Center (Bldg. 1B), and capitation building (Bldg. N). The proposed new wing would be located on the south side of the hospital, adjoining its eastern wall. In addition to the new lobby, the new hospital wing would include the following:

- Hospital inpatient care facilities housing approximately 94 new hospital beds in private rooms located on the upper four levels
- Expanded Emergency Department
- Central Processing Department

Landscaping for Phase 1B would focus on improvements intended to complement the new Inpatient building (Wing T) particularly by creating a new “main entrance” with an enhanced “presence” emphasized by plantings and hardscape. Trees would line either side of the walkway from the Women’s Center to the new main entrance and new landscape would create a buffer between the emergency department parking lot and Orange Grove Avenue. A pedestrian crossing with a pedestrian signal or other approved safety control would be provided on Artesia Street to provide for pedestrian safety.

In total, Phase 1A and 1B combined would involve the demolition of approximately 22,850 sf of existing PVHMC facilities and the construction of an additional 194,000 sf of new hospital and outpatient facilities, for a net increase of 115,150 sf. At the conclusion of Phase 1, PVHMC would have 916,165 sf. of combined new and existing facilities and the hospital would house 520 beds, a net increase of 67 beds.

## Phase 2

Phase 2 is shown in Figure 3-6 (Proposed Site Plan—Phase 2) and would include the sequential construction of: a five-story (plus basement), 123,000 sf inpatient wing addition, located adjacent to the new Phase 1 hospital wing, and a second, three-story, 54,000 sf outpatient pavilion located adjacent to the Phase 1 outpatient building. The new hospital wing would house approximately 100 new hospital beds, a new kitchen and cafeteria, and would provide space for additional medical storage and support services. The second outpatient pavilion would house additional outpatient services, outpatient imaging, an auditorium and conference center (for hospital functions only), and would allow for expansion of

outpatient procedure rooms and the creation of an outpatient services lobby, linking the two new buildings.

Surface parking in the northern portion of the core campus would be further reconfigured to accommodate the new outpatient facility, while parking between Artesia Street and the new south lobby would be reconfigured to accommodate the new hospital addition. The existing low perimeter wall separating the core campus from Tate Street and the single-family residential neighborhood to the north would be retained and existing landscape would be enhanced within the established buffer area to soften the appearance of the newly constructed outpatient facilities as viewed from north of the campus while providing a greater sense of separation between the campus and the adjacent residential neighborhood.

At the conclusion of Phase 2, construction of the outpatient pavilion and hospital wing addition would add 177,000 sf. of facilities and net a total of two additional beds to the hospital, bringing the total to 522 beds within the hospital itself. Even though there would be 100 new hospital beds, there would be a net increase of only two hospital beds due to conversions of many of the existing hospital rooms from double occupancy to single occupancy. The Medical Center would increase in size from 916,165 sf (Phase 1) to 1,093,165 sf of combined new and existing facilities.

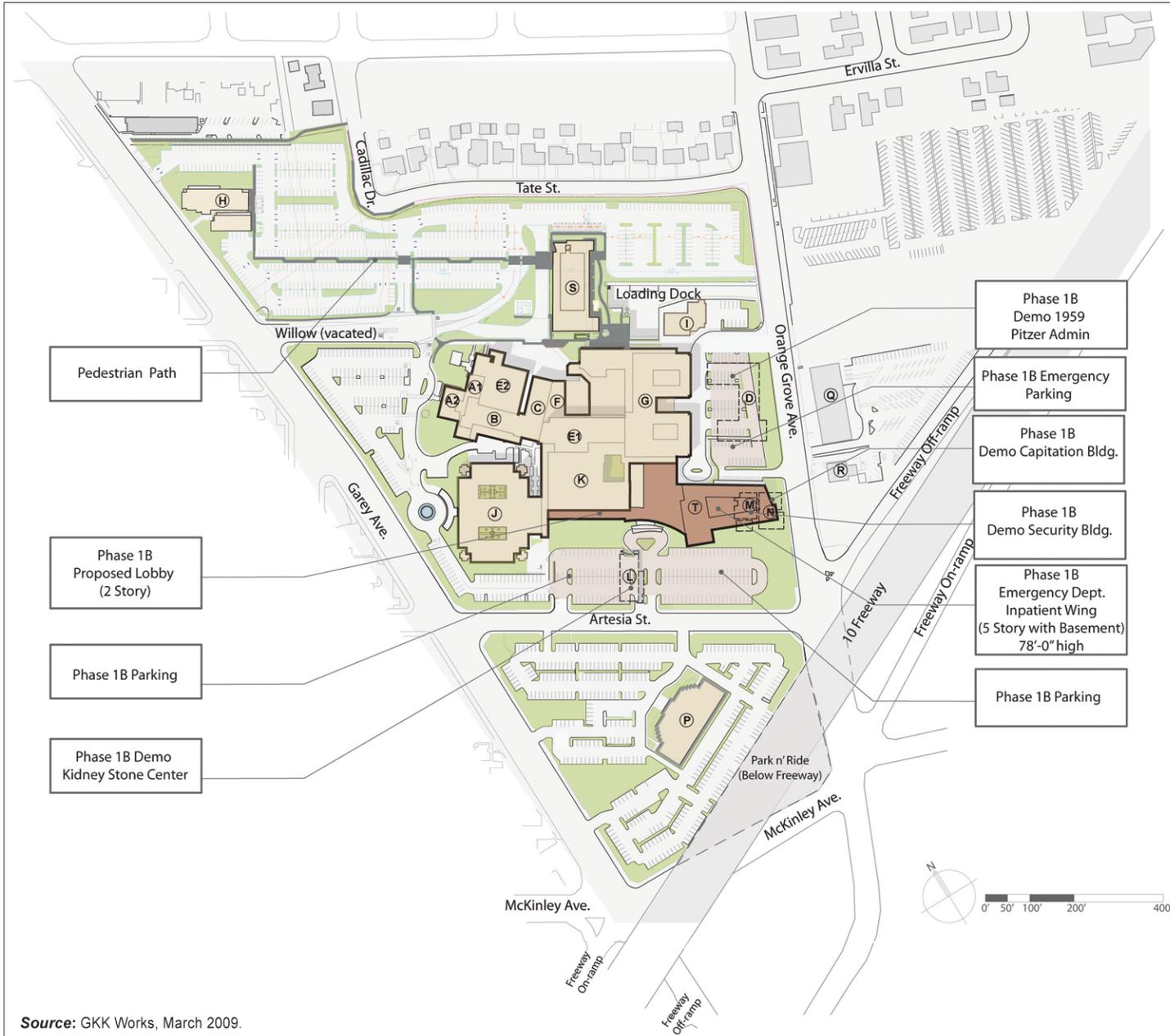
### ***Phase 3***

Phase 3 is shown in Figure 3-7 (Proposed Site Plan—Phase 3) and would include construction of a new five-story (plus basement), 129,000-sf hospital wing. The new wing would be located on the south side of the PVHMC Hospital, adjoining the 1992 hospital wings J & K. The new addition would house 60 new medical/surgical beds, 36 new critical care beds, a new lobby and gift store, and an expanded surgical department.

A new parking garage containing 400 parking spaces would also be constructed on the core campus, south of Artesia Street.

Implementation of Phase 3 would involve the demolition of hospital wings built variously in 1913 (Wing A1), 1958 (Wing A2—lobby), 1928 (Wing B), 1954 (Wing C), 1961 (Wing E1), 1963 (Wing E2), and 1963 (Wing F) and the freestanding 1985 MRI building (Bldg. I), having a combined total of 209,851 sf. Figure 3-3 (Demolition Plan) illustrates the demolition plan for both Phase 1 and Phase 3 of the proposed project. With the completion of Phase 3 in 2030 the hospital would decrease its floor area by approximately 80,851 sf and would house approximately 475 beds, a reduction of 47 beds as compared to Phase 2, and a net increase of 22 beds as compared to the current hospital bed count.

Landscaping for Phase 3 has been conceptually planned to bring the whole campus together by utilizing existing trees, when possible, and by adding groundcover, shrubbery, and rock groupings to enliven the core campus area. With the demolition of the older portions of the existing hospital, a new central open space would be created that would be landscaped to provide a pleasant outdoor seating area for patients and visitors, and enhanced with vine clad trellises and other special features. The new central open space would be connected to the surrounding pathway system by concrete walkways.



Demolished Building		Area
D	1959 Pitzer Admin.	12,000
M	1951 Security	4,150
N	1960 Capitation	2,700
L	1995 Kidney Stone Center	4,000
Total		22,850

Building	Bldg. Ht.	Area
T	New Inpatient Wing	78'-0" 138,000
	Existing	801,015
	Demolished	-22,850
Total		916,165

Bed Count	
Existing Beds	453
Inpatient Tower Beds	94
Removed Beds from '54	-49
NICU Beds in Women's Center	22
Total:	520

Parking Count	
2,270 Surface parking	

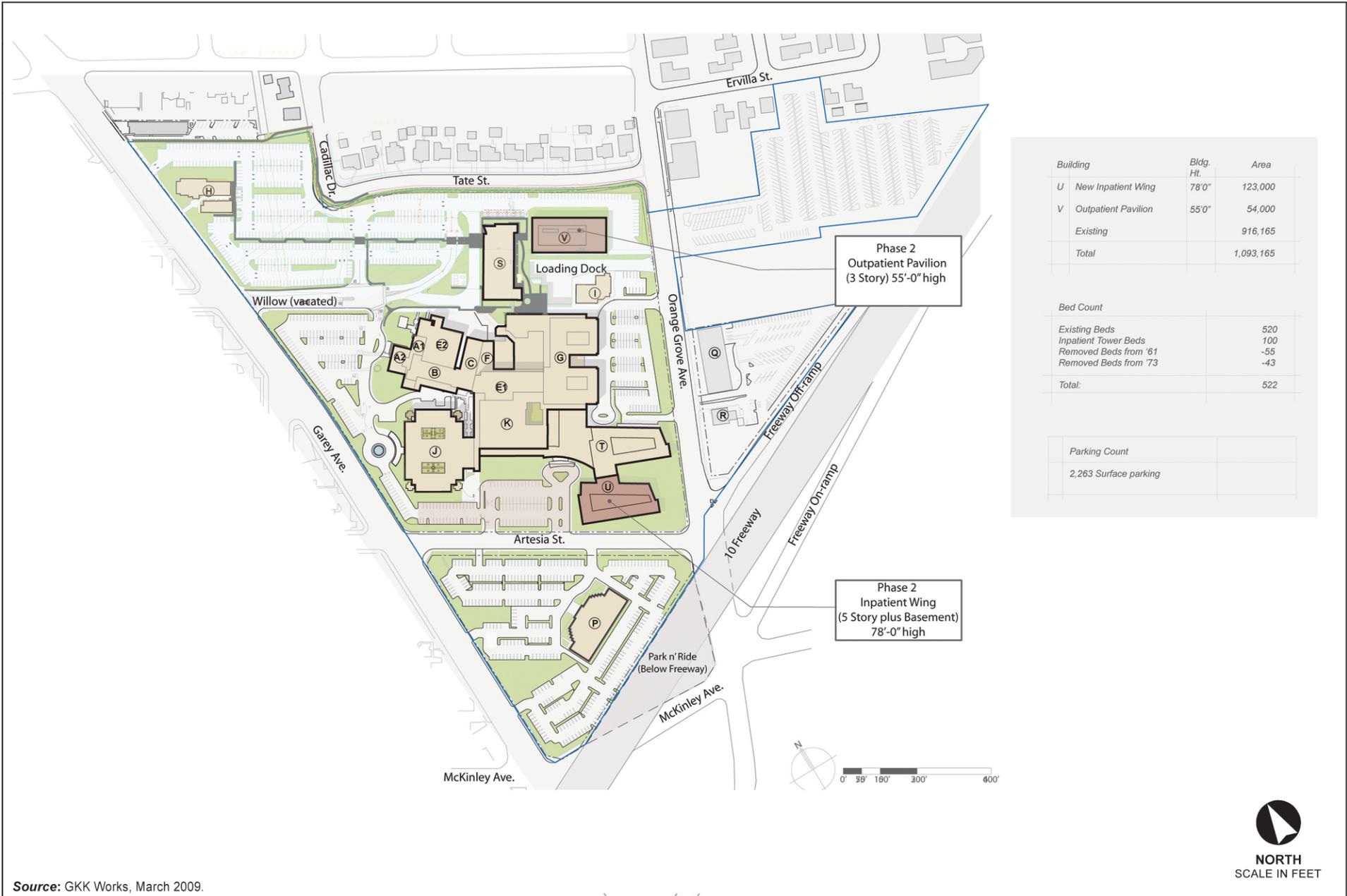
Source: GKK Works, March 2009.

**FIGURE 3-5b**  
**Proposed Site Plan—Phase 1B**



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Building	Bldg. Ht.	Area
U New Inpatient Wing	78'0"	123,000
V Outpatient Pavilion	55'0"	54,000
Existing		916,165
<b>Total</b>		<b>1,093,165</b>

Bed Count	
Existing Beds	520
Inpatient Tower Beds	100
Removed Beds from '61	-55
Removed Beds from '73	-43
<b>Total:</b>	<b>522</b>

Parking Count	
2,263 Surface parking	

Source: GKK Works, March 2009.



**FIGURE 3-6**  
**Proposed Site Plan—Phase 2**



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### 3.3.9 Specific Plan and General Plan Amendments

The PVHMC Specific Plan would be established under the authority of *California Government Code* Title 7, Division 1, Chapter 3, Article 8, Sections 65450 through 65457 (Specific Plans) and the provisions of the *Pomona City Code*. A Specific Plan is a legislative planning tool, regulatory in nature, which serves as zoning law for the property(s) involved. Development plans, site plans, and tentative tract/parcel maps must be consistent with both the Specific Plan and the City's General Plan. The Specific Plan would be adopted by ordinance of the City Council.

The majority of the Medical Center campus is designated as Institutional in the City's General Plan Land Use Element. An area south of Artesia Street and east of Orange Grove Boulevard is designated as Administrative Professional. The main campus is zoned Administrative Professional (AP) or R-1 7200. The area west of Cadillac Drive is designated as Single-Family Residential and General Commercial. As part of the approval process for the Specific Plan, the project area's General Plan land use designations and zoning would be amended to "Medical Center Specific Plan."

### 3.3.10 Construction Schedule

Development of the Specific Plan, as a whole, would occur over the next 21 years in three discrete phases. Construction of Phase 1 would commence in late 2009. Construction is scheduled to last approximately forty-eight months, concluding in late 2013. Construction would occur during normal City construction hours (7:00 A.M. to 8:00 P.M.) and would be subject to all standard City guidelines, ordinances and practices.

- **Phase 1A:** Construction of Phase 1A would begin in 2009 and include approximately four months of site preparation, grading, and off-site utility and roadway improvements for the outpatient pavilion. Willow and Cadillac Streets would be closed and vacated by the City where they run through the project site. The surface parking lots north of the main hospital building would be reconfigured. Construction would be completed in 2011.
- **Phase 1B:** Construction of Phase 1B would begin in 2011, with approximately eight months of site preparation (including proposed demolitions), grading and excavation of the basement and construction of the foundation. Off-site utility and roadway improvements would also begin in 2011, with completion scheduled in mid to late 2013.

Implementation of future Phase 2 and Phase 3 would occur between 2017 and 2030, as funding becomes available.

### 3.3.11 Intended Uses of This EIR

This EIR has been prepared to analyze environmental impacts associated with the construction and operation of the proposed project and to also address appropriate and feasible mitigation measures or project alternatives that would minimize or eliminate these impacts. This EIR would provide the primary source of environmental information for the lead agency to consider when exercising any permitting authority or approval power directly related to implementation of the proposed project.

This EIR is intended to provide decision-makers and the public with information that enables them to consider the environmental consequences of the proposed action. This EIR identifies significant or potentially significant environmental effects, as well as ways in which those impacts can be reduced to less-than-significant levels, whether through the imposition of mitigation measures or through the implementation of specific alternatives to the proposed project.

### 3.4 PUBLIC ACTIONS AND APPROVALS REQUIRED

The City is the lead agency with the authority to carry out or approve the proposed project. The City's project approvals include certification of the EIR for the proposed project. Pursuant to Section 15124(d)(1)(B) of the CEQA Guidelines, the list of permits and approvals required to implement the proposed project include, but is not limited to, the following:

- **General Plan Amendment:** Modification of the General Plan Land Use Map to reclassify 23 properties with a total area of approximately 40.26 acres from land use designations of Institutional, Administrative Professional, General Commercial, and Single-Family Residential to Medical Center Specific Plan to allow for the adoption of the Pomona Valley Hospital Medical Center Specific Plan.
- **Change of Zone:** Modification of the City Official Zoning Map to reclassify properties from A-P, Administrative Professional, and R-1 7500, Single-Family Residential, zones to Medical Center Specific Plan.
- **Site Development Review:** Site Development Review would be necessary according to the standards and required approvals and actions of the PVHMC Specific Plan.
- **Lot Merger:** A lot merger may be required as part of the approval of the PVHMC Specific Plan to merge two or more contiguous parcels or units of land under common ownership into one parcel.
- **Street Vacation:** For the closure of the following street segments and alleyways within the PVHMC Specific Plan area: (1) Cadillac Drive between Willow Street and Tate Street; (2) Willow Street, between Garey Avenue and Tate Street; (3) a portion of alley (approximately parallel to Cadillac Drive and Garey Avenue) from Aliso Street to Willow Street.
- **Certificate of Appropriateness:** A Certificate of Appropriateness shall be required prior to the issuance of any demolition permit for any building, the moving of any building, or a change in the exterior appearance of any building or any part of a building within the Specific Plan area that was constructed prior to 1945.

Table 3-6 (Anticipated Actions) lists the specific development approvals required for each proposed phase of the Specific Plan Development. This EIR addresses the proposed development for Phase 1 in detail at a project specific level. Development of subsequent phases is addressed programmatically given the still conceptual nature of the development planned for those phases. It should be noted that the proposed development represents the maximum project, or "development envelope," that would be constructed.

In addition to the City, there are also federal, state, and regional responsible agencies with authority over various aspects of the proposed project. These could include, but are not necessarily limited to, the following:

- **California Office of Statewide Health Planning and Development (OSHPD)—Facilities Development Division (FDD)**—Reviews and inspects health facility construction projects and enforces building standards per the California Building Standards Code as they relate to health care facilities. OSHPD is also responsible for enforcing the provisions of SB 1661 (seismic safety). OSHPD would be responsible for plan checking and permitting the actual hospital construction.
- **Los Angeles Regional Water Quality Control Board (RWQCB)**— A National Pollution Discharge Elimination System (NPDES) Permit for construction activities disturbing more than 1 acre and permit for dewatering during construction, and approval of operational stormwater treatment.
- **South Coast Air Quality Management District (SCAQMD)**—SCAQMD shares responsibility with the California Air Resources Board and Southern California Association of Governments (SCAG) for ensuring that all applicable federal and state air quality standards are achieved and maintained. In addition, SCAQMD issues an Authority to Construct and Operating Permit for operation of on-site mechanical equipment.
- **California Department of Health Services (DHS)**—DHS licenses and inspects hospital facilities. The Medical Waste Management Program and Radiological Health Program regulate disposal of medical waste during the project’s operational phase.
- **Department of Toxic Substances Control (DTSC)**—The DTSC regulates the disposal of toxic materials including asbestos released as the result of demolition of structures. The Department also regulates the disposal of hazardous medical waste during the project’s operational phase.
- **California Public Utilities Commission (CPUC)**—The CPUC reviews and permits construction and/or relocation of electrical substations, transformers and electrical vaults and natural gas lines which may be required in the course of implementing the proposed project.
- **California Occupational Safety and Health Administration (Cal-OSHA)**—Regulates occupational safety on construction job sites as well as hospital worker safety during the projects’ operational phase.
- **California Department of Transportation (Caltrans)**—Caltrans would be responsible for reviewing and approving plans for the proposed off site traffic signal at Garey Avenue and the I-10 freeway off-ramp. Caltrans must issue an encroachment permit prior to the installation of the signal and would be responsible for its subsequent operation and maintenance.
- **County of Los Angeles Fire Department (LACoFD)**—LACoFD must approve the Medical Center’s plan for emergency access.
- **Country Sanitation Districts of Los Angeles County (CSDLAC)**—The County Sanitations Districts must approve of any new sewer connections between the on-site sewer line and the public sewer mains.

**Table 3-6 Anticipated Actions**

<i>Phase</i>	<i>Summary of Physical Improvements</i>	<i>Implementation Actions</i>	<i>Responsible Pomona Agency/Department</i>
1A	New Outpatient Pavilion (56,000sf)	Plan Check	Pomona Public Works—Building Division
		Site Development Review	Planning Commission
	Landscaping Improvements	Site Development Review	Planning Commission
	New parking		
	Lot Consolidation, Per Exhibit 7-2	Lot Merger	
Water and Sewer System Improvements	Building Permit	Public Works Department, Fire Department	
1B	New Inpatient Wing and Lobby (138,000 sf)	Plan Check	OSHPD
	Curb Alignment	Site Development Review	Planning Commission
	New Parking		
	Remove Existing Cooling Equipment	Demolition Permit	Planning Division, Public Works Department
	Demolition of Bldgs. D, L, M and N)		
Water and Sewer System Improvements	Building Permit	Public Works Department, Fire Department	
2	New Inpatient Wing (123,000 sf)	Plan Check	OSHPD
		Site Development Review	Planning Commission
	New Outpatient Building (54,000 sf)		Planning Commission, Public Works Department
	New Landscaping		
	Parking Restriping	Building Permit	Public Works Department, Fire Department
Water and Sewer System Improvements	Building Permit	Public Works Department, Fire Department	
3	New Inpatient Wing (129,000 sf)	Plan Check	OSHPD
		Site Development Review	Planning Commission
	New Parking Structure	Demolition Permit	Planning Division, Public Works Department
	Demolition of Bldgs. A1, A2, B, C, E1, E2, F, I		
	Water and Sewer System Improvements	Building Permit	Public Works Department, Fire Department

SOURCE: PBS&J 2009

## 3.5 CUMULATIVE DEVELOPMENT SCENARIO

### 3.5.1 Introduction

CEQA Guidelines Section 15130(a) states that:

An EIR shall discuss cumulative impacts of a project when the project's incremental effect is cumulatively considerable, as defined in Section 15065(a)3. Where a Lead Agency is examining a project with an incremental effect that is not cumulatively considerable, a Lead Agency need not consider that effect significant, but shall briefly describe its basis for concluding that the incremental effect is not cumulatively considerable.

CEQA Guidelines Section 15130(b)(1) states that a discussion of cumulative impacts can be based on:

A list of past, present, and probable future projects producing related or cumulative impacts, including, if necessary, those projects outside the control of the agency.

or on:

A summary of projections contained in an adopted general plan or related planning document, or in a prior environmental document which has been adopted or certified, which described or evaluated regional or area wide conditions contributing to the cumulative impact.

The aggregate effects of past, present, and reasonably foreseeable actions of a proposed project in combination with other related projects within reasonable geographic bounds typically cause cumulative effects. CEQA Guidelines Section 15130 requires a discussion of the cumulative impacts of a proposed project when, in combination with other related projects, it is cumulatively considerable. A proposed project would not contribute to a cumulative impact for a specific environmental issue if the proposed project, by itself, would have no impact on that issue. Therefore, cumulative analyses are not conducted for those environmental issues that the Initial Study determined would not be impacted by the proposed project. Only those issues which the proposed project would impact, regardless of whether that impact would be significant or not, are addressed in this cumulative impacts analysis.

### 3.5.2 Related Projects

To identify projects that should be included on the cumulative related projects list, as described above CEQA Guidelines Section 15130(b)(2) states in part that:

Factors to be considered when determining whether to include a related project should include the nature of each environmental resources being examined, the location of the project, and its type.

In other words, the list of related projects that can be used to assess cumulative impacts may vary according to the type of environmental resource being analyzed. For example, an analysis of cumulative traffic impacts would be limited to related projects within a defined geographic radius from the project site with potential to impact key study intersections. Similarly, when using the summary of projections approach, the particular planning documentation should be referenced.

For the purposes of this EIR, the potential cumulative effects of the proposed project are based upon a list of projects identified by the City and neighboring jurisdictions, as well as build-out of the General Plan or other criteria, depending upon the specific impact being analyzed. In general, projects located within the hospital’s service area were included provided they met certain established minimum criteria. Projects located within two miles of the hospital were included regardless of size, as all of these projects would impact key study intersections and contribute to cumulative air quality and noise impacts. Outside of the 2-mile radius commercial, industrial and institutional projects were included if they exceeded 100,000 sf. in size (as these would be likely to have regional impacts). Residential projects of 100 dwelling units or more were also included for the same reason. The list of related projects within the vicinity of the proposed project is provided in Table 3-7 (List of Related [Cumulative] Development Projects). Figure 3-8 (Related [Cumulative] Development Projects) indicates the locations of the related projects.

**Table 3-7 List of Related (Cumulative) Development Projects**

<i>Project</i>	<i>Description/Location</i>	<i>Land Use</i>	<i>Size</i>		<i>Jurisdiction</i>
1	1833 North Garey Avenue—Two mixed-use medical offices (used in traffic study for cumulative project—Project no.)	Medical Offices	17,000 sf	0.65 acre	Pomona
2	2111 North Garey Avenue—One-story medical office building	Medical offices	12,500 sf	0.89 acre	Pomona
3	2075 North Garey Avenue—Multi-tenant commercial center	Retail Co	24,840 sf	2.66 acre	Pomona
4	255 West Second Street—Five-story building including a seven-level parking structure, 113 residential units, 5 live-work units and 14,000 sf of retail floor area	Mixed Use	118 DU; 14,000 sf Retail	1.37 acres	Pomona
5	355–455 West Second Street—Five-story building with a seven-level parking structure, 153 residential units and 21,000 sf of retail floor area	Mixed Use	153 DU; 21,000 sf Retail	2.05 acres	Pomona
6	701-795 East Second Street—College expansion includes a new four-story educational building and a three-story medical building with attached seven-level parking structure	Institutional	244,197 sf	4 acres	Pomona
7	1101 West McKinley—Fairplex Trade and Conference Center		40,000 sf	543 acres	Pomona
7	13799 Monte Vista Avenue—Proposed concrete tilt-up building	Industrial	421,031 sf		Chino
8	City of Chino—Develop 134 for sale, multi-family residential units	Residential	134 DU	10 acres	Chino
9	5445 Olive Street—self-storage facility	Commercial	105,020 sf		Montclair
10	5548 Arrow Highway—self storage facility	Commercial	113,436 sf		Montclair
11	10400 Block of Pradera Avenue	Residential	75 DU	4.36 acres	Montclair
12	10355 Mills Avenue—Senior Housing	Residential	85 DU	2.11 aces	Montclair
13	North side of Holt Boulevard between Mills and Amherst Avenue—Bellafina, 106 single-family detached homes	Residential	106 DU 245,496 sf		Montclair
14	First Street and Cornell Avenue—Claremont Village Mixed use Offices	Office	45,000 sf		La Verne

**Table 3-7 List of Related (Cumulative) Development Projects**

<i>Project</i>	<i>Description/Location</i>	<i>Land Use</i>	<i>Size</i>		<i>Jurisdiction</i>
15	First Street and Cornell Avenue—Claremont Village Mixed Use Townhomes	Residential	173 DU		La Verne
16	First Street and Cornell Avenue—Claremont Village Mixed Use Shopping	Retail	59,135 sf		La Verne
17	First Street and Cornell Avenue—Claremont Village Mixed Use	Restaurant	25,865 sf		La Verne
18	2887 N. Town Avenue—Townhomes/Condominiums	Residential	87 DU 5,500 sf		La Verne
19	Foothill Boulevard and Town Center—Senior Housing 101 dwelling units	Residential	101 DU		La Verne
20	Foothill Boulevard and White Avenue—Shopping center	Retail	105,946 sf		La Verne
21	Padua Avenue and Mt. Baldy Road—Apartments 120 dwelling units	Residential	120 DU		La Verne
22	San Dimas Ave and Commercial Street Apartments—110 dwelling units	Residential	110 DU		La Verne
23	3960 Fruit Street—Lutheran High School	Institutional	100,642 sf		La Verne
24	Amar and Lemon—268 Single-family Residential units	Residential	268 DU		Walnut
25	Mt SAC Master Plan—expansion of 381 students by 2010, 5,162 student by 2015 and 3,745 students by 2020	Institutional	250,000 sf		Walnut
26	Brea Canyon/ Grand Crossing—105,000 sf of industrial and 245,000 of warehouse	Industrial/ Warehouse	350,000 sf		Walnut
27	Grand and Ferraro—74,400 sf of industrial and 173,000 of warehouse	Industrial/ Warehouse	247,400 sf		Walnut
28	Grand and Valley—189,000 sf retail, 24,000 sf of industrial, 56,000 sf of warehouse	Mixed Use	269,000 sf		Walnut
29	Baker Parkway—1.1 million sf of industrial and 1.2 million sf of warehouse	Industrial/ Warehouse	2.3 million sf		Walnut
30	Ferraro Parkway—Plantation III Buildings A and B	Industrial	460,400 sf		Walnut
31	Grand and Baker—Industry business center	Commercial Office	4.78 million sf		Walnut
32	Grand and Valley—9,000 sf of fast food, 60,000 sf of specialty retail, 246,400 sf shopping center	Retail	315,400 sf		Walnut
33	Bonita Avenue and San Dimas Avenue—Bonita Canyon Gateway 120 residential units and 40,000 sf of commercial	Mixed Use	120 DU; 40,000 sf Commercial		San Dimas
34	JCC South Pointe west—south of Larkstone Drive, east of Morning Sun Avenue	Single-Family Homes Neighborhood Park	99DU	2 acres	Diamond Bar
35	WVUSD Site D Mixed-use Project—Diamond Bar Boulevard east of Brea Canyon Road	Condominiums Shopping Center	20 DU 153,985 sf		Diamond Bar

Table 3-7 List of Related (Cumulative) Development Projects

<i>Project</i>	<i>Description/Location</i>	<i>Land Use</i>	<i>Size</i>		<i>Jurisdiction</i>
36	57 and 60 freeway intersection—NFL stadium	Recreational	75,000-seat stadium; practice fields; square footage not specified	592 acres	City of Industry
37	Industry East, Area A-2—South side of Garcia Drive, east of Grand Avenue	Industrial Park Fire Station	198,000 sf 15,000 sf		City of Industry
38	Industry East Area A-3—West of Grand Avenue south of Valley Boulevard	Shopping Center	189,000 sf		City of Industry
39	Industry East, Area A-4—West of Grand Avenue south of Valley Boulevard (38 and 39 are related projects)	Shopping Center	99,000 sf		City of Industry
40	PCUP07-028/PDEV07-033 CUP 175 room hotel—Southeast corner of the I-10 freeway and Haven Avenue within the Ontario Gateway Specific Plan	Entertainment Land use	155,577 sf	3.46 acres	Ontario
41	PCUP07-052/PDEV07-053 CUP 262-room full service hotel—Northeast corner of E. Ontario Center Parkway and North Via Piedmont, within the Piedmont District of the Ontario Center Specific Plan	Hotel	182,220 sf	4.34 acres	Ontario
42	PDEV04-047 Development Plan Wal-Mart Supercenter—Northwest corner of Mountain Avenue and Fifth Street, within the Main Street District of the Mountain Avenue Specific Plan	Redevelopment of Existing structures	190,803 sf	165.29 acres	Ontario
43	PDEV06-023 Development Plan Home Depot—Northwest corner of Riverside Drive and Euclid Avenue3, within the Borba Village Specific Plan	Neighborhood Commercial	152,009 sf		Ontario
44	PDEV06-028 Development Plan five-story medical office building, five-story 222 bed hospital and addition to an existing medical office building within the Kaiser Permanente Specific Plan	Medical/ Administrative Facilities	228,000 sf 380,568 sf 9,398 sf	28.06 acres	Ontario
45	PDEV08-012 Development Plan 0.75-acre commercial pad for the future development of an approximate 225,000 sf 150-room Hotel, at 3240 E. Guasti Road, within the Centerlake Specific Plan	Hotel	225,000	16.12 acres	Ontario
46	PDEV08-013 Development Plan (Phase II-Ontario Airport Towers) for a 5-story office building within Planning Area 1 of the Guasti Plaza Specific Plan	Office Building	139,000 sf	6.01 acres	Ontario
47	PSPA08-001 Amendment to Rich-Haven Specific Plan to modify commercial development from 889,000 sf to 3,444,180 sf—Southeast corner of Chino Avenue and Haven Avenue	Regional Commercial	3,444,180 sf		Ontario
48	PDEV06-066 Development Plan for 7 industrial buildings—On Francis Street extending from Haven Avenue to Milliken Avenue within the California Commerce Center Specific Plan	Ling Industrial Rail Industrial	1,970,150 sf	98.9 acres	Ontario
49	PDEV07-016 / PMTT07-012 Development Plan Revision to Industrial Park with 8 buildings—Southeast corner of Belmont Street and Grove Avenue within the Grove Avenue Specific Plan	Business Park Industrial Park Airport Approach Zone	264,402 sf	15.78 acres	Ontario
50	PDEV07-044 Development Plan 11 industrial buildings within the Hofer Ranch Airport Business Park Specific Plan	Business Park	248,865 sf	15.19 acres	Ontario

**Table 3-7 List of Related (Cumulative) Development Projects**

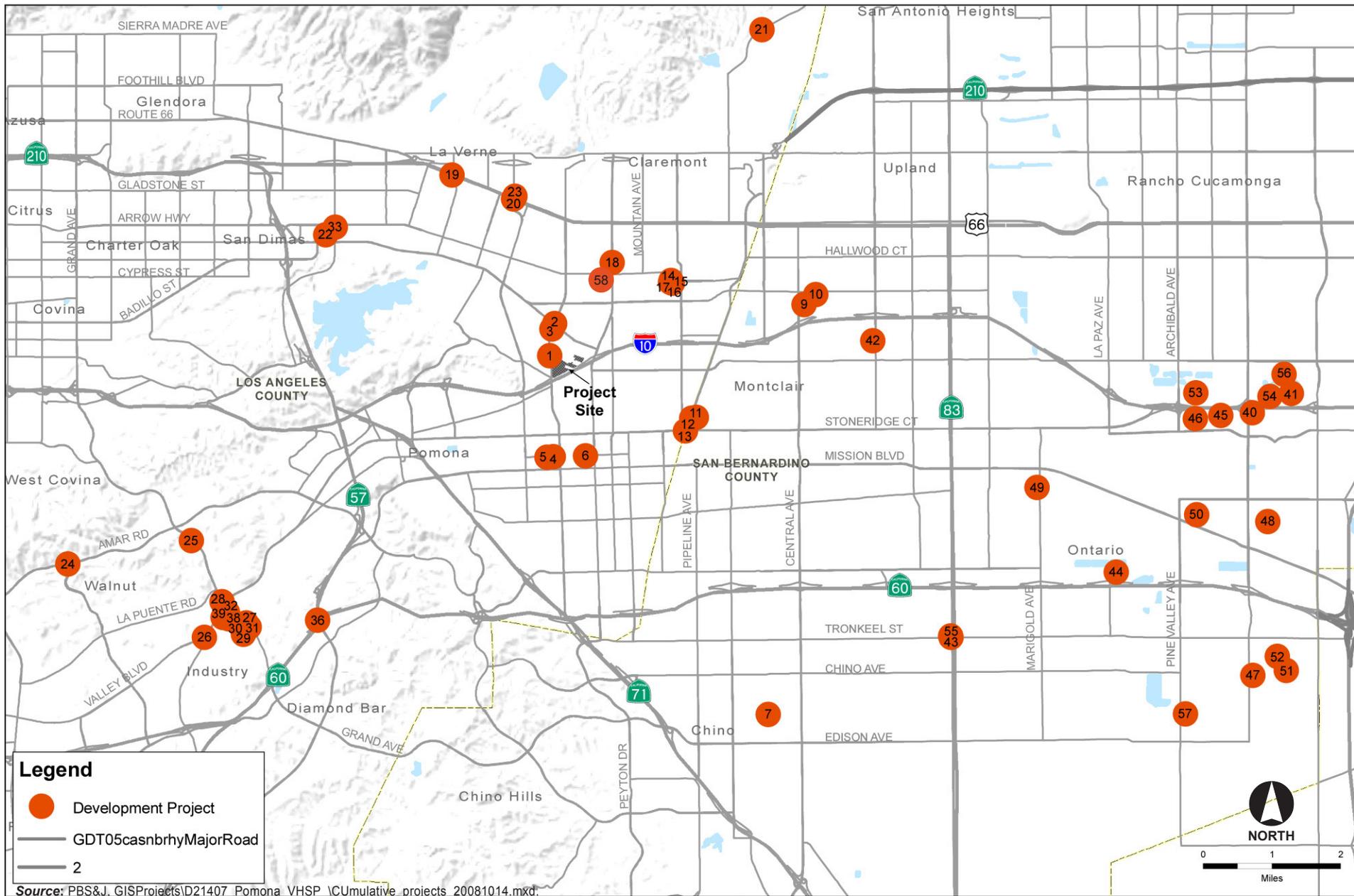
<i>Project</i>	<i>Description/Location</i>	<i>Land Use</i>	<i>Size</i>		<i>Jurisdiction</i>
51	PDEV06-026 Development Plan fourteen 10-plex buildings and seven 3-plex buildings—at the NEC of Chino Avenue and Mill Creek Avenue, within the Edenglen Specific Plan	Medium Density Residential	168 Du	11.84 acres	Ontario
52	PDEV06-017 Site Plan for 106 single family units within the Edenglen Specific Plan	Low Density Residential	106 DU	10.09	Ontario
53	PDEV07-037 Revision to approved Development Plan for 335 townhouse dwellings—North side of Inland Empire Boulevard, between Archibald and Turner Avenues within the Ontario Festival Specific Plan	Medium Density Residential	311 DU	21.4 acres	Ontario
54	Tentative Tract Map for 469 unit Condominium within the Ontario Center Specific Plan	Medium Density Residential	469 DU	7.9 acres	Ontario
55	Tentative Tract Map for Condominiums and 195 multi-family residential units—Northwest corner of Euclid Avenue and Riverside Drive in the Borba Village Specific Plan	Medium and High Density Residential	195 DU	12.25 acres	Ontario
56	Tentative Tract Map for 165 mixed-use development—South side of Via Villagio between Via Asti and Via Piedmont, within the Piedmont District of the Ontario Center Specific Plan	Medium Density Residential	165 DU	4.24 acres	Ontario
57	PMTT06-066 Tentative Tract Map for 234 residential lots and 18 lettered lots—Southeast corner of Archibald Avenue and Schafer Avenue, within Planning Areas 6A and 6B of the Avenue Specific Plan.	Low Density Residential	234 DU	38.75 acres	Ontario
58	600 East Bonita, Tentative Tract Map for 123 single-family homes.	Low Density Residential	123 DU	19.66 acres	Pomona

SOURCE: City of Pomona, 2008; City of Walnut, 2008; City of La Verne 2008; City of San Dimas 2008; City of Montclair 2008; City of Claremont; City of Chino, 2008.

The traffic study prepared for the proposed project utilized a growth factor of 1 percent non-compounded annually based on approved traffic impact studies prepared for past projects in the City of Pomona, to account for ambient traffic growth. This ambient growth factor, taken together with trips generated by approved/pending projects within 2 miles of the project site (cumulative project list), is used to assess cumulative impacts related to traffic. However, the 1 percent growth factor and cumulative project list used for traffic is not used to assess cumulative impacts associated with all environmental issues. For most environmental issues, the appropriate cumulative projects information required to adequately evaluate cumulative impacts is the data provided or described in adopted planning documents such as the City's General Plan (1976) or the South Coast Air Quality Management District (SCAQMD) Plan. For example, analysis of cumulative air quality impacts would be done with reference to the relevant air basin and analysis of cumulative school impacts would be assessed with reference to the applicable school district capital improvement plan and enrollment projections. Because the choice of approach to the cumulative analysis (related projects list or summary of projections used) varies according to the type of environmental issue, the discussion of cumulative impacts specifies when the related projects list is used to assess a particular impact area or, if the related (cumulative) project list is not used, will specify which adopted planning documents were used. If no particular document is noted, the analysis is done with reference to the build-out of the City's 1976 General Plan.

## 3.6 REFERENCES

Taylor & Gaines Structural Engineers (Taylor & Gaines). 1994. *Structural Evaluation—Part 1 for Pomona Valley Hospital Medical Center*, September 6.



**FIGURE 3-8**  
**Cumulative Development**

0D2139000

Pomona Valley Hospital Medical Center Specific Plan EIR



# CHAPTER 4 Environmental Analysis

## 4.0 INTRODUCTION TO THE ANALYSIS

Sections 4.1 through 4.16 of this EIR chapter contain a discussion of the potential environmental impacts that would result from the implementation of the proposed project, including information related to existing site conditions, analyses of the type and magnitude of project-related and cumulative environmental impacts, and feasible mitigation measures that could reduce or avoid environmental impacts.

### 4.0.1 Comments Received on the Notice of Preparation

During the 30-day public review period for the Notice of Preparation (NOP), which began on March 25, 2008, and ended on April 23, 2008, nine comment letters were received. A scoping meeting was held on April 3, 2008, which discussed the CEQA process but elicited no specific comments from the public other than as to process. The NOP comment letters are included in Appendix A (Initial Study/Notice of Preparation) of this EIR.

### 4.0.2 Scope of the EIR

#### ■ Specific Plan

Pomona Valley Hospital Medical Center (PVHMC) proposes the redevelopment of an existing medical center comprised of 23 parcels, some of which are noncontiguous but all of which are geographically related, covering approximately 40 acres. The proposed Specific Plan would be implemented in three sequential phases over a period of approximately 21 years. At build-out, the PVHMC would have added approximately 500,000 square feet (sf) of combined new inpatient and outpatient facilities and would have demolished approximately 232,701 sf of existing facilities, including several older wings of the existing hospital building. At the same time, PVHMC would reconfigure its existing surface parking and internal circulation, revise its points of access, increase the amount of landscaped open space, upgrade its sewer and water infrastructure, install two off-site traffic signals, and add a parking structure accommodating approximately 400 vehicles. The project also proposes the closure of two public street segments (Willow Street and Cadillac Drive) and a public alley where the traverse the core campus. All of the proposed reconstruction and new construction will occur within the PVHMC core campus at 1798 North Garey Avenue, Pomona, CA.

With proposed improvements, PVHMC would bring its hospital facility into compliance with the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953), would double the size of its Emergency Department and add approximately 110,000 sf of outpatient and administrative support facilities in two

freestanding structures, which would be built north of the hospital in an area currently used for surface parking.

PVHMC also proposes a General Plan Amendment and zone change to consolidate all existing site land use designations and zoning to the single designation of “Medical Center Specific Plan.” Concurrent with the processing of the proposed General Plan Amendment, zone change, and Specific Plan, PVHMC is also seeking full entitlements and building permits for Phase 1A of the proposed project. Approval of the General Plan Amendment, zone change, and Specific Plan by the City would be required in order to implement the proposed project.

## ■ Levels of Analysis

Section 15165 of the Guidelines states:

Where individual projects are, or a phased project is, to be undertaken and where the total undertaking comprises a project with significant environmental effect, the lead agency shall prepare a single program EIR for the ultimate Project as described in Section 15168.

Implementation of the proposed Specific Plan would occur in three sequential phases over a period of approximately 21 years. Pursuant to Section 15165, this EIR will evaluate the entirety of the proposed project on a programmatic level. As the Phase 1A/1B component is sufficiently defined and actual construction documents and engineered drawings are available, the EIR will provide a project-level analysis of Phase 1 impacts. Phases 2 and 3 of the Specific Plan are still conceptual and are subject to refinement and change prior to implementation. Accordingly, these phases of the proposed project are evaluated on a program level as comprehensively and with as much specificity as possible, given the information available.

## ■ Phasing

As noted, the Specific Plan would be implemented in three phases over a 21-year period. Chapter 3 (Project Description) of this EIR describes each phase in detail. The following is a brief synopsis of the main features of the three phases.

Phase 1 of the proposed Specific Plan includes construction of a new freestanding outpatient pavilion followed by the construction of a new five-story (plus basement) inpatient wing addition to the hospital, together with the construction of various infrastructure upgrades, surface parking modifications, and revisions to the Medical Center campus on-site circulation patterns. Implementation will require demolition of approximately 22,850 sf of freestanding ancillary buildings and the closure of two public street segments where they traverse the core campus. At build-out, Phase 1 would add a net total of approximately 171,149 sf of medical facilities, increasing the total square footage of PVHMC to 916,165 sf, and would add 67 new patient beds, for a total of 520 beds. A new signal would be installed at Aliso Street and Garey Avenue concurring with the completion of Phase 1. Construction of Phase 1 would begin sometime in 2009 and would occur over a period of four years.

Phase 2 of the proposed project would include the construction of 54,000-sf outpatient pavilion followed by construction of a 123,000 sf, five-story hospital wing addition south of the previously constructed Phase 1 hospital wing. At build-out, Phase 2 would add approximately 177,000 sf of facilities to the Medical Center, for a total of 1,093,165 sf. The hospital would add a net of two new patient beds, raising the total number of patient beds to 522.

Phase 3 of the proposed Specific Plan project would include the construction of a new, approximately 129,000 sf. hospital wing. The new wing would house 96 new hospital beds and allow for the expansion of other hospital services. Phase 3 will also include the construction of a new parking structure with space for approximately 400 vehicles. Implementation of Phase 3 would require the demolition of 209,851 sf of the existing hospital building, reducing the number of patient beds to 475, and the amount of total square footage by 80,851 sf to a total of 1,012,314 sf.

## ■ Impact Analysis

In accordance with Appendix G of the CEQA Guidelines, the potential environmental effects of the proposed project are analyzed for the following environmental issue areas:

- Aesthetics
- Air Quality
- Biological Resources
- Cultural Resources
- Geology and Soils
- Hazards and Hazardous Materials
- Hydrology and Water Quality
- Land Use and Planning
- Noise
- Population and Housing
- Public Services (Fire, Police, Schools, Libraries, Recreational Facilities, and Roads)
- Transportation/Traffic
- Utilities and Service Systems (Water, Wastewater, Solid Waste, Electricity, and Natural Gas)
- Climate Change
- Mandatory Findings of Significance

All impacts associated with agricultural and mineral resources have been determined in the Initial Study to have *no impact* and are not further addressed in this EIR for the reasons described below.

- **Agricultural Resources**—The proposed project site has been occupied by the PVHMC since 1913. Portions of the site were in agricultural use as late 1954; however there has been no agricultural use on the project site for more than 50 years. The site is fully developed with existing medical uses and surface parking. Implementation of the project would not convert prime farmland, unique farmland, or farmland of Statewide importance to a nonagricultural use, would not conflict with existing zoning for agricultural use or a *Williamson Act* contract, and would not involve other changes in the existing environment which, due to their location or nature, could result in conversion of farmland to nonagricultural use. Therefore, the project would not result in a

significant impact to agricultural resources and no additional study of this issue will be necessary in the EIR.

- **Mineral Resources**—Adoption of the proposed project should not result in the loss of availability of a known mineral resource that would be of value to the region and the residents of the State, as the proposed project would not result in a significant impact to the availability of mineral resources. No additional study of this issue will be necessary in the EIR

### 4.0.3 Format of the Environmental Analysis

Each environmental resource section in Chapter 4 contains the following headings and related discussions.

#### ■ Introduction

This brief subsection outlines the areas of focus for the following analysis, includes data sources, and identifies specific comments received pertinent to the resource area. All comments received in response to the IS/NOP circulated for the proposed project were taken into consideration of this EIR, and, if relevant, have been addressed in the technical sections.

#### ■ Environmental Setting

An EIR must include a description of the existing physical environmental conditions in the vicinity of the project to provide the “baseline condition” against which project-related impacts are compared (State CEQA Guidelines Section 15125). The baseline condition is generally the physical condition that exists when the NOP is published. For purposes of this EIR analysis, the baseline condition is March 2008, which is the date of issuance of the NOP. Moreover, the baseline for transportation/traffic, air quality, and noise is the date of the traffic counts, which occurred in March 2008 and April 2008. Some information cited may have a date prior to March 2008 if more current information is not available. In addition, journals, books, or other published data may have an earlier date. Data that are not sensitive to change, either because of the nature of the information (e.g., a resource that does not change readily, such as geology, or general background information that is not date-sensitive, such as definitions or general descriptions of regulations) or because no changes have occurred (e.g., physical site conditions or site history) may also be used as background information, and may have a date prior to March 2008.

#### ■ Regulatory Framework

The Regulatory Framework provides a summary of regulations, plans, policies, and laws that are relevant to each environmental issue area. The City’s General Plan goals and strategies are listed in the individual technical sections (Sections 4.1 through 4.15) and the potential for conflict, if any, of the project with those goals and strategies is also addressed.

## ■ Project Impacts and Mitigation Measures

This section is further divided into the following subsections, as described below.

### *Analytic Method*

This subsection identifies the methodology used to analyze potential environmental impacts.

### *Thresholds of Significance*

Thresholds of significance are criteria used to determine whether potential environmental effects are significant. The thresholds of significance used in this EIR are based upon Appendix G of the 2009 CEQA Guidelines and specific additional thresholds developed by the City as contained in the approved *Local Guidelines for Preparation of CEQA Documents* (1998). Where City thresholds are substantively similar to the thresholds in Appendix G, the Appendix G thresholds are used. This subsection defines the type, amount, and/or extent of impact that would be considered a significant adverse change in the environment. Some thresholds (such as air quality, traffic, and noise) are quantitative, while others, such as visual quality, are qualitative. The thresholds are intended to assist the reader in understanding how and why the EIR reaches a conclusion that an impact is significant or less than significant.

Thresholds of significance are provided both in the “Thresholds of Significance” section and immediately before the relevant impact analysis for ease of correlation.

### *Effects Not Found to Be Significant*

Certain impacts are determined to be “Effects Not Found to Be Significant” under Section 15128 of the CEQA Guidelines. This section of the CEQA Guidelines requires that an EIR contain a brief statement indicating the reasons that various possible significant effects of a project are determined not to be significant and, therefore, are not discussed in detail in the EIR.

### *Project Impacts and Mitigation Measures*

This subsection describes the potential environmental impacts of the proposed project and, based on the thresholds of significance, determines whether the environmental impacts would be considered significant and unavoidable or less than significant. Each impact is summarized in an “impact statement” that is separately numbered, followed by a more detailed discussion of the potential impacts and the significance of each impact before mitigation. This format is designed to assist the reader in quickly identifying the subject of the impact analyses. Impact numbers and statements are not provided for Effects Not Found to Be Significant or for Cumulative Impacts.

Currently no State or regional regulatory agency has formally adopted or widely agreed upon thresholds of significance for greenhouse gas emissions, or issued guidance regarding the analysis of greenhouse gas emissions in EIRs. On December 12, 2008, the California ARB adopted a Climate Change Scoping Plan that included measures from the October 2007 report. The Scoping Plan provides the outline for actions to reduce greenhouse gas emissions in California, as required by AB 32. The adopted Scoping Plan

indicates how these reductions will be achieved by increasing efficiency, optimizing aerodynamics, and converting combustion-only vehicles to hybrids. The Plan calls for reducing emissions to 1990 levels by cutting approximately 30 percent from business as usual (BAU) emission levels projected for 2020, or about 15 percent from 2006 levels. The measures in the Scoping Plan will be developed over the next two years and be in place by 2012. Executive Order S-05-05 mandates the preparation of biennial science assessment reports on climate change impacts and adaptation options for California. The California Climate Action Team (CCAT) Report to the Governor in 2006 contains recommendations and strategies to help ensure the targets in Executive Order S 3-05 are met. On April 1, 2009, the CCAT released the 2009 Draft Biennial Report to the Governor and Legislature, which expands on the policy-oriented 2006 assessment and provides new information and scientific findings, including: (1) Development of new climate and sea-level projections using new information and tools that have become available in the last two years; and (2) Evaluation of climate change within the context of broader social changes, such as land-use changes and demographic shifts. The provisions of Senate Bill 97, enacted in August 2007 as part of the State Budget negotiations, direct the Office of Planning and Research (OPR) to propose CEQA Guidelines advising lead agencies how to mitigate the impacts of greenhouse gas emissions. OPR has been directed to promulgate such guidelines by July 2009, and the Resources Agency has been directed to adopt such guidelines by January 2010. The preliminary OPR guidelines, titled *CEQA and Climate Change: Addressing Climate Change Through California Environmental Quality Act (CEQA) Review*, were published June 19, 2008 and guide the analysis in this EIR. On April 13 2009, the OPR submitted proposed amendments to the CEQA Guidelines to the Natural Resources Agency, as required by SB 97. The Natural Resources Agency intends to adopt the amendments by January 1, 2010. The process used for this EIR to assess climate change significance is that recommended by OPR.

This subsection also discusses feasible mitigation measures (MMs) that may be implemented to reduce significant environmental impacts. In addition to applicable local, State, and federal laws and regulations that are considered part of the project description, “project features” are identified in the project’s Concept Plan, and, therefore, are also part of the project description. These project features are identified as project requirements (PRs) in the impact analysis and will be included in the Mitigation Monitoring and Reporting Program (MMRP) to ensure compliance. The MMRP for the proposed project, which includes both MMs and PRs, would obligate the City to monitor implementation of the MMs and PRs. The MMRP would be reviewed by the City in conjunction with its consideration of the proposed project and certification of the Final EIR. Following the description of MMs and PRs, the subsection concludes with a statement regarding whether the impact, after implementation of the MMs and/or compliance with existing local, State, and federal laws and regulations and/or PRs, would remain significant or be reduced to a less-than-significant level. The Draft EIR uses the following terms to describe the level of significance of impacts identified during the course of the environmental analysis:

- **Significant and Unavoidable Impact (SU)**—Impact that exceeds the defined threshold(s) of compliance with existing local, State, and federal laws and regulations and/or PRs and implementation of feasible mitigation measures.
- **Potentially Significant Impact Unless Mitigated (PS)**—Impact that exceeds the defined threshold(s) of significance, but either can be eliminated or reduced to a less-than-significant level through implementation of feasible mitigation measures. Where no feasible mitigation measures exist, the impact would be significant and unavoidable.

- **Less-Than-Significant Impact (LTS)**—Impact that does not exceed the defined threshold(s) of significance or can be eliminated or reduced to a less-than-significant level through compliance with existing local, State, and federal laws and regulations and/or Project Requirements (PR).
- **No Impact**—No Impact applies where a project does not create an impact in that category. “No Impact” answers need to be adequately supported by information which shows that the impact simply does not apply to projects like the one involved (e.g., the project falls outside a fault rupture zone). A “No Impact” answer should be explained where it is based on project-specific factors as well as general standards (e.g., the project will not expose sensitive receptors to pollutants, based on a project specific screening analysis).

A “significant effect” is defined by Section 15382 of the CEQA Guidelines as “a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment ... [but] may be considered in determining whether the physical change is significant.”

The analysis of environmental impacts considers both the construction and operational phases associated with implementation of the proposed project. As required by Section 15126.2(a) of the CEQA Guidelines, direct, indirect, short-term, long-term, on-site, and off-site impacts are addressed, as appropriate, for each environmental issue analyzed.

The primary focus of the analysis is the physical development that is proposed. Although the proposed project includes a Specific Plan, a General Plan Amendment, and a zone change these are approvals that are designed to implement the specific proposed development described in Chapter 3. The physical properties (including location) of this proposed development could result in effects to environmental resources; consequently, the analysis focuses on the physical properties of the proposed development.

Existing elements of the project site that remain unchanged are not analyzed unless the project itself would result in a direct or indirect impact on these elements. In addition, for those technical sections of the document that are not directly related to, or affected by, the size of the development, such as hazards or land use, the square footage of certain project elements is provided in approximate terms.

For those technical sections of the document that are directly related to, or affected by, the size of the development, including traffic, air quality, noise, utilities, and public services, precise square footage for all of the project elements are identified. A detailed discussion of square footage assumptions is provided in the “Analytic Method” portion of Section 4.2 (Air Quality), Section 4.10 (Noise), Section 4.12 (Public Services), Section 4.13 (Transportation/Traffic), and Section 4.14 (Utilities and Service Systems).

It should be noted that the proposed development represents the maximum project, or “development envelope,” that would be constructed. It is possible that, as funding for Phases 2 and 3 becomes available, specific square footages or heights may be proposed that are different from the data analyzed in this EIR. Further environmental documentation could be required to analyze the impacts of any program changes in excess of established thresholds.

As noted in Chapter 3, the lead agency for the proposed project is the City of Pomona (City). The City would provide oversight of the development of the PVHMC Specific Plan and would be responsible for ensuring that any and all project requirements or mitigation measures are implemented, subject to City approval. The City will ultimately be responsible for the enforcement of all project requirements and mitigation measures.

### ***Cumulative Impacts***

A cumulative impact analysis is only provided for those thresholds that result in a less-than-significant, potentially significant unless mitigated, or significant and unavoidable impact. A cumulative impact analysis is not provided for No Impact effects which result in no project-related impacts.

### ***References***

This section includes, but is not limited to, those sources relied upon for each environmental topic area analyzed in this document (Sections 4.1 through 4.16), as well as other sections of the EIR. Reference materials also include the appendices to this EIR.

## 4.1 AESTHETICS

This section describes and evaluates potential project-related impacts to aesthetic and visual resources. Potential impacts include such issues as increased light and glare, impacts to any scenic vistas, adverse effects of shade and shadow, and potential impacts created by changes to the visual character of the project site. These impacts are evaluated based on analyses of photographs, site reconnaissance, and review of additional project data.

Data used for this section were obtained from various sources, and include site photographs taken by PBS&J, the *City of Pomona Comprehensive General Plan* (General Plan) (City of Pomona March 1976) and associated *Pomona Valley Hospital Medical Center Specific Plan and Phase 1 Development Initial Study* (PVHMC) (March 2008), Southern California Association of Governments (SCAG) *Regional Transportation Plan* (RTP) (May 2008) and *Regional Comprehensive Plan and Guide* (RCPG) (June 1994), previous environmental studies prepared for the project site, and other data sources such as architectural drawings, and the *Historic Resources Survey* prepared by Kaplan Chen Kaplan (August 2008) (Appendix D2). Bibliographic entries for selected reference materials are provided in Section 4.1.4 (References) of this section. Reference materials also include the appendices to this EIR.

A scoping comment letter from Pomona Heritage suggested that the EIR address the issue of aesthetics and, in particular, the architectural design of the proposed new structures in relation to the surrounding community, the nearby historic districts (Hacienda Park, Wilton Heights, Lincoln Park and the Downtown Pomona Specific Plan Historic District), and the Ganesha Hills and Yorba areas. Public comments received at the scoping meeting held April 3, 2008, related to aesthetics concerned the look and appearance of the proposed fencing. These comments are addressed in this section.

### 4.1.1 Environmental Setting

#### ■ Regional Context

The City of Pomona is located in the County of Los Angeles, at the western edge of the Pomona Valley, east of the San Jose/Puente Hills. Pomona is bordered by the cities of San Dimas on the northwest, La Verne and Claremont on the north, Montclair and Chino on the east, Chino Hills and Diamond Bar on the south, and Walnut, South San Jose Hills, and the City of Industry on the southwest. The Los Angeles/San Bernardino county line forms most of the City's southern and eastern boundaries. State Route (SR) 60, SR-71, Interstate 10 (I-10), and SR-57 also traverse the City.

Topographically, the City of Pomona is a central, flat valley surrounded by hillsides, the closest and most visually prominent of which are the San Gabriel Mountains to the north of the City and the San Jose Hills to the northwest. The San Gabriel Mountains can be viewed from many vantage points in the City, including I-10. New development tends to be suburban in character; however the City has retained many of its historic buildings, historic districts, and distinctive neighborhoods.

## ■ Project Site Visual Characteristics

Pomona Valley Hospital Medical Center (PVHMC) began operation in 1903 and was initially located in a two-and-a-half-story frame house built at the intersection of Piedmont (now Kingsley) and Garey Avenues. In 1912, ground was broken at the current Garey Avenue site for a forty-bed hospital facility, which opened in 1913. New wings were added to the main hospital building beginning in 1928 and continuing through 1992. The most recent additions to the main hospital building include the Women's Center (1992) and Diagnosis & Treatment wing (1992). The detached Lewis Family Cancer Care Center (1993), the Sports Medicine Center, and the Family Health Center are owned and operated by the Medical Center and are included in the Specific Plan area but are not located on the core campus. There are currently eleven freestanding buildings within the Specific Plan area inclusive of the main hospital. For purposes of describing the site a building is defined as a freestanding structure while a "wing" is defined as part of a freestanding structure. The main hospital building itself includes eight wings and/or additions constructed between 1913 and 1992.

The Medical Center is comprised of three general, noncontiguous areas: (1) the core Medical Center campus located between Garey Avenue and Orange Grove Avenue south of Tate Street; (2) the Family Health Center/Sports Medicine Center and associated parking located east of Orange Grove Avenue between Ervilla Street and I-10; and (3) the Lewis Family Cancer Center and associated parking located south of Vinton Street and west of Royalty Drive. The project site is relatively flat, sloping from north to south. Existing grades range from approximately 967 above mean sea level (AMSL) at the north end of the main campus to 933 feet AMSL at the most southerly edge of the campus, adjacent to I-10. Properties owned by the Medical Center, located outside of the main core area, are occupied variously by medical buildings and parking lots, or are vacant.

The main hospital, located in the core Medical Center campus, was constructed in phases (parenthetical references relate to Figure 2-2 [Existing Site Plan]), beginning in 1913 (Wing A1) and continuing, as previously noted, through 1992. Wings were added sequentially in 1928 (Wing B), 1954 (Wing C), 1958 (Wing A2), 1959 (Lobby), 1961 (Wing E1), 1963 (Wing E2), 1963 (Wing F), 1972 (Wing G), and 1992 (Wings J and K). The original 1913 hospital building and the subsequent wing additions together comprise the main hospital building. The main hospital building ranges in height from one to six stories. Efforts have been made to create an exterior façade to unify the various elements of the main hospital building into an architecturally cohesive whole. In general, the existing buildings are executed in the International and Contemporary architectural styles, which are described in detail in Section 4.4 (Cultural Resources). The oldest portions of the hospital, most notably the original 1913 hospital building (Wing A), was originally executed in the Craftsman style (1913), while Wing B (1928) was originally executed in the Art Deco style; however, subsequent additions and façade revisions have eliminated the features characteristic of these styles and they are no longer represented visually and architecturally at the Medical Center.

The PVHMC core campus also includes several small-scale freestanding buildings, almost all of them one story in height, that house ancillary services. These include the Kidney Stone Center (1995—Building L), the Pitzer Administrative Building (1959—Building D), the Security Building (1960—Building M) and Capitation Building (1960—Building N), the Chaney/Seinfeld Administration Building (1967—

Building H), and the MRI Building (1985—Building I). Outside the core Medical Center campus are special-purpose medical buildings including the Family Health Center (1960—Building Q), Sports Medicine Center (1960—Building R), and Lewis Family Cancer Center (1985—Building O). The Artesia Medical Office Building (1988—Building P) is located south of Artesia Street and, while not operated by the hospital, sits on hospital-owned land and has its own dedicated parking and access.

As noted, most of the buildings within the Specific Plan area are characterized by International (Wings A and B) façades, featuring smooth, unornamented stucco wall surfaces of a cream and/or light pink color, asymmetrical façades, flat roofs with little or no ledge at roof lines, some cantilevered sections of buildings below the roofline, ribbon windows either flushed or recessed into exterior walls, and generally no decorative detailing at doors or windows. Only the recently constructed Women’s Center and Diagnosis and Treatment wing, constructed in 1992, reflect a more nuanced architecture in the Contemporary style. The hospital’s utilitarian façade has largely obliterated any hint of the original exterior architectural elevations of the older sections of the main hospital building and has created a visually cohesive whole identifiable as a single building. Internally, the main hospital operates as a single, consolidated institutional building with component parts that are differentiated by function rather than by architectural or structural boundaries.

Building P (Artesia Medical Office Building), built in 1988, differs architecturally from the rest of the Medical Center buildings and was executed in the Modern style. It makes extensive use of glass curtain walls and other features common to the architecture of its period. Architecturally, it contrasts sharply with the core hospital building and is visually “not a part” of the Medical Center core campus. Mature landscape, including numerous trees, is a prominent visual feature of the core Medical Center campus. Perimeter fencing, which varies in design from location to location, defines the campus boundaries and contributes to the streetscape, especially along Garey Avenue and Tate Street. Figure 4.1-1 (Existing Buildings—Women’s Center) through Figure 4.1-3 (Existing Buildings—Family Health Center/Medical Office Building) depict the visual character of the existing structures on the project site.

Figure 4.1-4 (Viewpoints 1 and 2) through Figure 4.1-6 (Viewpoints 5 and 6) depict the general visual character of the project site. The hospital campus can be viewed from adjacent surface streets, surrounding land uses, and by motorists on I-10.

## ■ Adjacent Land Uses

The area immediately surrounding the Specific Plan area is a mix of residential, commercial, and professional uses. The proposed Specific Plan area is adjacent to I-10, which runs along the entire southeastern border. The I-10 constitutes a visual and physical barrier between the Medical Center campus and the Wilton Heights and Lincoln Park Historic Districts, as shown in Section 4.4 (Cultural Resources) Figure 4.4-4 (Existing Historic Districts). An existing park-and-ride facility is located beneath the freeway overpass. The existing uses located at the project’s southwestern border along Garey Avenue are a mix of commercial and professional uses, including a gasoline station, restaurant, liquor store, neighborhood shopping center, and various medical office uses. A portion of the Hacienda Park



Women's Center



Source: PBS&J, 2008.

FIGURE 4.1-1  
Existing Buildings—Women's Center



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Pomona Valley Hospital Medical Center Specific Plan EIR



Main Hospital at Lobby



Main Hospital and MRI Building

Source: PBS&J, 2008.



FIGURE 4.1-2  
Existing Buildings—Main Hospital

0D2139000



Family Health Center



Medical Office Building South of Artesia

Source: PBS&J, 2008.

**FIGURE 4.1-3**  
**Existing Buildings—Family Health Center/Medical Office Building**



0D2139000

Pomona Valley Hospital Medical Center Specific Plan EIR



Viewpoint 1: View from Garey Avenue facing North



Viewpoint 2: View from Garey Avenue facing South

Source: PBS&J, 2008.



FIGURE 4.1-4  
Viewpoints 1 and 2

0D2139000



Viewpoint 3: View from Artesia Street facing West



Viewpoint 4: View from Orange Grove facing South

Source: PBS&J, 2008.



FIGURE 4.1-5  
Viewpoints 3 and 4

0D2139000



Viewpoint 5: Views from Tate and Orange Grove facing West



Viewpoint 6: View from Tate Street and Cadillac Drive facing South

Source: PBS&J, 2008.



**FIGURE 4.1-6  
Viewpoints 5 and 6**

0D2139000

Historic District is located southwest of the Medical Center, south of McKinley Avenue and west of Garey Avenue. These major streets visually and physically separate the Hacienda Park Historic District from the campus. Land uses to the north include medical offices facing Garey Avenue and detached single-family housing north of Tate Street. Hospital-related medical office uses, including the Family Health Center and Sports Medicine Center, face the core campus from the east side of Orange Grove Avenue.

Uses adjacent to that portion of the Specific Plan area east of Orange Grove Avenue and south of Ervilla Street include medical office uses located along Orange Grove Avenue, which are not part of the Specific Plan area, and detached single-family residential structures, some of which have been converted for use as medical offices to the north along Ervilla Street and I-10 to the south and east.

Uses adjacent to that portion of the Specific Plan area in the vicinity of Vinton Street and Royalty Drive include medical office buildings and single-family residential structures, some of which have been converted for use as medical offices, to the south and west along Ervilla Street and Ervilla Place, a medical office building to the west along Vinton Street, single-family detached housing to the north (across Vinton Street), and a church building to the east.

Figure 4.1-4 through Figure 4.1-6 illustrate various views of the land uses surrounding the project site. Views of and within the project area generally consist of medical facility structures and associated parking structure/surface parking, with I-10 bordering the site to the southeast. One-story residences border the site to the north, and commercial uses surround the properties to the east and west.

## 4.1.2 Regulatory Framework

### ■ Federal

There are no federal policies that would apply to aesthetics or visual resources for the proposed project.

### ■ State

#### *State Scenic Highways*

SB 1467 states that the purpose of the State's Scenic Highway Program is to "establish the State's responsibility for the protection and enhancement of California's natural scenic beauty by identifying those portions of the State highway system which, together with adjacent scenic corridors, require special conservation treatment." Scenic corridors consist of land that is visible from, adjacent to, and outside the scenic highway right-of-way, and is comprised primarily of scenic and natural features. Topography, vegetation, viewing distance, and/or jurisdictional lines determine the corridor boundaries.

Current law gives Caltrans full possession and control of all State highways. SB 1467 places the Scenic Highway Program under the stewardship of Caltrans. The legislation further declares the intent of the State to assign responsibility for the regulation of land use and development along scenic highways to the

appropriate State and local governmental agencies. A county highway component was later added to the Scenic Highway Program in Section 154 of the *Streets and Highways Code*. There are no State-designated scenic highways in the immediate vicinity of the project site.

## ■ Regional

There are no regional policies that would apply to aesthetics or visual resources for the proposed project.

## ■ Local

### City of Pomona Comprehensive General Plan

The *City of Pomona Comprehensive General Plan* (1976) contains aesthetic policies and goals for the City, including those related to the preservation of the community's scenic resources and policies related to the designation of local scenic highways. The following General Plan goals and policies in Table 4.1-1 (Analysis of Potential Conflicts with the General Plan) are applicable to the proposed project:

<b>Table 4.1-1 Analysis of Potential Conflicts with the General Plan</b>	
<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
Economic Development Element—Page 33. It is the policy of the City of Pomona to increase the efficiency and visual appearance of the City's strip commercial streets and to assure that new commercial and professional development along arterial streets is of such quality to add positively to Pomona's image.	The proposed project is located along a major arterial (Garey Avenue) in an area that contains strip commercial uses. The Specific Plan Design Guidelines state: that all corresponding Pomona City Code Design Guidelines would apply. The purpose of the Design Guidelines presented in the Specific Plan is to provide additional guidance, and to meet or exceed the requirements of the City Code except as otherwise noted. The project architects have designed and will continue to design (for future phases) the proposed new buildings and hospital wing additions to enhance visual cohesiveness of the main hospital building and its ancillary structures, as well as positively contribute to the visual appearance of Garey Avenue and surrounding streets. Design would carefully consider the surrounding community to maintain and improve the existing functional transitions between uses. Project requirements incorporated into the proposed project would ensure that the hospital campus maintains a visually pleasing character and compatibility with adjacent uses. There would be no conflict with this policy.
Circulation/Transportation Element—Page 54. It is the policy of the City of Pomona to recognize the important role street aesthetics play in determining the overall image of the City and to coordinate street construction or improvement projects with City beautification programs.	The Specific Plan landscape guidelines include provision of property line landscaped buffers and setbacks for the core campus area that will form attractive green edges along the perimeter of the proposed Specific Plan core campus area and improve street aesthetics bordering the project site. The Specific Plan Design Guidelines would be consistent with the City's beautification programs. There would be no conflict with this policy.
Community Design Element—Page 67. To recognize the positive design features of the community, to preserve and enhance those features, and to improve the livability and cultural life of the community through physical design considerations in areas where it is less than satisfactory such that the result is an environment defined by quality, cohesiveness and human needs.	The Specific Plan Design Guidelines require that building design, including the form and scale of new structures, be carefully considered in order to create a seamless transition between the improved medical campus and the surrounding community to ensure cohesiveness. All new wings would use materials and colors that complement the building scale and form and the surrounding neighborhoods. Project requirement PR4.1A requires that building façades be articulated to avoid monotonous façades, are appropriate in scale, proportion, and detail, and utilize appropriate materials. Additionally, Development Standards would require landscaped property buffers intended to provide separation between uses or activities; increasing the livability in the surrounding area and clearly defining the edges of the hospital campus. Design Guidelines address the need for quality, cohesiveness, and human needs when designing the new structures. There would be no conflict with this policy.

**Table 4.1-1 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
<p>Community Design Element—Page 68. To promote a positive image of Pomona on all levels to both residents and non-local persons alike.</p>	<p>The Specific Plan Design Guidelines require that building design, including the form and scale of new structures, be carefully considered in order to create a seamless transition between the improved Medical Campus and the surrounding community and promote a positive image in Pomona. Landscaped open space is incorporated into the design of the project. The introduction of pedestrian plazas at building entrances and the development of a system of pedestrian pathways would promote visitors to enjoy the campus and utilize outdoor lobby areas or plaza, and courtyards. Adherence to PR4.1A through PR4.1J and design standards in the Specific Plan would ensure that development would result in a positive visual character or quality on the project site and surrounding area for both residents and non-local persons. There would be no conflict with this policy.</p>
<p>Community Design Element—Page 68. It is the policy of the City of Pomona to place a major priority on improving physical and visual images of the community.</p>	<p>The Specific Plan Design Guidelines direct the project architects to design any new additions to the main hospital building or additional freestanding structures in a manner that would visually harmonize and complement the architectural elements of the main hospital building. The visual aspect of the main hospital building and core campus would be improved through the architectural integration of the various main campus structures and improvements to landscaping, fencing and signage, enhancing the visual image of the community at a key gateway location. Therefore, there would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 72. It is the policy of the city of Pomona to promote the installation and maintenance of landscaping in public and private areas according to street type, surrounding architecture and general character of the district.</p>	<p>The Specific Plan Development Standards would promote installation and maintenance of on-site landscape and fencing. Landscaped buffers would be installed along the project site perimeter to provide separation between adjacent uses and hospital activities. Common buffer treatment would include landscape strips, walls, fencing, and berms. Areas of the campus perimeter boundaries that abut privately owned properties would be separated from adjacent properties by a solid masonry wall a minimum of 6 feet in height. Design Guidelines would ensure that proposed landscaping would be compatible with existing land uses and consider, street type, surrounding architecture and the general character of the project area. Therefore, there would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 74. It is the policy of the City of Pomona to make entrances into the City more prominent and attractive in order to reinforce the identity of Pomona and create a sense of arrival.</p>	<p>The Specific Plan Design Guidelines direct the project architects to design any new additions to the main hospital building or additional freestanding structures in a manner that would visually harmonize and complement and reflect architectural elements of the main hospital building of which they will be a part or to which they will be related. The visual aspect of the main hospital building and core campus would be improved, enhancing the visual image of the community at a key gateway location through the use of signage and landscaping and creating a sense of arrival into the City. Therefore, there would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 76. It is the policy of the City of Pomona to increase amenities and provide human scale along city streets in order to insure increased comfort and usability for pedestrians and bicyclists.</p>	<p>The proposed Specific Plan includes design guidelines that call for the integration of pedestrian pathways, improved internal circulation, provision of bicycle parking, and the introduction of pedestrian plazas at building entries. Landscaped buffers and perimeter fencing as required by the Specific Plan will create a pedestrian-friendly area along the perimeter of the hospital campus and contribute to increased comfort and usability for pedestrians and bicyclists. An ADA compliant pedestrian path will be constructed along the north property line to facilitate pedestrian access from Cadillac Drive to Garey Avenue for residents of the residential neighborhood to the north of the Medical Center. Safe bikeways will be designated by signage within the project site and will be appropriately, striped. Therefore, there would be no conflict with this General Plan policy.</p>

**Table 4.1-1 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
Community Design Element—Page 77. It is the policy of the City of Pomona to promote the visual coherency of the existing street pattern while enhancing the appearances of individual streets.	The proposed Specific Plan calls for the vacation of two public streets (Cadillac Drive and Willow Street) where they pass through the hospital property. The project's Traffic Study includes recommendations for mitigating the impacts of those closures. The Specific Plan also includes provision for edge landscape treatment intended to improve the streetscape surrounding the project site and visually enhance the perimeter of the hospital campus and individual streets surrounding the campus. Therefore, there would be no conflict with this General Plan policy.
Community Design Element—Page 77. It is the policy of the City of Pomona to promote the undergrounding of utilities in established areas, and require the undergrounding of utilities in areas to be developed in the future.	The proposed Specific Plan would underground all new utility infrastructure where appropriate (i.e., where it does not connect to existing above-ground infrastructure). The balance of the project would utilize existing utility infrastructure. Therefore, there would be no conflict with this policy.
Community Design Element—Page 77. It is the policy of the City of Pomona to insure that any above ground utilities are designed to be functional in scale and compatible with their surroundings.	The proposed Specific Plan would underground all new utility infrastructure where appropriate (i.e., where it does not connect to existing above-ground infrastructure) and would be functional in scale and compatibility with the surroundings. The balance of the project would utilize existing utility infrastructure. Therefore, there would be no conflict with this policy.
Community Design Element—Page 79. To insure the highest possible aesthetic quality in the architecture and other design considerations of new development.	The Specific Plan Design Guidelines require that building design, including the form and scale of new structures, would be carefully considered in order to create a seamless transition between the improved Medical Campus and the surrounding community. All new wings would use materials and colors that compliment the building scale and form while creating harmony in the surrounding neighborhoods. Adherence to PR4.1A through PR4.1J and design standards in the Specific Plan would ensure that development would result in high aesthetic quality in architectures and other design considerations on the project site. Additionally, the project would introduce landscaped open space throughout the Specific Plan area, which would further enhance the visual quality of the PVHMC campus. There would be no conflict with this policy.
Community Design Element—Page 79. It is the policy of the City of Pomona to insure that new development shall be a positive addition to the City's environment and will not detract from the nature of the character of appropriate nearby established development because of architectural style, scale, and location.	The proposed Specific Plan includes Design Guidelines intended to produce development that harmonizes in style and scale with the existing hospital building and its surrounding ancillary structures and the immediately surrounding community. The PVHMC would represent a positive addition to the City's environment and would not detract from the nature of the character in the surrounding area. Therefore, there would be no conflict with General Plan policy.
Community Design Element—Page 80. It is the policy of the City of Pomona to preserve areas of historic or architectural significance as physical representations of Pomona's historic and cultural heritage.	This proposed development calls for the demolition of structurally and technologically obsolete portions of the existing hospital building as well as several undistinguished freestanding ancillary structures. The PVHMC main hospital has grown organically since 1928 through the addition of wings and function-specific facilities (kitchen, cafeteria, and auditorium) and through internal alternations intended to enhance hospital function and facilitate the adaptation of existing facilities to new medical technologies and care delivery systems. Repeated additions to the hospital since 1928 have included alterations to the hospital façade in an effort to achieve architectural and functional unity. Older portions of the hospital building were fully subsumed into the overall structure, forming the main hospital building as it now exists. None of the individual wings of the main hospital building has architectural integrity as individual "structures." Rather, they are parts and pieces of the larger "whole." None of the buildings on the main hospital campus qualifies for historic status pursuant to federal, State, or local rules and criteria. The proposed demolition of portions of the main hospital building constructed prior to 1945 would be reviewed by the Pomona Historic Preservation Commission for a Certificate of Appropriateness as required by the City's Historic Preservation Ordinance. There would be no conflict with this General Plan policy.

**Table 4.1-1 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
<p>Community Design Element—Page 80. It is the policy of the City of Pomona to encourage the restoration and reuse of older structures which add to Pomona’s character and sense of cultural and historical identity.</p>	<p>Implementation of the proposed Specific Plan project would require demolition of certain portions of the main hospital building that were constructed prior to 1945. Demolition of some ancillary structures is also proposed. The older portions of the main hospital building have been fully subsumed into the existing main hospital building, are visually and functionally integrated into that larger whole. They are not separate buildings in any meaningful sense, do not possess either visual or architectural integrity, and are not eligible for inclusion in either the local, State or National Registry of historic places, meeting none of the established criteria. The proposed project is consistent with the historic patterns of hospital growth and development since its foundation. In that sense, the proposed project is a natural extension of a long history of institutional presence in the community and is a still functioning, evolving piece of Pomona’s cultural, historic, and future identity. Pursuant to the 1994 structural evaluation of the main hospital building prepared by Taylor &amp; Gaines, restoration of the oldest portions of the main hospital building is not feasible, as they are technologically, functionally, and structurally obsolete. Reuse for non-medical purposes would not be feasible, since the older wings of the hospital are part of a functioning hospital rather than stand-alone structures that could be adapted to another purpose. City Ordinance requires that demolition of structures built prior to 1945 be reviewed by the City’s Historic Preservation Commission prior to issuance of the demolition permit. The Specific Plan also calls for this review. Therefore, there would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 81. It is the policy of the City of Pomona to promote and protect the individual character and identity of the City’s residential neighborhoods.</p>	<p>PVHMC predates much of the surrounding neighborhood, which grew up around it. The first portion of the main hospital building was built on the site in 1913, while nearly all of the immediately surrounding community, including much of what is now the core Medical Center campus, was used for agriculture. There are existing Historic Districts in proximity to the hospital campus, but these are visually and physically separated from the hospital campus by I-10 and Garey/McKinley, and would not be altered by the proposed changes to the PVHMC campus. The Medical Center, with its main hospital building, is the dominant visual element in the immediately surrounding community but does not visually relate to the Historic Districts southeast of I-10, and there is only limited visual and physical relationship between the hospital campus and the Hacienda Park Historic District southwest of Garey/McKinley. The proposed project would not change the individual character and identify of the City’s residential neighborhoods because development would be confined to the existing PVHMC campus. Further, the Specific Plan Guidelines provide for appropriate buffering of the immediately adjacent residential neighborhood through the use of landscape setbacks, fencing, and lighting control at the interface between the hospital campus and the adjacent residential neighborhood. Therefore, there would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 82. It is the policy of the City of Pomona to protect residential neighborhoods within the City from the intrusion of disorganizing elements.</p>	<p>PVHMC predates much of the immediately surrounding neighborhood, which grew up around it and is anchored by it. A disorganizing element could be considered a use that is completely out of scale with the surrounding visual character or one that includes a completely different architectural style that would be visually obtrusive or displeasing. The hospital is intrinsic to the neighborhood in which it is located. The project involves a Specific Plan which is an organized master plan approach for the hospital. The Design Guidelines in the Specific Plan would ensure that the architectural style of the additions would be harmonious with existing hospital buildings as well as adjacent uses. Additionally, the proposed landscaping would provide screening and soften the proposed and existing medical facilities. Where residential uses are located north of Tate Street, Phase 1A landscaping improvements would include buffers and fencing which would improve the transition from residential to institutional uses. Therefore, there would be no conflict with this General Plan policy.</p>

**Table 4.1-1 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
Community Design Element—Page 87. It is the policy of the City of Pomona to encourage all commercial establishments to maintain a visual appearance which contributes in a positive form to the image of their neighborhood and the City as a whole.	The implementation of the Specific Plan would maintain and/or improve the Medical Center's visual appearance and make a positive contribution to the image of the surrounding neighborhood. Enhanced landscaping, architectural integration of the various main campus structures, improved fencing and signage would all contribute to a positive form. Therefore, there is no conflict with this General Plan policy.
Community Design Element—Page 89. It is the policy of the City of Pomona to encourage the use of landscaping and other design treatments to enhance Industrial development especially when they abut residential neighborhoods.	PVHMC is designated as an institutional use, not an industrial use. The proposed Specific Plan includes development standards and design guidelines for landscape and hardscape within the project area and along the project perimeter. The guidelines include preservation of existing mature trees and landscape wherever possible. The proposed project makes extensive use of landscape, consistent with City guidelines. Landscape buffers at the north property line are an included feature. There would be no conflict with this policy.

SOURCE: PBS&J 2009

### 4.1.3 Project Impacts and Mitigation Measures

#### ■ Analytic Method

The analysis of visual impacts focuses on the nature and magnitude of changes in the visual character of the project area created by the proposed project. Existing structures were documented during site visits by PBS&J staff, conducted in connection with the development of the proposed Specific Plan and EIR. Staff also documented the existing visual character and context of the project area.

Since characterizing aesthetic impacts can be highly subjective, evaluation of aesthetic resources involves objectively identifying the visual features of the landscape and determining their importance. The analysis of visual impacts focuses on the nature and magnitude of changes in the visual character of the project site due to the proposed project. Visual character refers to the aesthetic character or quality of a streetscape, building, group of buildings, or other manmade or natural feature that create an overall impression of an area within an urban context. Examples would include a scenic vista along the boundary of a community or a pleasing streetscape with trees, well-kept residences, and yards. These are scenic resources that create a pleasing visual impression of an area.

In general, concepts of visual character and quality can be organized around four basic elements; 1) site utilization, 2) buildings and structures, 3) landscaping, and 4) signage. This section analyzes the visual compatibility of the proposed development and adjacent uses, identifies any vantage points where visual changes would be evident, describes impacts of the introduction of new sources of light and glare, and analyzes potential adverse impacts of shadows on sensitive uses. Visual change that is considered compatible with existing patterns of development would not constitute a significant aesthetic impact. The process of analysis for aesthetic impacts includes identifying and qualitatively evaluating project-related changes in the aesthetic character of the site and surrounding area based on modification of the physical conditions on the project site as a result of the proposed project, determining light and glare impacts by

comparing existing light sources with proposed lighting and glare impacts from new night lighting, and calculating shadow lengths that would be cast by proposed new structures.

### ■ Thresholds of Significance

The analysis in this section utilizes the guidelines contained in Appendix G of the 2009 CEQA Guidelines and specific thresholds adopted in the City of Pomona’s *Local Guidelines for Implementing CEQA Documents* (1998) to determine if the proposed project would result in potentially significant impacts. Where City thresholds are substantively the same in content as those in Appendix G, the CEQA Guidelines language has been used in this EIR. In accordance with the 2009 CEQA Guidelines Appendix G and the City’s adopted thresholds, implementation of the proposed project would result in a potentially significant impact if it would do the following:

- Have a substantial adverse effect on a scenic vista
- Substantially damage scenic resources, including, but not limited to, trees, rock outcroppings, and historic buildings within a State Scenic Highway
- Substantially degrade the existing visual character or quality of the site and its surroundings
- Create a new source of substantial light or glare, which would adversely affect day or nighttime views in the area
- Create a substantial shadow on a sensitive use

### ■ No Impact

Threshold	Would the proposed project substantially damage scenic resources, including, but not limited to, trees, rock outcroppings, and historic buildings within a State Scenic Highway?
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The proposed project site is located north of I-10 and is bounded on the east and west by Orange Grove Avenue and Garey Avenue respectively. None of these is a State- or locally designated scenic highway or scenic route, nor is any such route located in proximity to the project site. The site terrain is flat and contains no natural scenic resources such as rock outcroppings or other geologic features. No manmade features exist in the immediately surrounding area or on site that would be considered scenic resources.

As shown in Section 4.4 (Cultural Resources), Figure 4.4-4 (Existing Historic Districts), four designated Historic Districts are located in the City of Pomona; however, the project site is not located within any of these Districts, nor is the hospital considered a contributing structure to any Historic District. Those Districts that are proximate to the Medical Center are separated from it both visually and geographically. Therefore, development of the proposed project would have no effect on scenic resources represented by historic buildings. Further, none of the Historic Districts identified as proximate to the Medical Center is associated with a State scenic highway view corridor.

Of the four Historic Districts cited above, the Hacienda Park Historic District is the closest to the Medical Center. While the majority of the District is located south of I-10, a small portion of the District

extends just north of McKinley Avenue on the north side of I-10, southwest of the Medical Center and west of the intersection of McKinley Avenue and Garey Avenue. The District is separated from the Medical Center, both physically and visually, by McKinley Avenue and Garey Avenue. The closest structure to the District within the Medical Center is the 1988 Artesia Medical Office Building, located adjacent to I-10 and proximate to the intersection of Artesia Street and Orange Grove Avenue, east of Garey Avenue and south of the core campus. The proposed wing additions to the main hospital building, the proposed new outpatient pavilions north of the hospital, and the proposed new parking structure south of the hospital would not intrude visually on the Hacienda Park District, as they are all located considerably east and north of the most northerly edge of the District.

The Lincoln Park, Wilton Heights, and the Downtown Pomona Specific Plan Historic Districts are located south/southeast of the hospital campus and are visually, functionally, and physically separated from the Medical Center by the elevated I-10, which precludes any visual contact between these Districts and the campus. Since the proximate historic districts are visually and physically buffered from the campus, their integrity would not be compromised or impacted by the proposed project.

Because there are no scenic resources or historic buildings on the project site that would be impacted by the proposed project, there would be *no impact*.

Threshold	Would the proposed project have a substantial adverse effect on a scenic vista?
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Scenic vistas may be generally described as panoramic views or visual access to a large geographic area, for which the field of view can be wide and extend into the distance. Scenic vistas are typically associated with vantage points that provide a sweeping geographic orientation not commonly available. Examples of scenic vistas include urban skylines, valleys, mountain ranges, or large bodies of water. Aesthetic components of a scenic vista include (1) scenic quality, (2) sensitivity level, and (3) view access.

The proposed project site is located adjacent to I-10 north of its intersection with Garey Avenue, in the north central portion of the City. Garey Avenue is one of Pomona's primary arterials and a gateway to the City, extending from just south of I-210 to SR-60 at the City's southern boundary. Apart from the medical center campus itself, the elevated segment of I-10 is the most prominent visual feature in the immediate vicinity of the proposed project site and is the most visually prominent off-site feature viewed from the core medical center property. Surrounding uses tend to be low-rise, one- and two-story residential, commercial and office buildings. Nearby commercial areas on the east side of Garey Avenue are nondescript and have minimal, if any, landscaping apart from street trees. Many commercial structures in the vicinity are also poorly maintained. The adjacent residential area north of Tate Street is comprised of single-story, single-family homes on small lots landscaped with lawns, trees, and shrubbery.

Views of and within the project area generally consist of medical facilities, surface parking, and perimeter landscaping, including mature trees and shrubs that serve to soften and enhance the appearance of the project site when viewed from the surrounding community. From many locations in and around the project site, views of surrounding hillsides are at least partially blocked by surrounding development and mature trees.

There are no scenic vistas looking toward the south of the Specific Plan area, which is dominated by an elevated segment of I-10.

The San Gabriel Mountains are located north of the project site. Accordingly, any views of the mountains available to the single-family residences north of Tate Street would remain available with implementation of the Specific Plan, as those residences are located north of the project site. I-10, located south of the project site, is elevated as it passes the medical center. While there are views of the San Gabriel Mountains to the north from various vantage points to the south of the hospital both on and off site, existing structures currently block views to the north from directly to the south. The hospital additions and the new parking structure would be located on the south side of the existing hospital structures. The heights of the new hospital wing would not exceed the height of the tallest portion of the existing main hospital building. The Specific Plan Design Guidelines specify “not-to-exceed” building heights that do not permit buildings taller than 100 feet, and would limit these taller structures to the main hospital building, which is interior to the campus. Further, the Specific Plan Design Guidelines limit building heights within 150 feet of an identified residential zone to a maximum height of 60 feet. The two proposed outpatient pavilions would fall within the 150-foot area adjacent to a residential zone and would not exceed 60 feet in height, including roof-mounted equipment. Therefore, the new construction would not adversely affect views toward the mountains from south of the hospital campus.

The outpatient pavilions may block views of the mountains from patient rooms located on lower floors on the north side of the existing hospital building, but this would not be considered a substantial impact, as hospital patients are only in residence temporarily.

The proposed parking structure on the south side of Artesia Street along the Garey Avenue frontage would not exceed approximately four stories in height, would be lower in height than the main hospital, located immediately to the north, and would, therefore, offer no additional obstruction of mountain views. Therefore, the proposed project would not adversely affect any existing views of the mountains from south of the project site.

Since the Specific Plan project would not result in an increase in the height of structures occupying the medical center campus, the proposed project would not create any new obstruction of views of the San Gabriel Mountains from any vantage point, including I-10. Accordingly, implementation of the proposed project would not affect any scenic vistas available from any on- or off-site location and there would be *no impact*.

## ■ Less-Than-Significant Impacts

Threshold	Would the proposed project create a substantial shadow on a sensitive use?
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**Impact 4.1-1**      **Implementation of the proposed project would not create a substantial shadow on a sensitive use. This impact would be *less than significant*.**

Various criteria are used to determine the significance of a shadow impact. These criteria include the following:

- Affected land use (criticality of direct sunlight for the use)
- Duration (hours per day in shadow)
- Time of day (critical time period for direct sunlight)

Facilities and operations sensitive to the effects of shading include: routinely useable outdoor spaces associated with residential, recreational, or institutional (e.g., schools, convalescent homes) land uses; commercial uses such as pedestrian-oriented outdoor spaces or restaurants with outdoor eating areas; nurseries; and existing solar collectors. These uses are considered sensitive because sunlight is important to function, physical comfort, or commerce (City of Los Angeles 2006). For purposes of this analysis, a residence, its backyard and one-half of the front yard (approximately 12.5 feet as measured from the property line) were treated as shadow-sensitive. A portion of the front yard was included as shadow-sensitive in order to account for potential impacts of shadows on front-facing windows.<sup>4</sup>

The Specific Plan Design Guidelines allow a not-to-exceed height of 60 feet for buildings that are located within 150 feet of residential zones, and a not-to-exceed height of 100 feet for buildings located more than 150 feet from a residential zone.<sup>5</sup> Because the two outpatient pavilions fall within the 150-foot residential zone envelope, the 60-foot maximum height permitted by the Specific Plan was used to analyze the potential shadow impacts on the Tate Street residences. According to the Specific Plan, the proposed additions to the main hospital would not exceed 100 feet in height, inclusive of mechanical equipment. The City of Pomona has no adopted threshold of significance for determining whether an impact from shadows on sensitive uses would be considered significant. Utilizing slightly modified criteria adopted by the City of Los Angeles, a project impact would normally be considered significant if shadow-sensitive uses would be shaded by project-related structures for more than three consecutive hours between the hours of 9:00 A.M. and 4:00 P.M. Pacific Standard time (between early November and early April), or for more than four hours between the hours of 9:00 A.M. and 6:00 P.M. Pacific Daylight time (between early April and early November).

The only shade-sensitive uses that could be impacted by the proposed project would be the single-family residential uses to the north of the project site on Tate Street. All other adjacent uses consist of retail establishments or medical office buildings, and there are no parks or public open spaces adjacent to the project site. The core campus has an outdoor eating area for employees located just north of the main hospital lobby. The area is heavily shaded by trees as well as building shadows cast throughout the day during the winter solstice; however, this is an existing condition and is not the result of any of the proposed Specific Plan improvements. The Women's Center includes several southeast-facing balconies used by patients, employees, and visitors. The balconies are shaded by decorative lattice overhangs and, during the winter solstice, are also briefly (less than two hours) shaded by the shadow cast by the Women's Center. The same is true in the late afternoon during the summer solstice. Again, this is an existing condition that is caused by the design of the Women's Center itself and would not change as a result of implementation of the proposed project. There are no other existing formal sitting areas on the hospital campus that would be considered on-site sensitive uses. In addition, while implementation of the project could result in new benches located throughout the site, no new formal sitting areas would be

<sup>4</sup> Personal communication with Jay Jarrin, Senior Planner, City of Pomona, 2/17/09.

<sup>5</sup> The residential zone height restriction envelope is defined as 150 feet from the north hospital property line toward the south pursuant to the City of Pomona Zoning Map.

created that would be considered sensitive uses. If any of these benches were to be shaded for a long period of time, not only would this not be considered an adverse impact, as visitors or employees would use the benches for only short periods of time, but shade could be considered a benefit during periods of hot, sunny weather, or for those who do not want sun exposure. The existing building configuration on the PVHMC core campus does not shade any off-site shadow-sensitive uses at any time during the day in either the winter or summer solstice condition, as shown in Figure 4.1-7a (Existing Conditions—Summer Solstice) and Figure 4.1-7b (Existing Conditions—Winter Solstice).

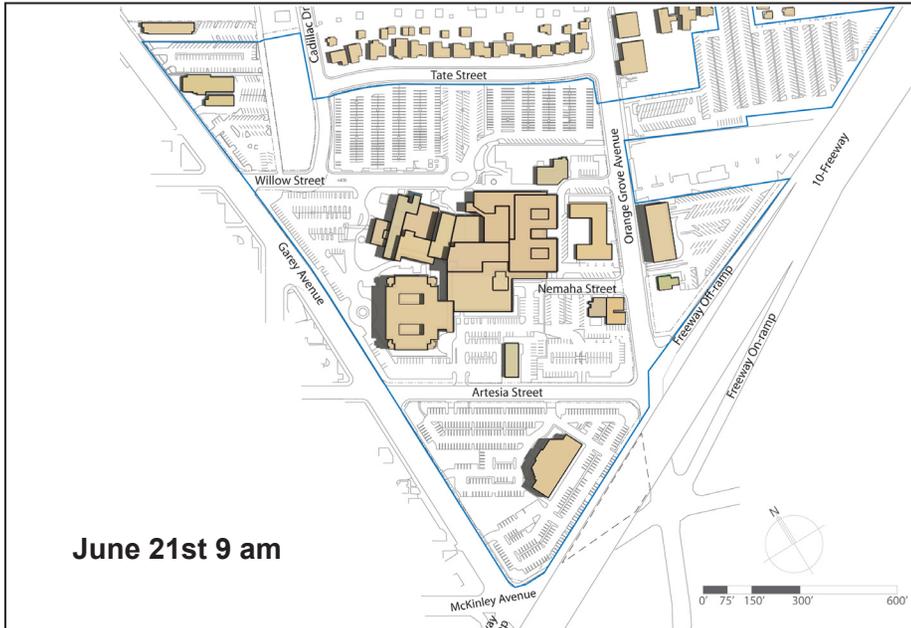
As previously noted, the Specific Plan Design Guidelines creates a 150-residential zone envelope, which limits the height of structures within the envelope to 60 feet, while a not-to-exceed height of 100 feet applies to buildings located outside the residential zone envelope. Two proposed structures would fall within the residential zone envelope—the Phase 1A outpatient pavilion would be located approximately 92 feet from the north property line of the main campus (approximately 160 feet from the south property line of residences located on the north side of Tate Street, within that zone<sup>6</sup> and the Phase 2 outpatient pavilion would be located approximately 62 feet from the north property line of the main campus and approximately 122 feet from the south property line of the Tate Street residences.

This shade and shadow analysis is based on the footprints and locations (longitude and latitude) of the proposed structures, as well as the maximum proposed heights, which would represent the worst-case scenario for shadow creation. If future design changes result in alterations to the building footprints and/or locations of any of the proposed future structures, or if changes in the proposed height of these structures exceed the height limitations contained in the Specific Plan Design Guidelines, a Specific Plan amendment and further environmental review, including an updated shade/shadow analysis, would be required.

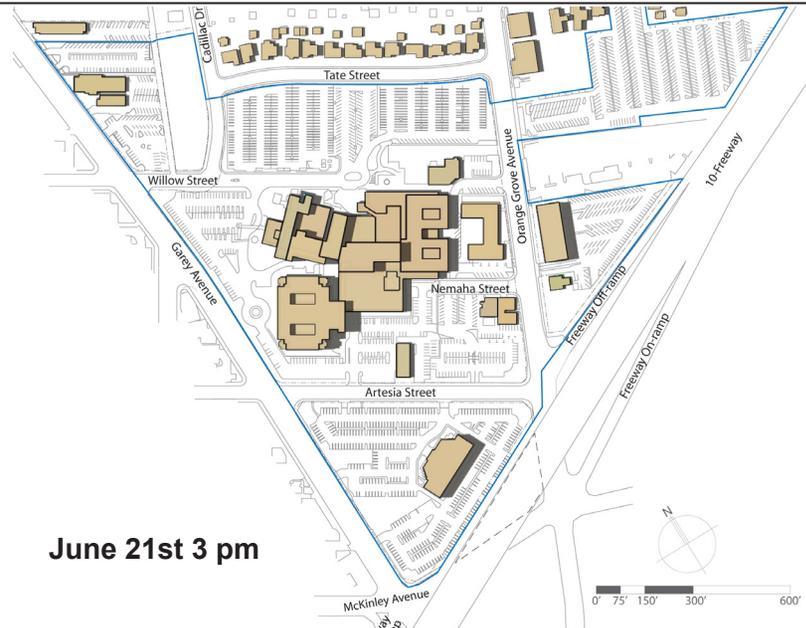
Shadow lengths and bearings were determined by calculating the position of the sun, the location (longitude and latitude) of the proposed structure, and proposed building heights. The position of the sun varies with the time of day, time of year, and geographic location. The length and bearings were applied to the dimensioned site plan for the proposed project to calculate and illustrate the shadows that would be cast by the proposed structures at both the winter and summer solstices. The calculated shadows for development of the Specific Plan are illustrated in Figure 4.1-8 (Phases 1A and 1B—Summer Solstice), Figure 4.1-9 (Phases 1A and 1B—Winter Solstice), Figure 4.1-10 (Phases 2 and 3—Summer Solstice), and Figure 4.1-11 (Phases 2 and 3—Winter Solstice). With respect to the figures cited above, the Phase 2 condition is included in the Phase 3 model and a maximum height of 100 feet for all these structures is assumed. For the winter solstice condition, when the sun is lower in the sky than during the summer months, shadows were calculated for the 9:00 A.M., 12 noon, 3:00 P.M., and 4:00 P.M. hours. For the summer solstice condition, shadows were calculated for the 9:00 A.M., 12 noon, 3:00 P.M., and 6:00 P.M. hours.

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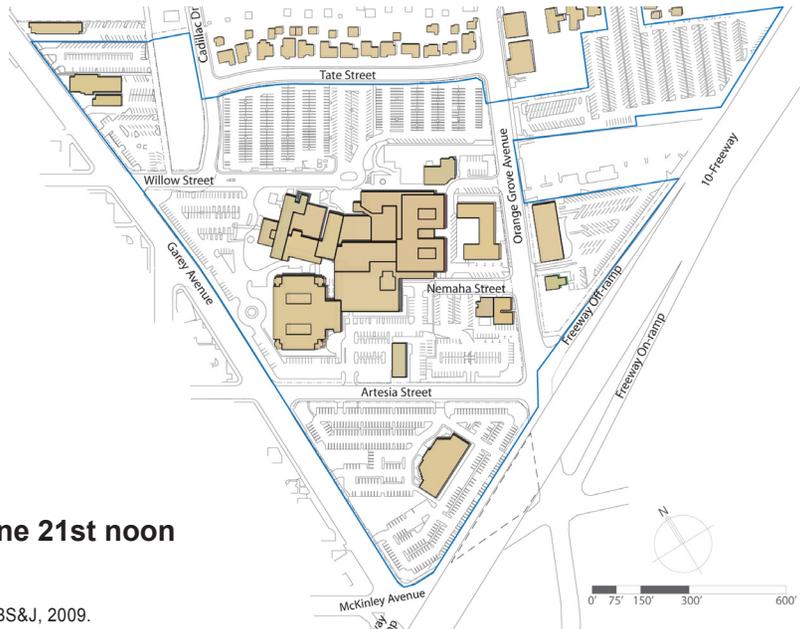
<sup>6</sup> Tate Street measures 36 feet from curb to curb within a 60-foot public right-of-way, which includes sidewalks and parkways.



June 21st 9 am



June 21st 3 pm



June 21st noon



June 21st 6 pm



Source: PBS&J, 2009.

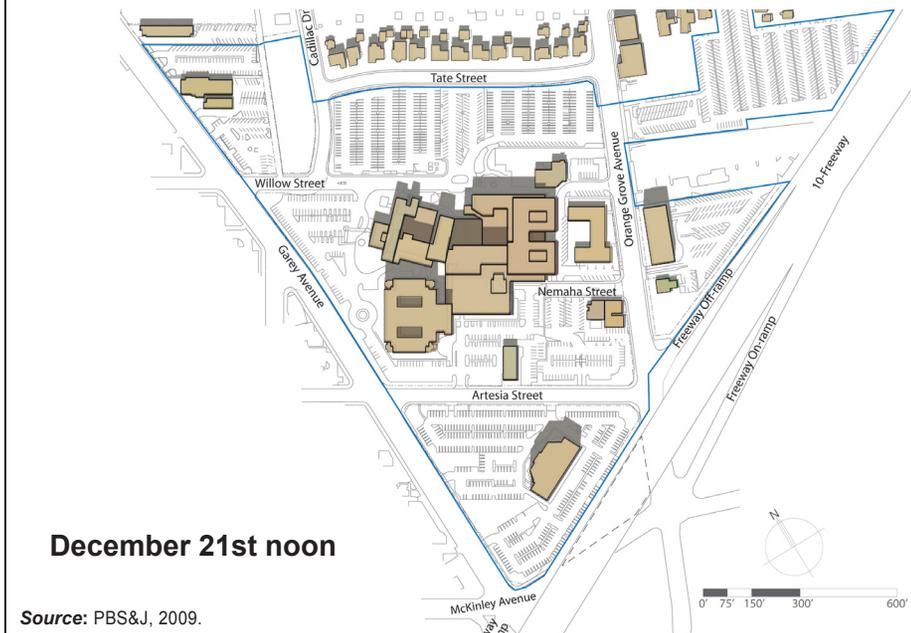
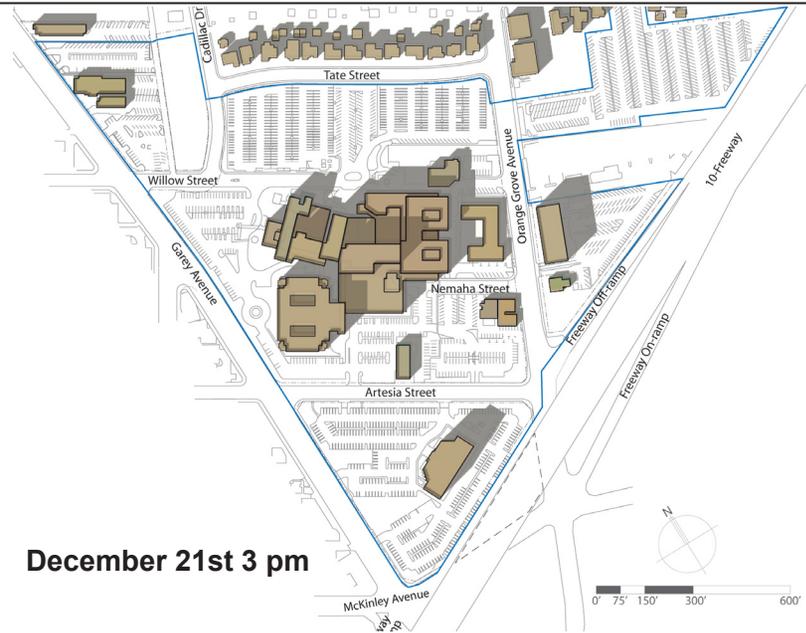
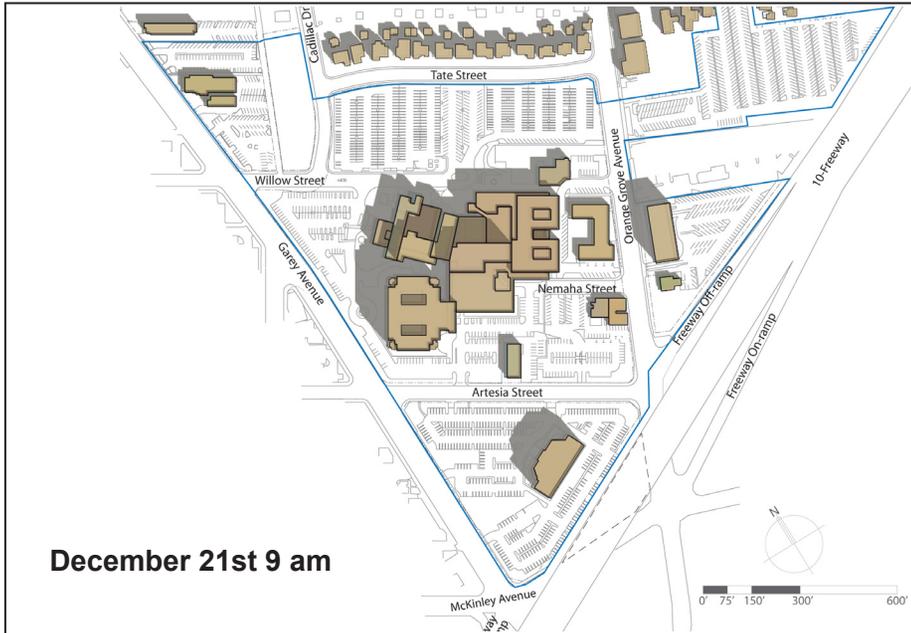
FIGURE 4.1-7a  
Existing Conditions - Summer Solstice

OD2139000



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Source: PBS&J, 2009.

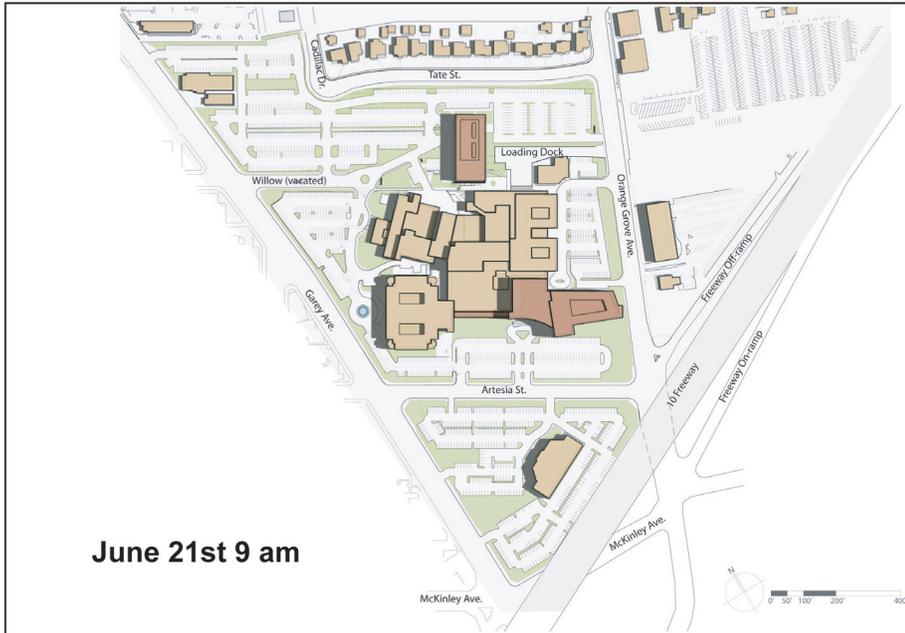
**FIGURE 4.1-7b**  
**Existing Conditions - Winter Solstice**

OD2139000

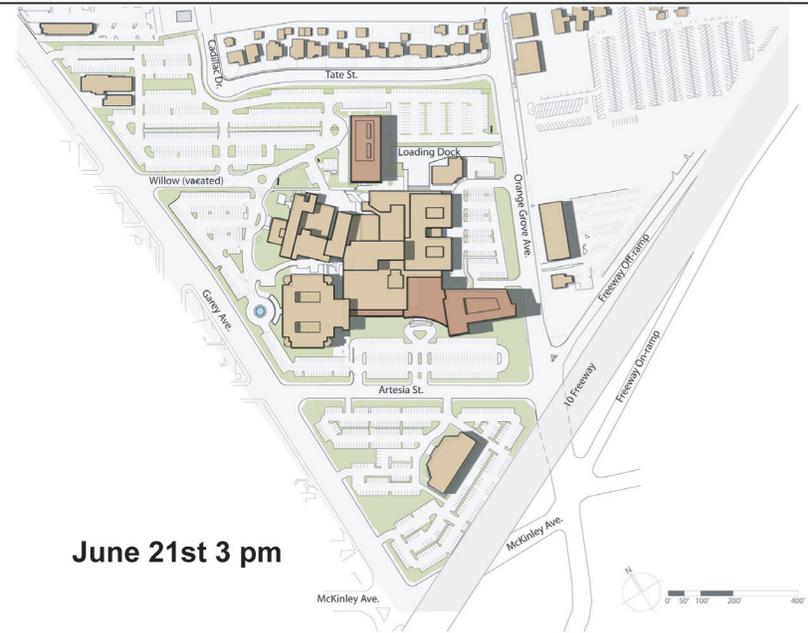


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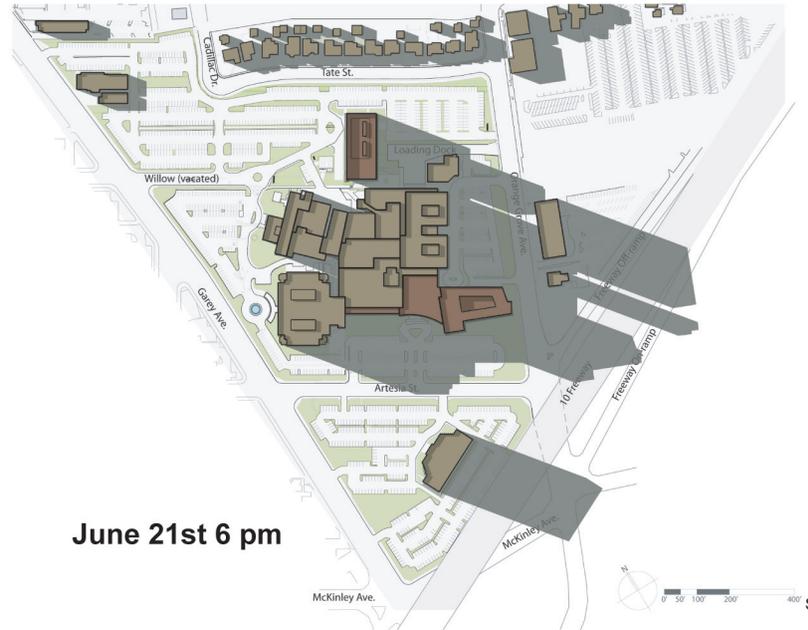
June 21st 9 am



June 21st 3 pm



June 21st noon



June 21st 6 pm



Source: PBS&J, 2009.

**FIGURE 4.1-8**  
**Phase 1a and 1b - Summer Solstice**



OD2139000

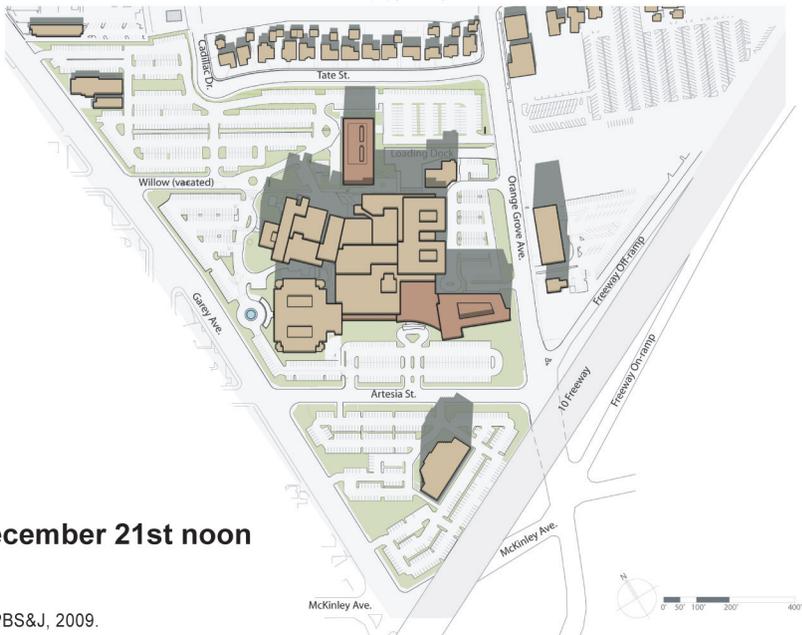




December 21st 9 am



December 21st 3 pm



December 21st noon



December 21st 4 pm

Source: PBS&J, 2009.

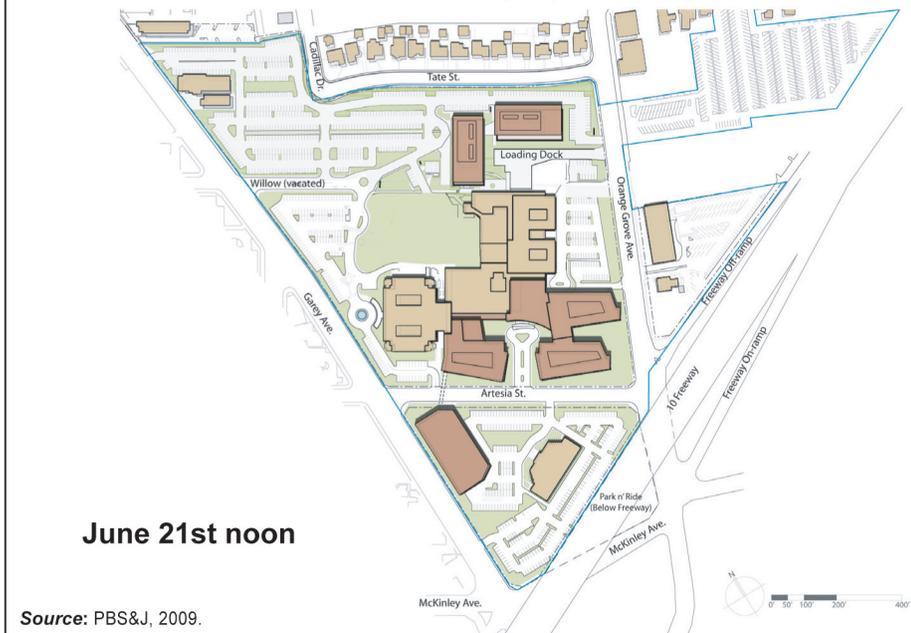
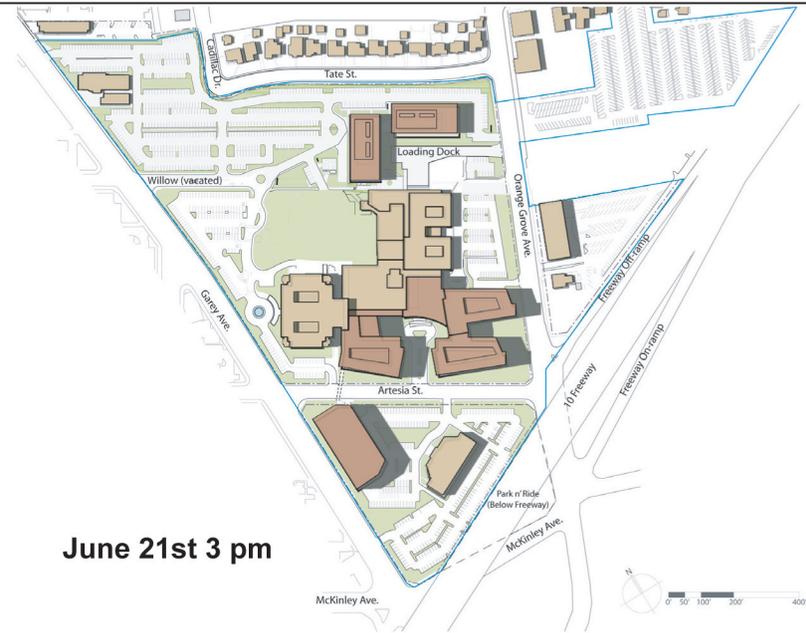
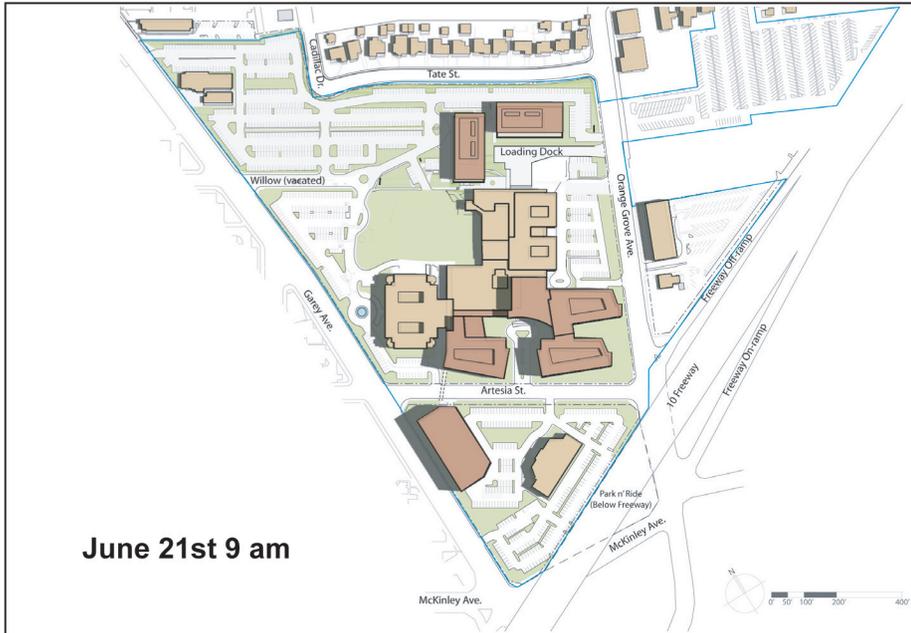
FIGURE 4.1-9  
Phase 1a and 1b - Winter Solstice

OD2139000



01107 | JCS | 09





Source: PBS&J, 2009.

FIGURE 4.1-10  
Phase 2 & 3 - Summer Solstice

OD2139000



01107 | JCS | 09





December 21st 9 am



December 21st 3 pm



December 21st noon



December 21st 4 pm



Source: PBS&J, 2009.

FIGURE 4.1-11  
Phase 2 & 3 - Winter Solstice

OD2139000



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During the summer solstice, the sun is higher in the sky and shadows are smaller compared to those in the winter solstice. At no point during the day in the summer solstice do shadows extend north towards the sensitive uses. Between the hours of 3:00 P.M. and 6:00 P.M., shadows are cast off site to the southeast across Orange Grove Avenue, but these shadows do not extend onto the adjacent commercial buildings (see Figure 4.1-8 and Figure 4.1-10). In any event, these commercial uses are not considered sensitive uses, so there would be no impact. The majority of the shadows cast during this time extend to the I-10 Freeway, which is not considered a sensitive use. Consequently, because the shadows cast by the project during the summer solstice would not affect any sensitive uses, there would be no impact during the summer solstice. The remaining portion of this analysis focuses upon the potential effects of the shadows cast during the winter solstice.

During the winter solstice, shadows from the combined Phase 1 and Phase 2 outpatient pavilions' shadows would be cast towards the sensitive residential uses north of Tate Street and would encroach on the residential lots beginning after 3:00 P.M. (see Figure 4.1-9). Since an adverse shadow impact must occur between the hours of as occurring for more than three consecutive hours between the hours of 9:00 A.M. and 4:00 P.M., this would not create a significant impact, as the residents would only be shaded for only a maximum of one hour during the sensitive period. Accordingly, the shadow cast by the proposed outpatient pavilions would impact the shadow-sensitive areas of a few residential lots located near the corner of Tate Street and Orange Grove Avenue for less than three consecutive hours and, thus would not exceed the shadow-duration significance threshold established for sensitive uses. Therefore, there would be a *less-than-significant* impact.

For the Phase 2/3 structures, which would be taller than the outpatient pavilions and reach a maximum height of 100 feet, including roof-mounted equipment, shadows would begin to touch the front yards of the three residential properties near or at the corner of Tate Street and Orange Grove Avenue at 3:00 P.M. during the winter solstice (see Figure 4.1-11). Therefore, the shadows cast by the Phase 2/3 structures would also not exceed the threshold of significance, as they would only be present for one hour during the sensitive period. Therefore, the impact of Phase 2/3 buildings would be *less than significant*.

No shadows are cast on any other sensitive uses adjacent to the project site.

During Phase 3 of the proposed project, several existing wings of the main hospital building would be demolished. In their place, a large landscaped open space area would be created that would include walking paths and seating areas for the use of patients, staff, and visitors to the PVHMC. Shadows cast by the remaining hospital buildings, primarily the existing Women's Center and existing Wing F and Wing G of the hospital, would shade portions of the proposed open space at various times throughout the day during the winter solstice, as illustrated in Figure 4.1-11. However, at no time during the day would shadows be cast over more than approximately one-quarter of the total open space. In addition, the shadows fall on different areas of the open space as the day progresses. For example, at 9:00 A.M., the shadows are cast along the south and east edges of the open space, and fall most heavily on the southwest corner. By noon, the shadow no longer affects that area, and by 3:00 P.M., shadowing occurs at the southeast corner of the open space. No single part of the proposed open space area would be cast

into shadow for more than three consecutive hours. Therefore, there would be no impact. The outdoor eating area currently used by employees would be eliminated when the existing kitchen and lobby areas are demolished in Phase 3. Lastly, the Phase 1B hospital wing addition would relocate the hospital's main lobby and primary entrance from the Garey Avenue frontage to the Artesia Street frontage. An outdoor pedestrian plaza would be created to provide a sense of entry and presence for the new main entrance. Some informal seating would be provided. The entry plaza would be shadowed by the proposed new Phase 1B hospital wing addition at 9:00 A.M. during the winter solstice; however, the shadow would be gone by noon. The area would also be shadowed by the proposed Phase 3 hospital wing addition and by the proposed parking structure between 3:00 P.M. and 4:00 P.M. during the winter solstice; however, the shadowing would not affect the entry plaza for more than three consecutive hours in the afternoon. Accordingly, there would be a *less-than-significant* impact to proposed open spaces and seating areas on the main campus as a result of implementation of the proposed project.

Threshold	Would implementation of the proposed project substantially degrade the existing visual character or quality of the site and its surroundings?
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**Impact 4.1-2            Operation of the proposed project would not substantially degrade the existing visual character or quality of the site and its surroundings. Compliance with the identified project requirements would ensure that this impact would remain *less than significant*.**

Degradation of the existing visual character and quality of the site associated with construction of the proposed project is discussed under Impact 4.1-3. The main hospital building is a formal structure that has a strong visual presence in the community. The Specific Plan's Development Standards, contained in Chapter 5 of the Specific Plan, require that building design, including the form and scale of new structures, would be carefully considered in order to create a transition between the medical campus and the surrounding community. The Specific Plan further specifies that all new wings would use materials and colors that complement the building scale and form while creating harmony with the surrounding neighborhoods. The project site would retain its existing character as a medical/hospital facility, and Specific Plan Development Standards would require that new structures be designed to work harmoniously with existing structures so as to preserve the site's visual integrity through the implementation period. Project requirement PR4.1A requires that building façades be articulated to avoid monotonous façades.

The Specific Plan development standards also address site landscape and fencing. The standards provide for minimum setbacks and installation of landscape buffers along the project site perimeter. These buffering areas are located along the Specific Plan boundary lines between the PVHMC and adjacent privately-owned properties and/or public thoroughfares. Landscaped property line buffers are intended to provide separations between uses or activities where required. Common buffer treatments would include landscape strips, walls, fencing, and berms. The Specific Plan's development standards specify that the landscaping of the property line buffers shall include screening trees and shrubs, and most of the existing perimeter fencing will be retained. The design and landscaping of property line buffer areas would also be designed to control any spillover lighting. The landscaping would help to identify and define the edges of the hospital campus, form an attractive green perimeter, and screen views of the

parking areas. Along Garey Avenue, existing mature landscape already provides a clear and attractive edge treatment to certain portions of the site.

The Specific Plan requires that areas at the campus perimeter that abut privately owned properties shall be separated from adjacent properties by a solid masonry wall a minimum of 6 feet in height. The Specific Plan details the perimeter landscape and fencing requirements for the entire project perimeter, including the northern edge of the PVHMC core campus at Tate Street, where the hospital campus and the adjacent residential community interface. The nearest homes are located on the north side of Tate Street, opposite the northern parking lot. The homes are single-story structures, set back from their property line approximately 20 feet. The area north of the main hospital building is currently used for surface parking. An existing approximately 4-foot-high block wall separates the parking lot from the sidewalk and landscaping. This wall would remain and would be continued across the full length of the Tate Avenue and Cadillac Drive frontages. The wall would be enhanced by landscape on both sides of the wall. This landscape would be maintained by the medical center and provide a more visually appealing buffer between the hospital and adjacent residential uses.

Additional landscape would be added along Orange Grove Avenue as part of the redevelopment of the main hospital building and the reconfiguration of parking in the area of the expanded emergency department. Along Garey Avenue, new perimeter landscaping would be designed to incorporate existing mature plant material and trees. New landscape areas would continue the existing landscape treatment. New and existing entrances to the medical center would be enhanced by new plantings and signage. Parking lots would be landscaped with trees located in planter islands.

The proposed project also includes the construction of a parking structure southwest of the main hospital building, south of Artesia Street, along the Garey Avenue frontage. The structure would introduce a large structure into an area of the campus currently occupied by surface parking. Depending on how it is sited on the property, the structure could block views of the Medical Office Building from southbound Garey Avenue, and partially obstruct long-range views of the main hospital from northbound Garey Avenue, south of Aliso Street. The structure would have frontage on Garey Avenue, which is developed with commercial uses, and on Artesia Street, where it would face the main entrance of the hospital. The Specific Plan development standards and design guidelines require the use of architectural detailing to tie the structure to the overall architectural theme of the campus and to relate it to the main hospital building. A minimum 20-foot, heavily landscaped setback from Garey Avenue, which would include the installation of fast-growing, full-canopied trees, and the use of climbing vines would serve to soften the visual impact of the structure's vertical elements. Architectural detailing, including trim detailing similar to that used on the main hospital building, well-spaced columns, and decorative screens would be used to break up long horizontal expanses of exposed parking area and reduce the apparent scale of the structure.

Enhanced on-site landscaping would include the addition of landscaped open space, the introduction of pedestrian plazas at building entrances, and the development of a system of pedestrian pathways to provide linkage between various buildings and functional areas.

Proposed open space areas would include outdoor lobby areas or plazas, courtyards, pedestrian walkways, and other landscape and hardscape areas. Demolition of existing hospital structures during implementation of Phase 3 will leave a large open space area that would be landscaped with lawn, pedestrian paths, and benches. Existing mature trees would be replaced with minimum-caliper trees and all surface parking areas would be planted both on the interior and at the perimeter.

The design of new signage visible from public streets would be consistent with project requirement PR4.1F, which requires a signage program to be submitted to and approved by the City. Fences and walls would be visually compatible with other site improvements. These and other project features, such as screening mechanical equipment and trash areas from public view and fence/wall design standards would improve the visual quality of the site and ensure that no significant adverse impact on visual quality would occur as a result of implementation of the proposed project.

The following project requirements shall be implemented, as required by the PVHMC Specific Plan:

- PR4.1A *Building treatments and architecture shall be appropriate in scale, proportion, detail, and the appropriate use of materials, textures, and colors. Articulated building façades shall be utilized as feasible to avoid monotonous building lines.*
- PR4.1B *Areas at the campus perimeter boundaries that abut privately owned properties shall include permanent screening such as berming, shrub hedge, or low wall.*
- PR4.1C *Each existing mature tree (as determined by the PVHMC Tree Inventory [Appendix C2]) that is removed shall be replaced with two 2- to 3-inch caliper trees or larger. Replacement trees in the general open space areas and public edge setback areas shall be 2- to 3-inch caliper, and replacement trees in the central open space and in the property line buffers shall be a minimum of 3- to 4-inch caliper. Any newly planted trees that do not survive for 5 years after planting shall be replaced by PVHMC within 30 days of removal with like kind and size.*
- PR4.1D *Five percent of the interior surface parking areas shall be planted with shade trees of at least 2-inch caliper at a ratio of a least one tree for every five permanent parking spaces and these trees shall attain a minimum of 15 percent parking area coverage within five years of installation.*
- PR4.1E *A 5-foot-wide planting area shall be provided along the perimeter of parking areas adjacent to public streets and shall contain trees and shrubs of a sufficient height to screen views of cars and headlights from the adjacent street.*
- PR4.1F *PVHMC shall prepare a Master Signage Program for monument signs for the primary entrances, building-mounted signs for the main hospital and outpatient buildings, and way-finding signage designating, among other things, the location of bike paths, pedestrian walkways, and directional signage. Signage specific to each individual phase of the project will be submitted to the City for approval prior to issuance of a building permit for individual phase of the proposed project. All signage shall conform to all applicable City standards.*
- PR4.1G *All fences and walls within public view from within or outside the PVHMC shall be designed to be visually compatible with other site improvements. PVHMC shall include wall and fence plans as part of the submittal package for the entitlement of each phase of the Specific Plan project.*

- PR4.1H *All sides of any cooling and mechanical buildings surface parking areas and parking structures, as well as other service and mechanical areas shall be designed, treated, and finished in a manner compatible with the surrounding campus pursuant to the design guidelines of the Specific Plan.*
- PR4.1I *All service, maintenance, cooling/mechanical, and trash collection areas within the Specific Plan shall be fully screened from public view. If roof mounted, all mechanical equipment shall be set back from the roof edge and either contained within a penthouse or otherwise screened from view in a manner that is architecturally integrated with the rest of the building. The building heights specified in the Specific Plan for the outpatient pavilions and hospital wing additions shall be understood to include roof-mounted equipment and shall not be exceeded unless an amendment to the Specific Plan, increasing building height limitations, is approved by the City.*
- PR4.1J *All trash, storage, loading, service, maintenance, and mechanical equipment areas in public view from within or outside the medical campus shall be screened by a solid masonry fence or wall of minimum height 6 feet.*

Design guidelines contained in the Specific Plan and the project requirements described above would ensure that development on the project site would be compatible with adjacent uses and other development in the project area, provide architectural interest in design, and appropriately screen more undesirable components of development (such as mechanical equipment and refuse collection areas). Further, each phase of the proposed project would be subject to design review by City staff prior to full entitlement and issuance of grading and building permits. Adherence to the design standards in the Specific Plan and the *Pomona City Code*, as well as the project requirements outlined above, would ensure that development on the project site would not substantially degrade the visual character or quality of the project site and, therefore, this impact would be *less than significant*.

## ■ Potentially Significant Impact Unless Mitigated

Threshold	Would implementation of the proposed project substantially degrade the existing visual character or quality of the site and its surroundings?
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**Impact 4.1-3**      **Construction of the proposed project would temporarily degrade the existing visual character or quality of the site and its surroundings. This is a potentially significant impact. Implementation of mitigation measure MM4.1-1 would ensure that this impact would remain *less than significant*.**

Visual impacts associated with construction activities would include exposed pads and staging areas for grading, excavation, and construction equipment. In addition, temporary structures could be located on the project site during various stages of construction, within materials storage areas, or associated with construction debris piles on site. Exposed trenches, roadway bedding (soil and gravel), spoils/debris piles, and possibly steel plates would be visible during construction of the proposed utility infrastructure improvements.

Although these activities would take place primarily on site, these visual impacts could affect surrounding land uses. Automobiles traveling along I-10, Garey Avenue, Orange Grove Avenue, and Tate Street

would have short-term views of the project site and adjacent street areas during construction activities and infrastructure improvements. Adverse visual impacts arising from construction activity would be temporary. Although the proposed project would be implemented over a 21-year period, construction activity would not be continuous and would proceed only as funding is made available. Temporary screening of a particular construction or staging site (usually consisting of fabric screening stretched over temporary construction fencing) would serve to partially relieve the visual distractions typically associated with construction activities and commonly encountered in developed areas, particularly during excavation and foundation construction. Moreover, areas of construction would vary within the Specific Plan area such that areas of temporary visual distraction would change throughout the implementation phase of the Specific Plan. Mitigation measure MM4.1-1, which would be incorporated as part of construction documents, would ensure that this impact remains less than significant by requiring the contractor to provide for appropriate staging of construction equipment and maintain the cleanliness of such equipment.

The following mitigation measure shall be implemented:

*MM4.1-1 Construction documents shall include language that requires all construction contractors to strictly control the staging of construction equipment and the cleanliness of construction equipment stored or driven beyond the limits of the construction work area. Construction equipment shall be parked and staged on the project site. Staging areas shall be screened from view with solid wood fencing or green fence. Prior to the issuance of building permits, PVHMC shall submit a construction staging, access and parking plan to the City of Pomona for review and approval. Construction worker parking shall be located off-site on lots owned or leased by PVHMC; however on-street parking of construction worker vehicles shall be prohibited. Vehicles shall be kept clean and free of mud and dust before leaving the project site. PVHMC contractors shall sweep surrounding streets used for construction access daily and maintain them free of dirt and debris.*

Compliance with this mitigation measure would ensure that construction equipment would be confined to the project site and would ensure routine cleaning of construction equipment so mud and dirt are not spread onto adjacent streets when equipment exits the project site to minimize adverse visual impacts from construction activities. This impact would, therefore, be considered *less than significant*.

Threshold	Would the proposed project create a new source of substantial light or glare that would adversely affect day or nighttime views in the area?
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**Impact 4.1-4 Implementation of the proposed project would add new sources of nighttime light to the project area that could adversely affect day or nighttime views in the area. This is a potentially significant impact. Implementation of the identified project requirements and mitigation measures MM4.1-2 and MM4.1-3 would reduce this impact to a *less-than-significant* level.**

This analysis assesses spill light and obtrusive light and glare that might be associated with the proposed project’s security, parking, and interior lighting, as well as vehicle headlights from visitors to and residents of the proposed project.

The following terms are used in this discussion:

- *Spill light*—The light emitted from an installation that falls outside the boundaries of the property on which the lighting system is installed
- *Obtrusive light*—Spill light that causes annoyance, discomfort, distraction, or a reduction in the ability to see essential information such as traffic signals
- *Foot-candle*—The recognized international unit for the measure of light (luminance) falling onto a surface

Spill light can be accurately calculated and the effects of spill light can be measured for general understanding and comparison. The effects of obtrusive light are, however, the subject of debate and technical discussion. Attempts have been made to quantify obtrusive light, but this has proven to be difficult, as individuals have a range of reactions to the perceived effects of lighting on the environment. Typical nighttime street lighting requirements are 1 to 3 foot-candles, which is considered to be unobtrusive.

A typical example of glare effects is the car headlight. When viewed directly in front of a vehicle with the headlights on full beam, vision is impaired, resulting in disabling glare. However, when viewed from the side, the same headlights would not impair vision.

The following are examples of light levels, expressed in foot-candles:

- Bright and sunny day: 3,000 foot-candles
- Professional baseball field lighting: 300 foot-candles
- Office: 50 to 75 foot-candles
- Residential lighting at night: 7 to 10 foot-candles
- Main road junction street lighting: 2.5 to 3.0 foot-candles
- Bright moonlight: 0.1 foot-candle

Night illumination of outdoor areas can affect people in several ways. For example, where intense lighting is viewed against a dark background, the contrast attracts the attention of the viewer and could be considered annoying. Under low-light conditions, the human eye adjusts to the brightest light within the field of view. If the range of light intensity to which the eye is exposed is large, the eye will be relatively insensitive to the more dimly lighted areas within the field of view. In addition, increased illumination can affect the suitability of sleeping areas, use of outdoor areas at natural light levels, and privacy. The degree of impacts may be related to the degree of change from the illumination levels to which people have become accustomed.

There is currently substantial nighttime lighting on the project site. Nighttime lighting in the immediate area is produced by street lights and vehicular headlights along Orange Grove Avenue, Garey Avenue, Tate Street, and vehicles on I-10, as well as exterior lighting from the residential and commercial uses adjacent to the project site. Thus, moderate to high lighting levels characterize the existing ambient nighttime lighting in the project area.

Lighting would be used to highlight architectural elements, landscaping, and building tenant and project signage. Project signage would be regulated by the PVHMC Master Signage Program and the *Pomona City*

*Code.* Those types of signs that could contribute to an increase in lighting would generally be restricted to entrance signage, marquee building signs, and emergency department signage. In addition, security and safety lighting would be provided, as necessary, in parking areas, service passages, and common areas of the project utilized by employees and visitors. Further, increased vehicular traffic resulting from the proposed project could result in more opportunities for vehicular headlights to affect surrounding residences. Although access to the hospital campus from Tate Street has been eliminated by the closure and vacation of Willow Street and Cadillac Drive, headlights from the medical center's north parking lot could affect residences on the north side of Tate Street were there to be an increase in nighttime use of these lots associated with the operation of the proposed outpatient pavilions. A 4-foot-high block wall and 5- to 7-foot landscape buffer would address impacts from car headlights, and existing parking lot lighting in this location is screened and directed away from the residential area.

The intent of the lighting design is to provide varied ambiance to the nighttime appearance while providing a general overall level of illumination consistent with customary municipal safety standards. Lighting structures need to be in scale with the surrounding buildings. Also, while on-site lighting needs to be bright enough to promote the general safety of new uses, great care must be taken to prevent "spillage" of lighting and glare into nearby residential neighborhoods. As discussed in the Specific Plan, and as required by project requirements PR4.1K, PR4.1L, and PR4.1M, below, area lighting sources would be subject to fixture height requirements, oriented toward the ground, or screened to minimize illumination into off-site areas and to prevent glare or interference with vehicular traffic. Very limited and low-level lighting would be provided in open space areas. In these areas, lighting would be limited to decorative lighting along walkways.

Area lighting is intended to illuminate larger areas that are well traveled so as to promote way-finding and provide for a safe environment. In addition to area lighting, building lighting would be provided. Building lighting would be angled towards building surfaces for aesthetic purposes and/or to illuminate signs. Both types of lighting would be designed to avoid direct visibility of the light source. Because the project site is located within a developed urban area, views of the night sky are diminished as they are in all urban areas, and the light and glare as a result of the proposed project would not substantially interfere with these currently limited views.

Hospital facilities and the emergency department located within the main hospital building would be operational 24 hours a day. Interior illumination would be visible through the windows of the hospital, and security lighting around the building and parking area would be visible from various points of view in the surrounding neighborhood. Because the project site is currently lighted, new lighting would not substantially increase the nighttime ambient light in the project area. In fact, the installation of state-of-the-art shielded lighting fixtures could actually decrease the ambient light on the project site. The nearest sensitive receptors would be the homes located on the north side of Tate Street, adjacent to the medical center campus. These residences currently face a parking lot that is illuminated at night by light standards. The residences are shielded from the intrusion of automobile headlights by a 4-foot-high block wall and a landscape buffer on the north side of the wall, which is maintained by the hospital. The development of the Phase 2 outpatient facility would introduce a potential new source of light into the residential neighborhood. The pavilion would be a three-story structure, and interior lighting from the upper two floors would be seen from the adjacent residential area. However, the residences are at least

125 feet north of the proposed new outpatient pavilion, and, with implementation of project requirement PR4.1K, the interior lighting visible through the structure's windows would not be bright enough to create a significant impact on the Tate Street residences.

The following project requirement shall be implemented:

*PR4.1K All windows in the Phase 2 outpatient pavilion shall be tinted or otherwise coated to reduce the level of interior lighting visible from off site.*

New project ingress and egress points have been designed so that vehicles exiting the parking areas during nighttime hours would not cast light towards adjacent uses (please see Figure 3-3 [Overall Development Plan] through Figure 3-6 [Proposed Site Plan—Phase 3] in Chapter 3 [Project Description]). No entrances or exits would be located on Tate Street. The perimeter of the hospital site would be visually screened with walls/fencing and landscaping, and parking areas would also be screened with landscaping and walls or fencing specifically designed to block intrusion of vehicle headlights into the adjacent residential area. These criteria would also apply to the employee parking lot on Ervilla Street. This lot would be built at the beginning of Phase 2 and provide temporary employee parking throughout Phase 2. The lot would hold 30 cars, but the use would be spread out over three shifts with one occurring during the day. This would create two nighttime shifts of approximately 10 cars each that would generate additional sources of light. However, it would not likely be used often during nighttime hours, as peak parking demand occurs during the daytime. Such a minimal increase in local roadway traffic would not generate a significant nighttime lighting impact to the residences along Ervilla Street and across Orange Grove Avenue. A pedestrian/bicycle pathway would traverse the north side of the project site between Garey Avenue and Cadillac Drive and serve as an alternative access point between the residential neighborhood to north of the medical center and Garey Avenue. Fencing consistent with the Specific Plan's design guidelines would be installed between the path and hospital uses, and landscape would be installed between the fence and the adjacent parking lot. There are no plans to illuminate the pedestrian path. Wall and security lighting on all buildings would utilize state-of-the-art low-glare shielded fixtures and would be oriented to direct light away from sensitive receptors. Interior street and parking lot lights would be placed and shielded so as to minimize light and glare impacts off site. Background lighting from nearby buildings would serve to reduce the contrast between the parking area lighting and nighttime darkness. Interior illumination and security lighting for the proposed project would comply with City of Pomona standards and design guidelines. Lighting from the parking structure would primarily impact the commercial uses on the west side of Garey Avenue, which are not considered sensitive receptors. These impacts can be addressed through the design of both structures. The parking structure would make use of screening walls high enough to block headlights and would also incorporate decorative screens as architectural elements.

The following project requirements shall be implemented, as required by the PVHMC Specific Plan:

*PR4.1L All parking-lot and other security lighting shall be directed away from surrounding land uses and towards the specific location intended for illumination. State-of-the-art fixtures shall be used, and all lighting shall be shielded to minimize the production of glare and light spill onto surrounding use. The parking structure shall be constructed with screening walls of sufficient height to block spill light from vehicle headlights pursuant to the City's lighting standards.*

PR4.1M *Landscape illumination and exterior sign lighting shall follow the Pomona City Code guidelines and be accomplished with low-level unobtrusive fixtures.*

In addition, the following mitigation measure shall be implemented:

MM4.1-2 *PVHMC shall prepare a lighting plan for each phase of the proposed project and submit it for review and approval to the Pomona Police Department and the City's Planning Department, prior to the issuance of building permits. Outdoor lighting shall maintain a minimum required illumination, as determined appropriate by the Pomona Police Department and the City's Planning Department, for all parking and pedestrian areas. In addition, the plan must include details such as beam spreads and/or photometric calculation, location and type of fixtures, exterior colors, details on foundations, and arrangement of exterior lighting such that it does not create glare or hazardous interference on adjacent streets or properties or result in spill light that would adversely impact sensitive receptors in the project area.*

These project requirements and mitigation would reduce lighting and nighttime glare impacts to surrounding uses. Lighting for the proposed project would be designed in such a way as to limit spillover onto adjacent residential land uses by focusing additional light only on the area to be illuminated. With implementation of the identified project requirements and mitigation, the increase in nighttime lighting levels on the project site would be reduced to ***less than significant***.

Glare is considered the discomfort or impairment of vision experienced when the image is excessively bright in relation to the general surroundings. Implementation of the proposed project, which entails development of a site that is already developed with medical office and hospital uses, could still create new sources of daytime glare if new building surfaces include the use of reflective materials. These new sources of glare could affect sensitive uses in the adjacent residential neighborhood north of Tate Street as well as drivers and bicyclists on local streets and drivers on I-10.

Substantial sources of daytime glare currently exist in the project area from building surfaces and windows. Some additional glare could be produced by the increased amount of surface area of the proposed structures, which could reflect or concentrate sunlight and result in a potentially significant impact. Exterior building surfaces and windows can be a source of glare, particularly if highly reflective surfaces are utilized. The proposed project would utilize finish materials such as stucco and wood framing consistent with the requirements of the *Pomona City Code* and the design standards in the Specific Plan. Glass surfaces would not exceed the allowable square footage as provided in the *Pomona City Code*. In addition, landscaping adjacent to the structures would soften and diffuse glare from the structure surfaces and windows. Use of nonreflective textured surfaces on building exteriors, as well as avoidance of the use of reflective glass, would reduce impacts related to daytime glare to a less-than-significant level.

MM4.1-3 *Design of the proposed structures shall include the use of textured or other nonreflective exterior surfaces and nonreflective glass.*

Implementation of mitigation measure MM4.1-3 would reduce impacts from daytime glare to a *less-than-significant* level by eliminating or minimizing increased glare by the use of nonreflective glass and nonreflective textured surfaces in the proposed development.

## ■ Significant and Unavoidable Impacts

There are no significant and unavoidable impacts with regard to visual resources.

## ■ Cumulative Impacts

A cumulative impact analysis is only provided for those thresholds that result in a less-than-significant, potentially significant, or significant and unavoidable impact. A cumulative impact analysis is not provided for those thresholds where No Impact is identified.

The geographic context for the analysis of cumulative aesthetic impacts is the area immediately surrounding the proposed project, as represented by anticipated cumulative development in the immediate area as listed in Table 3-6 (List of Related [Cumulative] Development Projects) of Chapter 3 (Project Description).

Threshold	Would the proposed project substantially degrade the existing visual character or quality of the site and its surroundings?
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All development within the City of Pomona would be subject to design review and the development guidelines in the *City of Pomona General Plan* and *Pomona City Code* to insure aesthetically pleasing design and visual compatibility with adjacent uses. Because of these requirements, it is not anticipated that cumulative development would substantially degrade the existing visual character of the City. The proposed project would not substantially degrade the existing visual character or quality of the site and its surroundings. Therefore, the project would not make a cumulatively considerable contribution to a cumulative impact and would be *less than significant*.

Threshold	Would the proposed project create a substantial shadow on a sensitive use?
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Shade and shadow impacts are generally site-specific, as sensitive uses vary depending on the location of the project site and surrounding uses. For purposes of this analysis, a cumulative impact could only result if cumulative projects have the potential to result in shade and shadow impacts on the same sensitive uses as those analyzed for the proposed project. In this case, the only shade-sensitive uses that could be impacted by the proposed project would be the single-family residential uses to the north of the project site on Tate Street. Of the cumulative projects identified in Table 3-6, only Project No. 1, which consists of two mixed-use medical offices located at 1833 North Garey Avenue, could have a potential shade and shadow effect on the same sensitive uses as the proposed project. The remaining cumulative projects are located too far away to have any such effect on these uses.

As discussed in Impact 4.1-1, implementation of the proposed project would not result in shade and shadow impacts on these sensitive uses for more than three consecutive hours, and therefore, would have a less-than-significant impact only. The distance between the identified related project and the first residence on Tate Street that could be impacted by that project is approximately 580 feet. Given that the size of the cumulative project is only 17,000 square feet, which includes two buildings, it is highly unlikely that such structures would be tall enough to cast a shadow that would extend to the residences along Tate Street. Therefore, because of the remote possibility that shadows would be cast upon these sensitive uses for more than three consecutive hours by the proposed project and the cumulative project, this is considered a less-than-significant cumulative impact.

Threshold	Would the proposed project create a new source of substantial light or glare that would adversely affect day or nighttime views in the area?
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As the City of Pomona is a developed, urban area, existing light levels are moderate to high from existing structures' interior and exterior lighting, streetlights, and vehicle headlights. Existing glare from building surfaces is also moderate to high in most commercial areas. While residential uses also produce glare from building surfaces, generally these areas are more extensively landscaped, which helps reduce adverse glare impacts in residential neighborhoods. Development of cumulative projects in the City, which would consist of infill development, would not contribute a substantial increase in light and glare in the City, particularly as new infill development would likely include extensive landscaping per City standards. In addition, City standards related to building exterior surfaces would also be implemented. It should be noted that it is reasonably expected that an urban area is subject to moderate to high levels of nighttime lighting. All new developments are subject to the City's design review process and must conform to the requirements in the *City of Pomona General Plan* and the *Pomona City Code*. These requirements would ensure that future development projects would not result in significant adverse impacts from light and glare. Implementation of project requirements and mitigation measures would reduce project-level impacts to a less-than-significant level. Therefore, the project would not make a cumulatively considerable contribution to this *less-than-significant* impact.

#### 4.1.4 References

Kaplan Chen Kaplan. 2008. *Historic Resources Survey for Pomona Valley Hospital Medical Center*, August.

Los Angeles, City of. 2006. *L.A. CEQA Thresholds Guide*. Section A.3 (Shading), p. A.3-1.

PBS&J. 2008. *Pomona Valley Hospital Medical Center Specific Plan and Phase I Development Initial Study*, as submitted June 2008.

Pomona, City of. 1976. *Comprehensive General Plan*, as amended on March 1976.

Southern California Association of Governments (SCAG). 2008. *Regional Transportation Plan*, as amended May 8, 2008. [www.scag.ca.gov](http://www.scag.ca.gov) (accessed February 13, 2008).

## 4.2 AIR QUALITY

This section evaluates the potential project-related impacts related to air quality. This includes the potential for the proposed project to conflict with or obstruct implementation of the applicable air quality plan, violate an air quality standard or contribute substantially to an existing or projected air quality violation, result in a cumulatively considerable net increase of any criteria pollutant for which the proposed project region is in nonattainment, expose sensitive receptors to substantial pollutant concentrations, or create objectionable odors affecting a substantial number of people. Impacts relating to a change in climate as a result of air movement, moisture, or temperature are addressed in Section 4.14 (Climate Change).

Data used to prepare this section were taken from various sources, including the South Coast Air Quality Management District (SCAQMD) *CEQA Air Quality Handbook*, the SCAQMD 2007 Air Quality Management Plan (AQMP), the SCAQMD *Air Quality Analysis Guidance Handbook*, the *City of Pomona General Plan* (General Plan) (City of Pomona 1976), the Traffic Impact Analysis prepared for the project by Fehr & Peers (Appendix I1 [Traffic Impact Analysis]), and the diesel particulate matter model data and *Multiple Air Toxics Exposure Study in the South Coast Air Basin (MATES-III)* prepared for the project (Appendix B1 of this document). Bibliographic entries for selected reference materials are provided in Section 4.2.4 (References). Reference materials also include the cited appendices to this EIR. Calculation data used in this air quality analysis are included in Appendix B2 (Air Quality Calculations).

Two comment letters were received pertaining to air quality. The SCAQMD submitted a comment letter on March 28, 2008, pertaining to the conduct of the air quality analysis for the proposed project. All comments submitted by the AQMD are addressed in this section. The Southern California Association of Governments submitted a comment letter on April 23, 2008, referencing the Air Quality core goals that relate to the proposed project. The SCAG comments related to Air Quality are addressed in this section.

### 4.2.1 Environmental Setting

#### ■ Regional Context

##### *Climate*

The City of Pomona is located in the eastern portion of Los Angeles County. Los Angeles County is located within the South Coast Air Basin (the “Basin”), so named because its geographical formation is that of a basin, with surrounding mountains. The South Coast Air Basin includes all of Orange County and the nondesert portions of Los Angeles County, San Bernardino County, and Riverside County. The regional climate within the Basin is semi-arid and is characterized by warm summers, mild winters, infrequent seasonal rainfall, moderate daytime onshore breezes, and moderate humidity. In the Los Angeles area the Basin is almost completely enclosed by mountains on the north and east. As is typical with the air along most of the coastal area of California, the vertical temperature structure (inversion) tends to prevent vertical mixing of the air through more than a shallow layer (1,000 to 2,000 feet deep).

The geographical configuration and the southerly location of the Basin permit a fairly regular daily reversal of wind direction—offshore at night and onshore during the day. With the concentrated population, heavy vehicular traffic, and industry, pollution products tend to accumulate and remain within this circulation pattern.

The annual average temperature varies little throughout the Basin, ranging from the low to the mid-60s, measured in degrees Fahrenheit (°F). Coastal areas have a more pronounced oceanic influence and show less variability in annual minimum and maximum temperatures than inland areas. With increasing distance from the ocean the maritime influence decreases. Areas that are well protected from the ocean such as inland valleys, experience a more continental type of climate with warmer summers, colder winters, greater daily and seasonal temperature ranges, and generally lower relative humidities. Many parts of the Basin lie within a transitional zone, where conditions range between these two climatic extremes. The mixture depends upon local topography and its influence on circulation patterns. The City of Pomona is located in the northern portion of the Basin, well inland from the ocean. The closest climatological station monitoring temperature and precipitation is the Pomona Fairplex station (WRCC 2008), approximately 1.2 miles northwest of the project site. The maximum annual average temperature recorded for the last 80 years at this station is 77.4°F, and the minimum annual average is 48.0°F. December and January are typically the coldest months in this area of the Basin, with the majority of precipitation occurring during the month of February (NOAA 1985).

Although the climate of the Basin can be characterized as semi-arid, the air near the land surface can be quite moist on most days because of the presence of a marine layer. This shallow layer of sea air is an important modifier of Basin climate. In general, relative humidities are moderate to high along the coast throughout the year with an annual average relative humidity of 71 percent. Inland humidities are high during the winter and low during the summer. Since the ocean is the source of the cool, humid, maritime air of summer, it follows that with increasing distance from the ocean, relative humidity tends to decrease to approximately 59 percent or less. Where mountain barriers prevent the free flow of marine air inland, humidities decrease rapidly. Where openings in these barriers permit a significant influx of cool, moist air it mixes with the drier inland air, resulting in a more gradual decrease of moisture. This pattern is characteristic of most coastal valleys. Because the ocean effect is dominant, periods of heavy early morning fog are frequent and low stratus clouds are a characteristic feature along the coast; however, these effects decrease rapidly with distance from the coast particularly where intervening mountains block marine air flow.

The majority of annual rainfall in the Basin occurs between November and April. Summer rainfall is minimal and generally limited to scattered thundershowers in coastal regions and slightly heavier showers in the eastern portion of the Basin, along the coastal side of the mountains. Average rainfall measured at the Pomona Fairplex climatological station for the last eighty years varies from 3.62 inches in February to 0.01 inch or less in July, with an average annual total of approximately 17.05 inches. The influence of rainfall on the contaminant levels in the Basin is minimal (WRCC 2008).

As noted, the Basin experiences a persistent temperature inversion, which is characterized by increasing temperature with increasing altitude. This inversion limits the vertical dispersion of air contaminants, holding them relatively near the ground. As the sun warms the ground and the lower air layer, the

temperature of the lower air layer approaches the temperature of the base of the inversion (upper) layer until the inversion layer finally breaks, allowing vertical mixing with the lower layer. The mixing height for this inversion structure is normally situated 1,000 to 1,500 feet above mean sea level.

The vertical dispersion of air contaminants in the Basin is also affected by wind conditions. The combination of stagnant wind conditions and low inversions produces the greatest pollutant concentrations. On days of no inversion or high wind speeds, ambient air pollutant concentrations are the lowest. During periods of low inversions and low wind speeds, air pollutants generated in developed areas in the Basin are transported predominantly on-shore into Riverside and San Bernardino Counties. The Santa Ana winds, which are strong and dry north or northeasterly winds that occur during the fall and winter months, also disperse air contaminants in the Basin. The Santa Ana conditions tend to last for several days at a time.

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

Air pollutant emissions within the Basin are generated by stationary and mobile sources. Stationary sources can be divided into two major subcategories: point and area sources. Point sources are usually subject to a permit to operate from the South Coast Air Quality Management District (SCAQMD), occur at specific identified locations, and are usually associated with manufacturing and industry. Examples of point sources are boilers or combustion equipment that produce electricity or generate heat, such as heating, ventilation, and air conditioning (HVAC) units. In contrast, area sources are widely distributed, produce many small emissions, and do not require permits to operate from the SCAQMD. Examples of area sources include residential and commercial water heaters, painting operations, portable generators, lawn mowers, agricultural fields, landfills, and consumer products, such as barbeque lighter fluid and aerosol hairspray, the area-wide use of which contributes to regional air pollution. Mobile sources refer to emissions from motor vehicles, including tailpipe and evaporative emissions, and are classified as either on-road or off-road emissions. On-road sources are those that are legally operated on roadways and highways. Off-road sources include aircraft, ships, trains, racecars, and construction vehicles.

Mobile sources account for the majority of the air pollutant emissions within the Basin. However, air pollutants can also be generated by the natural environment, such as when fine dust particles are pulled off the ground surface and suspended in the air during high winds or as a result of construction activities (i.e., fugitive dust).

Both the federal and state governments have established ambient air quality standards for outdoor concentrations of specific pollutants, referred to as “criteria pollutants,” in order to protect public health. The federal and State ambient air quality standards have been set at concentration levels to protect the most sensitive persons from illness or discomfort with a margin of safety. It is the responsibility of the SCAQMD to bring air quality within the Basin into attainment with the federal and State ambient air quality standards, which are identified later in this EIR section.

The criteria pollutants for which federal and State standards have been promulgated and that are most relevant to air quality planning and regulation in the Basin are ozone, carbon monoxide, fine suspended

particulate matter, nitrogen dioxide, sulfur dioxide, and lead. Toxic air contaminants (TACs) are also of concern in the Basin. Each of these pollutants is briefly described below.

- **Ozone (O<sub>3</sub>)** is a highly reactive and unstable gas that is formed when volatile organic compounds (VOCs) and nitrogen oxides (NO<sub>x</sub>), both byproducts of internal combustion engine exhaust, undergo slow photochemical reactions in the presence of sunlight. Ozone concentrations are generally highest during the summer months when direct sunlight, light wind, and warm temperature conditions are favorable to the formation of this pollutant.
- **Carbon Monoxide (CO)** is a colorless, odorless gas produced by the incomplete combustion of carbon-containing fuels, such as gasoline or wood. CO concentrations tend to be the highest during the winter morning, when little to no wind and surface-based inversions trap the pollutant at ground levels. Because CO is emitted directly from internal combustion engines, unlike ozone, motor vehicles operating at slow speeds are the primary source of CO in the Basin. The highest ambient CO concentrations are generally found near congested transportation corridors and intersections.
- **Respirable Particulate Matter (PM<sub>10</sub>)** and **Fine Particulate Matter (PM<sub>2.5</sub>)** consist of extremely small, suspended particles or droplets 10 microns and 2.5 microns or smaller in diameter, respectively. Some sources of particulate matter, like pollen and windstorms, are naturally occurring. However, in populated areas, most particulate matter is caused by road dust, diesel soot, combustion products, abrasion of tires and brakes, and construction activities.
- **Nitrogen dioxide (NO<sub>2</sub>)** is a nitrogen oxide compound that is produced by the combustion of fossil fuels, such as in internal combustion engines (both gasoline and diesel powered), as well as point sources, especially power plants. Of the seven types of nitrogen oxide compounds, NO<sub>2</sub> is the most abundant in the atmosphere. As ambient concentrations of NO<sub>2</sub> are related to traffic density, commuters in heavy traffic may be exposed to higher concentrations of NO<sub>2</sub> than those indicated by regional monitors.
- **Sulfur dioxide (SO<sub>2</sub>)** is a colorless, extremely irritating gas or liquid. It enters the atmosphere as a pollutant mainly as a result of burning high sulfur-content fuel oils and coal and from chemical processes occurring at chemical plants and refineries. When SO<sub>2</sub> oxidizes in the atmosphere, it forms sulfates (SO<sub>4</sub>). Collectively, these pollutants are referred to as sulfur oxides (SO<sub>x</sub>).
- **Lead (Pb)** occurs in the atmosphere as particulate matter. The combustion of leaded gasoline is the primary source of airborne Pb in the Basin. The use of leaded gasoline is no longer permitted for on-road motor vehicles, so the majority of such combustion emissions are associated with off-road vehicles such as race cars. However, because it was emitted in large amounts from vehicles when leaded gasoline was used for on-road motor vehicles, Pb is present in many soils and can get re-suspended in the air. Other sources of Pb include the manufacturing and recycling of batteries, paint, ink, ceramics, ammunition, and the use of secondary Pb smelters.
- **Toxic Air Contaminants (TAC)** refer to a diverse group of air pollutants that are capable of causing chronic (i.e., of long duration) and acute (i.e., severe but of short duration) adverse effects on human health. They include both organic and inorganic chemical substances that may be emitted from a variety of common sources including gasoline stations, motor vehicles, dry cleaners, industrial operations, painting operations, and research and teaching facilities. TACs are different than “criteria” pollutants in that ambient air quality standards have not been established for them, largely because there are hundreds of air toxics and their effects on health tend to be felt on a local scale rather than on a regional basis.

State standards have been promulgated for other criteria air pollutants, including SO<sub>4</sub>, hydrogen sulfide, Pb, and visibility-reducing particles. The State also recognizes vinyl chloride as a TAC, but with an undetermined threshold level of exposure for adverse health effects. Vinyl chloride and hydrogen sulfide emissions are generally generated from mining, milling, refining, smelting, landfills, sewer plants, cement manufacturing, or the manufacturing or decomposition of organic matter. In addition, the State recognizes fine particulates within diesel engine exhaust, also known as diesel particulate matter or DPM, as a TAC, but with an undetermined threshold level of exposure for adverse health effects.

The State standards for sulfate and visibility-reducing particles are not exceeded anywhere in the Basin. Lead is typically only emitted during demolition of structures expected to include lead-based paint and materials. However, Pomona Valley Hospital Medical Center (PVHMC) would be required to follow federal and State regulations that govern the renovation and demolition of structures where materials containing lead are present. Further discussion on the presence and removal of lead-based materials is included in Section 4.6 (Hazards and Hazardous Materials).

## Health Effects of Air Pollutants

### *Ozone*

Individuals exercising outdoors, children, and people with preexisting lung disease, such as asthma and chronic pulmonary lung disease, are considered to be the most susceptible sub-groups for ozone effects. Short-term exposure (lasting for a few hours) to ozone at levels typically observed in Southern California can result in breathing pattern changes, reduction of breathing capacity, increased susceptibility to infections, inflammation of the lung tissue, and some immunological changes. Elevated ozone levels are associated with increased school absences. In recent years, a correlation between elevated ambient ozone levels and increases in daily hospital admission rates, as well as mortality, has also been reported. An increased risk for asthma has been found in children who participate in multiple sports and live in communities with high ozone levels.

Ozone exposure under exercising conditions is known to increase the severity of the responses described above. Animal studies suggest that exposure to a combination of pollutants that includes ozone may be more toxic than exposure to ozone alone. Although lung volume and resistance changes observed after a single exposure diminish with repeated exposures, biochemical and cellular changes appear to persist, which can lead to subsequent lung structural changes.

### *Carbon Monoxide*

Individuals with a deficient blood supply to the heart are the most susceptible to the adverse effects of CO exposure. The effects observed include earlier onset of chest pain with exercise, and electrocardiograph changes indicative of decreased oxygen supply to the heart.

Inhaled CO has no direct toxic effect on the lungs, but exerts its effect on tissues by interfering with oxygen transport and competing with oxygen to combine with hemoglobin present in the blood to form carboxyhemoglobin (COHb). Hence, conditions with an increased demand for oxygen supply can be adversely affected by exposure to CO. Individuals most at risk include fetuses, patients with diseases

involving heart and blood vessels, and patients with chronic hypoxemia (oxygen deficiency) as seen at high altitudes.

Reduction in birth weight and impaired neurobehavioral development have been observed in animals chronically exposed to CO, resulting in COHb levels similar to those observed in smokers. Recent studies have found increased risks for adverse birth outcomes with exposure to elevated CO levels; these include pre-term births and heart abnormalities.

### *Particulate Matter*

A consistent correlation between elevated ambient fine particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) levels and an increase in mortality rates, respiratory infections, number and severity of asthma attacks and the number of hospital admissions has been observed in different parts of the United States and various areas around the world. In recent years, some studies have reported an association between long-term exposure to air pollution dominated by fine particles and increased mortality, reduction in life-span, and an increased mortality from lung cancer.

Daily fluctuations in PM<sub>2.5</sub> concentration levels have also been related to hospital admissions for acute respiratory conditions in children, to school and kindergarten absences, to a decrease in respiratory lung volumes in normal children, and to increased medication use in children and adults with asthma. Recent studies show lung function growth in children is reduced with long-term exposure to particulate matter.

The elderly, people with pre-existing respiratory or cardiovascular disease, and children appear to be more susceptible to the effects of high levels of PM<sub>10</sub> and PM<sub>2.5</sub>.

### *Nitrogen Dioxide*

Population-based studies suggest that an increase in acute respiratory illness, including infections and respiratory symptoms in children (not infants), is associated with long-term exposure to NO<sub>2</sub> at levels found in homes with gas stoves, which are higher than ambient levels found in Southern California. Increase in resistance to air flow and airway contraction is observed after short-term exposure to NO<sub>2</sub> in healthy subjects. Larger decreases in lung functions are observed in individuals with asthma or chronic obstructive pulmonary disease (e.g., chronic bronchitis, emphysema) than in healthy individuals, indicating a greater susceptibility of these sub-groups.

In animals, exposure to levels of NO<sub>2</sub> considerably higher than ambient concentrations results in increased susceptibility to infections, possibly due to the observed changes in cells involved in maintaining immune functions. The severity of lung tissue damage associated with high levels of ozone exposure increases when animals are exposed to a combination of ozone and NO<sub>2</sub>.

### *Sulfur Dioxide*

A few minutes of exposure to low levels of SO<sub>2</sub> can result in airway constriction in some asthmatics, all of whom are sensitive to its effects. In asthmatics, increase in resistance to air flow, as well as reduction in breathing capacity leading to severe breathing difficulties, are observed after acute exposure to SO<sub>2</sub>. In

contrast, healthy individuals do not exhibit similar acute responses even after exposure to higher concentrations of SO<sub>2</sub>.

Animal studies suggest that despite SO<sub>2</sub> being a respiratory irritant, it does not cause substantial lung injury at ambient concentrations. However, very high levels of exposure can cause lung edema (fluid accumulation), lung tissue damage, and sloughing off of cells lining the respiratory tract.

Some population-based studies indicate that the mortality and morbidity effects associated with fine particles show a similar association with ambient SO<sub>2</sub> levels. In these studies, efforts to separate the effects of SO<sub>2</sub> from those of fine particles have not been successful. It is not clear whether the two pollutants act synergistically or one pollutant alone is the predominant factor.

### *Lead*

Fetuses, infants, and children are more sensitive than others to the adverse effects of Pb exposure. Exposure to low levels of Pb can adversely affect the development and function of the central nervous system, leading to learning disorders, distractibility, inability to follow simple commands, and lower intelligence quotient. In adults, increased Pb levels are associated with increased blood pressure.

Pb poisoning can cause anemia, lethargy, seizures, and death, although it appears that there are no direct effects of Pb on the respiratory system. Pb can be stored in the bone from early age environmental exposure, and elevated blood Pb levels can occur due to breakdown of bone tissue during pregnancy, hyperthyroidism (increased secretion of hormones from the thyroid gland) and osteoporosis (breakdown of bony tissue). Fetuses and breast-fed babies can be exposed to higher levels of Pb because of previous environmental Pb exposure of their mothers.

### *Odors*

The science of odor as a health concern is still new. Merely identifying the hundreds of VOCs that cause odors poses a big challenge. Offensive odors can potentially affect human health in several ways. First, odorant compounds can irritate the eye, nose, and throat, which can reduce respiratory volume. Second, the VOCs that cause odors can stimulate sensory nerves to cause neurochemical changes that might influence health, for instance, by compromising the immune system. Finally, unpleasant odors can trigger memories or attitudes linked to unpleasant odors, causing cognitive and emotional effects such as stress.

### *Toxic Air Contaminant Emissions*

TACs are airborne substances that are capable of causing chronic and acute adverse effects on human health. They include both organic and inorganic chemical substances that may be emitted from a variety of common sources including gasoline stations, motor vehicles, dry cleaners, industrial operations, painting operations, and research and teaching facilities. TACs are different from the “criteria” pollutants previously discussed in that ambient air quality standards have not been established for them. One TAC of particular concern within the South Coast Air Basin (SCAB) is Diesel Particulate Matter (DPM). DPM is a known carcinogen that has been found to account for approximately 70 percent of the excess cancer occurrences due to all TACs within the SCAB (SCAQMD, 2008). Diesel engines tend to produce a much

higher ratio of fine particulates than other types of internal combustion engines. The fine particles that make up DPM tend to penetrate deep into the lungs and the rough surfaces of these particles makes it easy for them to bind with other toxins within the exhaust, thus increasing the hazards of particle inhalation. The California Air Resources Board (California ARB) Scientific Review Panel found that over forty known TACs typically bind to fine particulates within diesel exhaust (California ARB 1998). One particular problem in trying to derive a threshold level of exposure for DPM is the fact that the total known carcinogenic level based upon cohort studies of rail-yard workers (California ARB 1998) cannot be explained by the addition of each individual TAC that is bound to DPM. There may be a synergetic effect that is occurring either due to the combined effect of the various TACs bound to DPM, or by the delivery method to the lungs associated with the fine particulates, or both circumstances contributing to the synergetic effect. For this reason, the California ARB Scientific Review Panel has established  $3.0 \times 10^4$  per  $\mu\text{g}/\text{m}^3$  as a unit risk value for DPM and advises that this unit risk value be used in health risk assessments rather than combining the individual risk of each TAC known to bind to DPM. The unit risk value is the theoretical value of contracting cancer over a 70-year life span of exposure to the TAC. A long-term exposure to DPM is known to lead to chronic, serious health problems including cardiovascular disease, cardiopulmonary disease, and lung cancer.

A Health Risk Assessment (HRA) was performed for the proposed project to estimate the potential health risks associated with TACs generated by project specific sources, and ambient concentrations of TACs in the project area associated with the Specific Plan location in proximity to the I-10 freeway. An HRA is a study used to estimate the increased risk of health problems in people who are exposed to different amounts of toxic substances by combining the results of studies on the health effects of various animal and human exposures to toxic air pollutants with the results of studies that estimate the level of a person's exposure at different distances from the sources of the pollutants. The HRA for the proposed project provides data on existing health conditions, evaluates potential health risk impacts associated with implementation of the proposed project, and identifies feasible mitigation measures for potentially significant impacts.

### ***Existing Regional Air Quality***

Measurements of ambient concentrations of the criteria pollutants are used by the United States Environmental Protection Agency (U.S. EPA) and the California ARB to assess and classify the air quality of each air basin, county, or, in some cases, a specific developed area. The classification is determined by comparing actual monitoring data with federal and State standards. If a pollutant concentration in an area is lower than the standard, the area is classified as being in "attainment." If the pollutant exceeds the standard, the area is classified as a "nonattainment" area. If there are not enough data available to determine whether the standard is exceeded in an area, the area is designated "unclassified."

The entire Basin is designated as a federal-level extreme nonattainment area for ozone, meaning that federal ambient air quality standards are not expected to be met for more than sixteen years, and as a serious nonattainment area for  $\text{PM}_{10}$ . The area is also a federal-level nonattainment area for  $\text{NO}_x$  and  $\text{PM}_{2.5}$ , as designated by the U.S. EPA. The Basin is a state-level extreme nonattainment area for ozone, and is a state-level nonattainment area for  $\text{PM}_{2.5}$  and  $\text{PM}_{10}$ . It is in attainment for both the federal and

State ambient air quality standards for CO, SO<sub>2</sub>, Pb, and NO<sub>2</sub>, which is a pure form of NO<sub>x</sub> (California ARB 2008).

The SCAQMD divides the Basin into thirty-eight source receptor areas (SRAs) in which thirty-two monitoring stations operate to monitor the various concentrations of air pollutants in the region. The City of Pomona is located within SRA 10, which covers the Pomona and Walnut Valley area of Los Angeles County. The California ARB also collects ambient air quality data through a network of air monitoring stations throughout the state. These data are summarized annually and are published in the California ARB's California Air Quality Data Summaries. The Pomona monitoring station is the nearest monitoring station to the project site. This station currently monitors emission levels of ozone, CO, and NO<sub>x</sub>. PM<sub>10</sub> and PM<sub>2.5</sub> measurements were taken from the Azusa monitoring station, while SO<sub>2</sub> measurements were taken from the Los Angeles–North Main Street monitoring station. Data from all three stations are used in this analysis.

As not all criteria air pollutants are monitored at a single station, Table 4.2-1 (Summary of Ambient Air Quality in the Proposed Project Vicinity) identifies the federal and State ambient air quality standards for the relevant air pollutants, along with the ambient pollutant concentrations that were measured at the relevant air quality monitoring stations closest to the proposed project site between 2005 and 2007. The ozone, CO, and NO<sub>x</sub> levels were taken from the Pomona station, while the PM<sub>10</sub> and PM<sub>2.5</sub> levels were taken from the Azusa station and the SO<sub>2</sub> levels were taken from the Los Angeles-North Main Street station.

<b>Table 4.2-1 Summary of Ambient Air Quality in the Proposed Project Vicinity</b>			
<i>Air Pollutants Monitored Within SRA 10—Pomona/Walnut Valley Area</i>	<i>Year</i>		
	<i>2005</i>	<i>2006</i>	<i>2007</i>
<b>Ozone (O<sub>3</sub>)</b>			
Maximum 1-hour concentration measured	0.140 ppm	0.151 ppm	0.153 ppm
Number of days exceeding federal 0.12 ppm 1-hour standard	4	10	2
Number of days exceeding State 0.09 ppm 1-hour standard	26	34	19
Maximum 8-hour concentration measured	0.112 ppm	0.127 ppm	0.109 ppm
Number of days exceeding federal 0.075 ppm 8-hour standard	11	16	10
Number of days exceeding State 0.07 ppm 8-hour standard	30	41	26
<b>Nitrogen Dioxide (NO<sub>2</sub>)</b>			
Maximum 1-hour concentration measured	0.083 ppm	0.095 ppm	0.097 ppm
Number of days exceeding State 0.18 ppm 1-hour standard	0	0	0
Annual average	0.031 ppm	0.031 ppm	0.031 ppm
Does measured annual average exceed federal 0.053 ppm annual average standard?	No	No	No
<b>Carbon Monoxide (CO)</b>			
Maximum 1-hour concentration measured	4 ppm	3 ppm	N/A
Number of days exceeding national 35.0 ppm 1-hour standard	0	0	-
Number of days exceeding State 20.0 ppm 1-hour standard	0	0	-

**Table 4.2-1 Summary of Ambient Air Quality in the Proposed Project Vicinity**

<i>Air Pollutants Monitored Within SRA 10—Pomona/Walnut Valley Area</i>	<i>Year</i>		
	<i>2005</i>	<i>2006</i>	<i>2007</i>
Maximum 8-hour concentration measured	2.50 ppm	2.23 ppm	1.97 ppm
Number of days exceeding federal 9.0 ppm 8-hour standard	0	0	0
Number of days exceeding State 9.0 ppm 8-hour standard	0	0	0
<b>Respirable Particulate Matter (PM<sub>10</sub>)<sup>a</sup></b>			
Maximum 24-hour concentration measured	75.0 µg/m <sup>3</sup>	79.0 µg/m <sup>3</sup>	81.0 µg/m <sup>3</sup>
Number of days exceeding federal 150 µg/m <sup>3</sup> 24-hour standard	0	0	0
Number of days exceeding State 50 µg/m <sup>3</sup> 24-hour standard	10	7	4
<b>Fine Particulate Matter (PM<sub>2.5</sub>)<sup>a</sup></b>			
Maximum 24-hour concentration measured	132.6 µg/m <sup>3</sup>	52.7 µg/m <sup>3</sup>	49.2 µg/m <sup>3</sup>
Number of days exceeding federal 65.0 µg/m <sup>3</sup> 24-hour standard	1	0	0
<b>Sulfur Dioxide (SO<sub>2</sub>)<sup>b</sup></b>			
Maximum 24-hour concentration measured	0.010 ppm	0.006 ppm	0.005 ppm
Number of days exceeding federal 0.14 ppm 24-hour standard	0	0	0
Number of days exceeding State 0.04 ppm 24-hour standard	0	0	0

SOURCE: California ARB 2008

Federal PM<sub>2.5</sub> 24-hour standards were changed to 35 µg/m<sup>3</sup> in 2006.

ppm = parts per million by volume of air

µg/m<sup>3</sup> = micrograms per cubic meter.

a. Data are taken from the Azusa monitoring station.

b. Data are taken from the Los Angeles-North Main Street Station.

According to the air quality data from the Pomona monitoring station shown in Table 4.2-1, the federal 1-hour ozone standard was exceeded a total of 16 days between 2005 and 2007 within SRA 10, while the State 1-hour ozone standard was exceeded a total of 79 days. The federal 8-hour ozone standard was exceeded a total of 37 days between 2005 and 2007, while the State 8-hour ozone standard was exceeded a total of 97 days. Neither NO<sub>2</sub> nor CO levels exceeded federal or State thresholds between 2005 and 2007. The federal 24-hour PM<sub>10</sub> standard was not exceeded on any days, but the State 24-hour standard for PM<sub>10</sub> was exceeded a total of 21 days within the region. The federal 24-hour PM<sub>2.5</sub> standard was exceeded on 1 day between 2005 and 2007 (in 2005). According to data from the Los Angeles–North Main Street monitoring station, no federal or State standards for SO<sub>2</sub> have been exceeded during this time.

## ■ Project Site

### *Existing Local Air Quality and Site Emissions*

The proposed project site is located within the City of Pomona. The site, overall, covers approximately 40 acres, consists of three noncontiguous areas, and is zoned for a variety of uses, including administrative professional (medical and office), general commercial, and residential. The site is

developed with a mix of hospital and medical office uses. The core campus is dominated by the PVHMC complex.

Motor vehicles are the primary source of pollutants in the project vicinity. Traffic-congested roadways and intersections, as well as the project's proximity to I-10 have the potential to generate localized high levels of CO. Localized areas where ambient concentrations exceed federal and/or State standards for CO are termed "CO hotspots." Chapter 5 of the *CEQA Air Quality Handbook* (SCAQMD 1993) identifies CO as a localized problem requiring additional analysis when a project is likely to subject sensitive receptors to CO hotspots. The SCAQMD defines typical sensitive receptors as schools, playgrounds, childcare centers, athletic facilities, hospitals, long-term health care facilities, rehabilitation centers, convalescent centers, and retirement homes. These are all uses that could be occupied by individuals with a low tolerance for air quality pollutants such that negative health impacts could occur. These individuals include, but are not necessarily limited to, children, seniors, the physically ill, and/or those engaging in active physical activity. Table 4.2-1 identifies the maximum levels of pollutants measured in the site vicinity over the last three years.

The SCAQMD recommends the use of CALINE4, a dispersion model for predicting CO concentrations, as the preferred method of estimating pollutant concentrations at sensitive receptors near congested roadways and intersections. For each intersection analyzed, CALINE4 adds roadway-specific CO emissions calculated from peak hour turning movement volumes to ambient CO air concentrations. This analysis assumes worst-case conditions and provides a screening of maximum, worst-case CO concentrations. For this analysis, localized CO concentrations were calculated based on a simplified CALINE4 screening procedure developed by the Bay Area Air Quality Management District and accepted by the SCAQMD. The simplified model is intended as a screening analysis, which identifies a potential CO hotspot. This methodology assumes worst-case conditions and provides a screening of maximum, worst-case CO concentrations.

Maximum 1-hour and 8-hour CO concentrations were calculated under existing conditions for six intersections evaluated in the traffic analysis that are currently operating at level of service (LOS) D or worse, as recommended by SCAQMD, since traffic at these intersections could produce the greatest CO concentrations due to traffic congestion. For existing conditions in Year 2008, the results of the CO calculations for representative receptors located in close proximity to each roadway are presented in Table 4.2-2 (Existing Localized Carbon Monoxide Concentrations). For purposes of this analysis, receptors are any of the sensitive receptor types identified previously, as well as any location where people would be required (as in a work site) to be located for one to eight hours.

The federal 1-hour standard is 35.0 parts per million (ppm), and the State 1-hour standard is 20.0 ppm. The 8-hour federal and State standards are 9.0 ppm. As shown in Table 4.2-2, none of the intersections in the project area currently operating at the highest level of traffic congestion exceed federal or State standards with regard to CO. The intersections of Towne Avenue and I-10 ramps, and Towne Avenue and Holt Avenue, represent the highest existing 1-hour CO concentration at the roadways' edge, at 4.0 ppm, and the highest existing 8-hour CO concentration at 2.8 ppm. These concentrations occur during weekdays.

**Table 4.2-2 Existing Localized Carbon Monoxide Concentrations**

Intersection	CO Concentrations in Parts per Million <sup>a,b</sup>					
	Roadway Edge (0 feet)		25 Feet		50 Feet	
	1-Hour	8-Hour	1-Hour	8-Hour	1-Hour	8-Hour
Garey Avenue and Aliso Street	3.8	2.6	3.5	2.4	3.4	2.3
Garey Avenue and I-10 EB Ramps	3.6	2.4	3.3	2.2	3.3	2.2
Orange Grove Avenue and I-10 EB Ramps	3.9	2.7	3.5	2.4	3.4	2.3
Towne Avenue and I-10 Ramps	4.0	2.8	3.6	2.5	3.5	2.4
Towne Avenue and McKinley Avenue	3.7	2.6	3.4	2.3	3.3	2.2
Towne Avenue and Holt Avenue	4.0	2.8	3.6	2.5	3.5	2.4

SOURCE: PBS&J 2009 (calculation sheets are provided in Appendix B2)

a. National 1-hour standard is 35.0 parts per million. State 1-hour standard is 20.0 parts per million.

b. National 8-hour standard is 9.0 parts per million. State 8-hour standard is 9.0 parts per million.

c. **Bold** numbers indicate that a national and/or State standard is exceeded.

## 4.2.2 Regulatory Framework

Air quality within the Basin is addressed through the efforts of various federal, State, regional, and local government agencies. These agencies work jointly as well as individually to improve air quality through legislation, regulations, planning, policy-making, education, and a variety of programs. The agencies responsible for improving the air quality within the Basin are identified and discussed below.

### ■ Federal

#### *United States Environmental Protection Agency*

The U.S. Environmental Protection Agency (U.S. EPA) is responsible for setting and enforcing the National Ambient Air Quality Standards for atmospheric pollutants. The Agency regulates emission sources that are under the exclusive authority of the federal government, such as aircraft, ships, and certain locomotives.

As part of its enforcement responsibilities, the U.S. EPA requires each state with federal nonattainment areas to prepare and submit a State Implementation Plan (SIP) that demonstrates the means which will be employed to attain the national standards. The SIP must integrate federal, state, and local plan components and regulations to identify specific measures to reduce pollution, using a combination of performance standards and market-based programs within the time frame identified in the SIP.

#### *Clean Air Act*

The U.S. EPA currently does not regulate greenhouse gases (GHG) emissions from motor vehicles. *Massachusetts v. EPA* (Supreme Court Case 05-1120) was argued before the U.S. Supreme Court on November 29, 2006. In its suit, the State of Massachusetts petitioned U.S. EPA to begin regulating four GHG, including carbon dioxide, under Section 202(a)(1) of the *Clean Air Act*. The Court rendered its

decision on April 2, 2007, and held that the petitioners have standing to challenge the U.S. EPA and further, that the U.S. EPA has statutory authority to regulate emission of GHG from motor vehicles.

## ■ State

### ***California Air Resources Board (California ARB)***

As part of the California EPA, California ARB is responsible for the coordination and administration of both federal and State air pollution control programs within California. In this capacity, California ARB conducts research, sets California Ambient Air Quality Standards, compiles emission inventories, develops suggested control measures, provides oversight of local programs, and prepares the SIP. California ARB establishes emissions standards for motor vehicles sold in California, consumer products (e.g., hairspray, aerosol paints, and barbecue lighter fluid), and various types of commercial equipment. It also sets fuel specifications to further reduce vehicular emissions.

## ■ Regional

### ***South Coast Air Quality Management District (SCAQMD)***

The SCAQMD is the agency principally responsible for comprehensive air pollution control in the Basin. To that end, the SCAQMD, a regional agency, works directly with the Southern California Association of Governments (SCAG), county transportation commissions, and local governments and cooperates actively with all federal and state government agencies. The SCAQMD develops rules and regulations, establishes permitting requirements for stationary sources, inspects emissions sources, and enforces such measures through educational programs or fines, when necessary.

The SCAQMD is directly responsible for reducing emissions from stationary (area and point), mobile, and indirect sources. It has responded to this requirement by preparing a sequence of air quality management plans (AQMPs). The most recent of these was adopted by the Governing Board of the SCAQMD on June 1, 2007, to update and revise the previous 2003 AQMP. The 2007 AQMP was prepared to comply with the federal and State *Clean Air Acts* and amendments, to accommodate growth, to reduce the high pollutant levels in the Basin, to meet federal and State ambient air quality standards, and to minimize the fiscal impact that pollution control measures have on the local economy. The purpose of the 2007 AQMP for the Basin is to set forth a comprehensive program that will lead the area into compliance with all federal and State air quality planning requirements. Compared with the 2003 AQMP, the 2007 AQMP utilizes revised emissions inventory projections that use 2003 as the base year, relies on the California ARB on-road motor vehicle emissions model EMFAC2007 and the *SCAG 2004 Regional Transportation Plan (RTP)* forecast assumptions, updates the attainment demonstration for the federal standards for ozone, replaces the 2003 attainment demonstration for the federal CO standard and provides a basis for a maintenance plan for CO for the future, and updates the maintenance plan for the federal NO<sub>2</sub> standard that the Basin has met since 1992. In terms of working towards ozone attainment, the 2007 AQMP builds upon the 2003 AQMP. In terms of PM<sub>10</sub> and PM<sub>2.5</sub> attainment, the PM<sub>10</sub> and PM<sub>2.5</sub> control strategy in the 2007 AQMP has augmented the 2003 AQMP with a number of additional PM<sub>10</sub> and PM<sub>2.5</sub> control measures.

The 2007 AQMP also addresses several State and federal planning requirements and incorporates significant new scientific data, primarily in the form of updated emissions inventories, ambient measurements, new meteorological episodes, and new air quality modeling tools. Specifically, the 2007 AQMP is designed to satisfy the California Clean Air Act (CCAA) tri-annual update requirements and fulfill the SCAQMD's commitment to update transportation emission budgets based on the latest approved motor vehicle emissions model and planning assumptions.

The 2007 AQMP control measures consist of (1) the District's Stationary and Mobile Source Control Measures; (2) California ARB's Proposed State Strategy; (3) District Staff's Proposed Policy Options to Supplement California ARB's Control Strategy; and (4) Regional Transportation Strategy and Control Measures provided by SCAG. Overall, there are thirty-one stationary and thirty mobile source measures that are defined under the 2007 AQMP. These measures primarily rely on the traditional command-and-control approach facilitated by market incentive programs, as well as advanced technologies expected to be implemented in the immediate future. The proposed control measures in the 2007 AQMP are based on implementation of all feasible control measures through the application of available technologies and management practices, as well as advanced technologies and control methods. The basic principles used in designing the District's control strategy were to (1) meet at least the same overall remaining emissions target of the 2003 SIP; (2) replace long-term measures with more specific near-term measures, where feasible; and (3) develop new short-term control measures and long-term strategies to achieve the needed reductions for attainment demonstration. Principal control measures of the 2007 AQMP focus on adoption of new regulations or enhancement of existing 2003 AQMP regulations for stationary sources and implementation/facilitation of advanced transportation technologies (i.e., zero emission and alternative-fueled vehicles and infrastructure; fuel-cell vehicles; heavy-duty electric and hybrid-electric vehicles; and both capital and noncapital transportation improvements). Capital improvements consist of high-occupancy vehicle (HOV) lanes; transit improvements; traffic flow improvements; park-and-ride and intermodal facilities; and freeway, bicycle, and pedestrian facilities. Noncapital improvements consist of rideshare matching and transportation demand management activities derived from the congestion management program.

Programs set forth in the 2007 AQMP require the cooperation of all levels of government: local, regional, state, and federal. Each level is represented in the Plan by the appropriate agency or jurisdiction that has the authority over specific emissions sources. Accordingly, each agency or jurisdiction is associated with specific planning and implementation responsibilities.

### SCAQMD Rule Book

**Rule 402-Nuisance** A person shall not discharge from any source whatsoever such quantities of air contaminants or other material which cause injury, detriment, nuisance, or annoyance to any considerable number of persons or to the public, or which endanger the comfort, repose, health or safety of any such persons or the public, or which cause, or have a natural tendency to cause, injury or damage to business or property.

The provisions of this rule shall not apply to odors emanating from agricultural operations necessary for the growing of crops or the raising of fowl or animals.

## Regional Transportation Plan

SCAG adopted the current Regional Transportation Plan (RTP) in May of 2008. The RTP presents the transportation vision for the Southern California region through the year 2035 and provides long-term investment framework for addressing the region's transportation and related challenges. Air quality within the basin is a major issue that can be addressed through reducing congestion and enhancing coordination between land use and transportation decisions. The RTP identifies air quality mitigation policies to reduce noise related impacts within the region. Table 4.2-3 (Analysis of Potential Conflicts with the RTP) provides the relevant goals and policies for the SCAG RTP.

Table 4.2-3 Analysis of Potential Conflicts with the RTP	
Goal/Policy	Analysis of Potential Conflicts
Policy. Project specific measures to reduce impacts from construction activities such as the use of water and dust suppressants and restrictions on trucks hauling dirt, sand, and soil.	PR4.2B identified for the proposed project would ensure that emissions resulting from construction activities would be reduced. The project would water exposed surfaces three times daily to reduce dust resulting from project construction. Therefore, this project would not conflict with this policy.
Policy. Encouragement of green construction techniques such as using the minimum amounts of GHG emitting construction equipment.	The proposed project would utilize green construction techniques in an effort to ensure that construction emissions and GHG emissions are reduced in order to comply with the <i>Global Warming Solutions Act of 2006</i> (AB 32). See Table 4.14-3. (See complete discussion in Section 4.14 [Climate Change] of this EIR). Therefore, the proposed project would not conflict with this policy.

SOURCE: PBS&J 2009

## Local

### City of Pomona General Plan (1976)

Local jurisdictions, such as the City of Pomona, have the authority and responsibility to reduce air pollution through their police power and decision-making authority. Specifically, the City is responsible for the assessment and mitigation, as necessary, of air emissions resulting from its land use decisions. The City of Pomona is also responsible for the implementation of transportation control measures within their jurisdiction as outlined in the 2007 AQMP. Examples of such measures include bus turnouts, energy-efficient streetlights, and synchronized traffic signals. In accordance with CEQA requirements and the CEQA review process, the City assesses the air quality impacts of new development projects, mitigates potentially significant air quality impacts by conditional discretionary permits, and monitors and enforces implementation of such mitigation.

The Environmental Resource Element of the 1976 General Plan identifies the goals and policies to reduce the impact of air pollution. The City identified that the geographical location of the City as well as the climate work together to create a high concentration of air pollution within the City. The element also discussed programs the City could establish to reduce generation of air emissions, such as purchasing low-emission vehicles and equipment for City use.

Relevant goals and policies from the *City of Pomona General Plan* Environmental Resource Element that pertain to air quality are shown in Table 4.2-4 (Analysis of Potential Conflicts with the General Plan).

**Table 4.2-4 Analysis of Potential Conflicts with the General Plan**

<i>Goal/ Policy</i>	<i>Analysis of Potential Conflicts</i>
Residential Element—Page 19. It is the policy of the City to develop programs to protect the livability of neighborhoods, to prevent the intrusion of incompatible land uses, and environmental hazards such as noise, noxious fumes and through traffic into residential areas.	The Specific Plan allows for a more cohesive development plan considering the compatibility of the proposed project with surrounding land uses, as it considers vehicular circulation, traffic noise, and air emissions. This EIR has detailed feasible mitigation measures to address these issues, where necessary. Therefore, there would be no conflict with policy.
Environmental Resources Element—Page 93. To maintain a safe, high quality environment for Pomona’s residents by protecting valuable community resources, mitigating environmental hazards and eliminating pollution to the greatest degree possible.	The proposed project is intended to improve the quality of emergency health services within the City of Pomona, and as detailed herein, provides mitigation measures, to reduce the potential environmental effects due to the construction and operation of the proposed project. As such, the proposed project would not conflict with this policy.
Environmental Resources Element—Page 114. To assure that Pomona’s environment is not unnecessarily polluted from any source by developing policies and standards for environmental quality.	The City, through the CEQA process and review by the City and other agencies, is analyzing and ensuring that construction and operation of the proposed project will not conflict with any goal or policy that regulates environmental quality as referenced in this policy. Thus, there would be no conflict with this policy.
Environmental Resources Element—Page 114. It is the policy of the City of Pomona to work toward the elimination of air pollution from all manmade sources.	The proposed project encourages the use of alternative modes of transportation, through such measures as the inclusion of additional bike racks in conformance with City requirements. The project will implement all mitigation measures set forth in this EIR to reduce the significant air quality impacts. Therefore, the proposed project would not conflict with this policy.

SOURCE: PBS&J 2009

### 4.2.3 Project Impacts and Mitigation Measures

#### ■ Analytic Method

The analysis in this section focuses on the nature and magnitude of the change in the air quality environment due to implementation of the proposed project. Air pollutant emissions associated with the proposed project would result from operation of the proposed development and from project-related traffic volumes. Construction activities would also generate emissions at the project site and on roadways resulting from construction-related traffic. The net increase in project site emissions generated by these activities and other secondary sources have been quantitatively estimated and compared to thresholds of significance established by the SCAQMD.

#### *Construction Emissions*

Construction emissions are calculated using the URBEMIS 2007 computer model developed for the California ARB by estimating the types and number of pieces of equipment that would be used to demolish existing structures, grade and excavate the project site, construct the proposed development, and plant new landscaping within the project site. Construction emissions are analyzed according to the thresholds established by the SCAQMD and published in the SCAQMD CEQA *Air Quality Handbook*. The construction activities associated with the proposed project would create diesel emissions, and would generate emissions of dust. All construction activity estimates were based on the construction schedule produced by PVHMC as well as by use of default values supplied by URBEMIS 2007.

Construction equipment within the project site that would generate criteria air pollutants could include excavators, export trucks, and loaders. Some of this equipment would be used during demolition and grading activities as well as when structures are constructed on the project site. In addition, emissions during construction and grading activities include truck trips off site to remove debris during the demolition phase and construction truck trips. It is further assumed that the majority of construction equipment used would be diesel-powered.

### ***Operational Emissions***

Operational emissions associated with the proposed project are estimated using the URBEMIS 2007 computer model developed for the California ARB and recommended by the SCAQMD, the information provided in Chapter 3 (Project Description), and trip generation rates from the project traffic study, included in its entirety as Appendix B2 of this EIR. Operational emissions would be comprised of mobile source emissions and area source emissions. Mobile source emissions are generated by the increase in motor vehicle trips to and from the project site associated with operation of the proposed project. Area source emissions are generated by natural gas consumption for space and water heating, and landscape maintenance equipment. To determine if an air quality impact would occur, the increase in emissions was compared with SCAQMD's recommended thresholds.

### ***Localized Pollutant Concentrations for Construction***

Localized Significance Thresholds (LSTs) were developed in response to the SCAQMD Governing Board's Environmental Justice Enhancement Initiative (I-4). The LST methodology was provisionally adopted by the SCAQMD Governing Board in October 2003 and formally approved by SCAQMD's Mobile Source Committee in February 2005. LSTs represent the maximum emissions from a project that would not cause or contribute to an exceedance of the most stringent applicable federal or State ambient air quality standard, and are developed based on the ambient concentrations of that pollutant for each source receptor area and distance to the nearest sensitive receptor.

LSTs, which are voluntary, only apply to CO, NO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions during construction at the discretion of the lead agency. Screening-level analysis of LSTs is only recommended for project sites that are 5 acres or less. The SCAQMD recommends that any project over 5 acres should perform air quality dispersion modeling to assess impacts to nearby sensitive receptors. Although the proposed project covers an area of approximately 40 acres, individual construction projects would cover discrete areas considerably less than 40 acres, but often greater than 5 acres. For those projects under the Specific Plan covering areas greater than 5 acres, dispersion modeling would be required for CO, NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions during construction. NO<sub>x</sub> to NO<sub>2</sub> conversion would be accounted for during the modeling to determine the maximum NO<sub>2</sub> concentrations at the nearest sensitive receptors. Dispersion modeling can be done on a voluntary basis by public agencies to determine whether or not a project may generate significant adverse localized air quality impacts.

The analysis in this EIR makes use of methodology included in the *Final Localized Significance Threshold Methodology* (SCAQMD 2003). In accordance with the methodology, the analysis only includes exhaust

and dust emissions associated with those pieces of equipment that actually operate on-site and omits vehicle trips that are distributed over a large area.

In the methodology, the SCAQMD notes receptor locations as “off-site locations where persons may be exposed to the emissions from project activities. Receptor locations include residential, commercial, and industrial land use areas; and any other areas where persons can be situated for an hour or longer at a time.” For the purposes of the EIR analysis “off-site locations” are interpreted as any location outside of the phased construction under analysis. For example, the LST analysis for Phase 2 construction sites, in addition to existing sensitive receptor locations, will also include the improvements built during Phases 1A and 1B within the Specific Plan.

In accordance with the Methodology, receptor locations are to consider the actual location of the receptors. If these locations are unknown, or varied, they may be assumed to be located at distances of 25, 50, 100, 200, and 500 meters. In cases where proximate receptors may be closer than 25 meters, as per the Methodology, a value of 25 meters is to be used in the analysis as a worst-case scenario. Because the project area is urbanized with sensitive receptors nearby, the recommended SCAQMD default distance of 25 meters was used for this analysis.

The LST analysis is only meaningful when emissions are confined to a particular site or area, which makes construction analysis feasible since mobile construction equipment would stay within the area of construction. However, during operations of the project, mobile on-road sources are the largest source of criteria air pollutants making an LST analysis of these mobile sources infeasible. Therefore, localized analysis of the operation of the Specific Plan improvements focus on CO concentrations at roadway intersections with an adverse LOS, as these concentrations may be quantified; the methodology for this is described below.

### ***Localized CO Concentrations for Operation***

The ambient air quality effects of traffic emissions were evaluated using the CALINE4 dispersion model and traffic volumes provided in the project traffic study, which is included in its entirety as Appendix B2 of this EIR. CALINE4 is a Gaussian<sup>7</sup> dispersion model specifically designed to evaluate air quality impacts of roadway projects. Each roadway link analyzed in the model is treated as a sequence of short segments. Each segment of a roadway link is treated as a separate emission source producing a plume of pollutants which disperses downwind. Pollutant concentrations at any specific location are calculated using the total contribution from overlapping pollution plumes originating from the sequence of roadway segments. For this analysis, CO concentrations from twelve roadway intersections determined to operate at LOS D, E, or F in 2013 and thirteen intersections projected to operate at LOS D, E, or F in 2030 were analyzed using a simplified CALINE4 screening procedure developed by the Bay Area Air Quality Management District and accepted by the SCAQMD. The simplified model is intended as a screening analysis, which identifies a potential CO hotspot. This methodology assumes worst-case conditions and provides a screening of maximum, worst-case CO concentrations. All other roadway intersections would operate at LOS C or better, and would therefore generate lower CO concentrations.

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<sup>7</sup> A Gaussian dispersion model relies on the characteristic Gaussian graph, which is similar in shape and design to the bell shaped curve that quickly falls off towards plus/minus infinity.

## Toxic Air Contaminants

There are two distinctly different source categories of TACs associated with the project that require evaluation. The first category of TACs contains sources generated by the project and will impact sensitive receptors both within and adjacent to the project. These types of sources would include exhaust from the diesel-fueled emergency generators located in the basement of the hospital and periodic diesel truck deliveries at the loading docks. The second category of TAC sources contains those sources which exist in the ambient environment at the site location and will impact sensitive receptors within the project due to the siting of the project at that location. This type of source includes exhaust emissions associated with vehicles on the I-10 freeway south of the project site.

SCAQMD, the California ARB, and the Office of Environmental Health Hazards (OEHHA) provide guidance in evaluating both types of TAC source categories in CEQA. The first type of source category is TAC sources generated by the project. Guidance on those types of sources include the SCAQMD *CEQA Air Quality Handbook* (1993), the SCAQMD *Health Risk Assessment Guidance for Analyzing Cancer Risks from Mobile Source Diesel Idling Emissions for CEQA Air Quality Analysis* (2005), and the *Air Toxics Hot Spots Program Risk Assessment Guidelines, Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessments* (OEHHA 2003). These guidance documents recommend that “significant sources of DPM” generated by the project be evaluated. Other potential sources of TACs generated at the project site are of such minute quantities and/or regulated in such a manner that emissions of these TACs are *de minimus*. These types of *de minimus* emissions include periodic application of pesticides during landscape maintenance, evaporative emissions of benzene from parked cars in the parking lots, incidental exposure to TACs from office equipment (i.e., acetone in printer/copier toner), and the handling of very small quantities of TACs used in lab testing following the State-established hospital protocol. Therefore, the health risk assessment (HRA) of project-generated TACs focuses on DPM emitted in the exhaust of the emergency generators and diesel delivery trucks on site.

The second type of source category is TACs sources that exist in the ambient environment at the site location and will impact sensitive receptors within the project due to the siting of the project at that particular location. For this second category there are several sources of information and guidance. The first source of information is contained in the *Multiple Air Toxics Exposure Study in the South Coast Air Basin* (SCAQMD 2008), typically referred to as the MATES III study. The MATES III study monitored a network of ten fixed sites over a period of two years within the South Coast Air Basin for thirty-five known TACs including, but not limited to; acetone, benzene, cadmium, formaldehyde, lead, trichloroethylene, xylene and DPM. The results of the MATES III study showed that approximately 70 percent of the TAC cancer risk is associated with DPM. Another source of guidance on how to evaluate this second source category of TACs is the California ARB *Air Quality and Land Use Handbook: A Community Health Perspective* (2005). This California ARB guidance document provides TAC avoidance criteria in the siting of new sensitive land uses, such as medical facilities. The California ARB guidance document also states that approximately 70 percent of the cancer risk associated with TACs is attributable to DPM. In reviewing the site location, the primary source of TACs at this location is the I-10 freeway. Therefore, the HRA for the siting of the project at the proposed location will use the information and guidance provided by these two documents with a focus on siting the project near the I-10 freeway.

## ***Greenhouse Gas Emissions/Climate Change***

Greenhouse gas emission and climate change are discussed in Section 4.14 of the EIR.

### ■ **Thresholds of Significance**

The analysis in this section utilizes the guidelines contained in Appendix G of the 2009 CEQA Guidelines and specific thresholds adopted in the City of Pomona's *Local Guidelines for Implementing CEQA Documents* (1998) to determine if the proposed project would result in potentially significant impacts. Where City thresholds are substantively the same in content as those in Appendix G, the CEQA Guidelines language has been used in this EIR. In accordance with the 2009 CEQA Guidelines Appendix G and the City's adopted thresholds, implementation of the proposed project would result in a potentially significant impact if it would:

- Conflict with or obstruct implementation of the applicable air quality plan
- Violate any air quality standard or contribute substantially to an existing or projected air quality violation
- Result in a cumulatively considerable net increase of any criteria pollutant for which the proposed project region is in nonattainment under an applicable federal or State ambient air quality standard (including releasing emissions which exceed quantitative thresholds for ozone precursors, including VOCs and NO<sub>x</sub>)
- Expose sensitive receptors to substantial pollutant concentrations
- Create objectionable odors affecting a substantial number of people
- Alter air movement, moisture, or temperature, or cause any change in climate

As the agency principally responsible for comprehensive air pollution control in the Basin, SCAQMD recommends that projects should be evaluated in terms of air pollution control thresholds established by SCAQMD and published in the *CEQA Air Quality Handbook*. These thresholds were developed by SCAQMD to provide quantifiable levels so that projects can be compared with the same standard. The City utilizes SCAQMD's thresholds that are recommended at the time that development projects are proposed to assess the significance of quantifiable impacts. The following quantifiable thresholds are currently recommended by SCAQMD and are used to determine the significance of air quality impacts associated with the proposed project.

### ***Construction Emissions Thresholds***

SCAQMD recommends that projects with construction-related emissions that exceed any of the following emissions thresholds should be considered significant:

- 550 pounds per day of CO
- 75 pounds per day of VOC
- 100 pounds per day of NO<sub>x</sub>
- 150 pounds per day of SO<sub>x</sub>
- 150 pounds per day of PM<sub>10</sub>

- 55 pounds per day of PM<sub>2.5</sub>

### ***Operational Emissions Thresholds***

SCAQMD recommends that projects with operational emissions that exceed any of the following emissions thresholds should be considered significant; these thresholds apply to individual development projects only; they do not apply to cumulative development:

- 550 pounds per day of CO
- 55 pounds per day of VOC
- 55 pounds per day of NO<sub>x</sub>
- 150 pounds per day of SO<sub>x</sub>
- 150 pounds per day of PM<sub>10</sub>
- 55 pounds per day of PM<sub>2.5</sub>

In order to assess cumulative impacts, SCAQMD recommends that projects be evaluated to determine whether they would be consistent with 2007 AQMP performance standards and project-specific emissions thresholds. In the case of the proposed project, air pollutant emissions would be considered to be cumulatively considerable if the new sources of emissions exceed SCAQMD emissions thresholds.

### ■ **No Impact**

There are no effects with No Impact regarding Air Quality.

### ■ **Less-than-Significant Impacts**

Threshold	Would the project conflict with or obstruct implementation of the applicable air quality plan?
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**Impact 4.2-1                      Implementation of the proposed project would not conflict with or obstruct implementation of the applicable air quality plan. This is considered a *less-than-significant* impact.**

As noted above, SCAQMD is required, pursuant to the *Clean Air Act*, to reduce emissions of criteria pollutants for which the Basin is in nonattainment. Strategies to achieve these emissions reductions are developed in the AQMP prepared by SCAQMD for the region. The AQMP is based on SCAG population projections as well as land use designations and population projections included in General Plans for those communities located within the Basin. Population growth is typically associated with the construction of residential units or large employment centers. A project would be inconsistent with the AQMP if it results in population and/or employment growth that exceeds growth estimates for the area. The proposed project would result in an increase of 194 permanent, full-time employment positions upon build-out in 2030. The proposed project would not result in substantial population growth and would not cause an increase in currently established population projections. Section 4.10 (Population, Housing, and Employment) of this EIR determined that the project would generate 194 new full-time jobs by 2030. The typical percentage of hospital employees that also reside in the City is 20 percent,

which translates into 39 new employee households within the City. This equals 156 new residents considering the average household size of 3.99. This new population in the City would be less than 2 percent of SCAG’s projected population increase through 2030. The proposed project does not include residential development or a large change in local or regional employment centers and thus, would not result in significant population or employment growth. Even when considering other known or proposed projects in the area (refer to Table 4.10-6 [Cumulative Projects Employment Generation] of Section 4.10 of this EIR), these projects would generate approximately 1,081 new persons, which is well below SCAG’s projected population increase for the City. As analyzed in Section 4.10 of this EIR, the addition of the 194 jobs resulting from the project represents only 2 percent of SCAG’s 9,027 projected new jobs in the City between 2010 and 2030. The proposed project is intended to bring applicable hospital facilities into compliance with the seismic standards set-forth in SB 1953. All development is subject to the requirements of the U.S. EPA, California ARB, and SCAQMD. Additionally, all development would comply with all existing and new rules and regulations as they are implemented by the SCAQMD, California ARB, and/or U.S. EPA.

Finally, based on SCAG population and employment projections for the project area, it has been determined that the expansion and renovation of hospital facilities would not conflict with or obstruct implementation of the SCAQMD’s AQMP. (Please refer to Section 4.10 of this EIR for a complete discussion on population and employment projections). Impacts are considered *less than significant*.

Threshold	Would the project create objectionable odors affecting a substantial number of people?
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**Impact 4.2-2      Implementation of the proposed project would not result in or create objectionable odors affecting a substantial number of people. Therefore, this impact would be *less than significant*.**

As required by SCAQMD Rule 402 the proposed project would not discharge quantities of air contaminants or other materials which would result in detriment, nuisance or annoyance to any considerable number of persons or to the public relating to objectionable odors. Emissions from construction equipment, architectural coating, and paving activities may generate objectionable odors; however, the odors associated with the construction and operation of the proposed project would be temporary in nature and would be confined to the immediate vicinity of the proposed project site. Therefore, these odors would not affect a substantial number of people. The proposed land use is not known to cause objectionable odors. The only operational odor sources that may be associated with the proposed project would be waste management activities. Trash receptacles would be located on the proposed project site away from substantial numbers of nearby on- and off-site sensitive receptors, and would be enclosed and have lids that enable convenient collection and loading (in accordance with property development standards set forth in the City’s Zoning Ordinance Section 503-C). Proper maintenance and waste management practices would reduce the potential for objectionable odors to occur during proposed project operations. In addition, the proposed project would be required to comply with SCAQMD Rule 402 with regard to odors, and as such, this impact would be considered *less than significant*.

Threshold	Would the project expose sensitive receptors to substantial pollutant concentrations?
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**Impact 4.2-3**      **Implementation of the proposed project (short term and long term) would generate increased mobile and stationary emissions from project development and increased local traffic volumes that could potentially lead to higher CO pollutant concentrations. However, pollutant emissions would be well below the California Ambient Air Quality Standard (CAAQS) or National Ambient Air Quality Standard (NAAQS) thresholds of significance and would not expose sensitive receptors to substantial localized CO concentrations. This impact would be *less than significant*.**

Vehicular exhaust may impact air quality immediately adjacent to the roadways. Such impacts occur during periods of maximum traffic congestion and during minimum atmospheric dispersion. Operation of a project may contribute to increased vehicle traffic in its vicinity, which may contribute to off-site air quality impacts. Areas of vehicle congestion have the potential to create “pockets” of CO called “hotspots.” Hotspots are usually created in locations where vehicles are subject to traffic congestion, reduced speeds, and queuing. These are typically conditions found at busy intersections, but can also occur along congested major arterials and freeways. CO hot spots occur mostly in the early morning hours when winds are stagnant and ambient CO concentrations are elevated. These pockets have the potential to exceed the State 1-hour standard of 20 ppm and/or the 8-hour standard of 9.0 ppm, thus affecting sensitive receptors in the immediate vicinity that are close to major roadways.

For this analysis, CO concentrations from roadway intersections determined to operate at LOS D, E, or F in 2030 were analyzed using a simplified CALINE4 screening procedure developed by the Bay Area Air Quality Management District and accepted by the SCAQMD. The simplified model is intended as a screening analysis, which identifies a potential CO hotspot. This methodology assumes worst-case conditions and provides a screening of maximum, worst-case CO concentrations. All other roadway intersections would operate at LOS C or better, and would, therefore, generate lower CO concentrations. Typically, hotspots analyses are not performed for unsignalized intersections, which have lower traffic volumes than those with signals. This is particularly the case when a hotspots analysis shows no impacts for the most congested, signalized intersections.

Table 4.2-5 (Project Localized Carbon Monoxide Concentrations for Year 2013), below, identifies those intersections projected to operate at an LOS of D or worse in 2013, which is the year of completion of Phase 1 of the Specific Plan. As shown in Table 4.2-7 (Estimated Proposed Project Operation Emissions for Phase 1) (see Impact 4.2-4 discussion), the results of CO modeling indicate that traffic generated by Phase 1 and cumulative projects in the vicinity would not contribute to 1-hour or 8-hour CO concentrations that exceed the California Ambient Air Quality Standard (CAAQS) or National Ambient Air Quality Standard (NAAQS) at the most-congested nearby intersections in the near term year 2013.

Year 2030 CO emission from roadway intersections projected to operate at LOS D or worse are shown in Table 4.2-6 (Projected Localized Carbon Monoxide Concentrations for Year 2030).

**Table 4.2-5 Project Localized Carbon Monoxide Concentrations for Year 2013**

Intersection	CO Concentrations in Parts per Million <sup>a,b</sup>			
	Without Project Roadways Edge (0 feet)		With Project Roadways Edge (0 feet)	
	1-Hour	8-Hour	1-Hour	8-Hour
Garey Avenue and Aliso Street	3.0	2.0	3.0	2.0
Towne Avenue and Holt Avenue	3.0	2.0	3.0	2.0
Towne Avenue and I-10 Eastbound Ramps	3.0	2.0	3.0	2.0
Towne Avenue and Arrow Highway	3.0	2.0	3.0	2.0
Garey Avenue and Holt Avenue	3.0	2.0	3.0	2.0
Garey Avenue and Orange Grove Avenue	3.0	2.0	3.0	2.0
Garey Avenue and Eastbound I-10 Ramps	3.0	2.0	3.0	2.0
Towne Avenue and I-10 Ramps	3.0	2.0	3.0	2.0
Holt Avenue and White Avenue	3.0	2.0	3.0	2.0

SOURCE: PBS&J 2009 (calculation sheets are provided in Appendix B2)

- a. National 1-hour standard is 35.0 parts per million. State 1-hour standard is 20.0 parts per million.
- b. National 8-hour standard is 9.0 parts per million. State 8-hour standard is 9.0 parts per million.
- c. **Bold** numbers indicate that a national and/or State standard is exceeded.

**Table 4.2-6 Project Localized Carbon Monoxide Concentrations for Year 2030**

Intersection	CO Concentrations in Parts per Million <sup>a,b</sup>			
	Without Project Roadways Edge (0 feet)		With Project Roadways Edge (0 feet)	
	1-Hour	8-Hour	1-Hour	8-Hour
Garey Avenue and Aliso Street	3.1	2.0	3.1	2.0
Towne Avenue and Holt Avenue	3.1	2.0	3.1	2.0
Towne Avenue and I-10 Eastbound Ramps	3.1	2.0	3.1	2.0
Towne Avenue and Arrow Highway	3.1	2.0	3.1	2.0
Garey Avenue and Holt Avenue	3.1	2.0	3.1	2.0
Garey Avenue and Orange Grove Avenue	3.1	2.0	3.1	2.0
Garey Avenue and Eastbound I-10 Ramps	3.0	2.0	3.0	2.0
Towne Avenue and I-10 Ramps	3.1	2.0	3.1	2.0
Holt Avenue and White Avenue	3.1	2.0	3.1	2.0

SOURCE: PBS&J 2009 (calculation sheets are provided in Appendix B2)

- a. National 1-hour standard is 35.0 parts per million. State 1-hour standard is 20.0 parts per million.
- b. National 8-hour standard is 9.0 parts per million. State 8-hour standard is 9.0 parts per million.
- c. **Bold** numbers indicate that a national and/or State standard is exceeded.

As shown in Table 4.2-5 and Table 4.2-6, the results of CO modeling indicate that traffic generated by the proposed project and cumulative projects in the vicinity would not contribute to 1-hour or 8-hour CO concentrations that exceed the CAAQS or NAAQS at the most-congested nearby intersections at the future build-out year of 2030. Therefore, sensitive receptors would not be exposed to substantial pollutant concentrations due to the operation of the proposed project, and the impact would be *less than significant*.

Threshold	Would the project violate any air quality standard or contribute substantially to an existing or projected air quality violation?
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**Impact 4.2-4      Operation of the proposed project would not violate an air quality standard or contribute substantially to an existing or projected air quality violation. Impacts would be *less than significant*.**

The proposed project would generate long-term air quality impacts associated with its operation. Two scenarios were modeled, Year 2013 with development of both Phase 1A and Phase 1B and Year 2030 (full build-out). The primary source of operational emissions would be motor vehicle emissions (mobile source emissions) generated from project-induced vehicle trips. Other emissions, identified as “area source emissions,” would be generated from natural gas consumption for water and space heating, landscape and building maintenance activities, and use of consumer products.

Operational emissions were estimated using the vehicle and area emissions modules of URBEMIS 2007. Vehicle trip generation rates for proposed land uses were obtained from the project’s traffic study. In addition, default values generated by URBEMIS 2007, including the expected vehicle fleet mix, and vehicle traveling speed and distance assumptions, were used in the model runs.

In Year 2013 the development of Phase 1A and 1B would be completed. The model-predicted area source and mobile source emissions are shown in Table 4.2-7 (Estimated Proposed Project Operation Emissions for Phase 1). Detailed modeling output sheets are provided in Appendix B2.

As shown in Table 4.2-7, Phase 1 operational emissions in Year 2013 would not exceed the SCAQMD significant thresholds for VOC, CO, NO<sub>x</sub>, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>. Year 2013 operational air quality impacts would be less than significant.

Table 4.2-7      Estimated Proposed Project Operation Emissions for Phase 1						
Emission Sources	Pollutants (pounds/day)					
	VOC	NO <sub>x</sub>	CO	SO <sub>x</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Area Source Emissions	5.93	6.13	6.73	0.00	0.01	0.01
Mobile Source Emissions <sup>a</sup>	15.75	18.36	136.18	0.18	29.03	5.65
<i>Maximum Daily Emissions</i>	<i>21.68</i>	<i>24.49</i>	<i>142.91</i>	<i>0.18</i>	<i>29.04</i>	<i>5.66</i>
<i>SCAQMD Significant Thresholds</i>	<i>55</i>	<i>55</i>	<i>550</i>	<i>150</i>	<i>150</i>	<i>55</i>
<i>Exceed SCAQMD Threshold?</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>

SOURCE:    PBS&J 2009; California Air Resources Board, URBEMIS 2007 (Version 9.2.2)

a. Mobile source emissions were based upon a net increase of 1,713 daily trips generated by the proposed project. Traffic data were based upon the *Transportation Impact Analysis* prepared by Fehr & Peers (dated January 2009).

Although the operation of the proposed project would not exceed any SCAQMD thresholds for criteria pollutant emissions, implementation of project requirement PR4.2A and mitigation measure MM4.2-3 would further reduce or eliminate intermittent, long-term impacts related to the operation of the project. Project requirements PR4.2A and MM4.2-3 would require all vehicles making routine deliveries to the project site to not idle in order to reduce emissions and to create an incentive for truck to avoid idling.

As shown in Table 4.2-8 (Estimated Proposed Project Operation Emissions—2030), the Specific Plan operational emissions would not exceed the SCAQMD significance thresholds for VOC, NO<sub>x</sub>, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>. Similar to Year 2013 emissions, long-term operational air quality impacts would be *less than significant*.

Table 4.2-8 Estimated Proposed Project Operation Emissions—2030						
Emission Sources	Pollutants (pounds/day)					
	VOC	NO <sub>x</sub>	CO	SO <sub>x</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Area Source Emissions	6.54	6.77	7.27	0.00	0.01	0.01
Mobile Source Emissions <sup>a</sup>	21.93	28.64	212.41	0.28	45.28	8.81
<b>Maximum Daily Emissions</b>	<b>28.47</b>	<b>35.41</b>	<b>219.68</b>	<b>0.28</b>	<b>45.29</b>	<b>8.82</b>
<b>SCAQMD Significant Thresholds</b>	<b>55</b>	<b>55</b>	<b>550</b>	<b>150</b>	<b>150</b>	<b>55</b>
<b>Exceed SCAQMD Threshold?</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>

SOURCE: PBS&J 2009; California Air Resources Board, URBEMIS 2007 (Version 9.2.2)

a. Mobile source emissions were based upon a net increase of 2,676 daily trips generated by the proposed project. Traffic data were based upon the *Transportation Impact Analysis* prepared by Fehr & Peers (dated January 2009).

Threshold	Would the project alter air movement, moisture, or temperature, or cause any change in climate?
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**Impact 4.2-5      Operation of the proposed project would not alter air movement, moisture, or temperature, or cause any change in climate. Impacts would be *less than significant*.**

The proposed project is located in a heavily urbanized area and consists of the redevelopment of an existing hospital campus area. Changes in air movement or moisture content could occur in circumstances where large buildings or structures are built in previously undeveloped areas or where drastically different land uses are undertaken. For example, where air once was able to move freely across open land without impediment, the introduction of urban uses would cause the air to be diverted and or compressed by structures. In the case of the proposed project, air and wind patterns are already diverted by existing structures both on and off the property site, including Interstate 10. Similarly, changes in moisture content would be expected if large areas of irrigated agricultural land were developed with a large structure(s). In such a case, large areas that previously would have experienced evaporation that may have influenced the moisture content of the air would then likely contain impervious surfaces and structures, thus decreasing the moisture content of the air. The proposed project is replacing and urban use with large areas of impervious parking surfaces with a similar use. Although the project includes four taller structures, the project would not introduce modified land uses, and the inclusion of the four five-story hospital additions a new multi-level parking structure would not substantially alter the movement of air or change the moisture content of the air.

Changes in temperature and climate refer to potential “heat island” effects to the localized microclimate and large-scale global climate change, respectively. Global Climate Change is addressed in Section 4.14 of this EIR. Construction of the project, through a series of project requirements and compliance with

design and construction methods, including compliance with the measures set forth by the California Climate Action Team (CCAT), the California Air Pollution Control Officers Association (CAPCOA), and equivalency to the US Green Building Council (USGBC) LEED certification program (refer to Table 4.14-3 [Greenhouse Gas Emission Reduction Measures Incorporated During Project Construction] of Section 4.14 [Climate Change]), would have no significant effects on global climate change. Operation of the proposed project would result in less-than-significant impacts as a result of the implementation of the project's design features and greenhouse gas emission reduction measures as indicated in Table 4.14-5 (Greenhouse Gas Reducing Measures Incorporated During Project Operation) of Section 4.14. Many of the specific requirements and design features required to reduce the project's impact on global climate change also serve to reduce potential heat island effects. These include (but are not limited to): landscaping, cool roof surfaces and Title 24 Compliance (PR4.13D), parking lot tree coverage (MM4.12-2 and MM4.12-6), infill development, and restrictions on diesel truck idling (MM4.2-3).

As a result of the type and location of the project, project requirements, specific design features, and various mitigation measures set forth in Section 4.14, impacts to the alteration of temperature, or any change in climate would be *less than significant*.

## ■ Potentially Significant Impacts Unless Mitigated

**Impact 4.2-6**      **Implementation of the proposed project could expose sensitive receptors to substantial pollutant concentrations of TACs. This is a potentially significant impact. Compliance with the identified project requirement and implementation of mitigation measures MM4.2-1 through MM4.2-3 would reduce this impact to *less than significant*.**

The Specific Plan proposes introducing land uses containing sensitive receptors to locations in close proximity to I-10. The proposed land uses within the Specific Plan that contain sensitive receptors include the three hospital inpatient wings and the two outpatient pavilions. The potential impact associated with the siting of these land uses in close proximity to I-10 considers adverse health impacts associated with exposure to high concentrations of TACs and other air pollutants associated with the vehicle exhaust of I-10 traffic. In consultation with SCAQMD staff, it was determined that dispersion modeling of I-10 traffic using the ISC3 or AERMOD dispersion models to determine localized impacts typically underestimates emission concentrations along freeway corridors and associated risk to sensitive receptors (Baker 2009). One reason that localized dispersion modeling underestimates emission concentrations along freeway corridors is that these dispersion models only look at short segments of the freeways. Both ISC3 and AERMOD can only model roadway lengths of 6 miles or less.

However, the SCAQMD did evaluate the risk associated with TACs within the South Coast Air Basin on a regional basis with an emphasis on freeway corridors. The SCAQMD monitored ten fixed sites and five mobile monitors over a two-year period within the SCAB for thirty-five TACs as part of the MATES III study. The SCAQMD then took the results of this monitoring effort and incorporated them into modeling scenarios for the entire SCAB and determined the health effects associated with exposure to the TACs and other air pollutants. The conclusion of the MATES III study is that the health risk

associated with TACs has declined compared to previous studies of TACs in the SCAB. However, while there has been improvement in air quality regarding TACs in the SCAB, the risks are higher near sources of emissions such as transportation corridors (SCAQMD 2008). DPM continues to dominate the risk from TACs (SCAQMD 2008). According to SCAQMD, a significant impact would occur if the maximum incremental cancer risk of 10 in 1 million persons at the nearest sensitive receptor was met or exceeded.

In evaluating the Specific Plan improvements several proposed land uses containing sensitive receptors are located on the south portion of the campus near I-10 travel lanes. These are the Phase 1B inpatient wing addition, the Phase 2 hospital wing addition, and the southeastern portion of the Phase 3 hospital wing addition. Each new wing would have a self-contained air intake system that would be located on the roof of each building. At the time of this writing, the exact location of these intakes is unknown. Therefore, for the purposes of this analysis, the worst-case assumption has been made that each intake would be located at the nearest edge of the building closest to I-10 travel lanes. As indicated on Table 4.2-9 (DPM Health Risk), without the below-listed mitigation measures, siting of the Phase 1B hospital wing addition and Phase 2 and Phase 3 hospital wing additions at the proposed locations would expose sensitive receptors to substantial health risks from exposure to high concentrations of DPM and other TACs according to SCAQMD Guidelines.

Table 4.2-9 DPM Health Risk							
Building/Phase	Distance from Edge of Nearest I-10 Travel Lane	WITHOUT Incorporation of MM4.2-1&2			WITH Incorporation of MM4.2-2 &2		
		DPM Concentrations at Measured Distance <sup>a</sup>	Incremental Cancer Risks per 1 Million Persons	Significant Impact?	DPM Concentrations at Measured Distance <sup>b</sup>	Incremental Cancer Risks per 1 Million Persons	Significant Impact?
Inpatient Wing/ Phase 1B	225 feet	16.03µg/m <sup>3</sup>	4,809	Yes	0.0051 µg/m <sup>3</sup>	1.50	No
Inpatient Wing/ Phase 2	160 feet	22.9 µg/m <sup>3</sup>	6,870	Yes	0.0069 µg/m <sup>3</sup>	2.07	No
Inpatient Wing/ Phase 3	412 feet	9.20 µg/m <sup>3</sup>	2,760	Yes	0.003 µg/m <sup>3</sup>	<1.0	No

SOURCE: PBSJ 2009

a. Based on predicted DPM concentrations at distance from freeway lane edge based on MATES III Study

b. Based on a 99.97% reduction of particulate matter provided by HEPA filters at 0.3 microns diameter or larger

To reduce impacts from vehicle DPM emissions on on-site sensitive receptors, the following mitigation measures shall be implemented:

*MM4.2-1 PVHMC shall comply with American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Standard 170-2008—Ventilation of Health Care Facilities for its air intake systems. PVHMC shall also comply with the standards for “Protective Environment” under the Standard, which requires a dual-phase filtration intake system with efficiency ratings at MERV 8 for phase one filtration and MERV 17 (HEPA) filters for phase two filtration.*

*MM4.2-2 PVHMC shall incorporate the use of inoperable exterior windows in all new construction.*

Utilization of HEPA filters would significantly reduce the exposure of sensitive receptors to DPM and other TACs. According to the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) Standard 52.2, a MERV (Minimum Efficiency Reporting Value) rating of 17 (HEPA) removes 99.97 percent of particulate matter 0.3 micron in diameter or larger. Since DPM is approximately 2.5 microns in diameter, the use of the required filtration system would reduce any significant health risks associated with DPM and TACs by removing of these particulates. The use of nonoperable windows in the proposed new facilities would ensure that only filtered air would enter these buildings. Persons using the outpatient facilities and exterior areas of the hospital, including outdoor seating areas, parking lots, entry areas, and other exterior common space would be subject to high concentrations of DPM. However, these are transient users and would have limited exposure to such contaminants at the site. The residential area north of Tate Street is too far away from the emissions point source to be adversely affected. Health Risk Assessments assume a 24-hour-per-day, 70-year exposure to the site's DPM concentrations to determine risks. No persons who visit or work at the hospital would have this type of exposure duration, particularly as those who visit or work at the hospital would spend almost all of their time inside the hospital.

The Specific Plan operation would relocate two diesel-fueled emergency back-up generators within the basements of the existing Women's Center and would install new back-up generators in the basements of the proposed new hospital wing additions. In addition, the Specific Plan contains loading dock areas that would be used for the unloading of heavy-duty diesel delivery trucks. Running of the emergency back-up generators and delivery truck activities at the loading docks presents long-term exposure to DPM of patients and workers within the Specific Plan area and residents adjacent to the facility. SCAQMD uses a significance threshold (project increment) of 10 in one million as the maximum acceptable health risk and it is a theoretical value of contracting cancer over a 70-year life span of exposure.

SCREEN3, a U.S. EPA screening-level dispersion model designed to estimate maximum ground-level concentrations of air contaminants, was used to evaluate potential ambient concentrations of DPM at varying distances from the back-up generator exhaust stacks. It is assumed that the back-up generators would be placed within the basements of the hospital wings and that the exhaust stack height would be at least 16.4 feet above the rooftop of the buildings.

The analysis of the diesel-fueled emergency back-up generators predicted a maximum theoretical cancer risk of one in one million in an open area at a distance of approximately 266 feet from the exhaust stack and a maximum theoretical cancer risk of 4.6 in one million immediately adjacent to buildings approximately 108 feet from the exhaust stacks. The second-higher predicted value is due to the downwashing effects that buildings have on the exhaust plume. The estimated cancer risks are below the SCAQMD Thresholds of 10 in one million. Note that the unit health risk value assumes constant exposure over a 70-year life span.

Emissions of DPM from heavy-duty diesel delivery truck activities in the loading dock area of the Specific Plan are another potential health risk that warrants evaluation. The California ARB found that emissions from idling trucks during delivery of goods were of such concern that new rules restricting delivery truck idling to 5 minutes or less was imposed. However, as noted, above, the risk from idling trucks on site is below the threshold of significance.

To further reduce the impact, the following project requirement PR4.2A and mitigation measure MM4.2-3 shall be implemented:

*PR4.2A PVHMC shall post signs within the loading dock area, in a location that is clearly visible to truck drivers, stating that trucks cannot idle in excess of five minutes per trip.*

*MM4.2-3 PVHMC shall install electrical hook-ups for refrigerated delivery trucks in the loading dock area so that refrigerated delivery trucks can shut down their engines to observe the idling restriction without compromising the temperature of the refrigerated load.*

Implementation of project requirement PR4.2A and mitigation measure MM4.2-3 would further reduce the risk of DPM exposure from delivery truck activities and ensure the impact remains less than significant. The analysis of delivery truck activities with these project requirements incorporated into the project restricting idling to 5 minutes or less and providing electrical connections so refrigerated trucks can observe the idling restriction, predicts a maximum theoretical cancer risk of 5.4 in one million in an open area at a distance of approximately 177 feet. However, the only open areas at a distance of 177 feet from the loading docks that is not obstructed by buildings are parking lots. Areas where sensitive receptors are located are all within areas influenced by the building walls. At these locations the maximum theoretical cancer risk is 1.3 in one million at a distance of 148 feet from the loading dock area. Note that the 70-year horizon is extremely conservative, since no one will occupy the site for this long and trucks will not be operating continuously. The reason for the lower cancer risk for areas influenced by the building walls is that the generator exhaust stack height is well below the wall height of the buildings (generators are located in the basements) and the high walls (5-stories) influence the exhaust plume by creating turbulence and updrafts which creates a mixing effect with the surrounding air and dilutes the exhaust. The estimated cancer risks are below the SCAQMD Thresholds of 10 in one million.

Compliance with the identified project requirement and mitigation measures MM4.2-1 through MM4.2-3 would reduce any impact from DPM emissions on sensitive receptors, both on and off site, to *less than significant*.

Threshold	Would the project violate any air quality standard or contribute substantially to an existing or projected air quality violation?
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**Impact 4.2-7 Construction of the proposed project could violate an air quality standard or contribute substantially to an existing or projected air quality violation. This is a potentially significant impact. Compliance with the identified project requirements and implementation of mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce impacts to a *less-than-significant* level.**

Implementation of the proposed project would generate short-term emissions from activities associated with the construction of the proposed project. The SCAQMD recommended thresholds of significance for these new emissions were developed for individual development projects and are based on the SCAQMD’s emissions standards for individual sources of new emissions.

The Specific Plan would be implemented in three phases. Phase 1 would occur in two sequential building phases, with construction planned to begin in 2009 and anticipated to be completed by the end of 2013. Phase 2 and Phase 3 of the Specific Plan would occur somewhere between 2015 and 2030, as funding becomes available. Full build-out and operation of the Specific Plan is scheduled to occur in 2030. Table 4.2-10 (Construction Schedules for Phase 1A and Phase 1B) provides a detailed construction schedule for Phase 1 of the proposed project.

<b>Table 4.2-10 Construction Schedule for Phase 1A and Phase 1B</b>	
<i>Construction Activity</i>	<i>Approximate Occurrence</i>
<b>PHASE 1A</b>	
I. Site Preparation <ul style="list-style-type: none"> <li>■ Demolition and Rough Grading</li> <li>■ Soil Excavation and Compaction</li> <li>■ Footing, Foundation and Slab</li> </ul>	2009
II. Building Structure Frame Erection <ul style="list-style-type: none"> <li>■ Mechanical, Electrical and Plumbing Rough-Ins</li> <li>■ Interior Framing and Partition Installation</li> </ul>	2010
III. Building Exterior and Roofing <ul style="list-style-type: none"> <li>■ Mechanical, Electrical and Plumbing Finish</li> <li>■ Interior Partition Installation Finish</li> <li>■ Interior Finishes</li> </ul>	2010
IV. Interior Finishes and Mill Work <ul style="list-style-type: none"> <li>■ Mechanical, Electrical, and Plumbing System Commissioning</li> <li>■ Exterior Flat Work and Landscaping</li> </ul>	2011
V. Complete Building Occupancy	2011
<b>PHASE 1B</b>	
I. Site Preparation <ul style="list-style-type: none"> <li>■ Demolition and Rough Grading</li> <li>■ Shoring, Excavation and Compaction</li> <li>■ Footing, Foundation and Basement Level Walls and Deck</li> </ul>	2011
II. Building Structure Frame Erection <ul style="list-style-type: none"> <li>■ Mechanical, Electrical and Plumbing Rough-Ins</li> <li>■ Interior Framing and Partition Installation</li> </ul>	2012
III. Building Exterior and Roofing <ul style="list-style-type: none"> <li>■ Mechanical, Electrical and Plumbing Finish</li> <li>■ Interior Partition Installation Finish</li> <li>■ Interior Finishes</li> </ul>	Early 2013
IV. Interior Finishes and Mill Work <ul style="list-style-type: none"> <li>■ Mechanical, Electrical, and Plumbing System Commissioning</li> <li>■ Exterior Flat Work and Landscaping</li> </ul>	Late 2013
V. Complete Building Occupancy	Late 2013
SOURCE: PVHMC 2009	
The construction schedule for Phase 2 and 3 has not yet been determined. All construction will be complete in the year 2030.	

The proposed project would generate short-term air quality impacts due to related construction activities. Construction emissions can be distinguished as either on site or off site. On-site air pollutant emissions would consist primarily of exhaust emissions from off-road heavy-duty diesel and gasoline powered construction equipment, as well as fugitive particulate matter from earthwork and material handling operations. Off-site emissions would result from workers commuting to and from the job site and hauling of construction debris and excess dirt for disposal.

Construction activities that would occur under the Specific Plan would result in the demolition of 232,701 sf of existing buildings, grading and site preparation, the construction of 500,000 sf of new building, and finishing and cleanup. The full construction schedule for the Specific Plan is estimated to take 21 years, beginning in 2009 with the construction of Phase 1A. Construction would be spread out as to allow the continued operation of the Medical Center during construction, without major interruption to service.

Implementation of Phase 1A would generate short-term air quality impacts due to related construction activities. Phase 1A would result in approximately 9,900 cubic feet of construction waste and 10,500 cubic yards of exported soil. These emissions are accounted for and shown specifically for Phase 1A development in Table 4.2-11 (Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 1A). In order to account for the emissions that could be generated if more than one activity occurred concurrently, fine grading and utilities/trenching operations were combined as well as construction, paving, and architectural coatings, which represent the worst-case scenario. As shown, construction of Phase 1A would not result in a short-term violation of the SCAQMD recommended significance thresholds for construction. Project requirements PR4.2A, PR4.2B, PR4.2C, and mitigation measures MM4.2-4(a) through MM4.2-4(h) (identified below) would apply to this impact, ensuring that criteria pollutant emissions remain below SCAQMD’s recommended thresholds of significance for construction emissions. Therefore, based on the information provided below, Phase 1A of the proposed project would result in a less-than-significant impact.

**Table 4.2-11 Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 1A**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Demolition Phase</b>						
Construction Equipment	1.23	8.15	4.78	0.00	0.64	0.59
On-Road Vehicles	0.04	0.59	0.23	0.00	0.03	0.02
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	0.53	0.11
Worker Trips	0.04	0.07	1.13	0.00	0.01	0.00
<b><i>Maximum Daily Emissions</i></b>	<b><i>1.31</i></b>	<b><i>8.81</i></b>	<b><i>6.14</i></b>	<b><i>0.00</i></b>	<b><i>1.20</i></b>	<b><i>0.73</i></b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-11 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 1A**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Site Grading</b>						
Construction Equipment	3.18	26.46	12.98	0.00	1.33	1.23
On-Road Vehicles	2.45	32.64	12.52	0.04	1.50	1.23
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	12.80	2.67
Worker Trips	0.04	0.07	1.13	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>5.67</i>	<i>59.16</i>	<i>26.63</i>	<i>0.04</i>	<i>15.64</i>	<i>2.72</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Fine Site Grading</b>						
Construction Equipment	3.18	26.46	12.98	0.00	1.33	1.23
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	12.40	2.59
Worker Trips	0.04	0.07	1.13	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>3.22</i>	<i>26.52</i>	<i>14.10</i>	<i>0.00</i>	<i>12.40</i>	<i>3.82</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Trenching and Utilities</b>						
Construction Equipment	2.18	18.90	8.32	0.00	0.93	0.86
Worker Trips	0.04	0.07	1.13	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>2.22</i>	<i>18.96</i>	<i>9.45</i>	<i>0.00</i>	<i>0.94</i>	<i>0.86</i>
<i>Maximum Combined Daily Emissions<sup>b</sup></i>	<i>5.44</i>	<i>45.48</i>	<i>23.55</i>	<i>0.00</i>	<i>13.34</i>	<i>4.68</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Construction Phase</b>						
Construction Equipment	1.30	9.79	4.94	0.00	0.64	0.57
Vendor Trips	0.06	0.66	0.53	0.00	0.03	0.03
Worker Trips	0.13	0.24	4.04	0.00	0.03	0.02
<i>Maximum Daily Emissions</i>	<i>1.48</i>	<i>10.69</i>	<i>9.51</i>	<i>0.01</i>	<i>0.70</i>	<i>0.63</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-11 Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 1A**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Paving</b>						
Construction Equipment	3.85	18.01	10.28	0.00	1.57	1.44
On-Road Vehicles	0.29	3.73	1.43	0.00	0.17	0.15
Worker Trips	0.07	0.14	2.36	0.00	0.02	0.01
<i>Maximum Daily Emissions</i>	<i>4.22</i>	<i>21.88</i>	<i>14.06</i>	<i>0.01</i>	<i>1.76</i>	<i>1.60</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Architectural Coating</b>						
Architectural Coating <sup>c</sup>	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.01	0.03	0.44	0.00	0.00	0.00
<i>Maximum Daily Emissions</i>	<i>0.01</i>	<i>0.03</i>	<i>0.44</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
<i>Maximum Combined Daily Emissions<sup>d</sup></i>	<i>5.71</i>	<i>32.60</i>	<i>24.01</i>	<i>0.02</i>	<i>2.46</i>	<i>2.23</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

SOURCE: PBS&J 2008 (calculation sheets are provided in Appendix B2)

- a. Assumes watering of the proposed project site would occur three times per day.
- b. Assumes fine grading and utility/trenching work occur concurrently
- c. Assumes the use of Zero VOC emission paints on all surfaces of the proposed project as required by PR4.2-C.
- d. Assumes construction, paving and architectural activities occur concurrently

Construction of Phase 1B could result in similar emissions as a result of demolition and building construction. Phase 1B would result in approximately 274,620 cubic feet of construction waste and 45,900 cubic yards of soil export. Table 4.2-12 (Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 1B), below, identifies the estimated emissions levels resulting from the numerous phases of construction proposed to occur during Phase 1B. As identified, construction of Phase 1B of the proposed project would not result in emissions greater than the thresholds established by the SCAQMD.

Project requirements PR4.2B and PR4.2C and mitigation measures MM4.2-4(a) through MM4.2-4(h) would also be applied to Phase 1B to ensure that emissions remain less than significant. Therefore, Phase 1B would result in less-than-significant construction emissions.

**Table 4.2-12 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 1B**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Demolition Phase</b>						
Construction Equipment	1.05	7.22	4.58	0.00	0.55	0.50
On-Road Vehicles	0.11	1.45	0.56	0.00	0.06	0.05
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	1.56	0.33
Worker Trips	0.03	0.06	1.05	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>1.20</i>	<i>8.73</i>	<i>6.12</i>	<i>0.00</i>	<i>1.58</i>	<i>0.61</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Site Grading</b>						
Construction Equipment	2.83	23.44	12.46	0.00	1.25	1.15
On-Road Vehicles	2.55	33.25	12.76	0.04	1.51	1.30
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	5.18	1.08
Worker Trips	0.03	0.06	1.05	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>5.26</i>	<i>54.12</i>	<i>24.72</i>	<i>0.04</i>	<i>12.57</i>	<i>2.21</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Fine Site Grading</b>						
Construction Equipment	3.00	24.99	12.46	0.00	1.25	1.15
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	5.18	1.08
Worker Trips	0.03	0.06	1.05	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>3.04</i>	<i>25.05</i>	<i>13.51</i>	<i>0.00</i>	<i>11.26</i>	<i>2.09</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Trenching and Utilities</b>						
Construction Equipment	2.21	18.10	9.21	0.00	0.97	0.90
Worker Trips	0.03	0.06	0.98	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>2.24</i>	<i>18.15</i>	<i>10.19</i>	<i>0.00</i>	<i>0.98</i>	<i>0.90</i>
<i>Maximum Combined Daily Emissions<sup>b</sup></i>	<i>5.28</i>	<i>43.2</i>	<i>23.7</i>	<i>0.00</i>	<i>12.24</i>	<i>2.99</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-12 Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 1B**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Construction Phase</b>						
Construction Equipment	1.11	8.51	4.68	0.00	0.54	0.50
Vendor Trips	0.12	1.34	1.13	0.00	0.07	0.05
Worker Trips	0.27	0.50	8.62	0.01	0.08	0.04
<i>Maximum Daily Emissions</i>	<i>1.50</i>	<i>8.84</i>	<i>14.16</i>	<i>0.01</i>	<i>0.58</i>	<i>0.49</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Paving</b>						
Construction Equipment	1.54	9.54	6.74	0.00	0.77	0.71
On-Road Vehicles	0.01	0.08	0.03	0.00	0.00	0.00
Worker Trips	0.04	0.08	1.38	0.00	0.02	0.01
<i>Maximum Daily Emissions</i>	<i>1.58</i>	<i>9.69</i>	<i>8.15</i>	<i>0.00</i>	<i>0.79</i>	<i>0.72</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Architectural Coating</b>						
Architectural Coating <sup>c</sup>	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.02	0.03	0.62	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>0.02</i>	<i>0.03</i>	<i>0.62</i>	<i>0.00</i>	<i>0.01</i>	<i>0.00</i>
<i>Maximum Combined Daily Emissions<sup>d</sup></i>	<i>3.10</i>	<i>18.56</i>	<i>22.93</i>	<i>0.01</i>	<i>1.38</i>	<i>1.21</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

PBS&J 2008 (calculation sheets are provided in Appendix B2)

- a. Assumes watering of the proposed project site would occur three times per day.
- b. Assumes fine grading and utility/trenching work occur concurrently
- c. Assumes the use of Zero VOC paints on all surfaces of the proposed project as required by PR4.2C.
- d. Assumes construction, paving and architectural activities occur concurrently

Construction schedules for Phases 2 and 3 are pending the availability of funding. However, the impacts to air quality due to construction were modeled using available data regarding the size and location of the proposed improvements and an expected construction schedule provided by the contractor for the project. Table 4.2-13 (Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 2) and Table 4.2-14 (Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 3) show that impacts related to construction emissions are below the SCAQMD threshold for all criteria pollutants.

**Table 4.2-13 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 2**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Mass Site Grading</b>						
Off-Road Vehicles	4.82	38.16	21.48	0.00	1.78	1.64
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	14.85	3.10
Worker Trips	0.04	0.08	1.58	0.00	0.02	0.02
<i>Maximum Daily Emissions</i>	<i>4.86</i>	<i>38.24</i>	<i>23.06</i>	<i>0.00</i>	<i>16.65</i>	<i>4.76</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Fine Site Grading</b>						
Off-Road Vehicles	4.82	38.16	21.48	0.00	1.78	1.64
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	14.85	3.10
Worker Trips	0.04	0.08	1.58	0.00	0.02	0.02
<i>Maximum Daily Emissions</i>	<i>4.86</i>	<i>38.24</i>	<i>23.06</i>	<i>0.00</i>	<i>16.65</i>	<i>4.76</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Trenching</b>						
Off-Road Vehicles	3.22	26.04	15.78	0.00	1.18	1.08
Worker Trips	0.04	0.08	1.58	0.00	0.02	0.02
<i>Maximum Daily Emissions</i>	<i>3.26</i>	<i>26.12</i>	<i>17.36</i>	<i>0.00</i>	<i>1.20</i>	<i>1.20</i>
<i>Maximum Combined Daily Emissions<sup>b</sup></i>	<i>8.12</i>	<i>64.36</i>	<i>40.42</i>	<i>0.00</i>	<i>17.85</i>	<i>5.96</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Paving</b>						
Off-Road Vehicles	4.12	25.78	17.70	0.00	2.12	1.96
On-Road Vehicles	0.10	0.18	3.14	0.59	0.04	0.03
Off-Gas	0.57	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.10	0.18	3.14	0.00	0.04	0.02
<i>Maximum Daily Emissions</i>	<i>4.89</i>	<i>26.14</i>	<i>23.98</i>	<i>0.59</i>	<i>2.20</i>	<i>2.01</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-13 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 2**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Construction Phase</b>						
Off-Road Vehicles	5.26	25.94	19.78	0.00	1.64	1.52
Vendor Trips	0.11	1.04	1.01	0.00	0.05	0.05
Worker Trips	0.23	0.43	7.80	0.01	0.09	0.05
<i>Maximum Daily Emissions</i>	<i>5.60</i>	<i>27.41</i>	<i>28.59</i>	<i>0.01</i>	<i>1.78</i>	<i>1.62</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Architectural Coating</b>						
Architectural Coating <sup>c</sup>	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.03	0.05	0.81	0.00	0.01	0.00
<i>Maximum Daily Emissions</i>	<i>0.03</i>	<i>0.05</i>	<i>0.81</i>	<i>0.00</i>	<i>0.01</i>	<i>0.00</i>
<i>Maximum Combined Daily Emissions<sup>d</sup></i>	<i>10.52</i>	<i>53.33</i>	<i>53.38</i>	<i>0.06</i>	<i>3.99</i>	<i>3.69</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

SOURCE: PBS&J 2008 (calculation sheets are provided in Appendix B2)

- Assumes watering of the proposed project site would occur three times per day.
- Assumes fine grading and utility/trenching work occur concurrently
- Assumes the use of Zero VOC paints on all surfaces of the proposed project as required by PR4.2C.
- Assumes construction, paving and architectural activities occur concurrently

**Table 4.2-14 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 3**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Demolition</b>						
Off-Road Vehicles	2.95	22.66	13.20	0.00	1.12	1.03
On-Road Vehicles	1.72	20.23	7.89	0.04	0.91	0.75
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	31.74	6.60
Worker Trips	0.05	0.10	1.77	0.00	0.02	0.01
<i>Maximum Daily Emissions</i>	<i>4.72</i>	<i>42.99</i>	<i>22.86</i>	<i>0.04</i>	<i>33.79</i>	<i>8.39</i>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-14 Estimated Peak Daily Construction Emissions in Pounds per Day—  
Phase 3**

<i>Emissions Source</i>	<i>Peak Day Emissions in Pounds per Day</i>					
	<i>VOC</i>	<i>NO<sub>x</sub></i>	<i>CO</i>	<i>SO<sub>x</sub></i>	<i>PM<sub>10</sub><sup>a</sup></i>	<i>PM<sub>2.5</sub><sup>a</sup></i>
<b>Mass Site Grading</b>						
Off-Road Vehicles	9.90	81.40	39.97	0.00	3.44	3.16
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	24.57	5.13
Worker Trips	0.07	0.13	2.36	0.00	0.03	0.02
<b><i>Maximum Daily Emissions</i></b>	<b><i>9.97</i></b>	<b><i>81.53</i></b>	<b><i>42.33</i></b>	<b><i>0.00</i></b>	<b><i>28.04</i></b>	<b><i>8.31</i></b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Fine Site Grading</b>						
Off-Road Vehicles	8.21	64.94	36.31	0.00	3.01	2.77
On-Road Vehicles	0.00	0.00	0.00	0.00	0.00	0.00
Fugitive Dust <sup>a</sup>	0.00	0.00	0.00	0.00	41.37	8.64
Worker Trips	0.07	0.15	2.76	0.00	0.03	0.03
<b><i>Maximum Daily Emissions</i></b>	<b><i>8.28</i></b>	<b><i>65.09</i></b>	<b><i>39.07</i></b>	<b><i>0.00</i></b>	<b><i>44.41</i></b>	<b><i>11.44</i></b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Trenching</b>						
Off-Road Vehicles	3.65	29.62	17.00	0.00	1.30	1.19
Worker Trips	0.05	0.09	1.77	0.00	0.02	0.02
<b><i>Maximum Daily Emissions</i></b>	<b><i>3.70</i></b>	<b><i>29.71</i></b>	<b><i>18.77</i></b>	<b><i>0.00</i></b>	<b><i>1.32</i></b>	<b><i>1.21</i></b>
<b><i>Maximum Combined Daily Emissions<sup>b</sup></i></b>	<b><i>11.98</i></b>	<b><i>94.8</i></b>	<b><i>57.84</i></b>	<b><i>0.00</i></b>	<b><i>45.73</i></b>	<b><i>12.65</i></b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Paving</b>						
Off-Road Vehicles	4.12	25.78	17.70	0.00	2.12	1.96
On-Road Vehicles	0.16	1.91	0.75	0.00	0.08	0.08
Off-Gas	0.73	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.10	0.18	3.14	0.00	0.04	0.02
<b><i>Maximum Daily Emissions</i></b>	<b><i>5.11</i></b>	<b><i>27.87</i></b>	<b><i>21.59</i></b>	<b><i>0.00</i></b>	<b><i>2.24</i></b>	<b><i>2.06</i></b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

**Table 4.2-14 Estimated Peak Daily Construction Emissions in Pounds per Day—Phase 3**

Emissions Source	Peak Day Emissions in Pounds per Day					
	VOC	NO <sub>x</sub>	CO	SO <sub>x</sub>	PM <sub>10</sub> <sup>a</sup>	PM <sub>2.5</sub> <sup>a</sup>
<b>Construction Phase</b>						
Off-Road Vehicles	5.26	25.94	19.78	0.00	1.64	1.52
Vendor Trips	0.22	2.29	2.19	0.00	0.12	0.09
Worker Trips	0.49	0.94	17.09	0.03	0.20	0.11
<b>Maximum Daily Emissions</b>	<b>5.97</b>	<b>29.17</b>	<b>39.06</b>	<b>0.03</b>	<b>1.96</b>	<b>1.72</b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No
<b>Architectural Coating</b>						
Architectural Coating <sup>c</sup>	0.00	0.00	0.00	0.00	0.00	0.00
Worker Trips	0.06	0.12	2.03	0.00	0.03	0.01
<b>Maximum Daily Emissions</b>	<b>0.06</b>	<b>0.12</b>	<b>2.03</b>	<b>0.00</b>	<b>0.03</b>	<b>0.01</b>
<b>Maximum Combined Daily Emissions<sup>d</sup></b>	<b>11.14</b>	<b>57.16</b>	<b>62.68</b>	<b>0.03</b>	<b>4.23</b>	<b>3.79</b>
SCAQMD Thresholds	75.0	100.0	550.0	150.0	150.0	55.0
Significant Impact?	No	No	No	No	No	No

SOURCE: PBS&J 2008 (calculation sheets are provided in Appendix B2)

- Assumes watering of the proposed project site would occur three times per day.
- Assumes fine grading and utility/trenching work occur concurrently
- Assumes the use of low VOC paints on all surfaces of the proposed project as required by PR4.2C.
- Assumes construction, paving and architectural activities occur concurrently

The following project requirement and mitigation measures would be applied to all phases of the Specific Plan in an effort to reduce construction emissions and reduce fugitive dust that could be generated by construction activities.

**PR4.2B**

*As required by South Coast Air Quality Management District Rule 403—Fugitive Dust, all construction activities that are capable of generating fugitive dust are required to implement dust control measures during each phase of project development to reduce the amount of particulate matter entrained in the ambient air. These measures include the following:*

- *Limiting the amount of area disturbed during site grading to 10 acres per day*
- *Application of soil stabilizers to inactive construction areas*
- *Quick replacement of ground cover in disturbed areas*
- *Watering of exposed surfaces three times daily*
- *Watering of all unpaved haul roads three times daily*
- *Covering all stock piles with tarp*
- *Reduction of vehicle speed on unpaved roads*
- *Post signs on site, limiting traffic to 15 miles per hour or less*

- Sweep streets adjacent to the project site at the end of the day if visible soil material is carried over to adjacent roads
- Cover or have water applied to the exposed surface of all trucks hauling dirt, sand, soil, or other loose materials prior to leaving the site to prevent dust from impacting the surrounding areas
- Install wheel washers where vehicles enter and exit unpaved roads onto paved roads to wash off trucks and any equipment leaving the site each trip

PR4.2C PVHMC shall require by contract specifications that all paints/architectural coating used on both the interior and exterior of all buildings and structures (and any appurtenant walls, fixtures, etc.) shall be emit zero VOCs (0 VOC paint).

The following mitigation measures shall be implemented to reduce emissions of NO<sub>x</sub> for all phases of the project.

MM4.2-4(a) PVHMC shall require by contract specifications that all diesel-powered equipment used in the construction of the proposed project be retrofitted with after-treatment products (e.g., engine catalysts and other technologies, being therefore in compliance with the US Environmental Protection Agency Tier 3 requirements for non-road diesel equipment at the time construction commences. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.

MM4.2-4(b) PVHMC shall require by contract specifications that all heavy-duty diesel-powered equipment operating and refueling at the project site use low-NO<sub>x</sub> diesel fuel (up to 125 percent of the cost of California Air Resources Board diesel). This requirement shall not apply to diesel-powered trucks traveling to and from the project site. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.

MM4.2-4(c) PVHMC shall require by contract specifications that alternative fuel construction equipment (i.e., compressed natural gas, liquid petroleum gas, and unleaded gasoline) are utilized in the South Coast Air Basin at the time construction activities commence. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.

MM4.2-4(d) PVHMC shall require by contract specifications that construction equipment engines be maintained in good condition and in proper tune per manufacturer's specification for the duration of construction. Further, construction equipment shall be turned off if not in use for more than five minutes. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.

MM4.2-4(e) PVHMC shall require by contract specifications that construction-related equipment, including heavy-duty equipment, motor vehicles, and portable equipment, shall be turned off when not in use for more than five minutes. Diesel-fueled commercial motor vehicles with gross vehicular weight ratings of greater than 10,000 pounds shall be turned off when not in use for more than five minutes. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.

MM4.2-4(f) PVHMC shall require by contract specifications that construction operations rely on the electricity infrastructure surrounding the construction site rather than electrical generators powered by internal

*combustion engines. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.*

MM4.2-4(g) *PVHMC shall require by contract specifications that dedicated on-site and off-site left-turn lanes on truck hauling routes be utilized for movement of construction trucks and equipment on site and off site during construction activities. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.*

MM4.2-4(h) *Notification shall be mailed to owners and occupants of all developed land uses immediately bordering the Specific Plan area providing a schedule for major construction activities that will occur through the duration of the construction period. In addition, the notification will include the identification and contact number for a community liaison and designated construction manager that would be available on site to monitor construction activities. The construction manager shall be responsible for complying with all project requirements and mitigation measures related to air quality impacts. The construction manager will be located at the on-site construction office during construction hours for the duration of all construction activities. Contact information for the community liaison and construction manager will be located at the construction office, City Hall, and the police department.*

With the incorporation of the above-listed project requirements PR4.2B and PR4.2C and mitigation measures MM4.2-4 (a) through MM4.2-4(h), impacts related to construction emissions in Phases 2 and 3, the emissions not exceed the SCAQMD thresholds. As a result, impacts are considered ***less than significant***

■ **Significant and Unavoidable Impacts**

Threshold	Would the project expose sensitive receptors to substantial pollutant concentrations?
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**Impact 4.2-8**      **Construction activities associated with development proposed under the Specific Plan could generate emissions that would result in an exceedance of localized significance thresholds for PM<sub>10</sub> and PM<sub>2.5</sub> established by the SCAQMD, and, therefore, could expose sensitive receptors to substantial pollutant concentrations. Compliance with the identified project requirement and implementation of mitigation measures MM4.2-4(a) through MM4.2-4(h), MM4.2-5(a), and MM4.2-5(b) would reduce impacts, but not to a level of less than significant. Impacts would remain *significant and unavoidable*.**

Construction of the Specific Plan is planned to occur in phases, with Phase 1 scheduled for completion in 2013. As mentioned above, LSTs have been developed by the SCAQMD to determine maximum allowable concentrations of criteria air pollutants during construction of the proposed project. As stated above, LSTs have been established by the SCAQMD only for construction of projects and do not apply to emissions during operation. For projects greater than 5 acres in total area, dispersion modeling is done to determine worst-case pollutant concentration at sensitive receptors associated with construction of the project.

Localized concentrations were estimated for Phase 1A, as discussed above in the Analytic Method section, and assume implementation of project requirement PR4.2B and mitigation measures MM4.2-4(a) through MM4.2-4(h). Total worst-case construction emissions for Phase 1A are included in Table 4.2-15 (Total Construction Emissions and Localized Significance Thresholds—Phase 1A) and calculated pursuant to the methodology included in the Final LST Methodology (SCAQMD 2003). As shown in Table 4.2-15, localized CO 1-hour concentrations, CO 8-hour concentrations, and NO<sub>2</sub> 1-hour concentrations would not exceed SCAQMD thresholds during project construction. However, the proposed project would exceed the SCAQMD threshold for PM<sub>10</sub> and PM<sub>2.5</sub> during project construction. The greatest concentration of PM<sub>10</sub> and PM<sub>2.5</sub> emissions would be concentrated in the area to the northeast of the Phase 1A project construction site, which is primarily a single-family residential area. Implementation of project requirement PR4.2B and mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce emission concentrations, which would reduce this impact, but not to a less-than-significant level. Additional mitigation measures MM4.2-5(a) and MM4.2-5(b) listed below focus on reducing exposure of sensitive receptors to emissions during construction, which will further reduce this impact, but not to a less-than-significant level. Therefore, as Phase 1A construction would exceed the SCAQMD LST for PM<sub>10</sub> and PM<sub>2.5</sub>, this is a significant and unavoidable impact.

**Table 4.2-15 Total Construction Emissions and Localized Significance Thresholds—Phase 1A**

<i>Air Pollutant</i>	<i>Maximum Daily Construction Emissions</i>	<i>Thresholds of Significance<sup>a</sup></i>	<i>Pollutant Quantity Above Threshold</i>	<i>Significant Impact?</i>
CO 1-Hour	7.9 ppm	16.0 ppm	0	No
CO 8-Hour	3.1 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.014 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	33.30 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	22.9 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	12.20 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	1.8 µg/m <sup>3</sup>	Yes

SOURCE: PBS&J 2008; Bee-Line Software, BEEST for Windows (Version 9.65); SCAQMD, *Localized Significance Threshold Methodology*, February 2005 (calculation data sheets provided in Appendix B2)

a. ppm = parts per million by volume of air.

b. µg/m<sup>3</sup> = micrograms per cubic meter.

Total worst-case construction emissions for Phase 1B are included in Table 4.2-16 (Total Construction Emissions and Localized Significance Thresholds—Phase 1B) calculated pursuant to the methodology included in the Final LST Methodology (SCAQMD 2003). As shown in Table 4.2-16, localized CO 1-hour concentrations, CO 8-hour concentrations, and NO<sub>2</sub> 1-hour concentrations would not exceed SCAQMD thresholds during project construction. However, the proposed project would exceed SCAQMD thresholds for PM<sub>10</sub> and PM<sub>2.5</sub> during project construction. The greatest concentration of PM<sub>10</sub> emissions would be concentrated in the area directly east of the Phase 1B construction site, where the existing Family Health Center and Sports Center buildings are located. PM<sub>2.5</sub> emissions would be concentrated directly east of the construction site as well. Implementation of project requirement PR4.2B and mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce emission concentrations, which would reduce this impact, but not to a less-than-significant level. Additional mitigation measures MM4.2-5(a) and MM4.2-5(b) listed below focus on reducing exposure of sensitive receptors to emissions

during construction, which would further reduce this impact, but not to a less-than-significant level. Therefore, as Phase 1B construction would exceed the SCAQMD LST for PM<sub>10</sub> and PM<sub>2.5</sub>, this is a significant and unavoidable impact.

Scheduling of Phases 2 and 3 of the proposed project are not known at this time. For analysis purposes, the construction of Phases 2 and 3 are assumed to occur sequentially following completion of Phase 1B. This provides a worst-case scenario of emissions, which can be used to develop programmatic level mitigation measures for construction of the proposed project. An LST analysis focuses on areas immediately adjacent to the construction activities in order to predict localized concentrations of emissions and localized impacts that might not otherwise be discovered. Because construction within Phases 2 and 3 are within six discrete areas of the Specific Plan, each with different sensitive receptors adjacent to those sites, the analysis of Phases 2 and 3 are focused on the six locations. These locations are as follows:

**Table 4.2-16 Total Construction Emissions and Localized Significance Thresholds—Phase 1B**

<i>Air Pollutant</i>	<i>Maximum Daily Construction Emissions</i>	<i>Thresholds of Significance<sup>a</sup></i>	<i>Pollutant Quantity Above Threshold</i>	<i>Significant Impact?</i>
CO 1-Hour	6.16 ppm	16.0 ppm	0	No
CO 8-Hour	2.49 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.048 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	56.10 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	45.7 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	21.00 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	10.6 µg/m <sup>3</sup>	Yes

SOURCE: PBS&J 2009; Bee-Line Software, BEEST for Windows (Version 9.65); SCAQMD, *Localized Significance Threshold Methodology*, February 2005 (calculation data sheets provided in Appendix B2)

- a. ppm = parts per million by volume of air.
- b. µg/m<sup>3</sup> = micrograms per cubic meter.

Phase 2:

- Construction of a second outpatient pavilion at the southwest corner of the intersection of Tate Street and Orange Grove Avenue (approximately 5.1 acres). The nearest sensitive receptor to this location would be the outpatient pavilion built approximately 25 meters west of the construction site during Phase 1A of the proposed project.
- The inpatient wing addition #2 at the northwest corner of Artesia Street and Orange Grove Avenue (approximately 5.96 acres). The nearest sensitive receptor to this location would be the Emergency Department and inpatient wing addition #1 built immediately adjacent to the construction site during Phase 1B of the proposed project.

Phase 3:

- The inpatient wing addition #3 (approximately 6 acres) is located north of Artesia Street and immediately south of the existing Diagnostic & Treatment wing of the PVHMC hospital. The nearest sensitive receptor to this location would be the proposed lobby built during Phase 1B of

the proposed project, and the existing Diagnostic & Treatment wing and Women's Center in the PVHMC hospital.

- The new parking structure (approximately 10.10 acres) is located on the southeast corner of Artesia Street and Garey Avenue. The nearest sensitive receptors to these sites are existing businesses on the west side of Garey Avenue and the western most portion of the PVHMC hospital.
- Demolition of the northwest portion of the existing PVHMC hospital (approximately 11 acres) located east of the parking lots adjacent to Garey Avenue. The nearest sensitive receptor to this location is the remaining portion of the PVHMC hospital east and south of the demolition site.
- Demolition of the existing MRI building (approximately 1 acre) located west of Orange Grove Avenue, north of the existing hospital building and south of the Phase 2 outpatient pavilion. The nearest sensitive receptor to this location is the PVHMC hospital south of the construction site.

In the case of the demolition of the existing MRI building (approximately 1 acre), the SCAQMD LST Screening tables for 1-acre sites will be used. This screening process demonstrates that the demolition of the MRI building may potentially exceed the LST thresholds for  $PM_{10}$  requiring additional analysis. Therefore the LST analysis for all six sites in Phases 2 and 3 require more detailed dispersion modeling.

Total worst-case construction emissions for Phase 2 are included in Table 4.2-17 (Total Construction Emissions and Localized Significance Thresholds—Phase 2) calculated pursuant to the methodology included in the Final LST Methodology (SCAQMD 2003). As shown, localized CO 1-hour and 8-hour concentrations,  $NO_2$  1-hour concentrations, and  $PM_{2.5}$  24-hour concentrations would not exceed SCAQMD thresholds during project construction. However, the proposed project would exceed SCAQMD thresholds for  $PM_{10}$  during project construction. While the greatest concentration of  $PM_{10}$  is to the east of the construction activities, the greatest impacts affecting sensitive receptors would be to the west and north of the sites. The nearest sensitive receptors include the Phase 1 outpatient pavilion west of the construction site for the Phase 2 outpatient pavilion, and the Emergency Department and Phase 1 inpatient wing addition north of the construction site for the Phase 2 inpatient wing addition. Implementation of project requirement PR4.2B and mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce emission concentrations, which would reduce this impact, but not to a less-than-significant level. Additional mitigation measures MM4.2-5(a) and MM4.2-5(b) listed below focus on reducing exposure of sensitive receptors to emissions during construction, which would further reduce this impact, but not to a less-than significant level. Therefore, as Phase 2 construction would exceed the SCAQMD LST for  $PM_{10}$ , this is a significant and unavoidable impact.

**Table 4.2-17 Total Construction Emissions and Localized Significance Thresholds—Phase 2**

<i>Air Pollutant</i>	<i>Maximum Daily Construction Emissions</i>	<i>Thresholds of Significance</i>	<i>Pollutant Quantity Above Threshold</i>	<i>Significant Impact?</i>
<b>Phase 2 Outpatient Pavilion:</b>				
CO 1-Hour	4.17 ppm	16.0 ppm	0	No
CO 8-Hour	2.62 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.109 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	30.87 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	20.47 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	10.00 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	0	No
<b>Phase 2 Inpatient Wing Addition:</b>				
CO 1-Hour	4.15 ppm	16.0 ppm	0	No
CO 8-Hour	2.61 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.109 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	31.58 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	21.18 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	9.61 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	0	No

SOURCE: PBS&J 2009; US EPA Screen3 model; SCAQMD, *Localized Significance Threshold Methodology*, February 2005 (calculation data sheets provided in Appendix B2)

- a. ppm = parts per million by volume of air.
- b. µg/m<sup>3</sup> = micrograms per cubic meter.

Total worst-case construction emissions for Phase 3 are included in Table 4.2-18 (Total Construction Emissions and Localized Significance Thresholds—Phase 3) calculated pursuant to the methodology included in the Final LST Methodology (SCAQMD 2003). As shown, localized CO 1-hour and 8-hour concentrations, and NO<sub>2</sub> 1-hour concentrations, would not exceed SCAQMD thresholds during project construction. However, the proposed project would exceed SCAQMD thresholds for PM<sub>10</sub> and PM<sub>2.5</sub> during project construction. The greatest concentrations of PM<sub>10</sub> and PM<sub>2.5</sub> would occur at the existing hospital building immediately east and south of the Phase 3 demolition sites. Implementation of project requirement PR4.2B and mitigation measures MM4.2-4(a) through MM4.2-4(h) would reduce this impact, but not to a less-than-significant level. Additional mitigation measures MM4.2-5(a) and MM4.2-5(b) listed below focus on reducing exposure of sensitive receptors to emissions during construction, which would further reduce this impact, but not to a less-than-significant level. Therefore, as Phase 3 construction would exceed the SCAQMD LST for PM<sub>10</sub> and PM<sub>2.5</sub>, this is a significant and unavoidable impact.

**Table 4.2-18 Total Construction Emissions and Localized Significance Thresholds—  
Phase 3**

<i>Air Pollutant</i>	<i>Maximum Daily Construction Emissions</i>	<i>Thresholds of Significance</i>	<i>Pollutant Quantity Above Threshold</i>	<i>Significant Impact?</i>
<b>Phase 3 Inpatient Wing Addition Construction:</b>				
CO 1-Hour	4.15 ppm	16.0 ppm	0	No
CO 8-Hour	2.60 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.109 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	31.58 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	21.18 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	9.63 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	0	No
<b>Phase 3 Parking Structure:</b>				
CO 1-Hour	4.16 ppm	16.0 ppm	0	No
CO 8-Hour	2.59 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.11 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	35.93 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	25.53 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	6.44 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	0	No
<b>Phase 3 Demolition of Wings A, B, C, E and F of the Hospital Building</b>				
CO 1-Hour	4.10 ppm	16.0 ppm	0	No
CO 8-Hour	2.57 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.11 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	65.92 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	55.52 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	16.48 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	6.08 µg/m <sup>3</sup>	Yes
<b>Phase 3 Demolition of MRI Building</b>				
CO 1-Hour	4.21 ppm	16.0 ppm	0	No
CO 8-Hour	2.65 ppm	6.50 ppm	0	No
NO <sub>2</sub> 1-Hour	0.11 ppm	0.153 ppm	0	No
PM <sub>10</sub> 24-Hour	69.56 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	59.16 µg/m <sup>3</sup>	Yes
PM <sub>2.5</sub> 24-Hour	17.77 µg/m <sup>3</sup>	10.4 µg/m <sup>3</sup>	7.37 µg/m <sup>3</sup>	Yes

SOURCE: PBS&J 2009; US EPA Screen3 model; SCAQMD, *Localized Significance Threshold Methodology*, February 2005 (calculation data sheets provided in Appendix B2)

a. ppm = parts per million by volume of air.

b. µg/m<sup>3</sup> = micrograms per cubic meter.

Additional mitigation is required to reduce impacts associated with localized demolition and construction emissions of PM<sub>10</sub> and PM<sub>2.5</sub>.

*MM4.2-5(a) PVHMC shall require by contract specifications that immediately prior to demolition and construction activities the operational portions of the existing and newly expanded hospital be sealed off from relevant portions of the demolition and construction. Sealing off the relevant portions of the demolition and construction activities may include, but are not limited to, providing temporary shielding using plastic sheeting at least 4 millimeters thick such as Visqueen or other material that will prevent air movement between the demolition and construction activities and the operational portions of*

*the hospital. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.*

MM4.2-5(b) *PVHMC shall require by contract specifications to post signs near demolition/construction areas that state that demolition/construction activities are occurring and that high levels of dust and emissions may be present within the barricaded area. Such signs shall also be posted on doors leading into any outdoor construction area. Contract specifications shall be included in the proposed project construction documents, which shall be approved by the City of Pomona.*

Construction of the proposed project would result in an exceedance of localized significance thresholds developed by the SCAQMD. Despite the identified project requirements and mitigation measures, emissions from the proposed project would continue to exceed the established thresholds. Therefore, this impact would be ***significant and unavoidable***.

Threshold	Would the project result in a cumulatively considerable net increase of any criteria pollutant for which the project region is in nonattainment under an applicable federal or State ambient air quality standard (including releasing emissions that exceed quantitative thresholds for ozone precursors)?
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**Impact 4.2-9 Construction of development under the Specific Plan would result in emissions of cumulatively considerable criteria pollutants. Implementation of identified mitigation measures would reduce this impact, but not to a less-than-significant level. Therefore, this impact would remain *significant and unavoidable*.**

A significant impact may occur if a project would add a cumulatively considerable contribution of a federal or State nonattainment pollutant. Because the Basin is currently in nonattainment for ozone (for which VOC and NO<sub>x</sub> are precursors), PM<sub>10</sub>, and PM<sub>2.5</sub> under national and State standards, the project could cumulatively exceed an air quality standard or contribute to an existing or projected air quality exceedance. With regard to determining the significance of the proposed project contribution, the SCAQMD neither recommends quantified analyses of cumulative construction or operational emissions, nor provides separate methodologies or thresholds of significance to be used to assess cumulative construction or operational impacts. Instead, the SCAQMD recommends that a project’s potential contribution to cumulative impacts should be assessed using the same significance criteria as those for project specific impacts; that is, individual development projects that generate construction-related or operational emissions that exceed the SCAQMD-recommended daily thresholds for project-specific impacts would also cause a cumulatively considerable increase in emissions for those pollutants for which the Basin is in nonattainment.

The construction of the project would exceed LST thresholds for PM<sub>10</sub> and PM<sub>2.5</sub>, both pollutants for which the Basin in nonattainment. Therefore, the proposed project would make cumulatively considerable contributions of these pollutants during construction of the proposed project. (Operational impacts were found to be less than significant). Because no feasible mitigation beyond what is proposed for Impact 4.2-6 through Impact 4.2-8 is available to further reduce these contributions to levels below SCAQMD thresholds, this impact is considered to be ***significant and unavoidable***.

## ■ Cumulative Impacts

The geographic context for cumulative air quality impacts is the SCAB. This analysis, therefore, accounts for all anticipated cumulative growth within this geographic area, including ambient growth as specified in Section 4.12 (Transportation/Traffic). The significance of cumulative air quality impacts is determined according to the project-specific impact methodology recommended by the SCAQMD.

Threshold	Would the project conflict with or obstruct implementation of the applicable air quality plan?
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The AQMP incorporates land use assumptions from local general plans and regional growth projections developed by SCAG to estimate regional stationary and mobile air emissions. If the cumulative projects are individually consistent with the general plan, or are consistent with the regional growth projections, then the cumulative impacts would be accounted for in the AQMP.

Cumulative development could result in a significant impact in terms of conflicting with, or obstructing implementation of, the AQMP. As discussed in Impact 4.2-1, growth that is considered to be inconsistent with the AQMP could interfere with attainment of federal or State ambient air quality standards because this growth, and programs and standards developed to address the Basin-wide effects of this growth, are not included in the projections used in the formulation of the AQMP. Consequently, as long as growth in the Basin is within the projections for growth identified in the Growth Management chapter of the Regional Comprehensive Plan, implementation of the AQMP would not be obstructed by such growth. Some cities allow projects that exceed their General Plan numbers, which would, therefore, exceed the projected growth in the AQMP and could result in a significant air quality impact.

The proposed project would result in improvements to an existing medical center in the City of Pomona. As the site is currently operating as a medical center, implementation of the Specific Plan would not result in increased cumulative growth that is not consistent with the current General Plan. The proposed project would not result in substantial population growth and would not cause an exceedance of currently established population projections. Even when considering other known or proposed projects in the area (refer to Table 4.10-6 [Cumulative Projects Employment Generation] of Section 4.10 of this EIR), these projects total approximately 1,081 new persons. When these are added to the project scenario (where 39 new employees would establish households within the City and increase City population by 156 persons), this would bring the City's total population to approximately 164,642 persons. This estimation falls below SCAG's 2010 population projection of 176,040 persons and the General Plan EIR 2030 population projects a population of 193,247 persons at full build-out. The proposed project does not include residential development or a large change in local or regional employment centers and thus, would not result in significant population or employment growth. As analyzed in Section 4.10 of this EIR, the addition of the 194 jobs resulting from the project represents only 2 percent of the projected new jobs through 2030. The proposed project would better serve the growing community in and around the City of Pomona. As the proposed project would be consistent with these assumptions, it would also be consistent with the AQMP, and the contribution of the proposed project to a possible cumulative impact due to conflict with the AQMP would not be

cumulatively considerable. Therefore, the cumulative impact of the proposed project would be considered *less than significant*.

Threshold	Would the project expose sensitive receptors to substantial pollutant concentrations?
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Cumulative development in the South Coast Air Basin would contribute pollutant concentrations to an area in nonattainment for many criteria pollutants. SCAQMD recommends that individual projects that exceed the SCAQMD recommended thresholds for project-specific impacts be considered to cause a cumulatively considerable increase in emissions for those pollutants for which the Basin is in nonattainment. Refer to Impacts 4.2-8 and 4.2-9 for a discussion of impacts associated with a violation of any air quality standard or air quality violation, both of which are repeated above for cumulative air quality impacts. As discussed, the cumulative impact is significant for construction of the Specific Plan, and the project would make a cumulatively considerable contribution to this impact and the impact would be *significant and unavoidable*.

As discussed above, SCAQMD recommends that individual projects that exceed the SCAQMD recommended thresholds for project-specific impacts be considered to cause a cumulatively considerable increase in emissions for those pollutants for which the Basin is in nonattainment. Operation of the project was determined to have emissions levels well below the respective established thresholds of significance. Therefore, the proposed project would not make a cumulatively considerable contribution to the impact and the impact would be *less than significant*.

An HRA was performed to estimate the potential health risks associated with TACs generated by the use of emergency electrical generators on site and the project's proximity to I-10 for all phases of the proposed project. With the incorporation of project requirement PR4.2A and mitigation measure MM4.2-3, impacts associated with TAC levels for all phases were found to be less than significant. Since the HRA analysis uses ambient TAC levels as well as TACs generated as a result of the project, its significance determination is inherently cumulative. With the incorporation of the identified project requirements, the proposed project would not make a cumulatively considerable contribution to the impact and the impact would be *less than significant*.

As shown in Impact 4.2-3, the proposed project would not generate CO 1-hour concentrations, CO 8-hour concentrations, or NO<sub>2</sub> 1-hour concentrations that would exceed established SCAQMD significance thresholds. However, the proposed project would exceed the SCAQMD LST threshold for PM<sub>10</sub> and PM<sub>2.5</sub> during construction of Phases 1A, and 1B, the threshold for PM<sub>10</sub> during the construction of Phase 2, and the threshold for PM<sub>10</sub> and PM<sub>2.5</sub> during construction of Phase 3. Under SCAQMD's standards, if a project exceeds an LST for a particular source receptor area, then the proposed project would result in significant localized air quality impacts. Inpatient hospital buildings are considered sensitive receptors on site. These uses could be exposed to criteria pollutant concentrations which exceed the SCAQMD's localized significance thresholds. Implementation of project requirements PR4.2B and PR4.2C and mitigation measures MM4.2-4(a) through MM4.2-4(h), MM4.2-5(a) and MM4.2-5(b) would reduce this impact, but not to a less-than-significant level. As no further feasible mitigation is

available to reduce these concentrations, the proposed project would make a cumulatively considerable contribution to the impact, and the cumulative impact would be *significant and unavoidable*.

Future projects could result in long-term future exposure of sensitive receptors to substantial pollutant concentrations. Ambient CO levels are projected to be lower in 2013 and 2030 than in 2008 due to improvements in vehicle emission rates predicted by the California ARB. As discussed in Impact 4.2-3, the proposed project would not contribute to existing violations of the federal and State 1-hour or 8-hour ambient air quality standard for CO. The future CO concentrations at the study intersections in 2013 and 2030 are based on the projected future traffic volumes from the study intersections contained in the project traffic study, and take into account emissions from the proposed project, future ambient growth, and cumulative projects. As shown in Table 4.2-13 and Table 4.2-14, future 1-hour CO concentrations and future 8-hour CO concentrations would not exceed federal and State air quality standards for CO concentrations. There would be a less-than-significant cumulative impact. Further, because CO concentrations would not exceed federal and State air quality standards for CO concentrations, CO hotspots would not occur near these intersections in the future, and the proposed project would not result in a cumulatively considerable contribution to this cumulative impact. Therefore, the cumulative impact of the proposed project would be *less than significant*.

Threshold	Would the project create objectionable odors affecting a substantial number of people?
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For this threshold, the relevant geographic area is the City of Pomona, as represented by full implementation of the General Plan, and related projects projected to be built including residential and commercial developments, and restaurants. Odors resulting from the construction of these projects are not likely to affect a substantial number of people, due to the fact that construction activities do not usually emit offensive odors. As discussed in Impact 4.2-2, although construction activities occurring in association with the proposed project could generate airborne odors associated with the operation of construction vehicles (e.g., diesel exhaust) and the application of interior and exterior architectural coatings, these emissions would only occur during daytime hours, would generally be restricted to the immediate vicinity of the construction site and activity, and would not affect a substantial number of people. The operational odor impacts resulting from commercial projects would not affect a substantial number of people, as activities typically associated with these uses do not emit offensive odors and solid waste from these projects would be stored in special areas and in containers, as required by the City and there is no significant cumulative odor problem. As the proposed project would not result in objectionable odors affecting a substantial number of people, the cumulative impact would be *less than significant*.

In addition, although construction activities occurring in association with Phases 1, 2, and 3 could generate airborne odors associated with the operation of construction vehicles (i.e., diesel exhaust) and the application of interior and exterior architectural coatings, these emissions would only occur during daytime hours, would generally be restricted to the immediate vicinity of the construction site and activity, and would not affect a substantial number of people. Potential operational airborne odors would

not result from medical services on the site. Therefore, this cumulative impact would be *less than significant*.

Threshold	Would the project alter air movement, moisture, or temperature, or cause any change in climate?
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As discussed above, the proposed project is located in a heavily urbanized area and consists of the redevelopment of an existing medical campus. Further, changes in air movement or moisture content would be expected where large structures are constructed in areas that were previously undeveloped. Cumulative impacts refer to the impacts of the proposed project that may be individually less than significant but could be considered significant when combined other nearby proposed development projects. However, since the area surrounding the project has been previously developed, and since the project is proposing new development that is consistent with what currently exists, the proposed project would not make a cumulatively considerable contribution to the impact and the impact would be *less than significant*.

Changes in temperature and climate refer to potential “heat island” effects to the localized microclimate and large-scale global climate change, respectively. Global climate change is inherently cumulative as it results from greenhouse gasses released on a global level being trapped in the upper atmosphere and affects the overall climate of the planet. Therefore, since impacts resulting from the construction and operation of the project were found to be less than significant in Section 4.14, the proposed project would not make a cumulatively considerable contribution to the impact and the impact would be *less than significant*.

Heat island effects, meaning those that affect the project-area microclimate, would occur if the project itself, combined with other proposed development located adjacent to the project, would cause an increase in localized temperature. Since heat radiates upward, it latterly dissipates quickly. Therefore, unless separate development projects are relatively close to each other, they would not collectively create a heat island. Other proposed developments that were considered in the cumulative analysis for the project include three nearby, relatively small projects further north on Garey Avenue. The closest is a 17,000 square foot mixed medical use facility located approximately 900 feet northwest of the project, on the opposite side of Garey Avenue. Thus, since heat islands are localized effects, cumulative impacts are less than significant, and due to the distance of the nearest proposed projects, the proposed project would not make a cumulatively considerable contribution to the impact and the impact would be *less than significant*.

Threshold	Would the project violate any air quality standard or contribute substantially to an existing or projected air quality violation?
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Cumulative development could result in a significant impact in terms of violation of an air quality standard or a substantial contribution to an existing or projected air quality violation. SCAQMD recommends that individual projects that exceed the SCAQMD recommended daily thresholds for project-specific impacts be considered to cause a cumulatively considerable increase in emissions for

those pollutants for which the Basin is in non-attainment. As discussed, above in Impact 4.2-8 and Impact 4.2-9, construction of the proposed project would result in PM<sub>10</sub> and PM<sub>2.5</sub> emissions that exceed significance thresholds, and development of the cumulative projects would, in combination with the proposed project, exceed the same significance thresholds and result in a significant cumulative impact. Therefore, the proposed project's contribution is cumulatively considerable, and the cumulative impact would be *significant and unavoidable*.

#### 4.2.4 References

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## 4.3 BIOLOGICAL RESOURCES

This section analyzes the potential for the proposed project to result in adverse impacts to biological resources, including special-status plants, animals, and sensitive habitats. In addition, this section discusses the potential for the proposed project to conflict with biological resource policies as defined by any applicable general plan, conservation plan, land use plan, or policy of the City, county, State, federal or other agency with jurisdiction over the project site.

Information contained in this section is based on a reconnaissance level survey conducted in March 21, 2008, by a PBS&J field biologist, and a review of existing documentation, including the following:

- A. Aerial photography, San Dimas and Ontario USGS 7.5-minute quadrangle maps
- B. The California Natural Diversity Database (CNDDDB), the California Native Plant Society (CNPS) and the United States Fish and Wildlife Service (USFWS) species databases for the San Dimas and Ontario USGS 7.5-minute quadrangle maps (Appendix C1)
- C. Pomona General Plan
- D. Pomona City Code
- E. PVHMC Tree Inventory Report (Appendix C2)

No written or verbal comments regarding biological resources were made in response to the Initial Study/Notice of Preparation circulated for the proposed project.

### 4.3.1 Environmental Setting

#### ■ Regional Location

The project site is located in Southern California's Inland Empire, in eastern Los Angeles County. The project site is within the United States Geological Survey (USGS) San Dimas and Ontario 7.5-minute series topographic quadrangle (Township 1S, Range 8W, portions of Sections 17, 18, 19, 20). The region is within the Southwestern California South Coast Floristic Province. A majority of the City of Pomona is developed; however, a few areas of undeveloped open space do exist in the southwestern (Phillips Ranch and Westmont Hill) and northwestern (Mountain Meadows and Ganesha Hills) portions of the City. Bordering the City are open areas within the Puente Hills to the southwest and the San Jose Hills to the west. These areas have retained native fauna and flora and can act as source populations for highly mobile wildlife. The project site is located in an urbanized portion of the City.

#### ■ Site Characteristics

The entire Specific Plan area is developed or landscaped. A majority of the project area is occupied by parking lot areas or buildings. There are no natural habitats in or adjacent to the project area. The site contains many mature nonnative ornamental trees and shrubs. Trees in the project site include: Tipu trees (*Tipuana tipu*); carrotwood (*Cupaniopsis anacardioides*), crape myrtle (*Lagerstroemia* ssp.), jacaranda (*Jacaranda mimosifolia*), camphor (*Cinnamomum camphora*), Chinese flame trees (*Koelreuteria bipinnata*), several

types of palm trees; and several other ornamental species. The largest tree in the project site is a 62-inch DBH ash tree located adjacent to the existing hospital entrance on Garey Avenue.

## Literature Review

PBS&J biologists reviewed information regarding the known or potential occurrence of special-status species on or in the vicinity of the project site. The literature review included a search of the California Department of Fish and Game’s (CDFG) CNDDDB (CDFG 2009, May) and CNPS Inventory of Rare and Endangered Plants (CNPS 2009) for the USGS 7.5-minute quadrangles surrounding the project site (e.g., San Dimas and Ontario quadrangles). The U.S. Fish and Wildlife Species Database for Los Angeles County were also queried. CNDDDB and CNPS contain records of reported occurrences of special-status species and habitats that may occur within or in the immediate vicinity of the project site. From these data sources, lists of sensitive wildlife and plant species potentially occurring within the project site were developed. Table 4.3-1 (Special-Status Species with the Potential to Occur in the Region around the PVHMC Specific Plan Area) provides a list of the species with the potential to occur in the region.

**Table 4.3-1 Special-Status Species with the Potential to Occur in the Region around the PVHMC Specific Plan Area**

<i>Common Name (Species)</i>	<i>Status Federal/State/Other</i>	<i>Habitat</i>	<i>Potential to occur in the Project Site</i>
Southern California rufous-crowned Sparrow ( <i>Aimophila ruficeps canescens</i> )	None/none/S2	A resident of southwest California on the slopes of the Transverse and Coastal ranges from Los Angeles County south to Baja California Norte	Low—no suitable habitat in the project site
Pallid bat ( <i>Antrozous pallidus</i> )	None/CSC/none	Pallid bats inhabit rocky, outcrop areas where they commonly roost in rock crevices, caves, and mine tunnels but they also roost in the attics of houses, under the eaves of barns, behind signs, in hollow trees, and in abandoned adobe buildings	Low—no suitable habitat in the project site
Coastal western whiptail ( <i>Aspidoscelis tigris stejnegeri</i> )	None/none/S2	This lizard inhabits habitats in coastal southern California which have been altered and fragmented by development	None—no suitable habitat in the project site
Braunton’s milk-vech ( <i>Astragalus brauntonii</i> )	FE/none/1B	Chaparral, valley grassland, Coastal Sage Scrub, Closed-cone Pine Forest	None—no suitable habitat in the project site
Burrowing owl ( <i>Athene cunicularia</i> )	None/CSC/S2	Valley grasslands. Nest in ground squirrel burrows	None—no suitable habitat in the project site
Davidson’s saltscale ( <i>Atriplex serenana var. davidsonii</i> )	None/none/1B	Coastal sage scrub and wetland-riparian habitat	None—no suitable habitat in the project site
Nevin’s barberry ( <i>Berberis nevinii</i> )	FE/SE/1B	Chaparral, Foothill Woodland, Coastal Sage Scrub	None—no suitable habitat in the project site
Arroyo Toad ( <i>Bufo californicus</i> )	FE/CSC/none	Prefers riparian habitats with sandy streambeds with cottonwood, sycamore, and willow trees	None—no suitable habitat in the project site
Round-leaved filaree ( <i>California macrophylla</i> )	None/none/1B	Valley grassland and foothill woodlands	None—no suitable habitat in the project site
Plummer’s mariposa-lily ( <i>Calochortus plummerae</i> )	None/none/1B	Chaparral, Foothill Woodland, Yellow Pine Forest, Coastal Sage Scrub, Valley Grassland	None—no suitable habitat in the project site

**Table 4.3-1 Special-Status Species with the Potential to Occur in the Region around the PVHMC Specific Plan Area**

<i>Common Name (Species)</i>	<i>Status Federal/State/Other</i>	<i>Habitat</i>	<i>Potential to occur in the Project Site</i>
Intermediate mariposa-lily ( <i>Calochortus weeddii</i> var. <i>intermedius</i> )	None/none/1B	Chaparral, Valley Grassland, Coastal Sage Scrub	None—no suitable habitat in the project site
Northwestern San Diego pocket mouse ( <i>Chaetodipus fallax fallax</i> )	None/CSC/none	Inhabits coastal sage scrub, sage scrub/grassland ecotones, and chaparral communities	None—no suitable habitat in the project site
Western snowy plover ( <i>Charadrius alexandrinus nivosus</i> )	FT/CSC/none	Breeds above the high tide line on coastal beaches, sand spits, dune-backed beaches, sparsely-vegetated dunes, beaches at creek and river mouths, and salt pans at lagoons and estuaries	None—no suitable habitat in the project site
Parry's spineflower ( <i>Chorizanthe parryi</i> var. <i>parryi</i> )	None/none/1B	Chaparral, Coastal Sage Scrub	None—no suitable habitat in the project site
California saw-grass ( <i>Caladium californicum</i> )	None/none/2	Freshwater Wetlands, Alkali Sink, wetland-riparian	None—no suitable habitat in the project site
Western yellow-billed cuckoo ( <i>Coccyzus americanus occidentalis</i> )	FC/SE/none	Riparian habitats	None—no suitable habitat in the project site
California diplectronan caddisfly ( <i>Diplectrona californica</i> )	None/none/S1	Fast-flowing, cool streams	None—no suitable habitat in the project site
Slender-horned spineflower ( <i>Dodecahema leptoceras</i> )	FE/SE/1B	Chaparral, Coastal Sage Scrub	None—no suitable habitat in the project site
Conejo dudleya ( <i>Dudleya abramsii</i> ssp. <i>parva</i> )	FT/none/1B	Valley Grassland, Coastal Sage Scrub	None—no suitable habitat in the project site
Marcescent dudleya ( <i>Dudleya cymosa</i> ssp. <i>marcescens</i> )	FT/SR/1B	Chaparral	None—no suitable habitat in the project site
Santa Monica Mountains live-forever ( <i>Dudleya cymosa</i> ssp. <i>ovatifolia</i> )	FT/none/1B	Exposed, dry habitats on shaded slopes and canyon bottoms on sedimentary conglomerate rock	None—no suitable habitat in the project site
Many-stemmed dudleya ( <i>Dudleya multicaulis</i> )	None/none/1B	Chaparral, Valley Grassland, Coastal Sage Scrub	None—no suitable habitat in the project site
Verity's dudleya ( <i>Dudleya verityi</i> )	FT/none/1B	Chaparral, Foothill Woodland, Coastal Sage Scrub	None—no suitable habitat in the project site
Southwestern willow flycatcher ( <i>Empidonax trillii extimus</i> )	FE/SE/none	Riparian habitats	None—no suitable habitat in the project site
Tidewater goby ( <i>Eucyclogobius newberryi</i> )	FE/CSC/none	Coastal lagoons, estuaries, and marshes with relatively low salinities	None—no suitable habitat in the project site

**Table 4.3-1 Special-Status Species with the Potential to Occur in the Region around the PVHMC Specific Plan Area**

<i>Common Name (Species)</i>	<i>Status Federal/State/Other</i>	<i>Habitat</i>	<i>Potential to occur in the Project Site</i>
Western mastiff bat ( <i>Eumops perotis californicus</i> )	None/CSC/none	Lives in rocky areas and cliff faces. Roosts in cliff crevices and buildings	Low—no suitable habitat in the project site
Unarmored threespine stickleback ( <i>Gasterosteus aculeatus williamsoni</i> )	FE/SE/none	Inhabits slow moving reaches or quiet water microhabitats of streams and rivers	None—no suitable habitat in the project site
California condor ( <i>Gymnogyps californianus</i> )	FE/SE/none	Foraging sites are in grasslands or oak-savannah regions at lower elevations, and roosting and nesting sites are located at higher elevations on cliffs	None—no suitable habitat in the project site
Mesa horkelia ( <i>Horkelia cuneata</i> ssp. <i>Puberula</i> )	None/none/1B	Chaparral and coastal scrub habitats	None—no suitable habitat in the project site
Western yellow bat ( <i>Lasiurus xanthinus</i> )	None/CSA/none	Usually roost in trees, hanging from the underside of a leaf. They are commonly found in the southwestern U.S. roosting in the skirt of dead fronds in both native and nonnative palm trees.	Low—no suitable habitat in the project site
Robinson's pepper-grass ( <i>Lepidium virginicum</i> var. <i>robinsonii</i> )	None/none/1B	Chaparral, Coastal Sage Scrub	None—no suitable habitat in the project site
Spreading navarretia ( <i>Navarretia fossalis</i> )	FT/none/1B	Freshwater-marsh, vernal-pools	None—no suitable habitat in the project site
Prostrate navarretia ( <i>Navarretia prostrate</i> )	None/none/1B	Coastal Sage Scrub, wetland-riparian	None—no suitable habitat in the project site
San Diego desert woodrat ( <i>Neotoma lepida intermedia</i> )	None/CSC/none	Shrub and desert habitats, primarily associated with rock outcroppings, boulders, cacti, or areas of dense undergrowth	None—no suitable habitat in the project site
Pocketed free-tailed bat ( <i>Nyctinomops femorosaccus</i> )	None/CSC/none	Caves, crevices in cliffs, and under the roof tiles of buildings	None—no suitable habitat in the project site
Big free-tailed bat ( <i>Nyctinomops macrotis</i> )	None/CSC/none	Preferred roosting sites are crevices and cracks in high canyon walls, but these bats have also been captured in buildings	None—no suitable habitat in the project site
Southern California Steelhead ( <i>Oncorhynchus mykiss</i> )	FE/CSC/none	Streams and Rivers	None—no suitable habitat in the project site
California orcutt grass ( <i>Orcuttia californica</i> )	FE/SE/1B	Vernal pools	None—no suitable habitat in the project site
Brown pelican ( <i>Pelicanus occidentalis</i> )	FE/SE/none	Coastal habitats	None—no suitable habitat in the project site
Lyon's pentachaeta ( <i>Pentachaeta lyonii</i> )	FE/SE/1B	Chaparral, Valley Grassland	None—no suitable habitat in the project site
Coastal California gnatcatcher ( <i>Polioptila californica californica</i> )	FT/CSC/none	Chaparral, coastal scrub habitat	None—no suitable habitat in the project site

**Table 4.3-1 Special-Status Species with the Potential to Occur in the Region around the PVHMC Specific Plan Area**

<i>Common Name (Species)</i>	<i>Status Federal/State/Other</i>	<i>Habitat</i>	<i>Potential to occur in the Project Site</i>
White rabbit-tobacco ( <i>Pseudoganaphalium leucocephalum</i> )	None/none/2	Chaparral, coastal scrub habitat	None—no suitable habitat in the project site
California red-legged frog ( <i>Rana aurora draytonii</i> )	FT/CSC/none	Slow moving streams and rivers	None—no suitable habitat in the project site
Chaparral ragwort ( <i>Senecio aphanactis</i> )	None/none/2	Foothill Woodland, Northern Coastal Scrub, Coastal Sage Scrub	None—no suitable habitat in the project site
Salt Spring checkerbloom ( <i>Sidalcea neomexicana</i> )	None/none/2	Creosote Bush Scrub, Chaparral, Yellow Pine Forest, Coastal Sage Scrub, Alkali Sink, wetland-riparian	None—no suitable habitat in the project site
California least tern ( <i>Sterna antillarum browni</i> )	FE/SE/none	Breeds on tidal flats or beaches	None—no suitable habitat in the project site
Riverside fairy shrimp ( <i>Streptocephalus woottoni</i> )	FE/none/none	Vernal pools	None—no suitable habitat in the project site
San Bernardino aster ( <i>Symphyotrichum defoliatum</i> )	None/none/1B	Meadows and seeps	None—no suitable habitat in the project site
American badger ( <i>Taxidea taxus</i> )	None/CSC/none	Grasslands and forests	None—no suitable habitat in the project site
Least bell's vireo ( <i>Vireo bellii pusillus</i> )	FE/SE/none	Inhabits riparian woodlands, scrub, and thickets for breeding	None—no suitable habitat in the project site

**SOURCE:** California Natural Diversity Database (CDFG 2009, May) and California Native Plant Society's Inventory of Rare and Endangered Plants (CNPS 2009).

Status:

Federal

- FE Federally listed as Endangered
- FT Federally listed as Threatened
- FC Federal Candidate Species

State

- SE Stated listed as Endangered
- SR State listed as Rare
- ST State listed as Threatened
- CSC California Department of Fish and Game designated as "Species of Concern"

Other

- 1B California Native Plant Society Ranking. Plants rare, threatened, or endangered in California and elsewhere
- 2 California Native Plant Society Ranking. Plants are considered rare, threatened, or endangered in California, but more common in other states
- S1 California Department of Fish and Game Rarity Ranking Status. Less than 6 Element Occurrences (EO) OR less than 1,000 individuals OR less than 2,000 acres
- S2 California Department of Fish and Game Rarity Ranking Status. 6-20 EOs OR 1,000-3,000 individuals OR 2,000-10,000 acres

## ■ Definitions of Special-Status Biological Resources

### *Federal*

A federally *endangered* species is a species facing extinction throughout all or a significant portion of its geographic range. A federally *threatened* species is a species likely to become endangered within the foreseeable future throughout all or a significant portion of its range. The presence of any federally threatened or endangered species on a site generally imposes severe constraints on development;

particularly if development would result in “take” of the species or its habitat. The term “take” means to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, collect, or attempt to engage in such conduct. Harm in this sense can include any disturbance to habitats used by the species during any portion of its life history.

*Proposed (or candidate)* species are those officially proposed by the USFWS for addition to the federal threatened and endangered species list. Because proposed species may soon be listed as threatened or endangered, these species could become listed prior to or during implementation of a proposed development project.

### **State**

The State of California considers an endangered species as one whose prospects of survival and reproduction are in immediate jeopardy; a threatened species as one present in such small numbers throughout its range that it is likely to become an endangered species in the near future in the absence of special protection or management; and a rare species as one present in such small numbers throughout its range that it may become endangered if its present environment worsens. The terminology “rare species” applies to California native plants. State threatened and endangered species are fully protected against take.

*California Species of Special Concern* is an informal designation used by the CDFG for some declining wildlife species that are not state candidates for listing as threatened or endangered. This designation does not provide legal protection, but signifies that these species are recognized as special status by the CDFG and, thus, under CEQA Guidelines Section 15380, potential impacts to these species need to be assessed.

Species that are California *fully protected* include those protected by special legislation for various reasons, such as the peregrine falcon and white-tailed kite.

*Special-Status Habitats* are vegetation communities, associations, or sub-associations designated by the CDFG and/or CNPS that support concentrations of special-status plant or wildlife species, are of relatively limited distribution, or are of particular value to wildlife (CDFG 2007). Although special-status habitats are not afforded legal protection unless they support protected species, potential impacts on them may increase concerns and mitigation suggestions by resources agencies.

### **Local**

The California Native Plant Society (CNPS) is a conservation organization that has developed an inventory of California’s special-status plant species (CNPS 2007). This inventory provides the summary of information on the distribution, rarity, and endangerment of California’s vascular plants. This rare plant inventory is comprised of four lists. CNPS presumes that List 1A plant species are extinct in California because they have not been seen in the wild for many years. CNPS considers List 1B plant species as rare, threatened, or endangered throughout their range. List 2 plant species are considered rare, threatened, or endangered in California, but more common in other states. Plant species for which CNPS needs additional information are included on List 3. List 4 plant species are those of limited distribution in California whose susceptibility to threat appears low at this time. For the purpose of this EIR, only

species with CNPS ratings of 1A, 1B, or 2 will be assessed, as these species would meet the definition of rare under the 2009 CEQA Guidelines.

## ■ Plants

The CNDDDB, USFWS, and CNPS literature review resulted in a list of 24 sensitive plant species that could occur in the region. However, based on the habitat preferences of the potentially occurring species none has a greater than low probability of occurrence within the project site. Table 4.3-1 provides a list of the species with the potential to occur in the project area that were identified during the literature review. Figure 4.3-1 (Sensitive Species) shows the CNDDDB recorded occurrences of special-status species within 2 miles of the project site.

## ■ Wildlife

The literature review identified 26 sensitive wildlife species that occur in the region. However, based on the habitat preferences of the potentially occurring species it was determined that no sensitive wildlife species have the potential to occur within the project site.

## ■ Jurisdictional Waters

The project site is completely developed and urbanized. There are no jurisdictional wetlands (including waters of the United States, streambeds, or other jurisdictional waters) within, or adjacent to, the project site.

### 4.3.2 Regulatory Framework

#### ■ Federal

##### Migratory Bird Treaty Act

The *Migratory Bird Treaty Act* (MBTA) (16 USC Sections 703–711) includes provisions for the protection of migratory birds, including the nonpermitted take of migratory birds, under the authority of the USFWS. The MBTA protects over 800 species, including geese, ducks, shorebirds, raptors, songbirds, and many common species. This treaty with Canada, Mexico, and Japan makes it unlawful at any time, by any means or in any manner, to pursue, hunt, take, capture, or kill migratory birds. The law applies to the removal of nests (such as swallow nests on bridges) occupied by migratory birds during the breeding season.

## ■ State

### *Fish and Game Code of California*

Fish and Game Code Section 3503 states that it is unlawful to take, possess, or needlessly destroy the nests or eggs of any bird, except as otherwise provided by this code or any regulation made pursuant thereto. Fish and Game Code Section 3503.5 protects all birds-of-prey (raptors) and their eggs and nests. Section 3513 states that it is unlawful to take or possess any migratory nongame bird as designated in the MBTA. These regulations could require that elements of the proposed project (particularly vegetation removal or construction near nest trees) be reduced or eliminated during critical phases of the nesting cycle unless surveys by a qualified biologist demonstrate that nests, eggs, or nesting birds will not be disturbed, subject to approval by CDFG.

## ■ Regional

There are no regional regulations for biological resources that would apply to the proposed project.

## ■ Local

### *City of Pomona General Plan*

The existing 1976 general plan contains policies in its Environmental Resources Element for protecting biological resources.

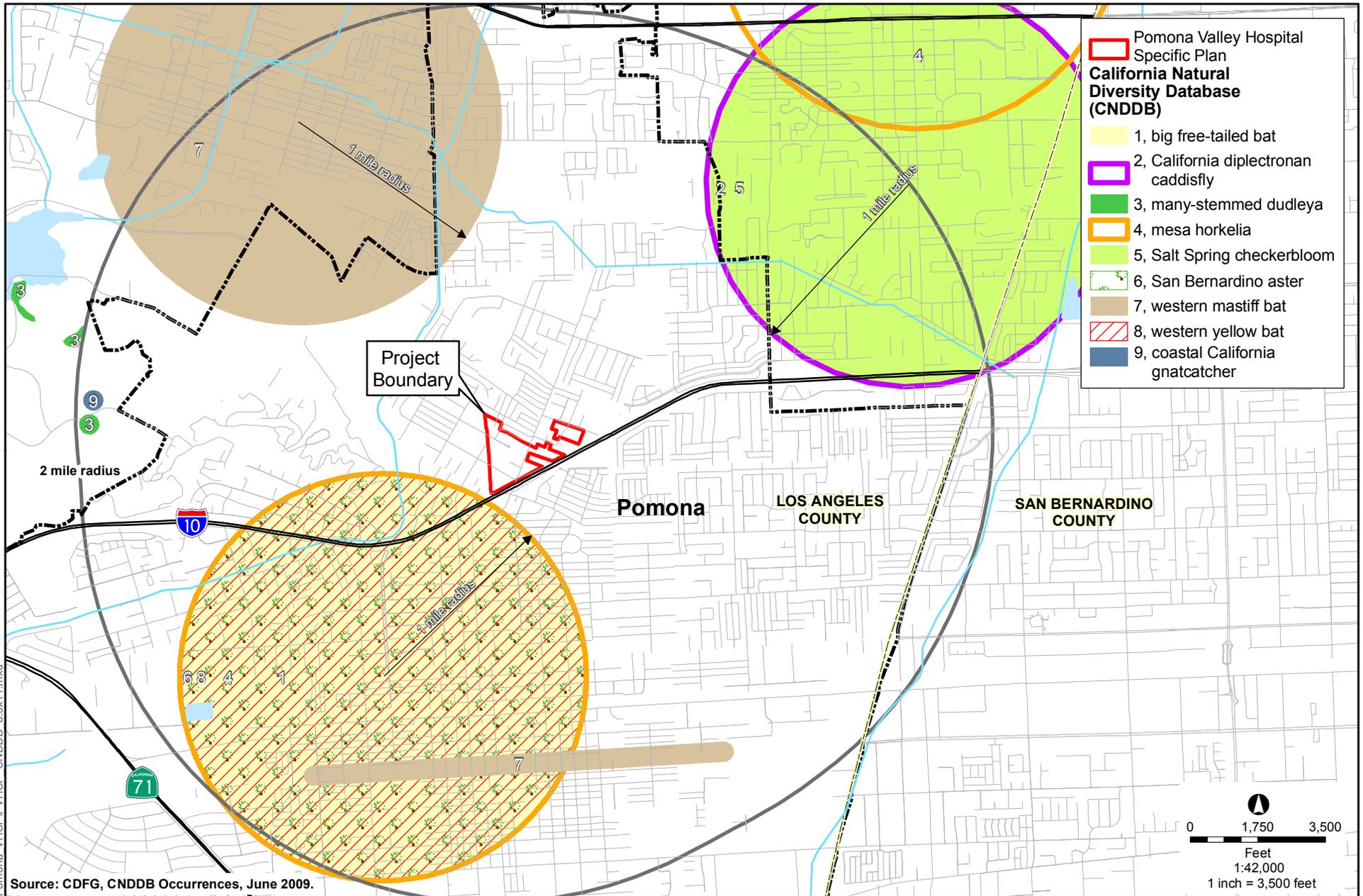
It is the policy of the City of Pomona to preserve and enhance vegetative resources throughout the community for their scenic and biological importance and for the enjoyment of future generations.

### *Pomona City Code*

Chapter 46, Article X (Street Trees) of the *Pomona City Code* gives full advisory authority to the Parks and Recreation Commission over any and all trees, plants, and shrubs planted and growing or to be planted and grown upon any and all of the public streets and planting strips in the City, subject to final approval of the Council. The following excerpt is from the City's Code:

Sec. 46-467. Permit required to trim or remove; insurance of tree movers; interfering with city employees; injury or destruction; watering; placing tree stakes and guards.

- (a) No person shall, without a written permit from the director of community services, remove, trim, prune or cut any tree upon the streets or planting strips. [Planting strips refer to an area capable of being planted between the curb or the place where the curb should be and the property line, and such squares and places as traffic divider strips or islands.] Such a permit shall be issued upon a showing of need and a further showing that there will be compliance with all ordinances. Upon such permit being granted to any person for the purpose of trimming, pruning, cutting or removing any trees, such trimming, pruning, cutting or removal shall be done under the general supervision of the director of community services. All stumps, including underground portions to a depth specified by the director of community services, shall be removed.



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**FIGURE 4.3-1**  
**Sensitive Species**

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### *Pomona Zoning Ordinance*

Ordinance No. 4076 pertains to the preservation of Oak Trees. The following excerpts are from the City's Code:

Section.5809-23 preserves mature oak trees that are located on public and private property that are not currently protected under [separate] existing regulations. Excerpts are provided below.

- (C) **Applicability.** The provision of this section shall apply to Oak trees of all species that have a diameter great than eight inches as measure 4.5 feet above mean natural grade, are located outside of designated Historic Districts or historic Landmarks and have no been designated as Specimen Trees. Such Oak trees may be located on either public or private property.
- (D) **Permit Process.** No person shall trim, prune, cut, relocate, or remove any Oak tree subject to the provisions of this Section unless a valid Major or Minor Oak Tree Permit has been issued by the City pursuant to provisions of this section.
- (H) **Oak Tree Replacement and Mitigation.** The planting of replacement trees or other mitigation measures shall be included as conditions of permit approval for the removal of Oak trees subject to the provisions of this Section.

### *Pomona Historic Trees Ordinance*

The Pomona Historic Trees Ordinance amended Section 5809-13 of the Zoning Ordinance to preserve the City of Pomona's cultural, historical, and architectural heritage and resources. The following excerpts are from Section 2 of the Ordinance:

- (A) **Purpose and Intent** The purpose of this section is to preserve the City of Pomona's cultural, historical, and architectural heritage and resources as living parts of community life which will benefit and enrich the lives of its present and future residents. To these ends, this section is intended to accomplish the following:
  1. Preserve the diverse architectural styles reflecting phases of the City of Pomona's history and encourage complementary contemporary development to inspire a more livable urban environment;
  2. Build civic pride by promoting the understanding, appreciation, and enjoyment of the City's rich heritage and cultural resources.
  3. Enhance the city of Pomona for residents, tourists, and visitors, thereby stimulating business and industry; and
  4. Conserve valuable material and energy resources by fostering ongoing use and maintenance of the existing built environment.
- (B) **Applicability** This section shall apply to all designated Historic Landmarks on private and public property, and to all designated Historic Districts (which may include private and public property) within the City of Pomona

PVHMC is not designated as a Historic Landmark or Historic District. In any event, there are no designated historic trees on the PVHMC campus. The Pomona Historic Trees Ordinance would not apply to the proposed project.

## ***SCAG Regional Comprehensive Plan and Guide—Open Space and Conservation Chapters***

The SCAG Regional Comprehensive Plan and Guide Open Space and Conservation Chapters provide policies to protect biological resources in the region.

Policy 9.08—Develop well-managed viable ecosystems or known habitats of rare, threatened and endangered species, including wetlands.

## ***SCAG Growth Vision Principles***

The SCAG Growth Vision Principles provides policies to protect biological resources in the region.

### **Sustainability**

- A. Protect rural, recreational, and environmentally sensitive areas by restricting or conditioning.
- B. Ensuring that there are ribbons of green, areas of natural habitat, and parks and open spaces even in the midst of dense urban areas.

### ***Consistency Analysis***

Table 4.3-2 (Analysis of Potential Conflicts with the Local Policies) provides a summary of the potential conflicts with local policies identified above.

<b>Table 4.3-2 Analysis of Potential Conflicts with Local Policies</b>	
<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
<b>Pomona General Plan—Biological Resources</b>	
Environmental Resources Element—Page 98. It is the policy of the City of Pomona to preserve and enhance vegetative resources throughout the community for their scenic and biological importance and for the enjoyment of future generations.	Mitigation measure MM4.4-2 would ensure that trees that are removed during development of the Specific Plan would be replaced at a minimum ratio of 1:1 with in-kind tree species. Therefore, the project would not conflict with the City's policy on vegetative resources.
<b>SCAG Regional Comprehensive Plan and Guide—Open Space and Conservation Chapters</b>	
Policy 9.08—Develop well-managed viable ecosystems or known habitats of rare, threatened and endangered species, including wetlands.	The Specific Plan area does not contain any wetlands or habitats of rare, threatened, or endangered species. Therefore, the project does not conflict with this policy.
<b>SCAG Growth Vision Principles</b>	
<b>Sustainability</b> <ul style="list-style-type: none"> <li>■ Protect rural, recreational, and environmentally sensitive areas by restricting or conditioning.</li> <li>■ Ensuring that there are ribbons of green, areas of natural habitat, and parks and open spaces even in the midst of dense urban areas.</li> </ul>	The Specific Plan area does not contain any environmentally sensitive area or natural habitats. Therefore, the project does not conflict with this policy. The proposed project does add green open space in the area of the core campus currently occupied by portions of the main hospital building proposed for demolition during Phase 3 of the project. In addition, the proposed project will enhance perimeter landscape and add landscape to surface parking areas. Therefore there is no conflict with this policy
SOURCE: PBS&J 2009	

### 4.3.3 Project Impacts and Mitigation Measures

#### ■ Analytic Method

The analysis provided below considers the potential direct and indirect effects of construction and implementation of the proposed project described in Chapter 3 (Project Description). Potential impacts are analyzed using information identified in the project description, the environmental setting for biological resources, the literature and site visits, the adequacy of on-site habitat for potentially occurring sensitive species, and then comparing this information to the Thresholds of Significance identified below. Impacts to biological resources are identified programmatically for the project site through examination of potential impacts that can be reasonably assumed or inferred after implementation of the entire project site. In addition, impacts are identified at a project level for the PVHMC Specific Plan portion of the project. The significance of these impacts is determined using the criteria described below, as well as taking into consideration any project requirements that could reasonably be assumed to be part of the proposed project. For significant impacts, mitigation measures are designed to reduce the impacts to less-than-significant levels, wherever possible. For impacts that can not be reduced to less-than-significant levels, mitigation measures are designed to offset the impacts to the greatest extent possible.

#### ■ Thresholds of Significance

The analysis in this section utilizes the guidelines contained in Appendix G of the 2009 CEQA Guidelines and specific thresholds adopted in the City of Pomona's *Local Guidelines for Implementing CEQA Documents* (1998) to determine if the proposed project would result in potentially significant impacts. Where City thresholds are substantively the same in content as those in Appendix G, the CEQA Guidelines language has been used in this EIR. In accordance with the 2009 CEQA Guidelines Appendix G and the City's adopted thresholds, implementation of the proposed project would result in a potentially significant impact if it would:

- Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special-status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Game or U.S. Fish and Wildlife Service, and meets the definition of Section 15380(b), (c) or (d) of the CEQA guidelines.
- Have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, and regulations or by the California Department of Fish and Game or U.S. Fish and Wildlife Service.
- Have a substantial adverse effect on federally protected wetlands (including, but not limited to, marsh, vernal pool, coastal, etc.) either individually or in combination with the known or probable impacts of other activities through direct removal, filling, hydrological interruption, or other means.
- Interfere substantially with the movement of any resident or migratory fish or wildlife species or with established resident or migratory wildlife corridors, or impede the use of wildlife nursery sites.
- Conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance.

- Have an impact on locally designated species (e.g., heritage trees).
- Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Communities Conservation Plan, or other approved local, regional, or State habitat conservation plan.

■ **No Impact**

Threshold	Would the project have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, or regulations or by the California Department of Fish and Game or U.S. Fish and Wildlife Service?
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There are no sensitive habitats, such as riparian habitat, wetlands, or other sensitive natural communities identified in local or regional plans, policies, or regulations, or by the USFWS in the project area. The project site contains landscaped areas around the existing hospital facilities and the hospital perimeter, and parking lot trees. Therefore, **no impact** to riparian habitats, wetlands, or other sensitive natural communities would occur as a result of implementation of the Specific Plan of the proposed Specific Plan, and no further analysis is required in this EIR.

Threshold	Would the project have a substantial adverse effect on federally protected wetlands as defined by Section 404 of the <i>Clean Water Act</i> (including, but not limited to, marsh, vernal pool, coastal, etc.) through direct removal, filling, hydrological interruption, or other means?
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There are no sensitive habitats located on site, including federally protected wetlands or any “waters of the U.S.” Therefore, **no impact** to wetlands would occur as a result of implementation of the Specific Plan or construction of any phase of the Specific Plan, and no further analysis is required in this EIR.

Threshold	Would the project conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional, or state habitat conservation plan?
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There is no adopted Habitat Conservation Plan, Natural Communities Conservation Plan, or other approved local, regional, or State habitat conservation plan that covers the project site. Therefore, implementation of the Specific Plan, including construction of any phase of the Specific Plan would not conflict with a Habitat Conservation Plan, Natural Communities Conservation Plan, or other approved local, regional, or state habitat conservation plan. Therefore, **no impact** would occur.

Threshold	Would the project have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special-status species in local or regional plans, policies, or regulations or by the California Department of Fish and Game or U.S. Fish and Wildlife Service?
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Construction and implementation of the Specific Plan, or any phase thereof, would not result in the loss of habitat used by sensitive species, and would not represent a substantial direct adverse effect on species

identified as candidate, sensitive, or special-status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Game or the U.S. Fish and Wildlife Service. As stated above, the project site is completely urbanized and does not contain habitat for any special-status species. Therefore, *no impact* would occur as a result of implementation of the Specific Plan.

## ■ Less-Than-Significant Impacts

There are no less-than-significant impacts with regard to biological resources.

## ■ Potentially Significant Impact Unless Mitigated

Threshold	Would the project interfere substantially with the movement of any resident or migratory fish or wildlife species or with established resident or migratory wildlife corridors, or impede the use of wildlife nursery sites?
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**Impact 4.3-1**      **Implementation of the proposed project could result in the loss of nesting habitat for avian species protected by the *Migratory Bird Treaty Act*. This is considered a potentially significant impact. However, implementation of mitigation measures MM4.3-1(a) and MM4.3-1(b) would reduce this impact to a *less-than-significant* level.**

Migratory avian species that may use portions of the project site for nesting during the breeding season are protected under the MBTA.<sup>8</sup> Specifically, all native breeding birds (except game birds), regardless of their listing status, are protected under the MBTA. Although most of the trees in the Specific Plan area will be retained, construction-related activities associated with the phased development of the Specific Plan area would result in tree removal, which could result in the disturbance of nesting migratory species covered under the MBTA or CDFG code. Several bird nests were observed in the trees in the Specific Plan area during site visits conducted by PBS&J. If construction activities occur outside of the breeding season (between August 15 and February 15) no mitigation would be required. However, if construction occurs between February 15 and August 15, mitigation measures MM4.3-1(a) and MM4.3-1(b) would reduce this impact to a *less-than-significant* level by ensuring that surveys for MBTA species and other special-status species are performed during the appropriate time of year and, if necessary, buffer zones are established to protect nesting species. Accordingly, the following mitigation measures shall be implemented:

*MM4.3-1(a)*      *Not more than thirty days prior to construction activities that occur between February 1 and August 15, surveys for nesting bird species shall be conducted by a qualified biologist selected by the developer(s), and approved by the City. Surveys shall be conducted in accordance with California Department of Fish and Game regulations. If no active avian nests are identified on or within 250 feet of the limits of the construction area, up to the limits of the project site, no further mitigation*

<sup>8</sup> *Migratory Bird Treaty Act* (16 U.S.C. 703-711). This treaty with Canada, Mexico, and Japan makes it unlawful at any time, by any means or in any manner, to pursue, hunt, take, capture, or kill migratory birds. The law applies to the removal of nests (such as swallow nests on bridges) occupied by migratory birds. The law applies to the removal of nests (such as swallow nests on bridges) occupied by migratory birds during the breeding season.

*is necessary. Alternatively, to avoid impacts, the developer can begin construction after the previous breeding season for bird species has ended (after August 15) and before the next breeding season begins (before February 15).*

*MM4.3-1(b) If active nests for avian species found within the construction footprint, construction activities shall be delayed within a minimum 250-foot buffer zone (as recommended by California Department of Fish and Game) surrounding nests of other special-status avian species until the young have fledged. This buffer zone shall not extend beyond the project site. No action other than avoidance shall be taken without CDFG consultation.*

Threshold	<p>Would the project conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance?</p> <p>and</p> <p>Would the project have a substantial adverse effect on locally designated species (e.g., heritage trees)?</p>
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**Impact 4.3-2 Implementation of the proposed project could conflict with the City’s Street Tree Ordinance and Oak Tree Preservation Ordinance. This is a potentially significant impact. Implementation of mitigation measure MM4.3-2 would reduce this impact to a *less-than-significant* level.**

The City of Pomona has an adopted a Street Tree Ordinance and Oak Tree Preservation Ordinance. The tree inventory conducted by PBS&J in 2008 (Appendix C2—Tree Inventory Report 2008) identified 840 trees in the Specific Plan area, of which ninety-four were street trees. There are no Heritage or Specimen Trees, as defined by the City, within the project area. There are two oak trees identified in the Tree Inventory Report (Tree #294 and #448) that may potentially be affected by construction during Phase 3 of the project. Both oak trees are of the minimum size to be subject to the provisions of the City’s ordinance. A permit would be required to remove, trim, or prune these trees. Trees in the Specific Plan area are maintained either by the Medical Center or the City, and are generally in good condition. The City’s Street Tree Ordinance protects street trees in the City. The street trees in the Specific Plan area consist mostly of Chinese flame trees (*Koelreuteria bipinnata*), Camphor trees (*Cinnamomum camphora*), and Tipu trees (*Tipuana tipu*). Any trimming, pruning, or cutting of these street trees requires a permit from the City’s director of community services. Implementation of the Specific Plan could result in the removal of some street trees.

Based on preliminary design drawings of the Phase 1 construction development, street trees along Willow Street, Orange Grove Avenue, and Tate Street may need to be removed during construction of the new hospital facilities. In order to comply with the City’s Street Tree Ordinance and reduce the impact to a less-than-significant level, mitigation measure MM4.3-2 shall be implemented during construction.

*MM4.3-2 The hospital shall obtain a permit from the City to trim or remove any street trees and/or oak trees in the Specific Plan area prior to each phase of construction. The hospital shall, to the maximum extent*

*feasible, replace the trees that are removed as a result of development, with in-kind tree species, at a minimum ratio of 1:1.*

Mitigation measure MM4.3-2 would ensure replacement of street trees lost during the project construction phase in a manner, and at a ratio, consistent with the City's Street Tree Ordinance and reduce the project's impact to a *less-than-significant* level.

## ■ Significant and Unavoidable Impacts

There are no significant and unavoidable impacts with regard to biological resources.

## ■ Cumulative Impacts

A cumulative impact analysis is only provided for those thresholds that result in a less-than-significant, potentially significant, or significant and unavoidable impact. A cumulative impact analysis is not provided for those thresholds where no impact is identified.

The geographic context for the analysis of cumulative biological impacts includes the development within the City of Pomona and the County of Los Angeles. The analysis accounts for all anticipated cumulative growth within this geographic area as represented by full implementation of the County of Los Angeles General Plans as well as the full implementation of the *City of Pomona General Plan*.

Threshold	Would the project interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or impede the use of native wildlife nursery sites?
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There are no major wildlife corridors in the general vicinity of the PVHMC Specific Plan area. However, common migratory bird species (e.g., rock dove, mourning dove) protected under the MBTA may use trees in the Specific Plan area for nesting and breeding. If construction activities associated with cumulative development projects avoid the breeding season (February through August), there would be no impact to these migratory birds. However, if construction occurs during the breeding season, mitigation measure MM4.3-2 would reduce the project impact on migratory birds to a less-than-significant level. It is assumed that mitigation measures to avoid impacts to migratory birds would be implemented for all cumulative development to ensure consistency with the MBTA. Even if construction of the proposed project occurs during the breeding season, the proposed project would not make a cumulative considerable contribution to impacts on species protected by the MBTA because of MM4.3-1(a) and MM4.3-1(b), and, as other projects would be required to comply with the MBTA, the cumulative impact would also be *less than significant*.

Threshold	Would the project conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance?
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It is assumed that, as part of the development review and entitlement process, the City of Pomona and County of Los Angeles would ensure compliance of all cumulative development projects with any and all

applicable local policies and/or ordinances, since they were developed to provide a framework for future development. Accordingly, the overall cumulative impact would not be significant. With implementation of mitigation measure MM4.3-2, the proposed project would not conflict with local plans or policies and the project would not make a cumulatively considerable contribution to the less-than-significant impact. The cumulative impact would be *less than significant*.

#### 4.3.4 References

- Holland, R.H. 1985. *Preliminary Descriptions of the Terrestrial Natural Communities of California*. The Resources Agency, Department of Fish and Game, Natural Heritage Division, Sacramento, CA.
- Mayer, K.E. & Laudenslayer, W.F. (ed.). 1988. *A Guide to Wildlife Habitats of California*. State of California, Resources Agency, Department of Fish and game, Sacramento, CA. 166 pp.

## 4.4 CULTURAL RESOURCES

This section of the EIR assesses potential effects to cultural resources that could result from implementation of the Pomona Valley Hospital Medical Center (PVHMC) Specific Plan (“Specific Plan”). Cultural resources are defined as prehistoric and historic-period archaeological resources and historic-period buildings and structures. This section briefly describes the cultural setting of the project site, identifies the presence or absence of known cultural resources on the project site, and assesses the overall cultural resource sensitivity of the project site. Applicable federal, state, and local regulations are identified, followed by impact analysis and mitigation measures, where available, to reduce adverse impacts on cultural resources. This section also addresses potential effects to paleontological resources that could result from implementation of the proposed project.

This section of the EIR is based on a cultural resources records search conducted by the South Central Coastal Information Center (SCCIC) of the California Historical Resources Information System (CHRIS) in March 2008, a search of the Native American Heritage Commission (NAHC) Sacred Lands File, and the report titled *Pomona Valley Hospital Community Medical Center, Pomona, California Historic Resource Evaluation*, prepared by Kaplan Chen Kaplan as revised on August 20, 2008. Records of Native American correspondence are included as Appendix D1, and the Kaplan Chen Kaplan historic resource evaluation report is included as Appendix D2.

Two comment letters concerning cultural resources were received during the NOP comment period. Pomona Heritage expressed concern over its role in the project approval process, and requested that the EIR examine potential project impacts to traffic, noise, pollution, population and housing, public services, and aesthetics. The Native American Heritage Commission submitted a letter that included its recommendations for assessing project-related impacts on cultural resources.

### 4.4.1 Environmental Setting

#### ■ Archaeological/Paleontological Context

Paleontological resources include fossil remains, as well as fossil localities and rock or soil formations that have produced fossil material. Fossils are the remains or traces of prehistoric animals and plants. Fossils are important scientific and educational resources because of their use in documenting the presence and evolutionary history of particular groups of now-extinct organisms, reconstructing the environments in which these organisms lived, and determining the relative ages of the strata in which they occur and of the geologic events that resulted in the deposition of the sediments that formed these strata and their subsequent deformation.

The project site is located in the northeast part of the northeastern block of the greater Los Angeles Basin, near the eastern slopes of the San Jose Hills. The Los Angeles Basin is the transition between the Transverse Ranges geomorphic province on the north and the Peninsular Ranges geomorphic province on the south. The reader is referred to Section 4.5 (Geology and Soils) for additional information regarding the site’s geologic setting.

The potential for paleontological resources at the project site is a function of the existing built environment and subsurface geologic conditions. The project site is an existing medical campus in an urban environment. Subsurface materials have been substantially altered to unknown depths. According to geotechnical reports prepared for the proposed project, which included soil borings, the project site is underlain by artificial fill to a depth of approximately 4 feet below the ground surface. As noted in Section 4.5, Geology and Soils, the soils on the project site are generally suitable for use as compacted structural fill, provided the soil is free of debris, organic material, and oversized material (greater than 4 inches in size). Deeper areas of fill may exist locally on site. The native materials below the fill consist of Quaternary alluvium to depths of 65 to 85 feet. Alluvium is a geologically recent deposit of gravel, silt, sand, or mud deposited by water flowing in a stream or river. It occurs along old or active stream and river drainages and is usually loosely consolidated. San Antonio Creek is the likely source of alluvial materials in the project area.

Regional geologic mapping by the United States Geological Survey (USGS) shows the project site underlain by young alluvial fan materials. These materials—derived from the San Gabriel Mountains—were deposited in the middle Holocene (less than 10,000 years ago). In the vicinity of the project site, older alluvial fan materials deposited in the late to middle Pleistocene (10,000 to 780,000 years ago) have been mapped. The older alluvium underlies much of the young alluvium throughout the Los Angeles Basin.

Fossils, if any, in the younger alluvium are generally the result of re-deposition of sediments and materials derived from upstream rock formations containing animal and/or plant remains and may have traveled great distances prior to deposition. Therefore, the uppermost few feet (up to approximately 10 feet or more) of the younger alluvial sediments are unlikely to contain significant fossil remains, and paleontological sensitivity would be considered low.

Quaternary alluvium, such as that mapped at the project site, is present throughout the Los Angeles Basin. Where Quaternary alluvium is present, fossils have been found in excavations for roads, housing developments, and quarries in the Los Angeles Basin, including remains of Rancholabrean-type animals such as elephants, horses, bison, camels, saber tooth cats, deer, and sloths. There is the potential for these types of fossils in all alluvial deposits, including older alluvium that may underlie the project site at depth.

### ***SCCIC Records Search***

The SCCIC records search conducted for the proposed project identified two known archeological sites and three known historical resources within a ¼-mile radius of the project site. The previously recorded archaeological sites are a prehistoric village site approximately ¼ mile north of the project site and a historic-period site associated with La Casa Primera de Rancho San Jose less than ¼ mile east of the project site. The previously recorded historical resources are the First Christian Church of Pomona immediately west of the project site at 1751 North Park Avenue and two residences, the J.R. Wilson House and the B.F. Hendricks House, both of which are located south of Interstate 10 (I-10). The records search identified no known archaeological resources, isolated finds, or historical resources within the project site.

### ***Native American Consultation***

PBS&J cultural resources staff contacted the NAHC and requested a search of its Sacred Lands File (SLF) to determine whether any Native American cultural resources are located on or near the project site. The NAHC response letter stated that the search of the Sacred Lands File failed to indicate the presence of Native American resources in the immediate project area. The NAHC letter included a list of Native American organizations and individuals who may have knowledge of cultural resources in the project area. Letters that included a brief description of the project and a project map were sent to each organization/individual identified on the NAHC list. As of the date of publication of this document, PBS&J has received no responses from tribal representatives indicating the presence of Native American cultural resources in the project area; however, the absence of site-specific information in the SLF or through correspondence with tribal representatives does not preclude the presence of cultural resources on the project site or in the immediate vicinity. Copies of Native American correspondence are included as Appendix D1 of this EIR.

### ■ **Historical Context**

The development of the building infrastructure that is historically known as the Pomona Valley Hospital Medical Center (PVHMC) began at the turn of the twentieth century. At that time the Pomona Valley was a prosperous citrus growing region with a rapidly growing population. On Christmas Eve 1899, one of the trains that passed through Pomona jumped the tracks, leaving thirty people injured and three dead. Local residents cared for the injured until they could be transported to Los Angeles for professional medical care. This event was the catalyst that led to the establishment of a local hospital.

#### ***1903–1910***

The first Pomona Valley Hospital was built in 1903. The hospital was led by Eliza B. Bradbury and was located in a two-story, wood frame house at the intersection of Piedmont (now Kingsley Avenue) and Garey Avenues. In 1904, local residents banded together to create the Pomona Valley Hospital Association to formally acquire this small, 12-bed facility. With the new hospital facility available, and with a growing population fueling a demand for medical services, additional medical professionals were attracted to the Pomona Valley. In 1905, Clara Arbuthnot, a nurse, established a Nurses Training School at the hospital. In *The First Fifty Years: A History of Pomona Valley Community Hospital*, the following were identified as some of the early physicians of the Pomona Valley including a number who were cited for their particular involvement with the organization and operations of the Pomona Valley Community Hospital: Dr. Frank Garcelon; Dr. Clarence Gaines Toland; Dr. Joseph Swindt; Dr. Elmer Ellsworth Kelley; Dr. Robert L. Smith; and Dr. F. W. Thomas. Please refer to Figure 4.4-1 (Hospital Building Historic Pictures A) for a photographic illustration of the evolution of the original hospital building from 1903 to 1947.



- 1 Original Hospital Building circa 1903
- 2 Hospital Building circa 1915 on Garey Ave.
- 3 Hospital Building circa 1947 with 1928 & 1938 additions & remodels

Source: Pomona Valley Hospital Medical Center.



FIGURE 4.4-1  
Hospital Building Historic Pictures A

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## 1910–1925

By 1910, the small, original hospital had reached its physical capacity. According to historian Gertrude Smith in the “Health Care for the Valley” in the *Pomona Valley Historian* newsletter “between 1900 and 1910, the population of Pomona doubled from 5,526 to 10,207, causing the hospital to experience crowded conditions. In January 1910, the *Los Angeles Times* noted that “the present hospital quarters are too crowded to accommodate the patients” and that, “the proposition of the erection of a new building was discussed at the annual meeting of the Pomona Valley Hospital Associations stockholders.” *The First Fifty Years: A History of Pomona Valley Community Hospital* notes that “the first step toward the realization of a new hospital was early in 1911 when Dr. (J.K.) Swindt arranged with Mark Potter to take charge of the planning, financing, and construction of a new building” (Potter 1956).

During 1912, “N.G. Moulder, a Pomona insurance agent, took over the management of the hospital and put it on a sound business basis.” The new, 40-bed hospital building was to be located on property purchased from Captain J. T. Brady and located on North Garey Avenue, opposite the junction of the Claremont and Los Angeles Electric Railway (Potter 1956, 3 and 4). Five additional lots were purchased, with an eye to future expansion of the proposed facility. The construction of the new hospital building was paid for through a fund administered by the Fruit and Flower Mission, a local charitable organization.

The property acquired for the new hospital was bounded on the north and south by Willow and Nemaha Streets respectively, to the west by Garey Avenue, and to the east by Orange Grove Avenue. At the time of the land purchase, the *Los Angeles Times* observed that, “[a new] hospital is badly needed here, where the present hospital building is greatly overcrowded” (Potter 1956). Shortly after the groundbreaking for the new hospital, the original wood frame hospital building burned down and its patients were safely moved into temporary quarters.

The new Garey Avenue hospital building, identified as Building A on the Site Plan (Figure 3-2—Existing Site Plan), was constructed in 1913. In its Structural Evaluation Report dated September 6, 1994, Taylor & Gaines noted that drawings were not available for the building except for the information shown on the plans for the 1928 building addition. Based on those plans, Taylor & Gaines described the 1913 building as a structure consisting of three floors of poured-in-place concrete with only a partial basement at the elevator. The Structural Report further notes that, “There were no building codes in effect at the time [this] structure was built” (Taylor & Gaines 1994, 3). The previously cited *Los Angeles Times* article notes that the building, an institutional design influenced by the Craftsman style, was designed by architect Paul Higgs and goes on to describe the construction as “absolutely fireproof, all walls and floors and roofing being of reinforced concrete construction and the specifications, complete in every respect, provide for all modern conveniences.” The article identifies Carl Leonard of Los Angeles as the building’s general contractor, and puts the cost of construction at approximately \$40,000, with an additional expenditure of \$20,000 for the grounds, equipment, and furnishings. *The First Fifty Years: A History of Pomona Valley Community Hospital* observed that “the hospital was planned so that sun would shine on all sides,” and noted that “it had accommodations for 30 to 40 patients, together with a surgery, obstetrical labor and delivery facilities, and an infant nursery” (Potter 1956, 4 and 5). Early photographs

of the hospital building show a broad flight of stairs leading up to the 2<sup>nd</sup> floor which housed the business office, lobby, and patient rooms. The 1<sup>st</sup> floor housed employee facilities, utilities, emergency room, and ambulance entrance.

### ***1926–1945***

The re-organization of the hospital from a stock company to a non-profit corporation began in 1924, under the presidency of Dr. E.E. Kelly. During this time the facility was formally named the Pomona Valley Community Hospital. By 1926, the original 1913 hospital building was being utilized to its capacity and plans were made to add additional space.

In 1927, Russell K. Pitzer succeeded Dr. Kelly to the presidency of the Board, with Fred E. Graham serving as treasurer. Plans for the addition were stimulated by Pitzer's challenge gift of \$50,000, which was made contingent upon an additional \$100,000 being raised by the community and the hospital's transition to non-profit status. An additional \$75,000 was needed to furnish the hospital addition and fundraising for this purpose was undertaken by the Lettie Thompson Hospital Auxiliary. Additional financial aid was made available by two local banking institutions, the First National Bank and the Bank of Italy (now Bank of America) (Potter 1956).

In 1928, a four-story wing constructed of poured-in-place concrete was added to the original 1913 hospital building. (Wing B). The 1994 Structural Report notes that, "the expansion [also] added a third floor to the [1913 building] lobby and a partial fourth floor around the elevator. A three-story stair and bedroom was added to the north and south ends of the 1913 structure" (Taylor & Gaines 1994, 3). The 1928 addition was designed by architect Arthur Hutchinson. The firm of Storm and Mahoney was the general contractor. This wing increased the capacity of Pomona Valley Community Hospital to 65 beds and added a kitchen, accident room, additional surgery, pediatric wing, and a conference room. Additional modifications were made to the resulting building through the 1930s, including the enclosure of the main portico entry to the original 1913 hospital building to create a lobby for the hospital, and the enclosure of sun porches to create additional bed space. A photograph of the hospital taken c. 1945 (Figure 4.4-1) shows a complete revision of the exterior elevation to an Art Deco style façade that bore little resemblance to the original Craftsman-influenced architectural theme of the 1913 building or its 1928 addition.

From 1936 through 1937, R.K. Pitzer remained President, J. Lee Cathcart became Vice-President, Dr. Swindt continued as Secretary, and Paul Endicott was elected Treasurer. Hugh W. Stiles was elected to the Board and he initiated actions which saved the hospital from bankruptcy. These actions included the hiring of Robert L. Bacon as business manager.

### ***1945–1950***

Following World War II, R.K. Pitzer donated \$200,000 to a new hospital building fund. Pitzer and his wife also established an endowment fund in property valued over \$500,000 with its income accruing to the Medical Center (Potter 1956). With this commitment the Medical Center was able to undertake its first expansion since the 1928 addition, constructing a north hospital wing which housed an auditorium. An X-ray wing was also added in 1948. The auditorium was subsequently converted into a kitchen facility

in the 1950s as part of the Wing E addition. The X-ray wing was financed by a donation from Mr. and Mrs. Pitzer (Potter 1956). Building permits show that a dining room was added onto the new north wing in 1948, designed by Jay Dewey Harnish, who had also designed a small laundry area which had been added to the facility in 1946.

### **1950–1959**

Historian Gertrude Smith in the *Pomona Valley Historian* observes that “the 1950s opened an era of construction and modernization which worked a more dramatic transformation in a decade than had a half century of previous efforts” (Potter 1956).

The first major building project of the decade was the 1951 construction of the freestanding Pitzer Home. A separate, detached building, it provided an additional 31 beds and accommodations for 17 elderly residents. The facility cost \$225,000 to build and was funded by Russell K. Pitzer. The “U” shape building was located to the east of the PVHMC hospital and oriented with the open end of the “U” facing Nemaha Street on the south as shown in the sketch plot plan contained in *The First Fifty Years: A History of Pomona Valley Community Hospital*. (page 1) This structure was demolished in 1972 as part of another, later expansion program at the hospital.

In 1952, a major expansion program was undertaken by the PVHMC Board of Directors. R. K. Pitzer and C. T. Stover were named co-chairmen of the fundraising effort. A promotional brochure used during that fundraising effort, titled “Where Do You Fit into This Picture,” noted that, while the hospital would “never turn patients away, for our hospital is a service and not a business ... it’s embarrassing and unfair to put you in a bed in the hallway ... we’ve converted our sun porches into [hospital] rooms ... and squeezed additional beds into every possible place” (KCK 2008).

In 1954, a new four-story building wing addition with a full basement, constructed of poured-in-place concrete (Wing C) was built onto the east side of the existing main hospital building at a cost of \$900,000. The project architect was Adrian Wilson, a prolific mid-century architect. Campbell Construction Company of Ontario was the general contractor. The new structure, which was executed in the International style, included a new surgery with a recovery room (4<sup>th</sup> floor) and an obstetrics ward maternity labor, delivery, and new born nursery (3<sup>rd</sup> floor). A new laboratory department was housed in the new addition, as was a new physical therapy department. A pediatric unit was also housed in the new wing funded by a \$45,000 contribution from the Women’s Auxiliary (Potter 1956).

Between 1958 and 1959, several smaller additions were constructed, including a 4,000-square-foot (sf) addition to the emergency department designed by Harnish and Fickes. A new lobby was added onto the front of the main hospital building facing Garey Avenue. The lobby addition consisted of one and two stores of poured in place, reinforced concrete as was executed in the International style (mid-century modern). The addition added a second floor to the original 1913 high lobby while creating a one-story (at grade) main entrance. The Structural Report notes that, “The structure has a 1 inch separation from the 1913 building,” and that, “The structural drawings indicate that the walls were not tied into the 1928 lobby addition” (Taylor & Gaines 1994, 5). The new lobby completely obliterated whatever may have remained of the modified 1930s façade. Harnish and Fickes of Ontario were the architects and the

Campbell Construction Company was the general contractor for the work. The *Pomona Valley Community Hospital Annual Report for 1959* noted that the two-story, 3,420 sf lobby addition “has provided excellent waiting space for visitors, adequate office space for the Women’s Auxiliary, and badly needed expansion space for the Business Office” (KCK 2008).

The *1959 Annual Report* also noted the construction of the Pitzer Home South (Building D in the Proposed Specific Plan), a 30-room, freestanding addition to the east of the Pitzer Home, intended for the care of elderly residents and financed by the Pitzer Endowment Trust. The *Pomona Progress Bulletin* noted that “30 private rooms for elderly patients plus a recreation room and storage will be built to the east of the present Pitzer Home on Willow Street and Orange Grove Avenue” (Potter 1956). Built by the Berry Construction Company of Ontario, “the single floor addition will extend along Willow Street for 112 feet, along Orange Grove for 169 feet, and on Nemaha for 104 feet.” Although the original Pitzer Home (1951) was demolished in 1972, this more recent structure survives as the Pitzer Administrative Building (Building D).

### **1960—1969**

The decade of the 1960s opened with the announcement of yet another expansion program. The \$4.5 million expansion effort was intended to boost the hospital’s bed capacity to 378, through the addition of 120 beds. Donations for the new wing came from organizations, businesses, and doctors (Potter 1956). The large new wing (Wing E1 and E2) was oriented east-west extending from the east side of the main facility. A portion of the E (E1) wing addition consisted of a six-story and basement addition which was built at a cost of \$2.7 million. It was constructed of poured-in-place reinforced concrete with a flat slab design, and was designed in the International style by Harnish, Morgan and Causey of Ontario. The top three floors of the addition originally housed a total of 108 beds and the addition contained space for an additional 30 beds. The third floor maternity department contained 34 post delivery beds for mothers and an 18-bed recovery room. An expanded X-ray department was located on the first floor, with a cobalt bomb and mechanical room located in the basement.

Construction during the 1960s also included a new kitchen and laboratory addition (1963) also identified with Wing E (Wing E2), which incorporated space previously occupied by the 1948 auditorium, an expanded physical therapy unit, an expansion of the pediatrics unit which had originally been confined to Wing C, the addition of more maintenance and storage space, and installation of central air conditioning. Some of the expansion of existing wards was accommodated in another new two-story wing (Wing F) which was constructed between the six-story addition and the new cafeteria.

The small, freestanding Capitation Center (Building N) and Security Building (Building M) were added to the PVHMC core campus in 1960. These structures were not built by PVHMC but were existing structures which were acquired as part of a land acquisition. The freestanding Family Health Center (Building Q) and the Sports Medicine Center (Building R) located on the east side of Orange Grove Avenue, were similarly existing structures, built in the 1960s and acquired by PVHMC for its use as demand for specialized outpatient services increased.

### **1970–1979**

In 1972 PVHMC announced a \$6.1 million addition financed with funds borrowed from Pomona First Federal Savings and Loan. The *Pomona Progress Bulletin* noted that the new structure was located, “on about three acres [previously] occupied by the Pitzer Home. The site is west of Orange Grove Avenue, between Nemaha and Tate Streets” (Potter 1956). The three-story addition (Wing G) was designed by Harnish, Morgan and Causey of Ontario in the International style and was constructed of poured-in-place reinforced concrete. The G.K Newburg Construction Company was the general contractor. When built, the new wing accommodated medical and surgical rooms (3<sup>rd</sup> floor), a new emergency room, cardio-pulmonary therapy unit, a new auditorium, a new physical therapy unit, and medical record library on the ground floor, and storage area, classrooms, mechanical equipment rooms, medical records storage area, and boiler room expansion in the basement. The Pitzer Auditorium sits on the northwest corner of the first floor and has brick veneer on concrete walls and a lightweight insulating concrete roof. With the new addition, the PVHMC hospital had a total of 389 beds available to serve the community and the Medical Center had added additional buildings to house outpatient and administrative services.

### **1980–2000**

During the 1980s and 1990s, the PVHMC completed its transition from a local community hospital into a regional medical center. It added a freestanding, one-story MRI Outpatient Services building (Building I) in 1985. The freestanding Artesia Medical Office Building (Building P) south of Artesia Street was constructed in 1988. In 1992, the two-story Diagnosis and Treatment (D&T) wing (Wing K—1992) was added to the south side of the 1961 Wing E and the three-story and basement Women’s Center (Wing J—1992) was also added south west of the D&T wing addition. The freestanding, one-story Kidney Stone Center (Building L—1995), located along Artesia Street, was also built in the 1990s. During this same period, PVHMC added the Lewis Family Cancer Care Center (Building O—1985) at Royalty Drive and Vinton Avenues.

### **Summary**

Over the course of the twentieth century, PVHMC grew from a small local hospital comprised of a single wood frame structure with 12 beds into a regional medical center with a large hospital building and ancillary structures within its core campus, and related outpatient facilities located on the perimeter of the core campus. The hospital structure, begun in 1913 with a single 40-bed building, grew organically over a period of 80 years, with additions (and the occasional subtraction) of new wings to provide new, and to expand existing, services. This history of facilities expansion provided for a steadily increasing number of patient beds and helped the Medical Center accommodate new, modern technologies and equipment as these developed. As building codes evolved to reflect improved structural design and construction technologies and newly identified needs (such as fire sprinklers, seismic safety engineering, environmental controls and electrical infrastructure necessary for modern medical and information technologies), the hospital building also evolved. With each change and addition the hospital building added new layers of architecture, subsuming and altering what went before. Several layers of original and subsequently modified building façades have been obliterated by later efforts to provide a sense of architectural unity to this evolving structure. Construction of the facility has been driven by the institution’s need to fulfill

its overarching mission and by the growth of its served population during the more than 100 years of the institution's existence.

## ■ Built Environment

Figure 3-2 (Existing Site Plan) in Chapter 3 (Project Description) illustrates the existing PVHMC site and identifies each of the hospital's wing additions and ancillary freestanding buildings by letter. Figure 3-2 also identifies the date of construction of each of the component wings and the function of each of the structures (i.e., hospital, Women's Center, administrative, etc.).

For purposes of this section only those buildings and additions which are more than 25 years of age are fully evaluated. The term "Building" is used to describe a freestanding structure (or, in the case of Building A, a structure which *began* as a free standing structure) with its own structural and architectural integrity. The term "wing" is used to describe additions to the hospital structure. The PVHMC hospital consists of Building A (the original 1913 hospital building, though it is no longer a freestanding structure and has long since been subsumed by latter additions) and Wings B (1928), C (1954), E1 (1961), E2 (1963), F (1963), G (1973), J (1992), and K (1992). Remodels which occurred between major construction efforts are identified, where possible, by the date of construction; however, in many cases, these remodeling efforts were undertaken in small increments or as minor components of major construction in an effort to achieve some level of visual unity or to obtain small amounts of additional space. To the extent that they can be identified, they are cited in the provenance of each of the buildings and wing additions detailed below.

As previously stated, the PVHMC campus, and the PVHMC hospital building itself were constructed over a period of more than 80 years. Many of the structures were executed in architectural styles which reflected the period during which they were constructed. These styles include Craftsman, Art Deco, Art Moderne, International, Modern, and Contemporary. The original façades of many of the hospital wings have been lost to more recent additions and remodels. The following are the primary architectural styles which are, or have in the past been, present on the site.

### *Architectural Style*

As previously stated, the Medical Center and the main hospital building itself were constructed over a period of nearly 80 years. Many of the structures were executed in architectural styles which reflected the period during which they were constructed. The original façades of many of the PVHMC hospital wings have been lost to more recent additions and remodels. The following are the primary architectural styles which are, or have in the past been, present on the site.

#### **Craftsman (1905–1930)**

The Craftsman style of architecture was inspired by the work of California architects Charles Sumner Greene and Henry Mather Greene, who practiced in Pasadena. The style was influenced by the Arts and Crafts movement with a focus on simplicity of form, natural materials, and the visibility of handicraft.

This style was popular for residential architecture and elements were sometimes applied to institutional structures seeking to evoke a more residential feel.

**Identifying Features:**

- Low-pitch roof with deep overhang
- Porch roof supports of distinctive and variable detail
- Trellis porch or pergola

**Art Deco (1920–1945)**

The Art Deco style was a decorative and architectural style characterized by geometric designs, bold colors, and the use of plastic and glass. Art Deco was based on Modern decorative movements such as cubism and fauvism. Art Deco was commonly used in public and commercial buildings in the 1920s and early 1930s.

**Identifying Features:**

- Smooth wall surfaces, usually of stucco
- Zigzag, chevron or other stylized and geometric motifs as decorative elements on façade
- Towers or other vertical projections to give a vertical emphasis

**Art Moderne (1920s–1940s)**

The Art Moderne style of architecture was a late branch of the **Art Deco** design style, emphasizing curving forms and long horizontal lines. It reached its height in 1937.

**Identifying Features:**

- Smooth, rounded wall surfaces, often stucco
- Flat roof with small ledge at roofline
- Horizontal grooves or lines in walls
- Asymmetrical façade; casement/corner windows or other horizontally arranged windows
- Metal balustrades; and glass-block windows, often curved

**International (1930s–1970s)**

The International style of architecture was common for commercial and institutional buildings through the 1930s, and dominated American architecture from the 1950s through the 1970s.

**Identifying Features:**

- Use of Modern structural principles and materials (concrete, glass, and steel the most common)
- Occasional use of skeleton-frame construction

- Structure exposed
- Rejection of non-essential decoration
- Use of ribbon windows
- Corner windows a hallmark of the style
- Use of bands of glass as important as bands of "curtain wall"
- Balance and regularity admired and fostered
- Flat roof, without ledge
- Often with thin, metal mullions and smooth spandrel panels separating large, single-pane windows

The International Style has been grouped into two categories, A and B. Buildings that contain simple detail with horizontal emphasis are grouped into category A. Buildings within the style that lack ornamentation or contain very little detail are grouped into category B within the International style.

### **Modern (1950s–1980s)**

Modern architecture is a term given to a number of building styles with similar characteristics, primarily the simplification of form and the elimination of ornament. The style was conceived early in the 20<sup>th</sup> century and gained popularity after World War II, becoming the dominant architectural style for institutional and corporate buildings for three decades.

#### **Identifying Features:**

- An adoption of the principle that the materials and functional requirements determine the design
- A rejection of ornament
- An adoption of the machine aesthetic
- A simplification of form and elimination of "unnecessary detail"
- Form follows function
- Glass façades,
- Steel material for exterior support,
- Concrete material for the floors and interior supports,
- Functional and logical floor plans.

### **Contemporary (1980s–Present)**

The post-World War II wealth in the United States led to what is called the contemporary architectural style, which leaned towards the artistic, rather than utilitarian. Frank Lloyd Wright, among others, began building in a contemporary style that opened the gates for artistic expression in architecture.

### Identifying Features:

- Contemporary architecture allows for an eclectic composition of a wide variety of styles and features, including modern and more traditional styles, to fit everyone’s taste.
- Contemporary buildings on campus have been grouped into two categories, A and B, based on the eclectic mix of buildings constructed from the 1980s to today. Contemporary A buildings utilize a brick “solid” cladding material. Contemporary B buildings draw their inspiration from the Italian Villa or Mediterranean Period architecture, but are given a modern interpretation and are therefore classified as Contemporary architecture.
- The characteristics of the Mediterranean Period featured in the Contemporary B buildings include stucco walls, masonry-veneered building base, bracketed window cornice, and belt course below the roofline, window bracketing, small classical columns accenting the upper level windows

### *Building A*

The first building constructed at the 1798 Garey Avenue core campus was Building A. It was built in 1913 to house the new Pomona Valley Community Hospital, which relocated to this site from its original location at Piedmont and Garey Avenues. This original hospital structure was three stories in height and constructed of poured-in-place concrete. It was rectilinear in shape and originally featured a symmetrical front façade that was visually anchored by a centered, two-story entry portico. The portico was supported by square piers topped with a capital. The upper level of the portico was enclosed and featured two sets of narrow tripartite windows along the front. Crosses were incised at the top of the columns and at the upper level, a symbol of health care providers. Steps, located under the portico, led to the main entry on the second floor—called the “high lobby.”

The 1913 building featured a flat roof with deep-eave overhang. A short parapet wall was located above the overhang. Aligned with the portico, set back on the roof, was a clerestory pop-up with windows. A wood, pergola-like structure, reflecting a Craftsman-style architectural influence, extended from either side of the clerestory pop-up. A narrower pop-up was set on top of the clerestory.

The fenestration to either side of the entry portico was the same, except for a set of doors located at the south end of the front elevation. Each side was divided into six window bays. The four closest to the portico were evenly spaced; the two at the ends of the building were positioned with a longer distance between them. Each column of windows consisted of a narrow slit window set just under the roof overhang and over a double-hung window at the entry level and second floor. A concrete sill was located under each window. The lower windows were at grade and were shorter in length than the upper story windows. The windows at grade at either end varied from the pattern in that they were much narrower and not aligned with the window bays.

The original building had a two-story sun porch on the south elevation. The sun porch was centered along that elevation, was located between two narrow windows, and was slightly lower than the building. The sun porch was removed at some point in time, most likely during the 1930s or 1940s, or may have been enclosed as part of a circa 1920s exterior remodel which created a single story pop-out bay along the length of one elevation of the original building. The promotional brochure for the 1950 fundraising effort notes that sun porches had been converted into hospital rooms in an effort to provide sufficient

space to serve the growing population of the hospital's service area. Another bay addition, the full height of the main building and the full width of the south elevation was constructed at the location of another of the sun porches.

By 1938 the original 1913 portico had been completely remodeled. The original structure was fully enclosed and increased in height. Vertical piers that ran the full height of the structure divided the three bays at the entrance. The use of these strong vertical elements gave the building a new Art Deco feel, one of the most popular styles of the 1930s.

In addition to completely altering the original architectural style of the 1913 building elevation by remodeling of the portico, a new addition, (Wing B) was constructed in 1928 on the south side of Building A. The main hospital building was also added onto on both sides with the construction of an additional three-story bay, slightly set-back. One-story additions, which enclose stairs and additional bedrooms projected out further at each end of Building A. A fully executed penthouse surrounding the building elevator now occupies the space originally occupied by the decorative pergola.

The front façade of Building A was again modified in 1959 with the addition of a lobby in the front of what remained of the entry portico. Executed in a mid-century modern style, this lobby, which remains in place today, is asymmetrically balanced with a wall of vertical windows along the north half of the front façade and along its north elevation, while the south end of the front façade and south elevation feature a stucco clad plane. The lobby is on-grade with the surround parking lot and the original stairs leading to the entry are now gone. The 1994 Structural Evaluation Report noted that only a portion of the west exterior wall remained exposed and that interior walls were furred and/or plastered and were not accessible.

While Building A retains its original location it has been added onto on all four sides and thus has entirely lost its historic setting and architecture. Its design has been radically altered by layers of alterations and additions which eliminated original materials, building elements and the original workmanship. The original window frames have been replaced. Numerous windows have been filled in over the years and the original doors on the south end of the front façade have been removed. The building is no longer freestanding. Its exterior walls have been pierced to allow for interior flow to the rest of the hospital and its mechanical, electrical, and plumbing systems have been integrated into the rest of the hospital building, of which it is now a part.

In terms of architectural style, the hospital's original 1913 building was a simple institutional structure which incorporated certain minor elements of the Craftsman style (the wood pergola on the roof, the deep roofline overhang and entry porch/portico) without significant elaboration. The 1928 addition and subsequent pre-1945 modifications of the joined structures produced a building with strong Art Deco or Art Moderne features. Its flat roof, roofline ledge, strong vertical lines evident in the enclosed portico and stucco finish was typical of the period. Little is left; however, of this distinctive architecture and it is no longer represented as part of the hospital structure.

### ***Wing B***

Wing B, constructed of, poured-in-place concrete, was added to the 1913 Building A in 1928. The four-story addition was built onto Building A's east elevation, is rectilinear in plan is sited along an east-west axis. A later, one-story addition runs along the east elevation of Building A and along the south elevation of Wing B. The addition also added a third level to the lobby of the 1913 structure and a partial fourth floor.

The exterior elevation of Wing B is functional, stucco clad and simple in detail, with a flat roof. The south elevation was organized in manner that stressed the horizontal aspects of the building. Groups of windows were organized both individually and in groups and a narrow sill band ran the length of the elevation and painted in a contrasting color for emphasis. A later addition of a deep, flat horizontal overhang was mounted above the third and fourth floor windows. Wing B's south elevation was fully subsumed by the construction of Wing C. The north elevation remains partially visible behind a set of single-story support structures built later. This elevation has windows of varying sizes, designed to support interior functions rather than to serve as architectural elements. At the east end of the wing, a connecting unit joins Wing B with Wing E and Wing K.

Wing B was originally executed in the Art Moderne style however this wing has been almost totally subsumed by later additions and nothing remains of the distinctive Art Moderne façade. This architectural style is no longer represented within the hospital building.

### ***Wing C***

Wing C was constructed in 1954. It runs along a north-south axis and was added onto the east side of Wing B. The wing is rectilinear in plan. A photograph from the 1950s shows the east elevation of the original addition, with windows grouped within a framed band. The space between the windows was clad in a darker material; thus each band of windows contrasted from the flat exterior surface of the building. The original design sought to create a symmetrical balance with a centered grouping of windows framed as a vertical element. The areas under the windows featured vertical fluting. To each side of the centered focal element were a set of paired windows, each set defined by a concrete frame.

Over the decades Wing C has undergone numerous alterations which include the addition of bay space to the west façade, which altered the original symmetry of the south and north elevations, and the remodeling of the north elevation, which included the removal of vertical fluting and a change out of the windows. New exterior elements were added to the façade, including a flat roof canopy extending over the windows, supported by two vertical piers. Wing C was originally executed in the International A style; however, the original architecture has been lost to these alterations and to the encroachment of later wings on its west and south sides. What remains of the original façade, or its later modification, would be in the International B style.

### ***Building D***

Building D is the Pitzer Administrative Building. It was constructed in 1959 as an addition to the 1951 Pitzer Home, which was demolished in 1972. Building D is a simple, functional, one-story building, with

a “U” shape plan, constructed of poured concrete form blocks, with a flat roof and deep overhang. Sliding glass windows are slightly recessed and have a concrete sill. It was constructed south of the original Pitzer Home to house additional hospital beds. Its function as an acute-care facility was replaced by later additions to the main hospital building and the building was subsequently remodeled to serve as an administrative building, which is its current function. Building D was executed in the International A style.

### ***Wing E (E1 and E2)***

Wing E was constructed in 1961 in two parts. Wing E1 is a six-story addition which was built to the east of Wings B and C, on an east-west axis. A photograph of the addition when it was under construction shows one of its long façades. The exterior elevation of the wing was articulated with projecting bays. The building was horizontally organized, defined by banding at the cornice line, banding that demarcated the floors with a single band at the fifth floor, double bands between the third and fourth floors, and a single band between the second and third floors.

In subsequent remodels the façade of Wing E1 has been significantly altered. The original banding was removed, windows were replaced, and a penthouse mechanical system was added to the roof (which also supports the hospital’s signage). Canopies that run the length of the wings, with returns at the end, were added over the windows.

While Wing E1 is in its original location, it too has been subsumed by subsequent expansions. It is visible as the tallest structure in the complex, but it bears little resemblance to its 1961 appearance due to significant exterior remodeling that involved removal of original design features and obscuring of original materials.

At the same, time another addition, identified as Wing E2, was on the east side of Building A. The addition consisted of a one-story hospital kitchen. The new kitchen merged with the 1948 auditorium as well as several other small “back of the house” (i.e., service) structures previously located in this area. The addition is simple in design, unornamented and stucco-clad. When the auditorium was built in 1948, this area was not the utilitarian service area that it has become. The setting of the auditorium changed as the kitchen and utility rooms/areas were. Since the additions were functional in purpose they were not designed with any references to the major hospital structures. The materials and workmanship are unremarkable. Wing E2 was executed in the International B style.

### ***Wing F***

Wing F was constructed c.1963 of reinforced, poured-in-place concrete, and merges with Wing G, which was constructed in 1972. This addition is a 1½ story brick clad wing which is oriented into the hospital building. The upper half-story is set back, flat roofed, and clad in stucco. There are no windows on the north facing elevation. A plaque commemorating “Helping Hands” is located on the west elevation. An entry door with portico that extends over the walkway is located at the point where Wing G joins Wing F. This doorway with portico leads to the Russell K. Pitzer Auditorium. Most of the wing was executed in the International B style. The façade of the Auditorium contains elements of the International A style.

### *Wing G*

The brick wall that defines Wing F continues to run eastward and abuts Wing G's north elevation. Wing G was constructed in 1972. It is a shallow "U" in plan with the open end of the "U" facing east. The two legs of the "U" on the east side are cantilevered over receiving areas including an emergency room entrance. The three-story building emphasizes its horizontality through its size, the cantilevering, and the strong horizontal banding, which creates an overhang both at the roof level and between the second and third floors. The overhangs help to protect the interior spaces from the strong sunlight. A projecting band demarcates the base of the second floor that cantilevers out. Contrasting with this horizontality are tall, narrow windows with projecting panels along each side of the window. The corners of the buildings are defined where each side's projecting vertical end panels meet creating a notch as they join together. Wing G is executed in the International A style.

### *Buildings H, Q, and R*

**Building H** (1967) is a single-story, flat-roofed, stucco-clad office building, rectangular in plan and with limited fenestration. It adjoins Building R (described below) and is similar to it in design and façade. The two buildings form a small administrative complex in the northwest corner of the PVHMC core campus.

**Building Q** (1960) is a two-story office building, rectangular in plan. The front façade is asymmetrical with a wide panel on the south end of the west, street-facing elevation. This panel defines the entry with a projecting wave-shaped canopy. The building features a band of windows along the north, west, and south facades at the second floor level and at the ground floor. Along the street-facing west façade the windows are separated by slightly projecting narrow vertical piers.

**Building R** (1960) is a one-story, flat-roofed, stucco-clad building with limited fenestration. The west, street-facing façade had a doorway off center with a small projecting canopy. A decorative concrete screen is positioned in front of the south two-thirds of the front façade.

These buildings are all executed in the International B style.

### *Buildings M and N*

**Building M** is the Security Building and was constructed in 1960. It is a small stand-alone structure located to the southeast of the hospital on Orange Grove, near the vacated Nemaha Street. The building was constructed as offices not directly affiliated with the hospital and was acquired through the land acquisitions the hospital undertook in the late 1980s. The building is slightly "U" shape in plan and brick-clad. The flat-roofed building features a deep overhang. A band of short, horizontal clerestory windows are located under the overhang above the doorways and along the Orange Grove Avenue elevation. These elevations are the ends of the "U" and they have no other windows or doors. Doors and windows are set into a module located at the south end of the interior sides of the "U" plan. The façade along the vacated Nemaha Street also features the band of clerestory windows. A larger module with glazed double doors in the center and floor-to-ceiling windows is located on the north end of the vacated Nemaha Street elevation.

**Building N** is located to the west of Building M. Also constructed in 1960 it was oriented toward the later vacated Nemaha Street and was not built by PVHMC. This one-story building is rectangular in plan with a very shallow, slightly gabled roof. The building is stucco-clad and simple in design with a door centered on the vacated Nemaha Street elevation. A set of windows is positioned to each side of the front entry door.

### ***Other Hospital Additions and Ancillary Structures Under 25 Years of Age***

Free-standing buildings and hospital wings which are less than 25 years old include Building I, the Magnetic Resonance Imaging Center (1985), Wing J, the Women's Center (1992), Wing K, the D&T Wing (1992), Building L, the Kidney Stone Center (1995), Building O, the Lewis Family Cancer Care Center (1985) and Building P, the Artesia Medical Office Building (1988).

Wing J and Wing K (the D&T wing and the Women's' Center respectively) are executed in the Contemporary B style. Buildings O and I are executed in the Contemporary A style. The 1988 Medical Office building is the only structure within the Specific Plan area which is executed in the Modern style. The remaining free standing structures are executed in the International B style.

Neither the PVHMC hospital building nor the ancillary free standing buildings located within the Specific Plan area is the only remaining representatives of their style in the community.

### ***Historic-Age Subsurface Water Infrastructure***

Approximately 36 water companies have operated historically in the Pomona area, including the American Beet and Sugar Company, the Baldy Water Company, the Block M Water Company, the Canyon Water Company of Pomona, the Chino Land and Water Company, and the Citizens Light and Water Company. These companies tapped into the Pomona area's artesian (i.e., confined) aquifers to provide water for local agricultural operations. By 1895, the various water companies had developed a network of wells, irrigation pipelines, and irrigation water storage features (e.g., sumps and cisterns), most of which were subsequently abandoned as the area urbanized. In 1999, residents in the Presidents Tract, located south of I-10 in the vicinity of PVHMC, and City personnel began to notice abnormally wet lawns and water bubbling up along curbs or up through cracks in sidewalks. In July 1999, the City began the process of investigating and mitigating what it determined to be artesian flows originating from long-abandoned wells and/or abandoned irrigation pipeline dating from the period when the area was in agricultural use. During this same period, maintenance personnel at PVHMC observed water running along Willow Street east of Garey Avenue and wet lawn areas in and around Artesia Street that could not be explained by ordinary irrigation of the site's landscaping. The City retained the services of Richard C. Slade and Associates to investigate the artesian flows at both the Presidents Tract and PVHMC. His report, issued in 2001 (RCS 2001), indicates that the artesian flows on the PVHMC site were conducted to the surface by abandoned wells. RCS (2001) indicates that as many as six such wells could be located beneath parking areas on the PVHMC core campus. Excavations conducted by PVHMC's contractor between 1999 and 2001 found four old well casings and a brick-lined cistern beneath the hospital site. The identified wells were capped and the cistern was backfilled prior to repaving. Since the PVHMC site

was originally used for agricultural production, it is possible that additional historic-age irrigation features are still present today beneath the paved surfaces of the PVHMC core campus.

## 4.4.2 Adaptive Reuse

The issue of adaptive reuse of non-historic older structures is not ordinarily considered as part of an EIR analysis of cultural resources. However, in light of current emphasis on the conservation of non-renewable resources and overall sustainability, healthcare architects often face the question of whether an existing older building on a hospital campus can be reused—particularly if the building is an original hospital building that was constructed in an earlier era. This type of building may be freestanding, with impressive detailing on a historically significant façade, such as Chicago’s Cook County Hospital, or it may be a building that has become completely embedded in prior additions and expansions to the point that the original building is no longer recognizable, as is the case with Pomona Valley Hospital. The issue of adaptive reuse can be broadly understood to involve not only issues of historic preservation but also may, as noted, address issues of environmental sustainability which are appropriately discussed in an environmental document.

The American Institute of Architects *ALA Academy Journal* addressed the issue of adaptive reuse of hospital buildings in a November 1, 2007, article entitled “Historic Hospital Buildings: Should They Be Reused” (AIA 2007):

As the preservation of historic structures, sustainability, and adaptive reuse become broader public concerns, the question of demolition versus rehabilitation can become a heartfelt topic within the local community and hospital staff.

The AIA Journal suggests a number of issues which need to be considered in determining whether an existing hospital building can be rehabilitated to serve a contemporary function while maintaining its historic architectural distinctiveness. These include whether the building can dimensionally accommodate intended hospital uses, whether the existing building is code-compliant or can be readily made code-compliant, whether stairs are adequate in width and number, whether the buildings exists are sufficient to allow for code-compliant ingress and egress, and whether the existing superstructure of the building can carry the anticipated structural loading. In California, the matter of adaptive reuse of hospital buildings for hospital related purposes is complicated by the requirements of the Office of Statewide Hospital Planning and Development (OSHPD) and the mandates of SB 1953.

In 1994, in the aftermath of the Northridge Earthquake, PVHMC commissioned a structural evaluation of the all of the wings of the hospital building by the structural engineering firm of Taylor & Gaines. (Appendix E2) Taylor & Gaines had previously surveyed the hospital in 1990 and was the structural engineer of record for the 1958/59 hospital lobby addition, the 1961 East/West Wing (Wing E), the 1963 Kitchen and Lab additions, the 1992 Women’s Pavilion addition, and the 1992 D&T addition. The report relies upon visual observations; review of available plans; inspection of medical, mechanical, plumbing, and electrical equipment anchorage; and elevator and counterweight guiderail support. The report further includes descriptions of each of the hospital wing/additions from 1913 to 1992 and makes recommendations regarding seismic upgrades and remediation, including opinions regarding the feasibility of completing such upgrades, seismic retrofit, and remediation. As previously noted, none of

the several wings of the PVHMC hospital building retains sufficient architectural integrity to be considered for listing in the National Register or California Register nor does the building as a whole qualify for historic status pursuant to the City's Historic Preservation Ordinance. Nonetheless, since the hospital has, in the past, continued to make use of its existing facilities even as it added new ones, it may be useful to examine the reasons why the Medical Center has chosen demolition over preservation, rehabilitation and remodeling.

Senate Bill 1953 (SB 1953), enacted by the State Legislature in response to the 1994 Northridge earthquake, is an amendment to the *Hospital Seismic Safety Act* (HSSA 1983). The goal of SB 1953 was to ensure that, by January 1, 2008, every general acute-care inpatient hospital building in the State would remain standing following a major earthquake. By 2030, every building must not only remain standing, but must remain operational following a major earthquake.

The HSSA, including SB 1953 and subsequent amendments to it, would require all new hospitals to meet strict seismic safety standards for the design and construction of their general acute-care inpatient hospital buildings. The HSSA requires OSHPD to review all construction plans for acute-care facilities to ensure that they meet the HSSA standard of standing and operational after a major earthquake. The conformance of a project with the HSSA standard is evaluated by OSHPD on a case-by-case basis.<sup>9</sup> The HSSA seismic safety standards apply only to the hospital-building portion of a project. Non-hospital buildings, for example, affiliated medical office buildings, outpatient facilities, or garages, would be required to meet the standards of the locally adopted building code. Because PVHMC is an acute-care facility, HSSA requires it to conform to heightened seismic safety standards by 2030. The PVHMC Specific Plan was conceived, in large part, to bring the hospital facility into compliance with SB 1953. Senate Bill 306 authorizes certain hospital owners under certain financial circumstances to extend the deadline for completion of seismic upgrades to January 1, 2020, if the project is constructed to meet both the January 2008 and the January 1, 2030, structural and nonstructural requirements.

Hospital structures built prior to the passage of Senate Bill 519 in March 1973, are considered "Unapproved Buildings" by OSHPD; that is, buildings constructed without OSHPD plan review and oversight. With regard to PVHMC, the Taylor & Gaines report identifies the 1913 original hospital building, the 1928 wing addition (Wing B), the 1954 laboratory and nursing wing addition (Wing C), the 1958 lobby addition, the 1961 East/West Wing (Wings E1 and E2), and the 1963 Lab Additions (Wing F) as OSHPD Unapproved Buildings.

SB 1593 requires all inpatient care structures on the PVHMC campus to achieve essential compliance with Title 24 of the 2007 *California Building Code* (CBC). As specified in Title 24, major structural additions or alterations to existing "Unapproved" acute-care facilities require that the entire structure be brought up to full compliance with Title 24 provisions. In general, the more recent the construction, the easier and more cost effective rehab and retrofitting become.

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<sup>9</sup> The HSSA does not articulate requirements for specific construction measures, only the standard to which the structures must be built. For example, one of the most common design features in an HSSA facility is to bolt hospital equipment to the floor. While such a measure is not explicitly required by the HSSA, it is likely to be one of the safeguards that OSHPD will require before approving construction in any acute-care facility.

### ■ 1913 Building and 1928 Addition

The Taylor & Gaines report characterizes buildings of this era as massive and under-reinforced, without sufficient shear elements and diaphragm reinforcing to meet current seismic requirements. The report notes that there were no building codes in effect at the time these structures were built. The floor to floor height varies from 8 feet 6 inches to 13 feet 4 inches. The Taylor & Gaines report states, "...these buildings could sustain considerable damage in a strong local earthquake."

Since these structures do not conform to current seismic code and cannot be made to comply with Title 24 of the 2007 CBC, they cannot, and do not, continue to house acute-care beds. Administrative functions, the hospital gift shop, admissions, and the volunteer office currently occupy the space. In addition, the structure's low vertical floor to floor heights leave little or no interstitial space in which to place overhead mechanical systems including fire sprinklers, nor is there space to accommodate the wiring and cabling demands of modern communication and other low-voltage systems, or automatic fire suppression systems, which makes them inadequate to support, over the long term, administrative and/or non-acute-care functions. This portion of the hospital can no longer, and is no longer, used to house acute-care beds.

### ■ 1954 Addition (Wing C)

This poured in place concrete structure was constructed pursuant to the standards of the 1951 Uniform Building Code. The Taylor & Gaines report notes that "the short concrete wall segments between windows are under-reinforced and probably overstressed. The end shear walls are short, under-reinforced, and probably overstressed. The floor diaphragm length to width exceeds the allowable 3-to-1 ratio. The present code required seismic load factor is 3.87 times the load factor required by the 1951 UBC code. While it is unlikely to collapse, this structure could sustain sufficient damage from a major earthquake to make it unusable. The structure would be difficult to upgrade to Title 24 CBC requirements. Openings would need to be closed on the east and west sides with added concrete and reinforcing. Concrete shear walls on the north and south sides would need to be strengthened with added concrete and reinforcing. Strengthening of these walls would need to extend from the basement floor to the roof slab. An interior east-west shear wall needs to be added to meet the floor diaphragm length to width ratio." Wing C currently provides space for inpatient beds, however most of those beds (24) will be transferred to the Phase 1B hospital wing addition and the balance will be transferred to the Phase 2 hospital wing addition. In its 1994 Report, Taylor & Gaines stated that retrofitting Wing C would probably not be cost effective because of the magnitude of the work required and the age of the building.

### ■ 1961 East/West Additions (Wings E1 and E2)

The 1961 additions to the hospital consist of two wings that are separated from one another by wings C and B. Wing E1 is located east of Wing C and adjoins Wing K (1992) to the south and Wing G (1972) to the east. Wing E2 is located north of Wing B and west of Wing C. The 1994 Taylor & Gaines structural evaluation found that both could sustain sufficient damage due to local strong motion to make them unusable, though they probably would not collapse. New holes were cut in the east wall of Wing E1 when the 1972 (Wing G) addition was completed. The north wall had openings closed and new openings

added with the 1972 addition. The short concrete piers between windows on the north and south walls are considered overstressed and under-reinforced by present code requirements. The 1994 Report notes, “This structure will be difficult to upgrade to present code requirements. The seismic load factors have increased by 2.66 times the load factor required by the 1958 *Uniform Building Code*.” According to the Report, upgrading this structure to CBC standards (as of 1994) would require, at a minimum, the addition of full-height concrete and reinforcing to the east and west walls and the north and south walls from the third floor to the roof, strengthening of the columns to support the added loads, the potential need to carry offset walls down to the basement with the provision of new foundations or the removal of the top two or three floors to reduce loads to an allowable level. In common with Wing C, Taylor & Gaines stated that retrofitting these wings to meet code requirements would not be cost-effective because of the magnitude of the work required. As the CBC has been updated since 1994, it is possible that even more extensive work would be required to bring these buildings up to the standards of the CBC now in effect.

The Wing currently provides space for 6 medical/surgical beds, 30 post-partum beds, a portion of the hospital’s Neonatal Intensive Care Unit (NICU), and 38 transitional beds. All of these beds would be relocated to the Phase 1B hospital wing addition.

### ■ 1963 Laboratory Addition (Wing F)

According to the 1994 Taylor & Gaines Structural Report, in order to upgrade this wing to present code for acute-care patient requirements, the second floor east wall would need to be continued down to the first floor in at least one 30-foot bay. Also, the west wall adjacent to the 1954 wing would have to be strengthened or the second floor removed. The present code seismic load factor is 2.27 times the 1961 *Uniform Building Code* requirement utilized for this design. In its report, Taylor & Gaines stated that the overall cost of bringing these structures into conformance with current seismic code makes their continued use as acute-care facilities beyond the 2030 deadline for compliance with SB 1953 problematic.

### ■ Summary

Other potential, hospital related uses for the seismically deficient (per current Title 24 2007 CBC standards) hospital space would be to house administrative functions and outpatient, non-acute-care facilities. However, other considerations, including parking, ease of access, appropriateness of the facility for the intended uses, need for seismic retrofit to meet existing codes, and the ability of the facility to accept the cabling and wiring needed to support present and future medical and information technologies are also considerations. In addition, the total area to be demolished (over 200,000 sf) is nearly double the amount of area PVHMC has identified as needed for the combined administrative and outpatient functions which are proposed to be accommodated within the two proposed outpatient pavilions (maximum 110,000 sf). With respect to the oldest portions (1913 and 1928) of the hospital structure, these areas are considered by the building’s structural engineers to have reached the end of their useful life (Taylor & Gaines 1994). Former hospital buildings have been converted into a variety of different non-hospital, non-medical uses, including conversion to residential uses; however, in most cases, such

conversions occur once the hospital use which formerly occupied the site has relocated to another site and building.

### 4.4.3 Regulatory Framework

#### ■ Federal

##### *The National Historic Preservation Act of 1966*

*The National Historic Preservation Act* (NHPA) of 1966 established the *National Register of Historic Places* (National Register) as an authoritative guide, “used by federal, State, and local governments, private groups and citizens to identify the Nation’s cultural resources and indicate what properties should be afforded protection from destruction or impairment” (36 *Code of Federal Regulations*, Section 60). Buildings, districts, sites and structures may be eligible for listing in the National Register if they possess significance at the national, state or local level in American history, culture, architecture or archeology, and in general, are over 50 years old. Significance is measured against the following established criteria (National Register Bulletin 15):

1. Are associated with events that have made a significant contribution to the broad patterns of our history; or
2. Are associated with the lives of persons significant in our past; or
3. Embody the distinctive characteristics of a type, period, or method of construction or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction; or
4. Yield, or may be likely to yield, information important in pre-history or history (refer to 36 CFR Section 60.4)

The National Register includes significant properties which may be classified as buildings, sites, districts, structures or objects. It is oriented to recognizing physically concrete properties that are relatively fixed in location. For purposes of the National Register, small groups of properties are listed under a single category, using the primary resource. For example, a city hall and fountain would be categorized by the city hall (building), and a city park with a gazebo would be categorized by the park (site). Properties with very large acreage, or a number of identified eligible resources, are usually considered districts.

*Building*—The National Register defines a building as a structure created principally to shelter any form of human activity. “Building” may also be used to refer to a historically and functionally related unit, such as a courthouse and jail, or a house and barn. Buildings eligible for the National Register must include all of their basic structural elements. Parts of buildings, such as interiors, façades, or wings, are not eligible independent of the rest of the existing building. The whole building must be considered and its significant features must be identified. If a building has lost any of its basic structural elements, it is categorized as a site.

*Structure*—The term “structure” is used to distinguish those functional constructions made usually for purposes other than creating human shelter from “buildings” as defined above. Structures eligible for

inclusion in the National Register must include all of the extant basic structural elements. Parts of structures cannot be considered eligible if the whole structure remains.

*District*—According to the National Register, a district possesses a significant concentration, linkage, or continuity of sites, buildings, structures, or objects united historically or aesthetically by plan or physical development. . . ., the majority of the components that add to the district’s historic character, even if they are individually undistinguished, must possess integrity, as must the district as a whole.

The PVHMC core campus consists of a main hospital building and its ancillary structures located within a single ownership and serving similar, intrinsically related functions. Accordingly, for purposes of evaluation of the hospital’s value and eligibility as a historic resource, the main hospital and its ancillary structures (Buildings D, I, L, M and N), will be treated as a **single building** pursuant to the cited National Register definitions.

## Integrity

To be determined as eligible for listing in the National Register, a building, site, or district must retain sufficient integrity to “convey its significance.” Simply put, “integrity” means that a building should look much like it did when it was built or during the period for which it is considered historically significant. For purposes of this analysis, the period of significance may vary between the dates of construction of the pre-1945 components of the building and 1966 for components which were constructed subsequent to 1945 and which are (or will be by 2030) 50 or more years of age. The KCK Historic Resources Survey indicates that the overall period of significance would be from 1927 through 1966. It should be noted that the fact that some portions of the existing hospital building were built before 1945 or are (or will be) 50 years old does not render the resulting structure historic. The context must be considered and the integrity of the historic resource must be clearly identifiable (see Appendix D2 [Historic Resources Evaluation]) (FEMA 2001).

Eligible properties must meet at least one of the National Register criteria, and must also exhibit historical integrity. Historical integrity is measured by the degree to which the resource retains its historical properties and conveys its historical character, the degree to which the original fabric has been retained, and the reversibility of changes to the property.

Analysis of integrity is based on seven aspects: location, design, feeling, association, setting, workmanship, and materials. A resource must have retained at least three of the seven aspects to have integrity. A resource which no longer reflects historic significance as a result of damage or alteration is not eligible for the National Register. (National Register Bulletin 15)

The National Register Bulletin 34 provides the following definitions for the seven aspects of integrity:

- *Location*—The place where the historic property was constructed. Integrity of location refers to whether the property has been moved or relocated since its construction. A property is considered to have integrity of location if it was moved before or during its period of significant if the move enhanced or continued its function.

- *Design*—The composition of elements that constitute the form, plan, space, structure, and style of a property. Properties may change through time. Changes made to continue the function of a property during its career may acquire significance in their own right. These changes do not necessarily constitute a loss of integrity of design. However, the removal of key features which convey a sense of historic place is a significant loss of design integrity.
- *Setting*—Setting is the physical environment of a historic property that illustrates the character of the place.
- *Materials*—Materials are the physical elements combined in a particular pattern or configuration to form the building during a period in the past. Integrity of materials determines whether or not an authentic historic resource still exists.
- *Workmanship*—Workmanship is the physical evidence of the crafts of a particular culture or people during any given period of history. Workmanship is important because it can furnish evidence of the technology of the craft, illustrate the aesthetic principles of a historic period, and reveal individual, local, regional or national applications of both technological practices and aesthetic principles.
- *Feeling*—Feeling is the quality that a historic property has in evoking the aesthetic or historic sense of a past period of time. Although it is itself intangible, feeling is dependent upon the buildings significant physical characteristics that convey its historic qualities.
- *Association*—Association is the direct link between a property and the event or person for which the property is significant. A period appearance or setting is desirable; integrity of setting. Location, design, workmanship, materials and feeling to convey integrity of association.

The National Register of Historic Places is administered by the National Park Service. While owner consent is required for privately owned resources to be individually listed in the National Register, a resource that meets National Register criteria but lacks owner consent may be given a formal “determination of eligibility.” Listing in the National Register recognizes a historic resource’s significance to the nation, state, or community.

## ■ State

### *The California Register of Historic Resources (Public Resources Code Section 5020 et seq.)*

The State Historic Preservation Office (SHPO) maintains the California Register of Historic Resources (CRHR). Properties listed, or formally designated as “eligible for listing,” on the NRHP are automatically listed on the CRHR, as are State Landmarks and Points of Interest. The CRHR also includes properties designated under local ordinances or identified through local historical resource surveys.

The California Register, adopted in 1992 (official regulations effective January 1, 1998), is the “authoritative guide to be used by state and local agencies, private groups, and citizens to identify the state’s historical resources and indicate which properties are to be protected, to the extent prudent and feasible, from substantial adverse change” (Title 14, State Historical Resources Commission, Regulations for the Nomination of Historical Resources to the California Register of Historical Resources). State and

local agencies may also determine which resources are to be considered in order to comply with *California Environmental Quality Act* (CEQA) requirements found in Section 15064.5(a)(3) of the CEQA Guidelines.

The California Register criteria are based on National Register criteria. California properties (individual buildings and contributors to districts) that meet these criteria may be listed in the California Register. If the owner of a historical resource objects to the nomination, the property is not listed in the California Register, but the State Commission may formally designate the resource as eligible for listing. Listing in the California Register does not protect the resource from demolition or alteration, but it does require environmental review for proposed projects. Some resources are listed automatically (such as resources already on the National Register); others may be nominated through an application and public hearing process administered by the State Office of Historic Preservation (SOHP).

The California Register automatically includes the following: California properties listed on the National Register and those formally determined eligible for the National Register; California Registered Historical Landmarks from No. 0770 onward; and Points of Historical Interest that have been evaluated by SOHP and State Historic Resources Commission. Resources which may be nominated for listing in the California Register include: historical resources with a significance rating of category 3 through 5 in the State Inventory (Categories 3 and 4 refer to potential National Register eligibility; Category 5 refers to properties with local significance); individual historical resources; historical resources contributing to historic districts; and historical resources designated or listed under a municipal or county ordinance.

To be eligible for inclusion on the California Register, one of the following criteria must be met:

1. The property is associated with events that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States; or
2. It is associated with the lives of persons important to local, California, or national history; or
3. It embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values; or
4. It has yielded, or has the potential to yield, information important to the prehistory or history of the local area, California, or the nation.

As is the case with the National Register, the California Register requires that an eligible building, structure or district exhibit **integrity**, which the California Register defines as:

... the authenticity of an historical resource's physical identity evidenced by the survival of characteristics that existed during the resource's period of significance ... Integrity is evaluated with regard to the retention of location, design, setting, materials, workmanship, feeling, and association" *though in some circumstances*, "alterations over time to a resource or historic changes in use may themselves have historical, cultural, or architectural significance.

A resource "that has lost its historic character or appearance may still have sufficient integrity for the California Register if it maintains the potential to yield significant scientific or historical information or specific data" (AIA 2007, 2).

As previously stated, Section 15064.5(a)(4) of the CEQA Guidelines also affords the lead agency the ability to determine whether a resource may be an historical resource without it being listed in the CRHR.

### ***California Health and Safety Code (HSC) Sections 7050.5, 7051, and 7054***

These sections of the *Health and Safety Code* collectively address the illegality of interference with human burial remains, as well as the disposition of Native American burials in archaeological sites. The law protects such remains from disturbance, vandalism, or inadvertent destruction, and establishes procedures to be implemented if Native American skeletal remains are discovered during construction of a project, including the treatment of remains prior to, during, and after evaluation, and reburial procedures.

### ***California Public Resources Code (PRC) Section 15064.5 (e)***

This section of the PRC addresses the disposition of Native American burials in archaeological sites and protects such remains from disturbance, vandalism, or inadvertent destruction. The section establishes procedures to be implemented if Native American skeletal remains are discovered during construction of a project and establishes the Native American Heritage Commission as the entity responsible to resolve disputes regarding the disposition of such remains.

### ***Senate Bill 18 (SB 18)***

SB 18 was adopted by the State Legislature in 2004. It requires cities and counties to contact and consult with California Native American tribes prior to amending or adopting a general plan or specific plan, or designating land as open space.

## ■ Regional

There are no regional policies that would apply to cultural resources for the proposed project.

## ■ Local

### ***City of Pomona General Plan (1976)***

The City of Pomona General Plan is an official City policy guide that sets down the goals and objectives of the community in one uniform document so that the development of all City functions can be guided in a coordinated manner. The City of Pomona General Plan is divided into six functional elements. The Community Design Element and the Environmental Resources Element include policies related to the preservation and protection of the City's cultural resources:

- **Community Design Element—Architectural Conservation:** It is the policy of the City of Pomona to preserve areas of historic or architectural significance as physical representations of Pomona's historic and cultural heritage.
- **Environmental Resources Element—Historic Resources:** It is the policy of the City of Pomona to recognize the importance of historic areas and to encourage and assist in preserving the City's historic resources.

### *City of Pomona Historic Preservation Ordinance*

A historic preservation ordinance is the primary tool used by municipalities to protect historic resources in a community. Local governments in California have authority to adopt a historic preservation ordinance regulate treatment of local historic and cultural resources. Historic preservation ordinances are structured to address the particular needs and resources within a community.

In 1995, the City of Pomona adopted Ordinance No. 3871, which amended Section 5809-13 of the City's Zoning Ordinance to address the City's historic built environment, including historic districts. The ordinance established the official City Historic Landmarks program and provides the legal basis for the designation and treatment of historic properties.

Amended further in 1998, the ordinance supports goals that combine the desire to maintain the historic architectural environment, with the need to incorporate historic preservation into the overall City improvement program, which also includes tourism, business improvement and the development of civic pride. Criteria for Historic Landmark and Historic District designation criteria are provided in Section 5809-13(D)—Historic Landmark Designation Criteria. The City's ordinance defines a potentially eligible landmark as, "an improvement, natural feature, or site....if the building or majority of buildings (in a district) are fifty (50) or more years old or of exceptional quality if less than fifty (50) years old" (Section 5809-13D) provided that the building or buildings meet specific criteria set forth in this same section of the Zoning Code. The criteria are generally based on those for the NRHP, but are expanded to be specific to the City of Pomona (Section 5809-13(D)(1)-(10). Designation procedures are also outlined. (Section 5809-13(E) [Designation Procedures]) The guidelines that need to be followed by owners of historic landmarks or properties within historic districts are outlined. Historic preservation incentives available to local landmark owners and those who own buildings located in local historic districts are identified and defined. These incentives include the ability to apply for local, State, or federal funding. In addition, the obligation of the property owner to keep the exterior of the buildings in good repair and the consequences of an unlawful demolition are defined.

Section 5809-13(D)(1)-(10) of the City of Pomona Zoning Ordinance sets out the following criteria for designation as a City Historic Landmark:

1. It exemplifies or reflects special elements of the City of Pomona's cultural social, economic, political, aesthetic, engineering, architectural, or natural history
2. It is identified with persons or events significant in local, state, or national history
3. It embodies distinctive characteristics of a style, type, period, or method of construction, or is a valuable example of the use of indigenous materials or craftsmanship
4. It contributes to the significance of an historic area, being a geographically definable area possessing a concentration of historic or scenic properties or thematically related grouping of properties which contribute to each other and are unified aesthetically by plan or physical development
5. It is the work of a notable builder, designer, landscape designer, or architect
6. It has a unique location or singular physical characteristics or is a view or vista representing an established and familiar visual feature of a neighborhood, community, or the City of Pomona

7. It embodies elements of architectural design, detail, materials, or craftsmanship that represent a significant structural or architectural achievement or innovation
8. It is similar to other distinctive properties, sites, areas, or objects based on an historic, cultural, or architectural motif
9. It reflects significant geographical patterns, including those associated with different eras of settlement and growth, particular transportation modes, or distinctive examples of park or community planning
10. It is one of the few remaining examples in the City of Pomona, region, state, or nation possessing distinguishing characteristics of an architectural or historical type or specimen

Section 5809-13(E)(b) states that with respect to non-residential structures which are nominated for designation as a Historic Landmark:

For designation of Historic Landmarks for nonresidential structures, the owner of the property shall be notified by certified and first class mail if he or she is not the applicant for designation. The owners consent must be obtained prior to scheduling a public hearing. It is the City Council's discretion to override a property owner objection with a 5/7 majority vote provided a finding can be made that the structure is of unique value and of special interest to the entire community. [emphasis added]

A Commission-issued "Certificate of Appropriateness" is required for any proposed changes to any designated Historic Landmark.

In Section 5809-13(C)(3), a "Certificate of Appropriateness" is defined as "a certificate issued by the Historic Preservation Commission approving such plans, specifications, statements of work, and any other information which is reasonably required by the Commission to make a decision on any proposed exterior alteration, restoration, rehabilitation, construction, removal, relocation or demolition, in whole or in part, of or to a designated resource, designated site, or to a building or structure within a Historic District."

Pursuant to Section 5809-13(F)(6)(a)-(e), to issue a "Certificate of Appropriateness" the Commission must make a determination that the following findings can be made with regard to the proposed work:

- a. The proposed change will not adversely affect any significant historical, cultural, architectural, or aesthetic features of the concerned property or the Historic District in which it is located;
- b. The proposed change is compatible in architectural style with existing adjacent contributing structures in an Historic District;
- c. The proposed change is consistent with the architectural style of the building as specified in subsection 5 herein, Design Review;
- d. The scale, massing, proportions, materials, textures, fenestration, decorative features, and details proposed are consistent with the period and/or compatible with adjacent structures;
- e. In case of demolition, the applicant must show that demolition of the subject structure(s) will not adversely affect any significant historical, cultural, architectural, or aesthetic features of the concerned property or the Historic District in which it is located.

Section 5809-13(F)(5) [Design Review] states that "in considering an application for a Certificate of Appropriateness for exterior alterations, the Commission shall be guided by the following general

standards in addition to the most current edition of the Secretary of the Interior's Standards for Rehabilitation: a) height; b) proportions of windows and doors; c) relationship of building masses and spaces; d) roof shape; e) scale; f) directional expression/façades; g) architectural details; h) architectural rhythm and articulation; i) new additions; and j) exterior mechanical equipment shall be screened."

Section 5809-13(F)(8) *Special Considerations Regarding Demolition of Pre-1945 Non-Designated Structures*, requires consideration of applications for demolition of such structures by the Historic Preservation Commission for a Certificate of Appropriateness, "even if the structure is not a designated Historic Landmark." In making its determination regarding the issuance of a Certificate of Appropriateness for a non-designated, pre-1945 structure, the Commission is required to first consider if the property would likely meet the criteria used in Historic Landmark designation, thus deeming it to be of historical significance.

Section 15064.5 of the CEQA Guidelines defines a historic resource, for CEQA purposes as a resource eligible, pursuant to the criteria established by the State Historical Resources Commission, for listing in the California Register of Historical Resources, or a resource listed in a local register of historical resources, or any object which a lead agency determines to be historically significant. However, the CEQA Guidelines, Section 15064.5(a) (4) states:

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

### ***Pomona Historic Building Survey***

The Pomona Historic Building Survey outlines three levels of historic documentation. Level 1 is the "highest level, for those structures which have a high level of historic significance." This would include all structures on the National Register of Historic Places (as individual landmarks). Highly significant structures, which are designated or eligible for designation as historic landmarks under the Pomona Historic ordinance, may also fall within Level 1. Level 1 requires a complete archival photographic and measured drawings survey according to Historic American Buildings Survey (HABS) standards. This level is not appropriate for non-historic buildings. Level 2 includes, "any contributing structure, which doesn't qualify as Level 1...it will also apply to any structure that has, or is deemed eligible for, local landmark designation under the Pomona Historic ordinance." Level 2 differs from Level 1 in that it "is less stringent as it does not require detailed architectural drawings." This level of documentation also is not appropriate for non-historic buildings (those lacking historic character-defining features). Level 3 applies "to any structure older than 50 years which has, through modification, neglect, or any other reason been deemed to have minimal historic significance, but by virtual [sic] of its age, is of some historic value." Level 3 requires a brief written history and property description, as well as photographic documentation of the site." Though not necessarily required, this level of documentation is provided by the PVHMC Historic Resources Evaluation prepared by KCK and by this section of the project EIR.

### *City of Pomona Historic Preservation Commission*

The City’s Historic Preservation Commission was established in 1995, and acts as an advisory board to the City Council. It was established to lead the implementation, enforcement, and education efforts related to the City’s Historic Preservation Ordinance. The Commission’s statement of purpose reads: “The protection, appreciation, and preservation of the historic and cultural resources of Pomona shall be the guiding mission and fundamental purpose of the Historic Preservation Commission. The Commission shall work in partnership with property owners and residents, the business sector and the community at large to retain and protect those historic and cultural resources which will preserve and enhance Pomona’s unique built environment.”

The Commission consists of seven members appointed by the Mayor and City Council. Commission members are required to be Pomona residents with a demonstrated knowledge of historic preservation and the City’s historic resources, as well as expertise and experience in disciplines of architecture, history, architectural history, cultural anthropology, or other disciplines related to historic preservation. These disciplines are in accordance with the Secretary of the Interior’s Standards for Professional Qualifications.

### *SCAG Regional Comprehensive Plan and Guide—Growth Management Chapter*

The Southern California Association of Governments (SCAG) Regional Comprehensive Plan and Guide Growth Management chapter included the following policy related to cultural resources.

Table 4.4-1 (Analysis of Potential Conflicts with SCAG Policies) provides an analysis of potential conflicts with SCAG policies that pertain to historic or cultural resources.

<b>Table 4.4-1 Analysis of Potential Conflicts with SCAG Policies</b>	
<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
<p>GMC Policies Related to the RCPG Goal to Improve the Regional Quality of Life:</p> <p>3.21—Encourage the implementation of measures aimed at the protection and preservation of recorded and unrecorded cultural resources and archaeological sites.</p>	<p>The proposed project would not conflict with this policy. As demonstrated in the PVHMC Historic Evaluation prepared by KCK, there would be no conflict with this policy. No resources of historical or architectural significance are presently identified located on the project site. Mitigation measures included in this EIR would reduce potential impacts on previously undocumented archaeological resources or human remains to a less-than-significant level.</p>

SOURCES: PBS&J 2009

### *City of Pomona Comprehensive General Plan*

The City’s Comprehensive General Plan (1976) contains policies and goals for the City including those related to the preservation of the community’s historic and cultural resources. The following General Plan goals and policies in Table 4.4-2 (Analysis of Potential Conflicts with the General Plan) are applicable to the proposed project:

**Table 4.4-2 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
<p>Community Design Element—Page 79. It is the policy of the city of Pomona to insure that new development shall be a positive addition to the City’s environment and will not detract from the nature of the character of appropriate nearby established development because of architectural style, scale, and location.</p>	<p>The Specific Plan Design Guidelines require that building design, including the form and scale of new structures, be carefully considered in order to create a seamless transition between the improved PVHMC campus and the surrounding community to ensure cohesiveness. All new wings would use materials and colors that complement the building scale and form and the surrounding neighborhoods. Project requirement PR4.1B requires that building façades be articulated to avoid monotonous facades, are appropriate in scale, proportion, and detail, and utilize appropriate materials. Additionally, Development Standards would require landscaped property buffers intended to provide separation between uses or activities; increasing the livability in the surrounding area and clearly defining the edges of the PVHMC campus. SP Design Guidelines address the need for quality, cohesiveness, and human needs when designing the new structures. The PVHMC would represent a positive addition to the City’s environment and would not detract from the nature of the character in the surrounding area. There would be no conflict with this policy.</p>
<p>Community Design Element—Page 80. It is the policy of the City of Pomona to preserve areas of historic or architectural significance as physical representations of Pomona’s historic and cultural heritage.</p>	<p>This proposed development calls for the demolition of structurally and technologically obsolete portions of the existing hospital building as well as several undistinguished freestanding ancillary structures. The PVHMC hospital has grown organically since 1913 through the addition of wings and function-specific facilities (kitchen, cafeteria, and auditorium) and through internal alternations intended to enhance hospital function and facilitate the adaptation of existing facilities to new medical technologies and care delivery systems. Repeated additions to the hospital since 1928 have included alterations to the hospital façade in an effort to achieve architectural and functional unity. Older portions of the hospital building were fully subsumed into the overall structure, forming the PVHMC hospital building as it now exists. None of the individual wings of the hospital building has architectural integrity as individual “structures.” Rather, they are parts and pieces of the larger “whole.” None qualifies for historic status pursuant to federal, State, or local rules and criteria. The proposed demolition of portions of the PVHMC hospital building constructed prior to 1945 would be reviewed by the Pomona Historic Preservation Commission for a Certificate of Appropriateness as required by the City’s Historic Preservation Ordinance (Section 5809-13 of the City’s Comprehensive Zoning Ordinance). Review by the Historic Preservation Commission required for a Certificate of Appropriateness for any portion of the hospital structure constructed prior to 1945 would ensure that no structures of historic or architectural significance would be demolished. There would be no conflict with this General Plan policy.</p>
<p>Community Design Element—Page 80. It is the policy of the City of Pomona to encourage the restoration and reuse of older structures which add to Pomona’s character and sense of cultural and historical identity.</p>	<p>Implementation of the proposed Specific Plan project would require demolition of certain portions of the PVHMC hospital building that were constructed prior to 1945 as well as hospital wings built in the 1950s and 1960s. Demolition of some ancillary structures is also proposed. Portions of the hospital built subsequent to 1970 would be retained and incorporated into the updated hospital. Much of the hospital built prior to 1970 has been fully subsumed into the larger hospital building, and individual wings are, for the most part, visually and functionally integrated into the larger whole. The various wings of the hospital are not separate buildings, do not possess either visual or architectural integrity, and are not separately eligible for inclusion in either the local, State or National Registries of historic places, meeting none of the established criteria. The proposed project is consistent with the historic patterns of PVHMC’s growth and development since its foundation. In that sense, the proposed project is a natural extension of a long history of institutional presence in the community and is a still functioning, evolving piece of Pomona’s cultural, historic, and future identity. Pursuant to the 1994 structural evaluation of the PVHMC hospital building, prepared by Taylor &amp; Gaines, restoration of the oldest portions (1913 and 1928) of the PVHMC hospital building is not feasible, as they are technologically, functionally, and structurally obsolete for any continuing use, including use for administrative and/or outpatient care. While other portions of the hospital that are slated for demolition may be used temporarily to house patient beds, that acute-care use cannot continue after 2030, and the use of these same areas to house administrative and outpatient services is not desirable in terms of the Medical Center’s future growth, ease of access, relationship to other hospital functions, patient access and adaptability to the hospital’s central plant and infrastructure needs. Reuse for non-medical purposes would not be feasible, since the hospital wings proposed for demolition are part of a functioning hospital rather than stand-alone structures that could be adapted to another purpose. City Ordinance requires that demolition of structures built prior to 1945 be reviewed by the City’s Historic Preservation Commission prior to issuance of the demolition permit. Therefore, there would be no conflict with this policy.</p>

**Table 4.4-2 Analysis of Potential Conflicts with the General Plan**

<i>Goal/Policy</i>	<i>Analysis of Potential Conflicts</i>
Community Design Element—Page 80. It is the policy of the City of Pomona to preserve areas of historic or architectural significance as physical representations of Pomona’s historic and cultural heritage.	The proposed project would not conflict with this policy. No resources of historical or architectural significance are located on the project site. Mitigation measures included in this EIR would reduce potential impacts on previously undocumented archaeological resources or human remains to a less-than-significant level. Development of the Specific Plan would not affect any physical representations of Pomona’s historic and cultural heritage.
Community Design Element—Page 81. It is the policy of the City of Pomona to promote and protect the individual character and identity of the City’s residential neighborhoods.	A significant portion of the PVHMC either predates or is contemporaneous with much of the surrounding neighborhood, which grew up around and with it. The first portion of the PVHMC hospital building was built on the site in 1913, when nearly all of the immediately surrounding community, including much of what is now the core Medical Center campus, was used for agriculture. There are existing three Historic Districts in proximity to the PVHMC campus, but these are visually and physically separated from the hospital campus by I-10 and Garey/McKinley, and would not be altered by the proposed changes to the PVHMC campus. The Medical Center, with its hospital building, is the dominant visual element in the immediately surrounding community but does not visually relate to the Historic Districts southeast of I-10, while there is only limited visual and physical relationship between the hospital campus and the nearby historic districts. The proposed project would not change the individual character and identity of the City’s residential neighborhoods because development would be confined to the existing PVHMC campus. Further, the Specific Plan Guidelines provide for appropriate buffering of the immediately adjacent residential neighborhood through the use of landscape setbacks, fencing, and lighting control at the interface between the hospital campus and the adjacent residential neighborhood. Therefore, there would be no conflict with this General Plan policy.
Environmental Resources Element—Page 99. It is the policy of the City of Pomona to recognize the importance of historic areas and to encourage and assist in preserving the City’s historic resources.	As demonstrated in the PVHMC Historic Evaluation prepared by KCK, there would be no conflict with this policy. No resources of historical or architectural significance are presently identified located on the project site. Mitigation measures included in this EIR would reduce potential impacts on previously undocumented archaeological resources or human remains to a less-than-significant level. The proposed project would not conflict with this policy.
Environmental Resources Element—Page 99. It is the policy of the City of Pomona to encourage the refurbishing of older buildings in the City for residential, commercial or office uses when such alterations would preserve significant architectural details of the building and would lend a unique atmosphere to its surroundings.	As noted, above, there are no significant architectural details of the buildings located on the PVHMC campus. The PVHMC hospital does not represent a “unique atmosphere”; rather, it has grown up within the surrounding neighborhood in a piecemeal fashion for more than 90 years. The PVHMC campus is comprised of multiple buildings in several architectural styles. The proposed project would demolish the older hospital buildings that cannot be used to house inpatient services after 2030 to satisfy the requirements of SB 1953 for seismic or infrastructure retrofit and have outlived their usefulness. These will be replaced with updated structures that will comply with current seismic codes and updated electrical and plumbing infrastructure to adequately serve the hospital’s requirements. It would be impractical, as well as structurally and economically infeasible, as noted, to attempt to refurbish the older buildings on the campus that are proposed for demolition. In this instance, demolition of the older hospital buildings will achieve the goal of providing the most up-to-date facilities and services to the residents the PVHMC service area. There would be no conflict with this policy.

SOURCES: PBS&amp;J 2009

#### 4.4.4 Project Impacts and Mitigation Measures

##### ■ Analytic Method

The impact analysis for cultural resources is based on a cultural resources records search conducted by the South Central Coastal Information Center (SCCIC) of the California Historical Resources

Information System (CHRIS) in March 2008, a search of the Native American Heritage Commission (NAHC) Sacred Lands File, and the report titled *Pomona Valley Community Hospital Pomona, California Historic Resource Evaluation*, prepared by Kaplan Chen Kaplan in April 2008 and revised in July 2008. The impact analysis and mitigation measures are also informed by the provisions and requirements of federal, state, and local laws and regulations that apply to cultural and paleontological resources.

## ■ Thresholds of Significance

The analysis in this section utilizes the guidelines contained in Appendix G of the 2009 CEQA Guidelines and specific thresholds adopted in the City of Pomona’s *Local Guidelines for Implementing CEQA Documents* (1998) to determine if the proposed project would result in potentially significant impacts. Where City thresholds are substantively the same in content as those in Appendix G, the CEQA Guidelines language has been used in this EIR. In accordance with the 2009 CEQA Guidelines Appendix G and the City’s adopted thresholds, implementation of the proposed project would result in a potentially significant impact if it would:

- Cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the CEQA Guidelines
- Cause a substantial adverse change in the significance of an archaeological resource pursuant to Section 15064.4 of the CEQA Guidelines
- Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature
- Disturb any human remains, including those interred outside of formal cemeteries
- Have the potential to cause a physical change which would affect unique ethnic cultural values
- Restrict existing religious or sacred uses within the potential impact area

## ■ No Impact

Threshold	Would the proposed project cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the CEQA Guidelines?
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The proposed project includes the demolition (refer to Figure 3-3 [Demolition Plan]) of approximately 232,701 square feet of existing hospital and ancillary facilities. The firm of Kaplan Chen Kaplan prepared a Historic Resources Survey for the PVHMC project in August 2008. The Survey evaluated the eligibility of the existing hospital building and related ancillary structures for National Register and California Register eligibility. In addition, the survey evaluated the potential eligibility of the project for local Historic Landmark status pursuant to the City’s Historic Preservation Ordinance. For purposes of this section, only those buildings and additions that are more than 25 years of age were fully evaluated. Free-standing buildings and hospital wings that are less than 25 years old include Building I, the Magnetic Resonance Imaging Center (1985), Wing J, the Women’s Center (1992), Wing K, the D&T Wing (1992), Building L, the Kidney Stone Center (1995), Building O, the Cancer Center (1985) and Building P, the Artesia Medical Office Building (1988).

## *Evaluation of Integrity*

To be eligible for the National Register or California Register, the hospital and its ancillary structures must have retained sufficient historic integrity to convey the building's historic significance. The seven aspects of integrity are: location, design, setting, materials, workmanship, feeling, and association. The KCK report evaluated each of the buildings and hospital wing additions in terms of their historic integrity or lack thereof. As shown in Figure 3-2 (Existing Site Plan) Chapter 3, each of the buildings and wings discussed below is identified by letter and corresponds to the project site plan. Historic photographs of some hospital buildings are found in Figure 4.4-1 through Figure 4.4-3 (Hospital Building Historic Pictures C) for reference.

**Building A:** While it is still in its original location, KCK determined that the 1913 building had undergone significant alteration to both its exterior façade and internal layout. Constructed of unreinforced poured-in-place concrete, the original building possessed little in the way of architectural distinctiveness and very limited, Craftsman-influenced detailing. The expansion of the hospital in 1928 added a third floor to the building's lobby and removed the decorative wood pergola structure from the roof, replacing it with a functional penthouse surrounding the elevator. By 1938 the entry portico was gone and the building's architecture altered. The 1958/59 lobby alterations and later additions obscured most of the building façade. In its 1994 structural survey, Taylor & Gaines noted that only a portion of the west exterior wall remained exposed. KCK also noted that the original setting of the hospital building had been dramatically altered. As a result of significant alterations KCK determined that Building A did not retain any historic architectural integrity and had been fully subsumed and integrated into the existing main hospital building. It currently constitutes a wing of the existing hospital building.

**Wing B:** While Wing B is in its original location, KCK's investigation found that it had been added onto on two sides and undergone significant remodeling. Additionally, the original setting has been dramatically altered. Constructed of unreinforced, poured-in-place concrete, the wing addition was never a stand-alone structure. The addition of an Art Deco or Art Moderne façade during the 1930s revised the original structure and its companion Building A. However, KCK found that the 1930s Art Deco façade is also no longer recognizable since nearly all of its main architectural features and associated detailing have been removed or obscured by subsequent additions and remodeling. The combined 1913 and 1928 wings, which functioned as the main hospital building prior to 1950, do not maintain their distinctiveness in the present. KCK determined that Wing B had lost its historic feeling due to this loss of materials and the obscuring of original workmanship.

**Wing C:** KCK's research indicated that this wing had experienced numerous alterations since its construction in 1954. These included the addition of bay space to the west façade that altered its original symmetry, remodeling of the north elevation that removed original vertical fluting, and removal of original windows. New exterior elements were added to the façade such as a flat roof canopy extending over the windows, supported by two vertical piers. The original architecture was lost to these alterations and to the encroachment of later buildings on its west and south sides.



Building C and Building B at far left 1956



Building E, 1962

Source: Kaplan Chen Kaplan, 2008.

**FIGURE 4.4-2  
Hospital Building Historic Pictures B**



0D2139000

Pomona Valley Hospital Medical Center Specific Plan EIR



Wing G constructed in 1972



Wing J (Women's Center entrance) constructed in 1992

Source: PBS&J, 2008.



**FIGURE 4.4-3**  
**Hospital Building Historic Pictures C**

0D2139000

Pomona Valley Hospital Medical Center Specific Plan EIR

**Building D:** Constructed of simple materials, the design and workmanship are unremarkable for the era and consistent with its utilitarian function. Originally constructed in 1959 as an addition to the original Pitzer Home, the building now stands alone on the site and is used for administrative offices. It does not appear to have been altered structurally or architecturally. Built in the International style popular in the era of its construction, it is not historically or architecturally distinctive.

**Wing E:** Wing E was significantly altered through a series of remodels in which original banding was removed, windows replaced, and a penthouse mechanical system was added to the roof. Canopies that run the length of the wings, with returns at the end, were added over the windows. While Wing E is in its original location, KCK found that it had been subsumed by subsequent expansions. Although visible as the tallest element of the campus, it bears little resemblance to its 1961 appearance as a result of significant exterior remodeling that removed original design features and obscured original materials. KCK found that Wing E was functional in purpose, not designed with any references to the major hospital structures, and its materials and workmanship are unremarkable.

**Wing F** is in its original location and has been consolidated, flowing into Wing G. The wing is less than 50 years old and does not possess any exceptional design attributes. Its materials and workmanship are unremarkable.

**Wing G** is less than forty years old; its design and execution are not exceptional. The building contemporary design differs from the rest of the medical complex. It did not set the tone for later additions (i.e., Wings J or K) and its style was not replicated or referenced elsewhere in the core hospital structure.

**Buildings H, Q, and R** were constructed in the 1960s independent of the hospital and without reference to the hospital. They all are less than 50 years old and all are unremarkable in their design, use of materials and workmanship.

**Buildings N and M** were not constructed by the hospital and are less than 50 years old. While Building M has more detail in its design than Building N, both are unremarkable in their design, materials, and construction.

**Location**—While the PVHMC hospital building and immediately proximate freestanding ancillary buildings in the core campus are in their original locations, KCK determined that wings of the hospital, constructed during the course of the structure’s 80 plus year evolution, each encroached upon previously existing structures. The building’s façade has been changed repeatedly so that windows, door, rooflines, entrances, and functions are no longer located where they originally were.

**Design**—KCK found that none of the wing additions at the PVHMC hospital that are 50 years old or older retain their original design. Major alterations that changed the design of hospital building began occurring even before the first major addition to the original hospital structure in 1928. Since then, expansion and remodeling took place on a regular basis. Even fairly recent additions, constructed in the 1960s and 1970s have lost many of their design features to subsequent alterations.

**Setting**—As noted in the KCK Survey and evidenced in the historic photographs, the setting of the Pomona Valley Hospital has been dramatically altered over time. Originally set in the midst of open space and surrounded by agricultural uses, the PVHMC campus is now surrounded by development. Parking lots rather than expansive lawns directly about the buildings and urban development (including I-10) surrounds the site. Structures such as the Pitzer Home have been demolished. Numerous additions to the PVHMC hospital building were constructed over time and these either subsumed prior construction or permanently altered its appearance and façade. As a result, the relationship of the various component parts of the PVHMC buildings to each other, and to the site and surrounding community has undergone major change. New properties were purchased to accommodate expansion. Some of the ancillary structures within the core campus were constructed before PVHMC acquired them and converted them to medical center-related use. Public streets have been constructed, widened, and/or vacated, open spaces have been converted into parking lots, landscape has come and gone. The current setting of PVHMC is contemporary—buildings surrounded by asphalt parking lots that do nothing to convey a sense of historic “place.”

**Materials**—For historic integrity to be present, a property must retain at least some of the key exterior materials dating from the period of its historic significance. As the PVHMC hospital and Medical Center expansion occurred, previously existing buildings were remodeled and original materials such as windows and doors were removed, and finishes disappeared beneath newly added layers. Original exterior details and surfaces were removed or obscured as new exterior materials (i.e., stucco) and features (i.e., canopies) were added.

**Workmanship**—The PVHMC buildings are not the work of skilled artisans, nor do the buildings reflect special skill in finishing or detailing. While simple finishing and limited details can be historic in specific circumstances, these buildings were constructed and remodeled in the 20<sup>th</sup> Century using typical finishes and basic workmanship.

**Feeling**—Feeling is what results when the integrity of a historic resource is present. It is a property’s expression of the aesthetic or historic sense of a particular period of time. It results from the presence of physical features that, taken together, convey the property’s historic character. PVHMC was constructed over a period of more than 80 years. The hospital building has undergone major remodeling during its incremental expansion and upgrading over that period. KCK found that the relationship of the various additions to one another is internal rather than external, the physical look of the building and the setting have all been significantly altered and historic integrity has been lost.

**Association**—A property retains association if it is “sufficiently intact to convey that relationship to an observer. Like feeling, association requires the presence of physical features that convey a property’s historic character.” PVHMC, and the hospital in particular, has association with many people, but none that rise to the level of historic significance. It is a collective work and a community institution associated with a mission and a function rather than with a person or an event.

## ■ Evaluation for National Register and California Register Eligibility

**Criterion A of the National Register and Criterion 1 of the California Register** are based on association with events “that have made a significant contribution to the broad patterns of local or regional history, or the cultural heritage of California or the United States.”

**PVHMC Evaluation**—KCK found that no significant historic events had taken place on the PVHMC site. The Survey noted that, although the hospital was a location for events important to the lives of many people in the Pomona area these events were not of historic significance at the level required for the National or California registers. Therefore, PVHMC hospital is not recommended eligible for either the National or California registers under criterion A or 1, respectively.

**Criterion B of the National Register and Criterion 2 of the California Register** are based on associations “with the lives of persons important to local, California, or national history.”

**PVHMC Evaluation**—KCK found that the hospital founders and staff, and the community leaders and residents who supported the hospital throughout the 20<sup>th</sup> Century, were a collective group who performed a range of occupations and tasks in support of community health. However, no single individual, or group (i.e., a specific Board of Directors, a specific occupational group) made a contribution that stood out among all the others. While Russell Pitzer was among the most generous of the hospital’s supporters, his philanthropy extended to many community organizations and institutions, and at greater levels of contribution. The long history of PVHMC and its evolution into a regional medical center was the work of a community of people: residents, business leaders, health care professionals, volunteers and patients, rather than the work of a single individual or group. Therefore, the Pomona Valley Hospital is not recommended eligible for either the National or California registers under criterion B or 2, respectively.

**Criterion C of the National Register and Criterion 3 of the California Register** are related to architectural significance requiring that a resource “embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of a master, or possesses high artistic values.”

**PVHMC Evaluation**—KCK found that the construction of PVHMC was an ongoing process. The hospital building grew organically, as a facility where individuals engaged in a work which required, by its very nature, nearly continuous adaptation of the physical plant in which that work was conducted in order to meet the changing needs of its client population and to accommodate the extraordinary advances in the practice of medicine which have occurred in the nearly 100 years since the hospital’s founding.

As a result, KCK determined that the facility’s physical plant had undergone major, irreversible alterations as described in its report. According to KCK, none of the portions of the hospital building that meet the age requirements retain sufficient original character-defining features to meet the integrity requirements for listing on either the National or California registers.

KCK noted that from the beginning, the hospital was designed and developed with function as a first consideration. Additions were value engineered to get the most space and function possible from the investment of donated funds, which were just sufficient to build and upgrade basic structures, facilities, and equipment. As a result of the pattern of its construction and expansion, which eschewed previous architectural designs, neither the original 1913 hospital building, long since subsumed within the existing hospital structure, nor any of its subsequent additions convey the architectural period of their construction, nor do they communicate any historic sense of feeling or association. None of the potentially significant structures on the hospital campus possess any significant architectural design or reflect unique and distinguishing methods of craftsmanship. Therefore, the PVHMC hospital is not recommended eligible for either the National or California registers under criterion C or 3, respectively.

**National Register Criterion D and California Register Criterion 4** are related to a resource's potential to yield information, typically related to prehistory.

**PVHMC Evaluation**—KCK found that the structures on site were developed during the 20<sup>th</sup> century so their provenance, appearance, and history are known. For this reason, the structures do not have the potential to yield any unknown information about building techniques or the lives of people or events associated with the structures. The project site includes at least six abandoned wells and related irrigation pipeline and storage facilities (cisterns) that were used in historic times while the property was used for agricultural production. Several of these wells have been located and documented prior to capping, as has a cistern located in the northeast corner of the core campus. These facilities may be relevant to the social and economic history of the area, but they are also common throughout Pomona. Their existence does not have the potential to yield substantive new information related to historic uses of the site. An SCCIC records search found no evidence of recorded archaeological resources. The level of prior site disturbance and the depth of likely excavations makes it unlikely that the site will yield paleontological resources.

## ■ Evaluation for City of Pomona Historic Landmark Eligibility

To be designated a City of Pomona Historic Landmark, a structure or district must meet at least one of ten listed criteria.

### 1. It exemplifies or reflects special elements of the City of Pomona's cultural social, economic, political, aesthetic, engineering, architectural, or natural history

The Pomona Valley Hospital Medical Center is a significant community asset serving the health care needs of residents for over 100 years. The current physical plant of the hospital incorporates the original 1913 hospital structure and several additions which were constructed 50 or more years ago, incorporating major additions which were made in the 1950s, 1960s, 1970s, 1980s, and 1990s. As the National Register criteria states: *Parts of buildings, such as interiors, facades, or wings, are not eligible independent of the rest of the existing building. The whole building must be considered and its significant features must be identified.*

While the history of the institution is substantial and requires recognition, the physical plant which it occupies, and in which its functions are carried out, is not significant as a historic resource. The loss of historic fabric, the continuous re-design and remodeling, and ongoing addition have

resulted in a structure of many parts, none of which stand alone, apart from the larger structure. The original exteriors of the oldest portions of the PVHMC hospital building are no longer readily distinguishable, and there is no spatial or visual distinctiveness which would create a relationship (historic or otherwise) between distinct structures. Rather, the various parts of the building, regardless of age of construction, function as a single functional structure: a hospital whose parts are distinguished from one another primarily by shifting internal function. There is insufficient historic architectural material or form remaining for historic rehabilitation and as a result the hospital building no longer exemplifies or reflects the institution's history through its physical form.

**2. It is identified with persons or events significant in local, state, or national history**

PVHMC has a strong association with many Pomona residents and medical service providers throughout most of the 20<sup>th</sup> Century. It was developed and expanded to serve as a community medical center with great community involvement. From its founders and all of the Board of Directors, all of its many donors, and its first doctors and nurses to its current medical staff and supporters, PVHMC has been a center for healthcare for a large community. The community's support of PVHMC was spearheaded by a number of local leaders who led fundraising campaigns which generated support from a wide range of benefactors large and small.

In its development and expansion PVHMC reflects the development and expansion of its service area. It is not, and never has been, a static institution embodying any single period or person. Its continuing evolution, growth, and development continue to reflect the community it serves. There are no historically viable resources remaining on the hospital campus which possess sufficient attributes to communicate the institution's prior history and no discrete historic period is represented by the hospital itself or by its ancillary structures. Neither PVHMC as a whole, nor the PVHMC hospital as a building, is tied to a single significant individual or event sufficient to supply them with significance based on association.

**3. It embodies distinctive characteristics of a style, type, period, or method of construction, or is a valuable example of the use of indigenous materials or craftsmanship**

All of the pre-1972 additions, as well as the original 1913 hospital building, have undergone extensive remodeling and have been thoroughly subsumed by additions as buildings were consolidated into a very large health care facility. The distinctive characteristics of styles, such as that of the 1913 building, its pre-1928 renovation, the 1928 addition and its subsequent pre-1938 exterior revision are documentable only through photographs and architectural plans. As such, the hospital and its ancillary structures no longer provide visual evidence of their original style, period, or type of construction and are no longer examples of use of historic materials or craftsmanship. Growth occurred in spurts and while there was some planning, there was no unified design plan either based on the styles of the oldest buildings or an ongoing vision for the future.

**4. It contributes to the significance of an historic area, being a geographically definable area possessing a concentration of historic or scenic properties or thematically related grouping of properties which contribute to each other and are unified aesthetically by plan or physical development**

The PVHMC is not located within any Historic District in the City of Pomona. The hospital is bounded on all sides by properties which were either constructed in the modern era, or if constructed prior to 1945, were not deemed to create a definable historic area at the time the City of Pomona created its historic districts. Although three historic districts are located in proximity to

the site, none of the properties within either District abuts or is immediately across a street from the project site (Figure 4.4-4 [Existing Historic Districts]).

The Lincoln Park Historic District is located southeast of the Specific Plan area. Orange Grove Avenue and McKinley Avenue form the northwestern edge of the Lincoln Park Historic District, which is approximately 300 feet from the PVHMC new construction site at its closest point. The elevated section of the I-10 creates both a physical and a visual barrier between the project area and the Lincoln Park District. Accordingly, the two areas do not create a single, geographically definable area and there is no impact by the project on the Lincoln Park District.

The Hacienda Park Historic District is located west of the southern part of the Specific Plan area. None of the properties having frontage on Garey Avenue were or are included in the Historic District. At its closest point, the northern edge of the Hacienda Park District is approximately 150 feet from the hospital campus. The most proximate properties front on a side street (Gordon Court) and do not face the hospital. Therefore, the non-historic properties on Garey Avenue create a physical and visual barrier between the hospital and the Hacienda Park District. Although some of the buildings on the west side of Garey Avenue were constructed prior to 1945, these buildings do not create a definable area with PVHMC either, since the purpose and design of these buildings were for storefront retail and automotive uses in contrast to the buildings on the PVHMC campus. Similar to the Lincoln Park Historic District, the hospital and this district are separated and the two areas do not create a single, geographically definable area. There would be no impact by the project on the Hacienda Park Historic District.

The Wilton Heights Historic District is located to the south of Orange Grove Avenue and west of Garey Avenue, southwest of the PVHMC property and separated from the Medical Center by both I-10 and Orange Grove Avenue, which create a physical and visual barrier between the project site and this district. Accordingly, the two areas do not create a single, geographically definable area and there would be no impact by the project on the Wilton Heights Historic District.

While the PVHMC complex itself is a geographically definable area, there exists no concentration of buildings on the campus that retains historic architectural or design features and, therefore, the campus itself does not form a historic district.

**5. It is the work of a notable builder, designer, landscape designer or architect**

Numerous architects and builders worked on the hospital complex over its more than 100 years of existence. None of the architects left any singular stamp on the structures or provided the theme for ongoing design guidance. While Adrian Wilson designed the 1954 building addition, it has been significantly remodeled and would no longer be a representative sample of his work. The architects and builders were professionals in their field, some with prosperous and long careers, but none rise to the high level of accomplishment needed to be considered historically significant per the guidelines set forth in *National Register Bulletin 32*.

**6. It has a unique location or singular physical characteristics or is a view or vista representing an established and familiar visual feature of a neighborhood, community, or the City of Pomona**

By its nature any large institutional complex would become an established and familiar visual feature of the community. However, this criterion must be understood in the specific context of the historic aspects of a resource, and the hospital structure must also be analyzed in those terms. While PVHMC is a familiar and established institution within the City, its physical characteristics

no longer communicate its historic styles, designs, relationships or setting, nor its institutional history. The proposed project would not eliminate the hospital as a visual feature. The PVHMC campus would remain as a part of the community, even as it evolves. Core campus would improve the visual aspect of the PVHMC hospital and core campus when compared to existing conditions.

**7. It embodies elements of architectural design, detail, materials, or craftsmanship that represents a significant structural or architectural achievement or innovation**

The historic architectural design of pre-1972 buildings has been lost through the series of alterations and additions which occurred throughout the 20<sup>th</sup> Century. Any historic design and the materials with which it was executed have been obscured or removed through the structure's ongoing process of growth and expansion. Neither the PVHMC hospital building nor any of its ancillary structures represent, or represented in the past, any innovative or significant structural or architectural innovation or special interest.

**8. It is similar to other distinctive properties, sites, areas, or objects based on an historic, cultural, or architectural motif**

The PVHMC hospital structure exists as a specialized institution to deliver health care services. The building and its ancillary structures could at some point in the past have had the potential to relate to each other based on historic architectural motif, but the evolutionary path of the institution did not focus any efforts on retaining the historic architectural motif of the institution and it has been lost over time. There are no other similar properties in the vicinity to which it relates in a manner which is historically, culturally, or architecturally significant or unique.

**9. It reflects significant geographical patterns, including those associated with different eras of settlement and growth, particular transportation modes, or distinctive examples of park or community planning;**

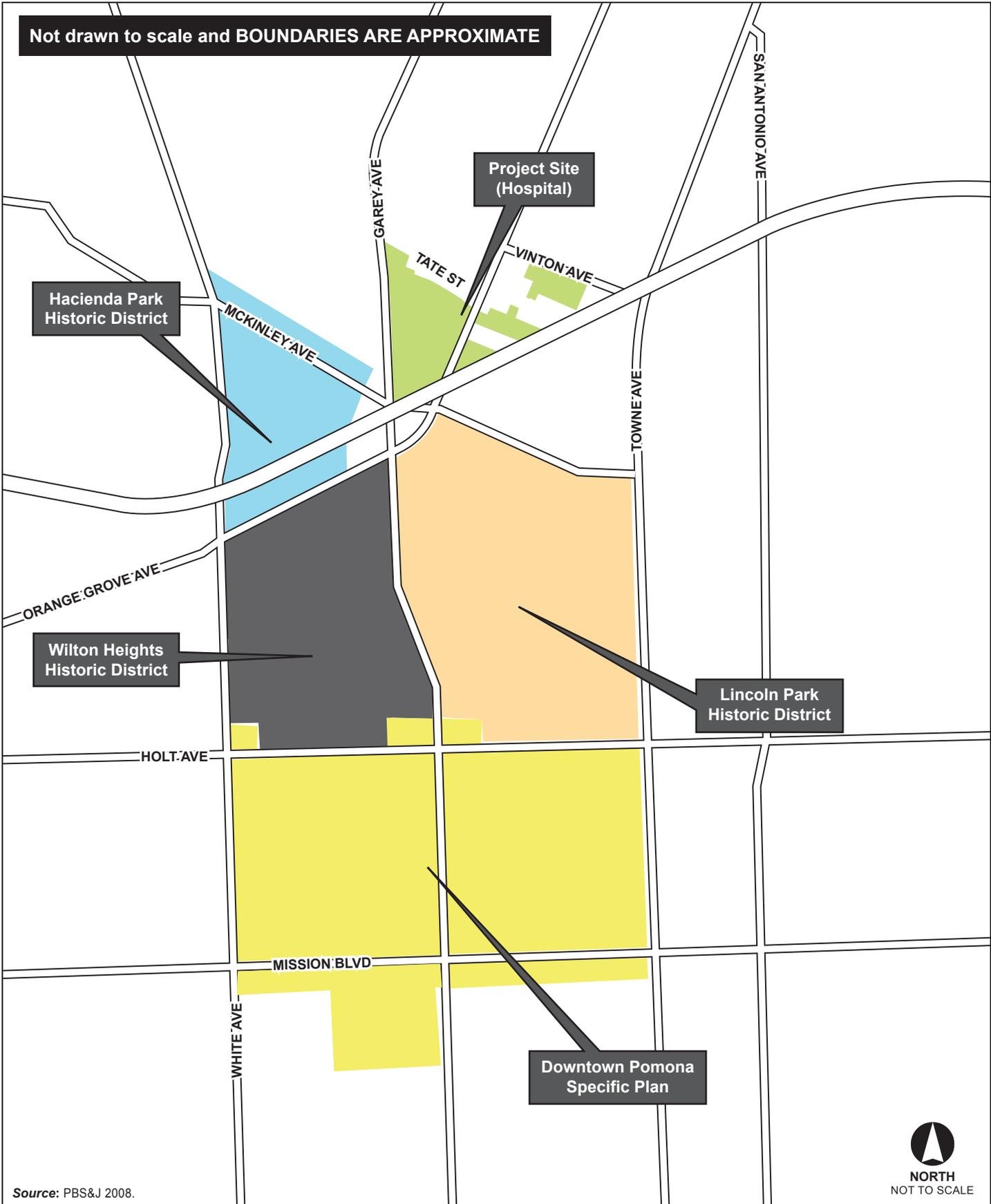
The location of the PVHMC hospital was logical based on available land, including land to grow, and access to transportation (on an arterial street with rail transit). However, these logical land acquisition decisions do not reflect any significant geographic settlement pattern. The expansion of the hospital was opportunistic, driven by need and availability of resources rather than by ongoing master planning.

**10. It is one of the few remaining examples in the City of Pomona, region, state, or nation possessing distinguishing characteristics of an architectural or historical type or specimen**

The PVHMC hospital no longer retains any distinguishing characteristics of any architectural or historical type. In its current incarnation, the hospital's modern and contemporary architecture is represented by buildings located all over the City of Pomona.

While wings of the PVHMC hospital building were constructed prior to 1945, and a significant portion of the building was constructed prior to 1972, the PVHMC hospital does not meet any of the criteria established by the City's Historic Preservation Ordinance. As noted in the KCK Evaluation, none of the hospital buildings is "one of the few remaining examples" of any of these architectural styles within the City of Pomona.

Not drawn to scale and BOUNDARIES ARE APPROXIMATE



Source: PBS&J 2008.



**FIGURE 4.4-4**  
**Existing Historic Districts**



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100341 JCS 106



### *Summary Analysis of Historic Eligibility*

The KCK Historic Resources Evaluation notes that PVHMC began as a single structure in 1913 and grew into a major regional medical center through a process of nearly continuous adaptation and expansion of its physical plant. The PVHMC's continuing path of growth and development was based on community need and availability of resources. While some older portions of the PVHMC hospital were originally constructed in architectural styles that represented their era, subsequent development of the hospital complex resulted in loss of those unique design features. The older portions of the PVHMC hospital were enveloped and subsumed by new construction, were altered and added onto to accommodate changing internal functional requirements and in response to other modernization efforts.

The City of Pomona Certificate of Appropriateness (COA) process is based on the Secretary of the Interior's Standards for Rehabilitation and both are based on the premise that the resource possesses at least a reasonable level of historic architectural integrity. It should be noted that a COA is required for any proposed changes to any **designated** historic structure. Section 5809-13 of the City's Zoning Ordinance also includes special considerations regarding demolition of pre-1945 **non-designated** structures, which requires consideration of applications for demolition of such structures by the Historic Preservation Commission for a COA even if the structure is not a designated Historic Landmark. The fact that some portions of the existing PVHMC hospital building were built before 1945 does not render the resulting structure historic. In making its determination regarding the issuance of a COA for a non-designated, pre-1945 structure, the Commission is required to first consider if the property would likely meet the criteria used in a Historic Landmark designation, thus deeming it of historical significance. The context must be considered and the integrity of the historic resource must be clearly identifiable. In the case of the Pomona Valley Hospital, the KCK Historic Resources Evaluation determined that these criteria were not met.

As noted, above, the National Register would define the PVHMC hospital building and its ancillary structures as a "functioning unit" constituting a single building, both in fact and for purposes of evaluating its eligibility for listing or designation as a historical resources as defined by Section 15064.4 of the CEQA Guidelines. According to these same criteria, parts of the buildings, such as interiors, façades, or wings, are not eligible for listing independent of the rest of the existing buildings. The entirety of the PVHMC main hospital building, including its freestanding, ancillary structures, has been recommended ineligible for historic status under local, state, or federal criteria due to its lack of historic integrity, as described, above. As it stands today, the Medical Center is a largely undistinguished, utilitarian, institutional complex of buildings. Its component parts, regardless of when they were built, have lost their distinctiveness and historic character. Accordingly, neither the PVHMC hospital building nor its ancillary structures has the ability to convey its institutional history through its physical form. The building is not listed on the City of Pomona Historic Resources Survey as having the potential for achieving landmark status. The PVHMC hospital building, its component parts, and ancillary structures on the project site do not possess historic or architectural significance as defined by statute or regulation. Demolition of any part of the Medical Center complex, no matter what the age, would not result in an adverse impact to an eligible historic resource. Evaluated pursuant to the local, National and California Register criteria, demolition of any part of this structure would not be an adverse impact. Consequently,

development of the proposed project would not cause a substantial adverse change in the significance of a historical resource, and there would be *no impact*.

Threshold	Would the proposed project have the potential to cause a physical change which would affect unique ethnic cultural values?
Threshold	Would the proposed project restrict existing religious or sacred uses within the potential impact area?

These thresholds are in addition to the thresholds required by Appendix G of the CEQA Guidelines but are included in the City’s local CEQA Guidelines for the assessment of Cultural Impacts and are therefore addressed in this EIR. The proposed project is a Specific Plan for expansion of and improvements to the existing PVHMC campus, a private medical center that has been serving the community of Pomona and surrounding communities since 1903. The PVHMC is not a contributing structure to any identifiable ethnic area, nor does it relate to any specific ethnic group to the exclusion of others. Accordingly, the proposed project would not result in physical changes that would affect unique ethnic cultural values. No religious or sacred uses currently exist, or are known to have existed, on the project site. PVHMC does not contain sacred spaces regularly used for religious observance. According to archaeological records, the site was not used for sacred purposes or as burial grounds by local Native American peoples. Therefore, *no impact* relating to physical change affecting unique ethnic cultural values or the restriction of existing religious or sacred uses would occur.

### ■ Less-than-Significant Impacts

There are no less-than-significant impacts with regard to Cultural Resources.

### ■ Potentially Significant Impacts Unless Mitigated

Threshold	Would the proposed project cause a substantial adverse change in the significance of an archaeological resource pursuant to Section 15064.4 of the CEQA Guidelines?
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**Impact 4.4-1**      **Construction of the proposed project could cause a substantial adverse change in the significance of a previously unrecorded archaeological resource. This is a potentially significant impact. Compliance with mitigation measures MM4.4-1(a) and MM4.4-1(b) would reduce this impact to a *less-than-significant* level.**

As described in Section 4.4.1, the SCCIC records search conducted for the proposed project did not identify any previously recorded archaeological resources within the project site. The records search identified two known archeological sites within a ¼-mile radius of the project site: a prehistoric village site approximately ¼ mile north of the project site and a historic-period archaeological site associated with La Casa Primera de Rancho San Jose less than ¼ mile east of the project site. Project-related ground disturbance would be limited to the project site, and the previously recorded resources within a ¼-mile