

Summary

This summary is intended to be read in conjunction with the complete EIR in order for the reader to gain a complete and in-depth understanding of the project and its potential environmental impacts.

The lead agency, through the Initial Study and Notice of Preparation process, has identified various areas in which additional analysis of impacts would be required. This included geology, biological resources, transportation, visual impacts, air quality and water resources. This EIR evaluates these areas to determine the impacts the project may cause.

There are three possible classifications for identified impacts, including *Unavoidable Significant Adverse Environmental Impacts*, *Impacts Reduced to a Less-than-Significant Level* and *Impacts Determined Not To Be Significant*. This EIR identifies no *Unavoidable Significant Adverse Environmental Impacts*. All potentially significant environmental impacts are *Reduced to a Less-than-Significant Level* after implementation of mitigations, whereby no significant impacts will occur. Water resources and visual resource are determined not to be significant impacts.

Project Objectives

In general, the objective of this project is to expand and improve the facilities and services of the Community Hospital of the Monterey Peninsula (CHOMP) to meet the changing health care needs of the community. The average age of existing CHOMP buildings is twenty-three years and the demands of current medical technologies, equipment, and therapies are in increasing conflict with existing building constraints.

In its ongoing review of its facilities and services, CHOMP has specifically identified those related to cancer, heart and stroke patient care as most in of modernization and expansion to meet future needs. In addition, CHOMP has identified a need to replace existing outdated acute care facilities, to add 10 critical care beds and to expand emergency facilities and services.

The project objective is to modernize, expand and reconfigure CHOMP facilities to allow for the provision of improved services and a broader continuum of care in these and related areas in a manner consistent with current medical technologies and hospital construction standards, while avoiding or minimizing disruption of patient care.

Other specific objectives include achieving greater operating efficiency through consolidation of disperse functions (including those related to cancer and intensive care) into contiguous departments, improving efficient patient-centered spatial and functional relationships between all CHOMP facilities and services, expanding and consolidating various support functions, and meeting current and future parking demands. Project objectives also include preservation and enhancement of CHOMP's unique environment and surroundings through habitat restoration and reforestation on the former CDF site, protection of views, and improvement of the

visual impact of the hospital and CDF site as seen from Highway 68, a designated scenic highway.

In order to meet the health care needs of the community it serves, the Community Hospital of the Monterey Peninsula, a non-profit hospital, is proposing to address areas of service care identified for attention to Monterey health status indicators, particularly cancer and heart and stroke.

The projects proposed to meet these health care needs. To achieve functional objectives, the projects take into account the following:

- Demands of current technology and equipment are in increasing conflict with existing building limitations.
- Community Hospital, with an average building age of twenty-three years, needs renovation in important areas.
- State and federal standards and codes for hospital operation and construction have changed.
- Effective, efficient and patient-centered spatial and functional relationships on the hospital site and within the hospital.

As stated in the application package, the applicant is proposing to modernize, replace and improve the hospital's facilities and equipment in an environment of changing demand to better serve the health care needs of the Monterey Peninsula and its surrounding communities. More specifically, the objective of the project is to upgrade facilities to reflect changes in codes and standards, increase parking supply to meet projected future parking requirements, add 10 beds in the critical care department, and expand support and emergency services.

Project Characteristics

The applicant has submitted a Zoning Permit Application to the City of Monterey to amend its Planned Community Plan. The application includes the following elements: rezone parcel 008-132-06 (the "California Department of Forestry site"), which is owned by the applicant, from zone R-1-20 to Planned Community (PC); remove the property line between parcels 008-132-06 and 008-132-11 (the existing hospital site) to form one contiguous parcel and obtain specific project approval for two major projects, the Cancer Center and the South Pavilion/Critical Care wing.

The resulting lot coverage, if the project is implemented, would be approximately as follows:

- Buildings: 4.1 acres (18%)
- Paving and Walkways: 6.2 acres (28%)
- Open Space/Forested and Landscaped Areas: 12.0 acres (54%)

Facilities Development Implementation Plan

The proposed project is based on a Facilities Development Implementation Plan (FDIP) developed by hospital staff. This FDIP is based on an analysis conducted to determine future needs for the hospital. Based on the analysis and the existing facility assessment, a set of priorities was outlined, which takes into account patient care needs; age of equipment and construction feasibility and sequencing (CHOMP 1995).

Based on the FDIP, two principal factors affect sequencing of the proposed development: the length of time required for state and local agency reviews and approvals, and the assurance of uninterrupted daily operations of the hospital during construction.

The project is proposed to be developed in two phases. The first phase will consist of the Cancer Center and utility construction on the south side of the campus to re-route all the utilities and remove clear existing parking from the site for the proposed South Pavilion. Removal of trees during Phase I is not proposed.

The second phase of hospital development will be construction of the South Pavilion and support services structure. This pavilion will be a multi-story structure located south of the existing hospital between the hospital and the proposed support services structure. Portions of the roof and main levels will be above the subterranean utilities support and parking structure (CHOMP 1995). Combined, new development will add 270,430 square feet to the existing hospital facilities. The proposed project will result in adding ten beds to the Intensive Care Unit/Critical Care Unit (ICU/CCU) facility. This will augment the existing 176 beds at the hospital.

Cancer Center

The Planned Community Plan includes construction of a new cancer center on the west side of the existing hospital. It will replace the existing, cancer center, which is not sized adequately for modern treatment equipment and therapies. The new cancer center is designed to serve the growing needs of residents of the Monterey Peninsula for inpatient and outpatient cancer treatment, and consolidate a variety of treatment disciplines already existing in the hospital into a single area. Most of the proposed new cancer center will be located in the remodeled space within the existing hospital and in the proposed underground area. The Cancer Center will be located adjacent to the hospital's oncologic nursing unit.

South Pavilion

A new hospital wing will be added, identified as the South Pavilion. The South Pavilion will consolidate the hospital's acute care function on the south portion of the site, replacing existing facilities which are up to 30 years old. New construction and departmental relocation is preferable to renovations for the occupied Critical Care Departments, and is less disruptive to patient care.

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The proposed pavilion will incorporate clinical departments, including the Intensive Coronary Care Unit, Inpatient Surgery, Emergency and Diagnostic Radiology. The proposed pavilion will also include support functions which include Central Supply, Environmental Services, materials delivery and storage, emergency power facilities, emergency/back-up water supply, storage of extra beds, etc., and parking/security department offices. The pavilion will provide additional parking (approximately 316 spaces) in a concealed underground garage over which the proposed clinical departments will be located. The new underground garage will improve parking availability for patients, visitors, and staff close to the emergency room. More specific details related to parking and transportation are located in section 2.4 of this EIR. Construction will reflect the recommendations included in the geotechnical reports prepared for the proposed project.

Total Hospital Additions

The hospital additions will comprise approximately 91,430 sq. ft. of new clinical function space (~~17,070~~ 21,870 for Cancer Center and ~~74,360~~ 69,560 for the South Pavilion) In addition, parking and new support services (storage area for water, beds, equipment, and offices for parking and security departments) will provide an additional approximately 179,000 sq. ft. The total new building square footage is approximately 270,430.

The architectural design of the proposed additions will be consistent with the existing hospital architecture. The proposed roof's edge to grade will be 35 feet. The existing roof's edge to grade is 33 feet.

The 100-foot wide Highway 68 Scenic Corridor, including the location of the former CDF station, will be developed with a forested hill to contain new Monterey pines, oaks, and other native understory vegetation. The forested hill will conceal the proposed South Pavilion and underground garage from Highway 68 and Los Altos Drive. This hill will be engineered to minimize erosion, provide an aesthetic quality through undulating contours and will be covered with humus to accommodate the needs of native plants and trees. The developed portion of the site will be landscaped and reforested in accordance with the Forest Management Assessment Plan discussed in Section 2 of this EIR and included in its entirety in Appendix C. The existing vegetation next to the area proposed for development will not be modified.

Cut and Fill

The proposed project would result in cut and fill operations. Based on the applicant's information, the preliminary volume estimates of cut and fill are projected to be as follows:

Cancer Center

cut	1,300 cubic yards (cy)
fill	1,512 cy
import	212 cy

CHOMP Amended Plan Community Plan EIR

**Final EIR Corrections
Section 1.0 Introduction**

Existing Conditions

Hospital Building

The existing hospital site is located on an approximately 20-acre parcel that includes 610 parking spaces, internal circulation roads, a main hospital building, and a number of smaller buildings and structures that accommodate auxiliary power facilities and landscape maintenance. The hospital is on a slope with parking located at various elevations. There are four levels in the main hospital building, with the Terrace Level being the lowest floor and the Garden, Main and Roof Levels above it. The main hospital building appears to be one or two stories when approached from Highway 68. From Los Altos Drive the entire Terrace (lowest) Level of the building is concealed from the viewshed by an intervening rising topography and only the upper three levels can be seen. ~~the full height of the building can be seen.~~ The property's topographic characteristics provide architectural and design opportunities that effectively hide mass and diminish scale from the Highway 68 public view corridor.

The following table indicates the building gross area on each level.

TABLE 1
Building Gross Area By Level

Level	Gross Area (in square feet)
Terrace (1st level)	32,251
Garden (2nd level)	98,498
Main (3rd level)	126,296
Roof	27,996
Subtotal	285,041 (includes 13,082 sq.ft. Bay Pavilion garage)
Roof Addition (under construction, 1994-1996)	15,357
Total	300,398

Source: CHOMP

The architectural style of the building has diminished mass as seen from the front. The highest sections of the building are on the east side, with none exceeding 40 feet in height. The building mass is softened by balconies and courtyards located outside each cluster of four patient rooms.

Water use for the facility in 1995 was 117.3 acre-feet (Graybill, May 22, 1996). Based on a gross building square footage of 271,960, the water use per gross square foot of building area is currently .00043 acre-feet per year.

The hospital currently provides inpatient care, ambulatory care, diagnostic and therapeutic services and support services. There are currently 176 beds at the hospital (CHOMP 1995).

Former CDF Station

The approximately two-acre former CDF station site contained the CDF fire station. The site was leased to CDF by the hospital. This station was demolished in early 1996 1995 and a new fire station was constructed in Del Monte Forest in early 1996. The site is currently being used for temporary storage and construction vehicle parking. Color figures contained in this EIR include the CDF station because they provide historical information and a context for the proposed forested hill's dimensions.

Roads, Circulation, Parking and Access

Hospital Site

There is one publicly accessible ingress and egress point to the hospital, located at approximately the center of the south side of the property and fronting Highway 68. This access is controlled by a traffic light on Highway 68. Current emergency access off Los Altos Drive and related improvements were made in 1994 to allow controlled access to the hospital site. This access is a part of the City of Monterey's published emergency plan.

The ingress driveway has two branched entries. Westbound traffic enters directly into the hospital site from Highway 68 via a deceleration lane. Eastbound traffic is controlled by a traffic light that allows a left turn from Highway 68 into the hospital site.

The egress driveway is similarly designed, with a direct, right-turn exit for westbound traffic and a signal-controlled left-turn eastbound exit.

As it approaches the hospital, the ingress driveway branches in different directions: to the southeast, the lower branch leads to the lower physicians parking lot and to the service entrance of the hospital, and an upper branch leads to additional physician parking and to the ambulance entrance located at the southeast end of the emergency department. To the northeast is the drop-off/pick-up driveway leading to the main entrance of the hospital and entrances to the diagnostic radiology and emergency departments.

To the north, the driveway branch leads to outpatient areas at the west side of the hospital with a designated entrance for outpatients. Finally, the branch to the west leads to the upper and lower southwest parking lots, used by patients, visitors and employees.

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The ingress and egress driveways are approximately parallel to one another between Highway 68 and the hospital; exiting the site retraces the sequence described above.

Project Objectives

In order to meet the health care needs of the community, the Community Hospital of the Monterey Peninsula, a non-profit hospital, is proposing to address areas of service care identified for attention to Monterey health status indicators, i.e., cancer, heart and stroke care.

The project proposes to meet those needs by broadening the continuum of care from preventative education and diagnostic procedures, through treatment and post-treatment follow-up. To achieve functional objectives, the projects take into account the following:

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CHOMP Amended Plan Community Plan EIR

**Final EIR Corrections
Section 2.3 Water Resources**

Mitigation

3. ~~The applicant shall pay its fair share for improvements to Highway 68. Payment shall be based on an agreement with the City of Monterey based on projected future traffic increases on Highway 68. Payment shall be made prior to building occupancy.~~

The hospital shall pay a fair share for improvements to Highway 68 in conjunction with other agencies and/or property owners. Improvements to Highway 68 will be required to be implemented prior to occupancy of the South Pavilion. If fair share contributions are not forthcoming prior to occupancy of the South Pavilion, the hospital shall make improvements to Highway 68 at the hospital entrance independently of other agencies and/or property owners and prior to occupancy of the South Pavilion. Improvements include a new eastbound thru lane commencing from approximately 300 feet in advance of the hospital intersection and a new westbound thru lane commencing from approximately 400 feet in advance of the hospital intersection. Modifications to the traffic signal at the hospital entrance will also be required.

4. Truck traffic associated with soil removal and delivery shall occur outside of the AM and PM peak hours. These periods shall be defined by the State engineer.

2.5 Visual Resources

This section includes an analysis of the impact on visual resources associated with the proposed project. A field investigation was conducted on June 5, 1996 in order to perform a visual impact assessment of the proposed project. The visual impact assessment evaluates the change in visual quality which would result from the proposed project.

The visual impact assessment was prepared using a process developed by the Federal Highway Administration (FHWA). The FHWA has standardized a process for assessing visual impacts which fulfills the requirements of the National Environmental Policy Act (NEPA) and the California Environmental Quality Act (CEQA).

Environmental Setting

The following discussion establishes the visual environment of the project site in terms of the regional landscape and the project site landscape. A regional landscape is made up of a characteristic combination of landscape components which distinguishes it from other regional landscapes. The components of the regional landscape are its "land form" and "land cover". "Land form" generally refers to the

With about 36,000 customers, Cal-Am is the largest water purveyor within the MPWMD boundaries. Cal-Am supplies about 82 percent of the water managed by the MPWMD (normal year data). Cal-Am draws from surface water in addition to wells in Carmel Valley alluvial aquifer and the Seaside coastal groundwater sub-basin. In 1995, Cal-Am delivered to the city approximately 4,539 acre-feet (AF) of water, and approximately 13,392 AF of water to its entire service area (Anita Borrego, pers. com., May 10, 1996). One AF equals 325,541 325,851 gallons of water.

Surface water sources for the project site include the San Clemente Dam and the Los Padres Dam. The San Clemente dam was built in 1921 with a total storage capacity of 2,140 AF. The Los Padres Dam was constructed in 1948 with a total storage capacity of 3,030 AF. Due to siltation, these two dams have approximately 50 percent of their original capacity. The existing reservoirs' storage capacity represents only 15 percent of the community's estimated normal-year water demand (about 17,500 AF Cal-Am production in 1991) (ibid.).

In 1981, Cal-Am production was limited to 20,000 AF annually (AFA) by the MPWMD Water Allocation Program. The production maximum is presently 17,621.15 acre-feet as allowed by recent adoption of MPWMD Ordinance No. 83 in April 1996. ~~was reduced to 16,744 AFA in December 1990, based on the findings of the Water Allocation Program Final EIR, which was certified on November 5, 1990.~~ The EIR findings determined that Cal-Am's "normal-year" use was about 17,000 AFA in 1991.

In July 1995, the State Water Resources Control Board (SWRCB) found that Cal-Am did not have rights for its current level of diversion from the Carmel River, and ordered Cal-Am to reduce its diversion from the Carmel River to no more than 14,106 AFA and to implement a water conservation plan to further reduce this amount of diversion by 15 percent during 1996, and an additional 5 percent thereafter (SWRCB Order No. WR 95-10).

Limited water supplies and the community's vulnerability to droughts have spurred water conservation efforts since the mid-1980s. Conservation is a means to stretch existing water supplies, reduce stress to the environment and increase community protection from drought.

Even with the already low water use rates, the MPWMD, in 1987, adopted a water conservation goal of 9 percent by the year 1990, which corresponded to a decrease in Cal-Am demand of about 1,600 AF. This goal has been achieved. In addition, the District has a long-range goal of a 15 percent reduction of projected use by the year 2020 (that is, 15 percent less demand than build-out level if conservation were not practiced). To achieve these goals, a Water Conservation Plan has been adopted and measures outlined in the plan are being implemented (ibid.).

There is a pending lawsuit against the SWRCB, which asserts that the agency did not take sufficient action by allowing phased reductions in water production. Depending on the outcome of the lawsuit, there is the potential for future limitations on Cal-Am water deliveries, which may include rationing and a moratorium on water permits, including permits for expansions of existing uses (Locke 1996).

Final EIR

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During 1995 and continuing into 1996, the applicant has been in the process of retrofitting in compliance with the conditions of a water permit described by a letter from the MPWMD dated October 20, 1994. This retrofit program is being undertaken as a result of the remodeling activities under the city's Amended Use Permit No. 86-76, dated January 25, 1994, for the Fourth Floor North project. The water savings from this retrofit are planned to be in effect at the time the Amended Use Permit remodeling is complete. This retrofit program is not being considered as a component of reductions in water demand for the proposed project (Graybill, May 22, 1996).

As of August 6, 1996, the city currently has 44.157 AF of water it could distribute (Haywood Norton, pers. com., August 6, 1996). This amount of water available for use within the city is reduced as new projects are approved by the city and water is allocated. Twenty AF of the 44.157 AF represents the city's contingency reserve. To fairly distribute its contingency reserve, the city passed Resolution #95-139 in September, 1995. This resolution stipulates that 5 AF of water per year will be allocated to residential uses, 5 AF of water per year will be allocated to new commercial and industrial uses and 10 AF of water per year will be allocated as a remaining contingency reserve. Of the 44.157 AF, the city currently has 4.157 AF to allocate at a staff level in increments not to exceed 2 AF. Twenty AF of the 44.157 AF is from the lake El Estero project, whereby Cal-Am water is no longer used for irrigation and lake water is used instead (ibid.).

On August 19, 1996, the MPWMD, approved, by Ordinance #84, an increase of the city's current water resources by 16.75 AF. This 16.75 AF represents the allocation from the potable water saved by the Pebble Beach Reclamation Project. With the allocation from Ordinance #84, the city's total water allocation is expected to be 60.90 AF. Ordinance #84 also created a special community reserve allocation of 16.0 AF for the proposed project. However, this allocation cannot be relied upon, because the decision by the MPWMD to approve the allocation of 150 AF is currently being litigated. Furthermore, MPWMD Ordinance 84 may be rescinded by a new Ordinance by the end of 1996. Therefore, for purposes of this analysis, the city's current water supply should be assumed to be 44.157 AF only.

As stated above, city staff may allocate up to 2 AF per year to any one development, per City of Monterey Resolution #35-139. Additional water may be allocated by the city with City Council review and approval.

Final EIR

CHOMP Amended Plan Community Plan EIR

Draft EIR

Section 2.3 Water Resources

Mitigation

1. The applicant shall replace pines and oaks to be removed in accordance with the Forest Assessment and Management Plan and based on at least a 1:1 replacement ratio up to a maximum 2:1 replacement ratio. The ratio, and the Forest Assessment and Management Plan will be subject to review and approval by the City Forester. At the end of a prescribed five year reporting period, healthy replacement pine trees shall be established at a 20-foot spacing. *[The reader is referred to the Forest Assessment and Management Plan and CDF Site Restoration Plan in Appendix C.]*

Impact. Project implementation will result in removal of 12 specimen of Hooker's manzanita. This is considered a potential significant impact because of its status as a CNPS List 1B species. However, implementation of the following mitigation measure will reduce the impact to a less-than-significant level.

Mitigation

2. All Hooker's manzanita removed as a result of project construction shall be replaced with new Hooker's manzanita seedlings on a 2:1 basis. The stock shall be from the Monterey Peninsula ecotype, the best stock being from the hospital site. New plants shall be maintained to guarantee the long-term establishment of the plants. This shall include weeding and watering as necessary until established. A qualified landscape professional or qualified biologist shall review the planting plan and shall provide an annual report of their condition to the city forester for two years in conjunction with the forest management plan annual report. The plant species shall be viable in perpetuity on the engineered forested hill.

2.3 Water Resources

Environmental Setting

The Monterey Peninsula Water Management District (MPWMD) regulates and manages water supplies for the area within its boundaries, which extend from Seaside of the Carmel River and easterly covering Carmel Valley watershed. The city is supplied and serviced by the California-American Water Company (Cal-Am), a privately-owned, franchised water purveyor.

With about 36,000 customers, Cal-Am is the largest water purveyor within the MPWMD boundaries. Cal-Am supplies about 82 percent of the water managed by the MPWMD (normal year data). Cal-Am draws from surface water in addition to wells in Carmel Valley alluvial aquifer and the Seaside coastal groundwater sub-basin. In 1995, Cal-Am delivered to the city approximately 4,539 acre-feet (AF) of water, and approximately 13,392 AF of water to its entire service area (Anita Borrego, pers. com., May 10, 1996). One AF equals 325,541 gallons of water.

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Surface water sources for the project site include the San Clemente Dam and the Los Padres Dam. The San Clemente dam was built in 1921 with a total storage capacity of 2,140 AF. The Los Padres Dam was constructed in 1948 with a total storage capacity of 3,030 AF. Due to siltation, these two dams have approximately 50 percent of their original capacity. The existing reservoirs' storage capacity represents only 15 percent of the community's estimated normal-year water demand (about 17,500 AF Cal-Am production in 1991) (ibid.).

In 1981, Cal-Am production was limited to 20,000 AF annually (AFA) by the MPWMD Water Allocation Program. This production maximum was reduced to 16,744 AFA in December 1990, based on the findings of the Water Allocation Program Final EIR, which was certified on November 5, 1990. The EIR findings determined that Cal-Am's "normal-year" use was about 17,000 AFA in 1991.

In July 1995, the State Water Resources Control Board (SWRCB) found that Cal-Am did not have rights for its current level of diversion from the Carmel River, and ordered Cal-Am to reduce its diversion from the Carmel River to no more than 14,106 AFA and to implement a water conservation plan to further reduce this amount of diversion by 15 percent during 1996, and an additional 5 percent thereafter (SWRCB Order No. WR 95-10).

Limited water supplies and the community's vulnerability to droughts have spurred water conservation efforts since the mid-1980s. Conservation is a means to stretch existing water supplies, reduce stress to the environment and increase community protection from drought.

Even with the already low water use rates, the MPWMD, in 1987, adopted a water conservation goal of 9 percent by the year 1990, which corresponded to a decrease in Cal-Am demand of about 1,600 AF. This goal has been achieved. In addition, the District has a long-range goal of a 15 percent reduction of projected use by the year 2020 (that is, 15 percent less demand than build-out level if conservation were not practiced). To achieve these goals, a Water Conservation Plan has been adopted and measures outlined in the plan are being implemented (ibid.).

There is a pending lawsuit against the SWRCB, which asserts that the agency did not take sufficient action by allowing phased reductions in water production. Depending on the outcome of the lawsuit, there is the potential for future limitations on Cal-Am water deliveries, which may include rationing and a moratorium on water permits, including permits for expansions of existing uses (Locke 1996).

During 1995 and continuing into 1996, the applicant has been in the process of retrofitting in compliance with the conditions of a water permit described by a letter from the MPWMD dated October 20, 1994. This retrofit program is being undertaken as a result of the remodeling activities under the city's Amended Use Permit No. 86-76, dated January 25, 1994, for the Fourth Floor North project. The water savings from this retrofit are planned to be in effect at the time the Amended Use Permit remodeling is complete. This retrofit program is not being considered as a component of reductions in water demand for the proposed project (Graybill, May 22, 1996).

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As of August 6, 1996, the city currently has 44.157 AF of water it could distribute (Haywood Norton, pers. com., August 6, 1996). This amount of water available for use within the city is reduced as new projects are approved by the city and water is allocated. Twenty AF of the 44.157 AF represents the city's contingency reserve. To fairly distribute its contingency reserve, the city passed Resolution #95-139 in September, 1995. This resolution stipulates that 5 AF of water per year will be allocated to residential uses, 5 AF of water per year will be allocated to new commercial and industrial uses and 10 AF of water per year will be allocated as a remaining contingency reserve. Of the 44.157 AF, the city currently has 4.157 AF to allocate at a staff level in increments not to exceed 2 AF. Twenty AF of the 44.157 AF is from the lake El Estero project, whereby Cal-Am water is no longer used for irrigation and lake water is used instead (ibid.).

On August 19, 1996, the MPWMD, approved, by Ordinance #84, an increase of the city's current water resources by 16.75 AF. This 16.75 AF represents the allocation from the potable water saved by the Pebble Beach Reclamation Project. With the allocation from Ordinance #84, the city's total water allocation is expected to be 60.90 AF. Ordinance #84 also created a special community reserve allocation of 16.0 AF for the proposed project. However, this allocation cannot be relied upon, because the decision by the MPWMD to approve the allocation of 150 AF is currently being litigated. Therefore, for purposes of this analysis, the city's current water supply should be assumed to be 44.157 AF only.

As stated above, city staff may allocate up to 2 AF per year to any one development, per City of Monterey Resolution #35-139. Additional water may be allocated by the city with City Council review and approval.

Project Analysis

Based on the applicant's estimates, current water use at the hospital is 117.3 AF per year. By comparison, water use in 1994 was 112.7 and 134.58 AF in 1987 (Graybill, May 22, 1996). Using the existing gross building square footage of 271,960 (not counting existing parking structures or areas currently under construction) and the most current water use figure, the existing facility uses .00043 AF per year per gross building area ($117.3 \div 271,960 = .00043$).

The MPWMD applies a separate demand factor for forecasting potential future water use. The MPWMD has a variety of water use factors which it applies to a variety of projects to determine potential future water use. As it pertains to the proposed project, the MPWMD factor of .0002 AF per gross square feet of new building area is the factor used by the MPWMD (Francisca Graziano, pers. com., May 31, 1996).

The proposed project will add 91,430 square feet of building area for hospital clinical functions. The parking garage building area of 179,000 square feet is not a water consuming building function and is not included in square footage used to calculate increased water demand from the project. Annual increased water demand based on 91,430 square feet of new hospital area using the MPWMD water use factor of .0002 acre-feet per year will result in an increase in water use at the hospital by approximately 18.28 acre-feet per year ($91,430 \times .0002 = 18.286$) (ibid.).

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Consistency with Relevant Policies

Policies relating to water supply are contained in the City of Monterey General Plan and the Land Use Plan of the Skyline LCP. However, because these documents are over ten years old, they do not reflect the most current MPWMD water conservation requirements. As required by the MPWMD, all new development is required to implement water conservation measures, which include installation of low water use fixtures and replacement of existing fixtures with new low water use fixtures. The hospital will be required to implement the current requirements of the MPWMD.

Impacts and Mitigation Measures

Standard of Significance. For the purposes of this EIR, a proposed project will have a significant impact on the environment if it will significantly deplete groundwater resources.

Impact. The impact is not determined to be significant because the project water needs can be served through one or a combination of retrofitting existing hospital facilities, the City of Monterey's existing water allocation and/or the separate water allocation provided for by MPWMD Ordinance #84. No net increase in water consumption would result from the proposed project.

The new hospital addition is projected to use 18.28 AF per year. MPWMD regulations provide for a "water use credit" for measures which permanently reduce water use beyond MPWMD required retrofit programs. Water use credits may be issued for permanent conservation measures undertaken either prospectively, or implemented within the preceding 18 months. These water use credits may then be used for new building projects which intensify water use.

The MPWMD has identified several projects, which are eligible for water use credits to offset the increased water demand resulting from the proposed project (MPWMD 1996). These projects are listed in Table 4.

TABLE 4
Water Use Credit Projects

Project	Water Savings (Acre-Feet Per Year)
CDF Building Removal	1.258
Koi Pond Upgrade Project	4.500
Radiation Oncology Project	1.344
Walk-In Cooler Retrofit Project	11.200
Total Water Savings	18.302

Source: CHOMP

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It is important to note that this is a preliminary determination by the MPWMD and that the final determination by the MPWMD to accept water credits may result in a lesser or greater credit amount.

The hospital's water credit is estimated to be approximately 18.30 AF and the water requirement for the proposed hospital expansion is approximately 18.28 AF, therefore no additional water supply is necessary. In the context of the hospital providing all its water needs through retrofitting existing hospital facilities, the proposed project will not have a significant impact on water resources. No mitigation is warranted.

2.4 Transportation and Parking

The following discussion is based on the traffic and parking reports prepared for the proposed project by Barton-Aschman Associates, Inc. dated May and June 1996. The full text of these reports is included in Appendix E of this EIR. In addition, a peer review of these reports was conducted by Keith B. Higgins Associates, consulting traffic engineer.

Environmental Setting

Transportation System

Roadway Network. Regional access to the site is provided by Highway 1 and Highway 68. Highway 68 provides direct access to the site via a signalized intersection. An unsignalized intersection provides access to the Carmel Hill Professional Center (CHPC).

Highway 68, also known as W.R. Holman Highway, in the vicinity of the hospital is a two-lane highway. Highway 68 extends from Highway 1 to the City of Pacific Grove. There is another segment of Highway 68 which is disjointed by Highway 1, that connects the Monterey Peninsula with Salinas. This latter segment will not be affected by the proposed project.

Highway 1 is a primary north/south state route that traverses the coastal areas of the state, including the Monterey Peninsula. Highway 1 is a four-lane highway north of Carpenter Street, approximately three-quarters of a mile south of the project site, and is a two-lane highway south of this location.

Existing Intersections Levels of Service. The intersections evaluated for this project include the following:

- Highway 68 and Skyline Forest Drive
- Highway 68 and CHOMP driveway
- Highway 68 and CHPC driveway
- Highway 68 and Highway 1 southbound off-ramp

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