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FINDINGS AND DECISION ON MOTION FOR RECONSIDERATION  
CITY OF SEATTLE HEARING EXAMINERSEPA  
PUBLIC INFORMATION CENTER

In the Matter of the Appeal of

HALLER LAKE IMPROVEMENT CLUB

FILE NO. MUP-89-051(W)  
APPLICATION NO. 8802936from a decision of the Director of  
the Department of Construction and  
Land Use on a master use permit  
applicationMEMORANDUM DECISION ON APPLICANT'S  
MOTION FOR RECONSIDERATION AND  
DCLU'S PETITION FOR CLARIFICATIONIntroduction

This matter concerns proposed construction of a three-story medical building on the campus of Northwest Hospital at N. 115th Street and Meridian Avenue N. in the Northgate area. The Hearing Examiner decision in this case was entered November 30, 1989. In it, the Hearing Examiner reversed the Director's threshold environmental determination (a mitigated declaration of nonsignificance) and remanded the matter to DCLU for preparation of an EIS.

On December 14, 1989, the applicant, Northwest Hospital, filed a Motion for Reconsideration of the decision. The Hospital asks the Examiner to reconsider and modify her ruling to affirm the Director's decision.

The Director of the Department of Construction and Land use filed a Petition for Clarification on December 13, 1989. He requests that the Examiner either reconsider Conclusions 5 and 12 and her decision to require an EIS, or clarify that the determination of significance is made independent of the cumulative effects policy of Seattle Municipal Code Section 25.05.670.

The appellant opposes both motions and asks that the Hearing Examiner reaffirm her findings and conclusions.

Decision

After due consideration of such motions, responses and replies thereto, and being fully advised in the premises, for the reasons set forth below, the Hospital's Motion for Reconsideration and modification of the Hearing Examiner's decision of November 30, 1989, in this case is denied.

Similarly, the Director's Petition for Clarification of that decision is denied.

Overview of Hearing Examiner's Decision

In the decision of November 30, 1989, the Hearing Examiner as pertinent herein concluded:

"16. In sum, the proposal when combined with the effects of prior development continues to have a probable significant adverse environmental impact, despite the mitigation measures; it also has a probable significant adverse impact given the probable development of subsequent projects on the campus with similar impacts. Therefore, under the provision of Seattle Municipal Code Section 25.05.350, an EIS must be prepared."

That conclusion resulted from demonstration of a critical parking problem on the hospital campus with parking needs spilling onto the streets and significantly affecting the surrounding community. It also resulted from evidence of serious traffic hazards and congestion on the surrounding streets and intersections due in large measure to the hospital's past expansion and growth in activity and personnel the which problems would be exacerbated by development, use and growth impacts of the Medical Office Building proposed, and by probable development of subsequent campus projects with similar impacts being planned by the Hospital in its Master Plan. (Refer to Conclusions 6, 7, 8, 9, 10, 11, 12, 15; Findings of Fact 11, 16, 17, 18, 19, 20, 23, 24, 26, 27, 28, 29, 30, 33, 37, 38, 39, 40, 41, 43, 65, 66.)

The Hearing Examiner was also concerned with the project's adverse impacts on air quality (which was already poor in the Northgate area) and on its impacts on an existing drainage problem which did not appear to be dealt with adequately. (Refer to Conclusion 14; Findings of Fact 46, 49 through 58 for drainage discussion and Facts 44 and 67 on air quality.)

In assessments of the probable significance of such impacts and the need for an EIS, the Hearing Examiner relied on the City's SEPA policy regarding cumulative effects (Seattle Municipal Code Section 25.05.670); on SEPA policy and standards as discussed in Sisley v. San Juan County, 89 Wn.2d 78 (1977), and other sections of the City's SEPA ordinance (Chapter 25.05); and on her authority for hearing and deciding appeals pursuant to the Seattle Municipal Code and case law.

The Hospital and DCLU now challenge the Hearing Examiner's reliance on the City's cumulative effects policy.

#### Motion of Northwest Hospital

I. In the motion before us in this case, Northwest Hospital contends that the Hearing Examiner cannot apply the "cumulative effects" policies identified in Seattle Municipal Code Section 25.05.670 during the threshold determination process to evaluate whether or not the proposal will have probable significant environmental impacts. The Hospital contends the "sole purpose" of those policies is to exercise "substantive SEPA authority" and that "No other use of these policies is authorized." (Northwest Hospital motion, p.2, 3.) The Hospital also contends that "State law mandates adoption of these policies (Seattle Municipal Code Section 25.05.665-675) only if a jurisdiction seeks to condition or deny a project based on its environmental impacts." (Northwest Hospital motion, p.3, citing RCW 43.21C.060.)

RCW 43.21C.060 makes no such restrictive statement or indicates such intent. By its terms, the section merely provides additional authority to branches of government, including municipalities, by which to condition or deny projects, with the sort of limitations on the exercise of such authority as appear in Seattle Municipal Code Section 25.05.660.

Nor is the hospital's position as to the exclusive use of such policies well taken. The provisions in Seattle Municipal Code Section 25.05.665 indicating that such policies "shall serve as the basis for exercising substantive authority pursuant to Seattle Municipal Code Section 25.05.660" does not preclude such policies from being used and cited for assessments of impacts during environmental analyses and review of determinations. Interestingly, such policies are acknowledged by DCLU in its petition for clarification to be "informative of issues or impacts to be considered in the threshold determination." (DCLU petition, p.1.)

But such policies are more than merely informative. They reflect substantive public policy. They are declarations of environmental concerns. They reflect environmental consequences from development of sufficient importance under the City's SEPA Ordinance so as to authorize conditioning, and even denial of a project in order to protect the public health, safety and welfare. If an agency has the authority to condition or deny a project under the "cumulative effects" policies in Section 25.05.670, it is only logical that such policies may be considered and relied on when reviewing a mitigated negative threshold decision to determine if the mitigated proposal will have probable significant environmental impacts.

The many procedural rules and substantive policies within the City's SEPA Ordinance (Chapter 25.05 of the Seattle Municipal Code) envision the same result. These rules and policies are interrelated. One would not function without the other. This is recognized in the purpose and policy statements for the ordinance. Seattle Municipal Code Sections 25.05.020, 25.05.030.

The procedural rules describe the process, timing, and general content of environmental review. (Refer to Seattle Municipal Code Sections 25.05.055 and 25.05.060 in particular.) They provide instructions how to make environmental decisions, what environmental decisions are required, and what generally should be considered in that process. (Refer to Seattle Municipal Code Sections 25.05.310 through 25.05.350 particularly.)

But such procedural rules do not themselves specify which specific environmental values and policies should be considered which may be impacted by a proposal. For this substantive direction they rely on SEPA goals and policies, mostly expressed in Seattle Municipal Code Sections 25.05.665 through Section 25.05.675, and on the elements of the environment to be protected, as identified in Seattle Municipal Code Section 25.05.444. Included within those SEPA policies is one on "cumulative effects." Seattle Municipal Code Section 25.05.670.

The substantive policies provide the "meat" for the procedural ones. Without application of the substantive policies for considerations of impacts during the threshold environmental review process, the procedures would be meaningless and empty. Similarly, the procedural rules provide the forum and times during which the substantive policies may be implemented. Each section of the ordinance relies on and is interrelated to the other.

Such an intent is demonstrated by the language of many of the procedural provisions themselves. For example, "Procedural provisions require consideration of 'environmental impacts.'" Section 25.05.752. Section 25.05.060.A indicates that environmental review consists of a range of proposed activities, alternatives, and impacts to be analyzed in environmental documents, in accordance with SEPA's goals and policies."

It is clear that the content of environmental review for a threshold determination (and the impacts to be analyzed therein under the procedural provisions) is very broad. The content of review "depends on each particular proposal...and on the time when alternatives and impacts can be most meaningful evaluated." Section 25.05.060B. Assessment of a project's impacts is not limited to those within the agency's jurisdiction. Section 25.05.060D.2. It includes a "range of probable impacts, including short-term and long-term effects", and includes those "likely to arise or exist over the lifetime of the proposal" and even longer. Section 25.05.060D.3. A "proposal's effects includes direct and indirect impacts," including "those effects resulting from growth." Section 25.05.060D.4.

Moreover, in such review "proposals or parts of proposals that are related to each other closely enough to be, in effect, a single course of action shall be evaluated in the same environmental document." Seattle Municipal Code Section 25.05.060C.2. This section contains illustrations of proposals deemed to be "closely related," which include those which are "interdependent parts of a larger proposal and depend on the larger proposal as their justification or for their implementation." Section 25.05.060C.2.b.

Section 25.05.060C.3 indicates agencies may analyze "similar actions" in a single document. As provided there:

"a. Proposals are similar if, when viewed with other reasonably foreseeable actions, they have common aspects that provide a basis for evaluating their environmental consequences together, such as common timing, types of impacts, alternatives, or geography...."

Nothing in the City's SEPA Ordinance suggests there should not be consideration or implementation of public policy (such as the City's policy on cumulative effects) for threshold determinations. Rather, it is clear that when read as a whole the procedural provisions of the SEPA ordinance anticipate that substantive policies will be considered in assessing impacts.

To preclude the use of the cumulative impacts policies during review of a project or on appeal from an MDNS, as argued by the Hospital, would exalt procedure over substance, thwart the fundamental policies of SEPA, and be inconsistent with case authority.

For contrary to what the Hospital contends, consideration of a proposal's cumulative effects on the environment is not only appropriate in a threshold determination, it is necessary, as the case authority following discloses. Courts have consistently indicated that environmental review must be thorough and comprehensive. Government agencies responsible for issuing permits must "exercise their substantive discretion in protecting the environment to the fullest extent possible," and fully consider all environmental and ecological

factors, environmental values, and SEPA policies during environmental review of proposals before them. Eastlake Community Council v. Roanoke Assoc., 82 Wn.2d 475, 496, 513 P.2d 36 (1973); Norway Hill v. King County Council, 87 Wn.2d 267, 552 P.2d 674 (1976); Sisley v. San Juan County, 89 Wn.2d 78, 569 P.2d 712 (1977); Juanita Bay Valley Com. v. Kirkland, 9 Wn.App. 59, 510 P.2d 1140 (1973). Such review may be most critical at the threshold stage, because an incorrect threshold determination could thwart the fundamental policies and mandate of SEPA. Norway Hill, *supra*, at 273; Sisley, *supra*, at 84.

A review of environmental factors includes review of the "cumulative effects of the entire project" even in a threshold determination. See Sisley, *supra*, at 84; see also, Norway Hill, *supra*, at 277; Juanita Bay, *supra*, at 72-73. In Juanita Bay, the court held that:

"...SEPA requires that an Environmental Impact Statement be prepared prior to the first governmental authorization of any part of a project or series of projects which, when considered cumulatively, constitute a major action 'significantly affecting the quality of the environment.'" Juanita Bay at 72-73 (emphasis supplied).

The ultimate issue to be decided in review of a negative threshold determination is whether the proposal is a major action which significantly affects the quality of the environment. Sisley, *supra*, at 84; Seattle Municipal Code Section 25.05.330. If it is, an EIS is required. *Id.* In making this decision, the agency must determine whether the proposal will have a probable significant environmental impact. Seattle Municipal Code Section 25.05.330. In a mitigated DNS such as here, the issue is the same, that is, even with the mitigation measures, does the proposal continue to have "a probable significant adverse environmental impact." Seattle Municipal Code Section 25.05.350.B. If so, an EIS is required.

"Probable" is defined in Seattle Municipal Code Section 25.05.782 as:

"likely or reasonably likely to occur, as in a 'reasonable probability of more than a moderate effect on the quality of the environment'...'probable' is used to distinguish likely impacts from those that merely have a possibility of occurring, but are remote or speculative...."

"Significant" is defined and explained in Seattle Municipal Code Section 25.05.794 in pertinent part as follows:

"A. 'Significant,' as used in SEPA, means a reasonable likelihood of more than a moderate adverse impact on environmental quality.

"B. Significance involves context and intensity...and does not limit itself to a formula or quantifiable test. The context may vary with the physical setting. Intensity depends on the magnitude and duration of an impact.

The severity of an impact should be weighed along with the likelihood of its occurrence. An impact may be significant if its chance of occurrence is not great, but the resulting environmental impact would be severe if it occurred...."

In Norway Hill v. King County Council, 87 Wn.2d 267, 522 P.2d 674 (1976), the court indicated that the term "significant" included at least two relevant factors:

"(1) the extent to which the action will cause adverse environmental effects in excess of those created by existing uses in the area, and (2) the absolute quantitative adverse environmental effects of the action itself, including the cumulative harm that results from its contribution to existing adverse conditions or uses in the effected area." Norway Hill at 277 (emphasis supplied).

In requiring an EIS, the court in Norway Hill indicated that the fact that conditions had been imposed on the project during the agency's review of the project did not "nullify, for SEPA purposes, the otherwise significant effects of the project or government action." Norway Hill at 297.

In the decision protested, the Hearing Examiner made a determination of probable significant adverse environmental impact of the project, despite the mitigation measures imposed, and required an EIS. Such a determination was within her authority and pursuant to expressed SEPA policies, including those on cumulative impacts. She is not persuaded otherwise by the arguments offered.

II. The Hospital also argues that "possible future developments subsequent to a Master Plan cannot be considered during a threshold determination on the Medical Office Building." (Northwest Hospital motion, p.4.) It contends that projects discussed in a "predraft" of a master plan are not "proposals" under SEPA. (Northwest Hospital motion, p.4.)

The projects discussed in the Hospital's master plan drafts (not predrafts) are not "possible" future development; they are probable future development. (Refer to the Examiner's Conclusion 12.) Such projects are proposals under the SEPA ordinance. Seattle Municipal Code Section 25.05.784. As the Hearing Examiner has indicated in the decision, these projects are not speculative. (Refer to Conclusion 12). Although not yet in the application stage, the master plan alternative drafts reflect the Hospital's goals and specific plans for development on its campus. The projects of one alternative plan or the other will be pursued; both proposals are under active decision making, a preference by the hospital has been indicated, and the drafts have been submitted to DCLJ. These are hardly the speculative future projects described by Short v. Clallam County or alluded to in Murden Cove Preservation Assoc. v. Kitsap County which are cited by the hospital. Therefore, such future development can be and should be considered in threshold determinations.

The Hospital further argues that even if the Hospital's future development plans are proposals under SEPA, the Ordinance does not require that they be analyzed with the MOB unless those plans and the MOB are sufficiently "closely related" to each other so as to constitute a single course of action under Seattle Municipal Code Section 25.05.060C.2. The Hospital contends they are not; that such projects do not meet the criteria of subsection "a" or "b" of that section, which subsections provide as follows:

"a. Cannot or will not proceed unless the other proposals (or parts of proposals) are implemented simultaneously with them;" or

"b. Are interdependent parts of a larger proposal and depend on the larger proposal as their justification or for their implementation."

Although the evidence does support the Hospital's contention that the proposals with the MOB planned do not meet the criteria of subsection "a" of the section, that same evidence indicates that the proposal would meet the criteria of subsection "b." (Refer to Findings of Fact 3.) In the alternative, even if Section 25.05.060C.2b were not applicable to the Hospital's projects (including the MOB), such proposals constitute "similar actions" under Section 25.05.060C.3, that is, the Hospital's future plans for expansion are reasonably foreseeable actions with aspects common to the MOB and, as such, may be analyzed in the same document. Seattle Municipal Code Section 25.05.060C.3. Those projects all are in the same geographical area and will occur on the hospital's campus where the MOB is to be built, will utilize and compete for the same campus parking lots, spillover into the same surrounding streets—or more, utilize the same City streets for travel by employees, patients and visitors, further aggravate already highly congested streets and dangerous intersections by further traffic and parking, further impact poor air quality due to traffic in the area, and further impact drainage problems in the area by increased development of impermeable surfaces on a relatively small campus site in an already highly developed area. Based on the historical growth of the campus facilities, its increased use, and rapid increase in patient visits and employee and doctor population at the

Hospital's present location, the quantitative effects of such impacts are likely to increase dramatically soon, unless common solutions are developed and implemented.

The Northgate area in which the Hospital campus is sited is already in a crisis situation. So much so that an emergency ordinance has been enacted by the City limiting and restricting development there. (Refer to Seattle Ordinance 114630 -- Exhibit 7.) Such impacts should be evaluated and considered now, rather than later, to allow meaningful action to be taken timely to protect the environment. (Evaluating and resolving environmental problems early is a major thrust of SEPA procedures. See Seattle Municipal Code Sections 25.05.055; 25.05.060.) An EIS is needed to further the purposes of SEPA and to comply with the "spirit" as well as the "letter" of the law. See Seattle Municipal Code Section 25.05.020.C., and the cases cited previously.

III. The third part of the Hospital's argument is that without the application of the cumulative effects policies, the traffic and parking impacts of the MOB are not significant under the facts of this record and that, as a consequence, no EIS is warranted. (Northwest Hospital motion pp. 7-8)

The Hearing Examiner affirms the application of cumulative effects policies to the proposal under appeal as justified and warranted by the facts, conclusions and authority cited in the decision as well as the authority cited previously in this memorandum. Assuming, arguendo, that such policy citations were inappropriately applied, the facts of this proposal and the conclusions therefrom at a minimum would place the project squarely within the second factor to consider for a determination of significance under Narrowsview Assoc. v. Tacoma, to wit:

(2) the absolute quantitative adverse environmental effects of the action itself, including the cumulative harm that results from its contribution to existing adverse conditions or uses in the effected area" Norway Hill at 277.

IV. Standard of Review on Appeal. The Hearing Examiner, by ordinance, is a part of the SEPA process for master use permit applications when appeals have been filed thereon. Seattle Municipal Code Section 25.76.022.

Appeals are heard de novo and the Examiner is to entertain issues in the appeal relating to:

"...compliance with the procedures for Type II and III decisions as required in this chapter, compliance with substantive criteria, determinations of nonsignificance (DNS's), adequacy of an EIS upon which the decision was made, or failure to properly approve, condition or deny a permit based on disclosed adverse environmental impacts."

Seattle Municipal Code Section 23.76.022.C.6.

Therefore, as the parties are aware, in appeals of negative threshold decisions (such as the MDNS here), the "clearly erroneous" standard of review is to be applied to ensure that "the public policy and environmental values of SEPA" are considered. Sisley v. San Juan County, 89 Wn.2d 78 at 84 (1977); Norway Hill v. King County Council, 87 Wn.2d 267 at 274 (1976) (emphasis supplied).

As the Court in Norway Hill indicated:

"The 'clearly erroneous' standard provides a broader review than the 'arbitrary or capricious' standard because it mandates a review of the entire record and all the evidence rather than just a search for substantial evidence to support the administrative finding or decision. (Citations omitted.) Judicial review under the 'clearly

erroneous' standard...also requires consideration of the 'public policy contained in the act of the legislature authoring the decision.' (Citations omitted.) Consequently, that public policy is 'a part of the standard of review' (citation omitted.)

"We feel that the 'clearly erroneous' standard of review...provides an appropriate scope of review in the area of 'negative threshold determinations' under SEPA. That standard will allow a reviewing court to give substantial weight to the agency determination as required by RCW 43.21C.090, yet at the same time it will allow a reviewing court to consider properly 'the public policy contained in the act of the legislature authorizing the decision or order'." Norway Hill, supra, at 274-275.

By virtue of this authority, the Hearing Examiner would have been remiss in her duties on appeal of the negative threshold determination at issue here if she had avoided, ignored, or failed to consider the public policy and environmental value expressed in the cumulative effects policy of the City's legislation on SEPA.

#### DCLU Petition for Clarification

The Director of DCLU too argues that the threshold determination is a procedural step independent of the substantive policies of SEPA; that such policies are limited to conditioning or denials of proposals and should not be used to determine that an EIS is required. Alternatively, he seeks clarification that the determination of significance in this decision was made "independent of the application of the substantive Cumulative Effects policy of Section 25.05.670." (DCLU petition, p.2)

As indicated before, while the threshold determination is a procedural step in environmental analysis of a proposal, of necessity, it involves the analysis and application of substantive State and City SEPA policies and goals in the process of identifying and making assessments of probable significant adverse impacts on the environment particular to the specific proposal.

During the course of his environmental review for the threshold determination, the Director may find a number of adverse environmental impacts for which mitigation measures are deemed appropriate and condition any approval of the project accordingly. Under the rules, such mitigation measures which are required then must "be based on policies, plans, rules and regulations formally designated in Sections 25.05.665, 25.05.670 and 25.05.675." Seattle Municipal Code Section 25.05.660.

However, at the threshold level, the rules in Chapter 25.05 of the Seattle Municipal Code do not limit his consideration of environmental impacts to only those identified in any one document, section, or by the applicant in the environmental checklist; nor do they preclude his use of the policies and impacts identified in Seattle Municipal Code Sections 25.05.665-.675 to consider whether the proposal has probable significant adverse environmental impacts. Instead a broad-ranging environmental analysis is dictated by the rules cited previously and is required by case law.

For the Director to concede that the policies of Seattle Municipal Code Section 25.05.665 through .675 are "informative of issues or impacts to be considered in threshold determinations" but then to contend that the same policies are "limited in application to substantive decision-making" is anomalous. Application of such a restrictive interpretation would not carry out the intent and purpose of SEPA to protect the environment and the public's health, safety and welfare.

The Director indicates that clarification is necessary "to establish a record consistent with other DCLU threshold determinations." (DCLU petition, p.2) Apparently, he is concerned with arguments made to DCLU that the policies of Sections 25.05.665 through .675 "limits, constrains, or otherwise control the threshold determination" and with any limitation therefrom on mitigation measures he might impose during environmental analysis.




The Hearing Examiner does not see how the decision made herein to require an EIS or the conclusions on which that decision rests would limit or constrain the Director in other cases to only those mitigation measures authorized by Sections 25.05.665 through .675. It is clear that the Director has authority to impose mitigation measures at the threshold stage beyond those permitted under these SEPA policies pursuant to Seattle Municipal Code Section 25.05.350.C.

Conclusion

For the foregoing reasons and the reasons and facts presented at the hearing and found in the decision of November 30, 1989, in this case, the Hearing Examiner finds the Hospital's motion for reconsideration and Director's petition for clarification to be without merit, and reconsideration and modification of the decision of November 30, 1989, is denied.

Entered this 1st day of February, 1990.

  
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Dona Cloud  
Hearing Examiner Pro Tempore



**FINDINGS AND DECISION**  
**OF THE HEARING EXAMINER FOR THE CITY OF SEATTLE**

In the Matter of the Appeal of

**HALLER LAKE IMPROVEMENT CLUB**

**FILE NO. MUP-89-051(W)**  
**APPLICATION NO. 8802936**

from a decision of the Director  
of the Department of Construction  
and Land Use on a master use  
permit application

**Introduction**

Appellant Improvement Club appeals a Mitigated Determination of Non Significance and Supplemental Decision of DCLU relating to an expansion project of Northwest Hospital. The Club claims an EIS should be required. The Club in its appeal, also claimed that the project should have been included in the hospital's Master Plan. That portion of this appeal was dismissed earlier and the order therein is part of the record.

The appellant exercised the right to appeal pursuant to the Master Use Permit Ordinance, Chapter 23.76, Seattle Municipal Code.

This matter was heard before the Hearing Examiner October 31, 1989 through November 12, 1989, the record was kept open through November 15, 1989, to allow for a site visit and for further written argument.

Parties to the proceedings were: appellant, represented by Sue Linnabary; the Director of DCLU, represented by Faith Lumsden, Land Use Specialist; and the applicant, represented by Brent Carson, Attorney.

For purposes of this decision, all section numbers refer to the Seattle Municipal Code unless otherwise indicated.

After due consideration of the evidence elicited during the public hearing, the following shall constitute the findings of fact, conclusions and decision of the Hearing Examiner on this appeal.

**Findings of Fact**

1. The proposal, by Northwest Hospital, is to establish use for future construction of a three-story, 59,353 square foot medical office building (MOB) with 459 additional surface parking stalls on the Northwest Hospital campus in north Seattle. Approximately 2,000 cubic yards of the site property will be graded for the project.

2. The hospital campus is a 33 acre site in the Northgate area west of I-5 and slightly over 1/2 mile north and west of Northgate Shopping Mall. The site is bordered on the north and south sides by N. 120th Street and N. 115th Street, respectively. It is between Meridian Avenue North on the east side and Ashworth Avenue North, as extended, on the west.

3. The new medical office building is to be located near the S.W. corner of the hospital campus, about 550 feet to 800 feet away from the nearest residential structure. Plans are to have it constructed and occupied by the end of 1990. The building will be 230 feet long by 90 feet wide, with an exterior finish of brick and glass. It will be 42 feet above grade at its finished height. No basement is planned. The purpose of the building is to provide office space for doctors and to house diagnostic imaging equipment. All of these doctors will be specialists or internists who will routinely use the hospital facilities in their practice. Such medical office buildings

housing physicians with admitting privileges are customarily incidental and functionally related to hospital operations, according to the hospital.

4. Underlying zoning for the campus is a mix of I1 through I4 and L1 and L2. It is I4/L2 where the proposed MOB will be built.

5. The campus is presently developed with a five-story hospital tower and two one-story hospital wings north of the campus center; a Progressive Care Center (including the "Easy Street" rehabilitation center built in late 1988) on the northwest corner; a three-story medical office building (built in 1981 or 1982) south of one of the hospital wings; a three-story Medical Arts (office) Building, near the center of the south half of the campus; and a one-story professional center consisting of several small buildings at the northwest end of the campus. There are also a few very small miscellaneous buildings scattered around the site.

6. Presently the campus provides surface parking for 874 vehicles. The additional parking proposed will be accomplished by expanding and restriping a number of the existing lots, primarily in the southwest quadrant.

7. The primary entrance to the campus is off N. 115th Street near the southeast corner of the property. There is another limited entrance from N. 120th Street for parking north of the Progressive Care facility, and a service entrance off of N. 115th Street at the southwest corner of the campus.

8. Property north of N. 120th Street and east of the campus is zoned single family and the area is developed as such. Property on the south side of N. 115th is L-3 zoning, but developed with cemeteries to Meridian N. Between the cemeteries and Northgate Way to the south, there is a mix of single family, multi-family and commercial zoning and development. From N. 115th Street southbound on Meridian N. and about half way to Northgate Way, property development on the east side of Meridian changes from single family to multi-family to commercial. The property immediately to the west of the campus is zoned L-3 and developed partly with a cemetery at the southwest end and partly with a condominium PUD (Stendall Place) at the northwest end. Going further west toward Aurora Avenue N., there is a mix of multi-family and commercial development.

9. With reconfiguring of the parking lots, an existing storm water detention pond would be located to the far southwest corner of the campus, west of the proposed MOB.

10. On June 22, 1989, the Director of DCLU issued a Mitigated Determination of Non Significance (MDNS) for the subject proposal with a number of conditions included. A supplemental decision with further conditions was issued by the Director on September 11, 1989.

11. The MDNS decision was the result of an announcement by the hospital that it planned to construct a new 3-4 story specialty center on campus of about 71,000 square feet, while DCLU was reviewing the MOB proposal. DCLU decided both projects taken together would have probable significant adverse impacts, would require an EIS, and informed the hospital of this. Thereafter, the hospital revised its plans, agreed to delay construction of the specialty center, to include it within the hospital's Master Plan then being developed, and to fully consider its impacts in the Master Plan's EIS. DCLU then determined that postponement of the Specialty Center and its inclusion within the Master Plan substantially mitigated expected cumulative impacts.

12. The Environmental Checklist (Exhibit 55) submitted with the original application on September 9, 1988, indicated a medical office building of 4 floors with 79,000 square feet, and about 400 additional surface parking stalls. A completed building permit application was submitted on September 20, 1988. On November 10, 1988, the project was reduced to three stories by the hospital and parking plans were revised to provide 459 total additional surface parking stalls.

13. The decision of DCLU imposed numerous conditions as part of the mitigation for this project. Many of them related to construction and included limitations on construction hours, a requirement that parking be provided construction workers, either on site or in a satellite lot, limitations on the number of campus parking stalls which could be lost in any one time, and prohibitions on truck traffic in the more residential areas around the campus.

14. Other conditions imposed related primarily to road and traffic improvements, to parking, and to further incentives under the hospital's Transportation Management Plan. Specifically, the hospital was required to do the following in these areas:

A. Contribute half of the cost of a left turn signal phase and 100 percent of the design and construction cost of a stacking lane improvement at the Meridian/Northgate Way intersection. Actual design and construction of these improvements will be carried out by SED in conjunction with a Meridian TIB project;

B. Widen N. 115th Street to 32 feet from the site's west boundary eastbound to Meridian Avenue N. in order to gain a wider eastbound approach and provide two lanes to separate right and left turn traffic. Further, to add curbs and gutters along both sides of the street and a sidewalk on the north side.

C. Pay for the full design and construction of a left-turn lane for northbound Meridian at the N. 115th Street intersection.

D. Improve the westbound approach at the N. 115th/Aurora intersection to provide a left turn only and a right turn only lane.

E. Reserve for employee use at least 25 percent of the 459 new parking spaces on campus.

F. Provide 100 percent transit and vanpool subsidies;

G. Provide one-day per month on campus free-parking for employees who travel to work in HOVs at least 4 days a week;

H. Institute a guaranteed ride home program for employees commuting to the campus by non-SOV modes.

I. Retain and implement elements of the Hospital's revised and improved Transportation Management Program (TMP) for the life of the project or until superseded by the TMP from the Master Plan.

15. During the course of the permit process, the hospital also agreed to contribute \$40,000 toward a traffic signal for Aurora/N. 115th and \$4,000 for beacons and signs for a 4-way stop at Meridian Avenue N. and N. 115th Street.

16. Northwest Hospital is in the process of developing a Major Institution Master Plan. The Master Plan was begun at the City's request in the summer of 1988. It is presently still only in preliminary stages, although a draft of two alternate proposals has been submitted to DCLU for review. Under the provision of Section 28.81.030, master plans are required for development that would increase the institution's gross floor area (GFA) to 120 percent or more of the GFA of the institution as of June 1, 1983 (the baseline GFA). The hospital's baseline GFA is 443,864 square feet. One hundred-twenty percent of that would allow an additional 88,772 square feet to be developed without triggering the Master Plan requirement under the Code.

17. Since June 1, 1983, 11,204 square feet of floor area has been added to the campus or is under review or construction currently. At 59,353 square feet, the proposal is still within the expansion allowance. DCLU made a decision that the subject proposal could proceed without being part of the Master Plan.

18. For a number of years, there has been a shortage of parking on the hospital campus. Parking availability there is currently below the number required to meet present parking demands. In the last few years, the hospital has had to limit or restrict the number of daytime employees parking on campus in order to provide adequate parking for patients and visitors. This has sent employees out onto surrounding streets. Those streets are at practical capacity. An adverse parking impact on the surrounding community from campus generated parking needs is recognized and is undisputed.

19. A parking study (Exhibit 10) was done in 1988 to evaluate present and future parking needs for the campus. It included an analysis of the parking needs specific to the proposed MOB. An update of the study was done later in 1988 for the reduced size of the project. (Exhibit 11). The study showed that at 85 percent of peak hour demand, the parking space needed to serve existing campus demand was 1500 spaces. The minimum number of stalls needed under the Code at the present campus development is 1030. The campus has 874 existing stalls. Therefore, at the present time, without the MOB there is an existing parking deficit of 156 spaces based on minimum Code requirements and 626 spaces based on parking demand.

20. The new MOB will require 267 spaces to serve expected demand (using the same 85 percent formula). Under the Code a minimum of 65 spaces are required. Total campus parking demand with the MOB at full occupancy is 1767 spaces at the 85 percent rate. Under the Code it would be 1195 at minimum. With the present and planned new spaces, there will be a total of 1,333 spaces. This would still leave a deficit of 434 spaces based on demand. There would not be a deficit based on minimum Code parking requirements.

21. The hospital presently operates a satellite parking lot at N. 128th Street and provides free shuttle service during the day to and from the campus. This lot has a total of 190 spaces. Since April of 1989, 125 of them have been used by employees of the hospital. The lot is not intended to provide parking for patients or hospital visitors. It is closed at 8:30 p.m. each night.

22. The additional surface parking stalls proposed for the project will be developed by modifying existing parking lots on

the campus. The areas where parking modifications are proposed presently accommodate 424 stalls. With restructuring and some expansion, 430 new stalls will be added to these areas.

23. A review of the latest parking plan for the proposal (Exhibit 52) shows new parking areas west and southwest of the proposed MOB in an area which is presently undeveloped and has trees and other vegetation. There will be a reconfiguring of employee and patient parking for the Northwest Professional Center and the Medical Arts Building east of the proposed MOB; a reconfiguring of general employee parking south of the proposed MOB; and an elimination of about half of the existing Medical Arts Building employee/patient parking for construction of the MOB itself.

24. The parking consultant for the hospital advocates construction of a parking garage on campus as the only real way to resolve the parking problem on a long range basis. He does not advocate relying on minimum parking requirements under the Code. With the expansion anticipated he indicates that in the next five years the hospital will need 2,108 parking spaces. If the parking garage were built, it would be in the same spot where the largest of the surface parking lots is planned, according to one of the draft Master Plans (Exhibit 21).

25. Northwest Hospital has restricted employee parking on campus through a permit system. Such permits are issued only to doctors, volunteers, employees who carpool, and employees who need their vehicles on hospital business four or more days a week. These employees are exempt from many of the TMP provisions. There is no restriction on afternoon, evening and night shift employees. Since the entrance to the campus is monitored by security personnel, it is difficult for employees without permits to park on campus during the day.

26. An on-street survey conducted in May of 1988 for the parking study revealed a high of 271 cars on the street from 1:00 to 3:00 p.m. These cars were identified as employee and other campus-generated vehicles. The parking consultant has indicated in his study that even with the additional surface parking planned in the present proposal there will still be an average of 200 vehicles which will continue to park daily on adjacent streets around the campus.

27. In the near future parking in some residential neighborhoods north and east of the campus is likely to be restricted by the City to 2-hour parking zones. There are already 2-hour restricted zones on Meridian and N. 120th.

28. The parking study of 1988 surveyed employees' driving and parking habits and established that 85.8 percent of the employees drive to work alone. 13.7 percent of those employees park on N. 115th, 5 percent on Meridian Avenue N. and 8.4 percent on N. 120th, for a total of 27.1 percent using on-street parking. Fifty-five percent of these employees used Meridian Avenue N. (from the north or south) to commute to work; another 25.4 percent used N. 115th Street from Aurora N.

29. In 1981, before construction of the previous medical office building, there were 503 employees and 210 doctors on campus (Exhibit 1). In the fall of 1985 there were 1,100 staff and 200 doctors on active status (Exhibit 30). In 1989, there were 1,332 hospital employees, 315 medical office building employees, and 679 doctors. The proposed MOB is expected to add 137 employees and 51 doctors (Exhibit 11), creating a total of 2,514 persons who will be working on the campus within the next year. This represents an increase of about 30 percent from 1981. Not all of these people, however, work at the same time. In November 1988, the number of employees (not counting doctors) at peak hour time was 1,131 (Exhibit 51).

30. The number of outpatient visits has increased even more during a comparable period. In 1982 there were 88,758 outpatient visits (Exhibit 2). In 1985 outpatient visits numbered 150,000 (Exhibit 30); in 1988, they numbered 188,928 (Exhibit 2). Expressed as an average, there were 1,142 outpatient visitors a day in 1983; in 1988 there were 2,055 visitors per day, a growth rate of 80 percent (Exhibit 10). The new MOB is projected to add 665 average daily patient visits (Exhibit 11).

31. The prevalent mode of transportation for these visitors, as it is with employees, is by single occupancy vehicles, (Exhibit 10). This is so largely because of the hospital's location in the residential area, away from commuter centers. Thus, alternate modes of transportation are not as available or practical as SOVs. (Exhibit 10).

32. Approximately 61 percent of the employees at the campus live in North King County or Snohomish County (Exhibit 30). Approximately 50 percent of the patients served live north of the campus and generally outside City limits. (Exhibit 10).

33. Transit service to the hospital is minimal. Direct transit access for the majority of the campus-generated population does not exist. Most commuters using transit would require at least one transfer. Taking the bus to the campus would add over 1 hour commute time for most employees. (Exhibit 10). At present, the average commute time for employees is 22 minutes. (Exhibit 10).

34. The site is between two major north/south traffic corridors: Aurora Avenue N. to the west and I-5 to the east. Northgate Way, to the south, is a principal arterial running east and west. Meridian Avenue N. is a two-lane collector arterial running north and south on the east side of the property. North 115th is the main access for the campus. It is a two lane local access street intersecting with Aurora Avenue N. to the west and Meridian Avenue N. to the east. It then extends further east into the residential area. N. 130th is a principal arterial running east and west. It connects with Aurora N. and I-5. The residential streets form a grid running north and south around three sides of the campus.

35. Vehicles leaving the Northwest Hospital campus access Aurora N. via N. 115th Street and N. 130th Street. They tend to access I-5 via eastbound N. 115th Street turning southbound at Meridian N. then eastbound at Northgate Way to 1st N.E. where there is a left turn entrance to I-5. Going north on Meridian from N. 115th, vehicles tend to turn right on N. 122nd to Corliss Street, then 1st N. to N. 130th, near an approach to I-5.

36. Current traffic volumes on these streets are as follows:

Aurora	36,250 vpd (2,960 vph) in peak hours
Meridian N.	9,900 vpd (1,120 vph) in pm peak hours
Norhtgate Way	24,250 vpd (2,100 vph) in peak
N. 115th	5,400 vpd (570 vph) in peak
1st N.E.	5,500 vpd (690 vph) in pm peak
N. 130th	17,100 vpd (1,750 vph) in peak

The volume on these streets is expected to increase due to the rapid development and growth in the Northgate area (Exhibit 14).

37. In 1981, the level of service (LOS) of the intersections near the hospital were all "C" or better, except for N. 115th-Aurora which was "C-D" (Exhibit 1). At the present time the east and westbound approaches of N. 115th with Meridian and Aurora each have "F" LOS ratings. Meridian/Northgate and Northgate/1st N.E. both have an "F" ratings, the worst rating given in traffic standards. It usually means "extreme delay" and represents "jammed" or "forced flow conditions (Exhibit 14, page 7)." Vehicles generally travel alternate routes to avoid LOS F conditions, according to the SED (Exhibit 14, page 13)." SED attributes the high volume of traffic on N. 115th and the LOS F congestion there to Northwest Hospital (Exhibit 14, page 28).

38. The traffic analysis done for the proposed MOB (Exhibit 45) indicates the MOB will generate 2080 vehicle trips per day (vpd) and 208 vehicles trips per hour (vph) during pm peak times. Fifty-five percent of the vehicles will travel east on N. 115th to Meridian and then South to Northgate Way. Twenty-five to thirty percent will travel east on N. 115th to Meridian then go north on Meridian Avenue N. The remaining 15-20 percent will travel west on N. 115th and then north or south on Aurora.

39. The level of service will remain at "F" by 1990 for all major intersections nearby (N.115th/Aurora, 115th/Meridian, Meridian/Northgate Way, Northgate/1st N.E., and 1st N./ N. 130th) with or without the project. With the mitigation proposed, it is projected that vehicle delays will be reduced and the future level of service at Northgate Way/Meridian would be "E-F," and "D-E" at N 115th/Aurora. Vehicle delays would also be improved at 115th/Meridian for east and west bound traffic, but how they will impact the LOS rating has not been suggested.

40. Up to 50 percent of future traffic increases will be associated with the proposal MOB, according to SED figures (Exhibit 8, page 9).

41. The Seattle Engineering Department has recently completed the first phase of a Transportation Plan for the Northgate area (Exhibit 14). The report indicates that considerable development is occurring and projected for the area in the near future. This will severely impact already highly congested streets and cause more vehicles to use residential streets to avoid congested arterials.

42. That SED report indicates that the traffic growth rate along Meridian Avenue N. northbound from Northgate Way has averaged a 10 percent increase annually from 1980 to 1988 (Exhibit 14, Figure 5). It has increased by 8 percent on an average yearly basis going southbound from there to N. 115th.

43. The Northgate area averaged 837 traffic accidents per year from 1983 to 1988. (Exhibit 14). The intersection of Meridian Avenue N./N. 115th was a high accident intersection in 1986, 1987 and 1988, according to SED figures (Exhibit 14). 75 percent of the accidents there involved eastbound vehicles and vehicles on Meridian, including a pedestrian accident in the west crosswalk. Earlier there were stop signs only on N. 115th Street, allowing through traffic on Meridian. Recently a 4-way stop system were installed there. The Meridian/Northgate intersection is also a high accident intersection. Northgate Way from Meridian to First N.E. consistently had the highest accident rates over the six years studied. In 1989 there were 29 accidents between Meridian and Corliss alone. A high percentage of the accidents on Northgate Way at First N.E. are angle and turning accidents from vehicles running red lights due to long delays. (Exhibit 14). There were two pedestrian accidents by vehicles running the intersection.



44. The air quality along Northgate Way has a high pollution index. At the Northgate station in 1987 air quality standards were violated three days when the air quality exceeded the 8 hour average standard of 9 ppm three times over three days. (Exhibit 16). Many of the other stations in Seattle had no days exceeding 9 ppm in 8 hour averages. (Exhibit 16). Only one other station had the same number as Northgate. In those three days, the Northgate readings were 10, 10, and 11 ppm. In three other days the 8 hour averages were 9, 9 and 8 ppm. A 9 ppm is equivalent to 100 on the pollution standards index scale. (Exhibit 16). PSIs exceeding 100 are considered "unhealthy" by the Puget Sound Air Pollution Control Agency. Motor vehicles and congested traffic are the principal sources of this carbon monoxide pollution in Seattle, causing ambient levels to exceed the previously mentioned air quality standards.

45. Most of the existing vegetation in the southwest quadrant would be removed for construction of the MOB and parking lots. Only a few deciduous and evergreen trees would remain. There will be some new landscaping around the MOB, along N. 115th and in and around the parking lots. Street trees will also be provided in the public right-of-way with improvements to N. 115th.

46. According to the environmental checklist (Exhibit 55) submitted for the project, about 55 percent of the site will be covered with impervious surfaces after project construction.

47. The proposal will not result in discharge of waste in surface waters; nor will waste be sent to the hospital for incineration. The latter will be disposed of and carted away under a private contract for incineration elsewhere.

48. The hospital has had a periodic noise problem which has disturbed residential tenants of Stendall place. The source of that problem was a compressor at the Progressive Care Center in the N.W. section of the campus. This was fixed. An exhaust fan was also creating noise. The hospital spent over \$25,000 to provide filter bags and noise abatement for the laundry and this problem seems to be largely corrected. A heat pump noise complaint was investigated by an engineer who indicated it was not a significant noise problem. Hospital personnel do daily checks to determine noise levels and, if found, take corrective action. There should be no noise problem at the new MOB.

49. The campus is located within the Thornton Creek Drainage Basin. That basin pulls water from Haller Lake, among other sources. It has numerous creeks which ultimately feed into Lake Washington. The basin has had and continues to have drainage problems throughout due to increased urbanization.

50. In years past flooding conditions from storm waters were common upstream around Ashworth Avenue N. and N. 126th and N. 130th Streets, due to inadequate drainage systems. Although such systems have since been improved, they still appear to be inadequate to handle the volume of water generated by storms. Thus flooding still occurs. One example exists north and just west of the campus. This area does not appear to be in the same drainage basin as in the hospital campus.

51. The existing campus drainage system was sized in 1980 to accommodate the capacity of the downstream cemetery system. The detention volume and release flow system also took into account Stendall Place discharge, flow from the professional center area, and flows from residential properties on N. 120th which discharge directly onto the campus. The volume required then was 50,079 cubic feet with a maximum release rate of 2.47 cubic feet per record.

52. Flow from this pond passes south through the cemetery by way of N. 115th through an older 12" drain line. Waters are then released into an unknown system of unknown capacity and configuration on the south side of the cemetery property. (Exhibits 23 and 25). During periods of maximum rainfall, runoff has caused downstream cemetery problems. Appellant's witnesses refer to these problems as "flooding of the graves." There is also "ponding" from time to time on N. 115th. How this gets into the cemetery is not exactly known.

53. Detention ponds serve to reduce peak loads from storms. They are supposed to be free from trash and debris; proper maintenance is important. If the ponds are not properly maintained, they would be ineffective for this purpose. Photographs of the existing drainage pond indicate that Northwest Hospital has not properly maintained its detention pond and has allowed the accumulation of trash and debris. There is no evidence, however, of how that trash got there.

54. Construction of the MOB and expansion of the surface parking area will increase stormwater runoff because of increased impermeable surfaces.

55. Under the current proposal, the detention pond will be relocated to the open space in the far southwest corner of the campus. The system will be sized to a volume of 50,400 cubic feet with controlled flow at a release rate of 4.00 cubic feet per second. Final plans and the actual system to be used, however have not been decided. The original drainage plans have undergone a number of revisions since the Director's first MDNS. Further review by SED is anticipated in order to ensure that the final plans will meet the requirement of the City's Grading and Drainage Ordinance. The plan is projected to be updated to consider a totally developed site such as that proposed in the Master Plan draft (Exhibit 21) previously submitted to DCLU.

56. At the present time, the SED is not looking for long term drainage improvements. The goal is only to ameliorate existing conditions. The department, however, will take conditions downstream into consideration. The system planned for the MOB will not allow any increased runoff from the MOB. The actual volume of pipe flow over time from the proposal may increase downstream by 2 percent or more. An SED representative indicated he believed the additional runoff from the MOB and parking lots can be accommodated through engineering solutions and that these will be required in a final drainage solution plan.

57. In late June 1989, the SED warned that the drainage system planned could overflow several times a year. This would result in some ponding on the campus during storms, particularly in some of the planned and existing surface parking areas. The ponding is anticipated to be at catch basins, which are sloped in pavement. There will be traps in the bottoms of these to catch sand and oil. However, storm waters could result in ponding extending 20-25 feet in diameter at these basins, the deepest waters of which at the lowest part could be about 6-7 inches, gradually decreasing to 2-3 inches at the edge of the circle.

58. There are plans to change the flow and system for later development under the Master Plan. Specifics on these plans were not presented at this hearing.

59. A Transportation Management Program (TMP) is a required element for any development on a hospital campus. The goal is to reduce the number of peak hour employees who commute to work by single occupancy vehicles (SOV) by 50 percent. Before issuing a permit for new development DCLU must find that the institution is

making "substantial progress" through the TMP toward significantly reducing the number of single occupancy vehicles (SOV's) that are driven daily to the campus.

60. For this proposal, DCLU reviewed the hospital TMP and historical documentation from the hospital as to the stages of implementation of the plan and its financial commitment. DCLU also met with SED and Metro representatives to reevaluate the TMP imposed on the project earlier with the MDNS. Upon such review and evaluation, DCLU imposed additional conditions relating to subsidies, rides home and free parking previously identified in these facts.

61. At the hearing there was evidence presented of the financial commitment made by the hospital to the TMP. The total expenditure was estimated at \$352,068 for 1989, including \$78,962 for shuttle bus service and satellite lot purchase. (Exhibit 48). There was also testimony on the hospital's efforts to implement a TMP and improve transportation.

62. In 1985 a Transportation Parking Committee was formed at the hospital. Not much happened with that committee until the present Transportation Coordinator arrived in 1987. Thereafter, he began to develop a plan. The first TMP was approved by the City in 1988 for development of the Easy Street project constructed in late 1988.

63. A summary of the present TMP is presented in Exhibit 47. It includes the requirements imposed by the City in the decisions being appealed here.

64. Presently, there is a full time Transportation Coordinator and an ongoing active transportation planning committee. Since the Transportation Coordinator began, commuter fairs have been held and newsletters have been issued to inform employees of options, a vanpool program has been initiated and commuter information centers have been developed. A shuttle van service to transport patients and employees who work at different locations was implemented by the hospital in 1984. It runs 13 1/2 hours each day, every one half hour. There is presently another shuttle which runs to the satellite lot from campus. Efforts were made between 1986 and June of 1989 to increase employee carpooling. The efforts had some success, but the greatest success occurred in latter 1988, when the Coordinator revoked hospital employee parking permits thus preventing them from parking on campus. More recently, the Coordinator has put letters and packets on SOV's of employees parking on the street. These state that they are not to park there and provides them temporary parking permits for the satellite lot. He personally looks into complaints from area residents about employee parking in residential areas. The coordinator periodically also evaluates the campus permits issued to employees with SOVs who need their cars for work.

65. Campus employees seem to be aware of most of the commuting incentives available to them at work according to a survey conducted by Metro (Exhibit 36). In the three years analyzed (1987 through 1989), there was little change in the number of employees on the campus who drive alone. There was a change for the worse in the numbers who carpooled. (In 1987, 17.5 percent carpooled as compared to 13.7 percent in 1989.) Only a small number of employees were aware of employer subsidized parking or carpool/vanpool discounts. Also there was less awareness of guaranteed ride-home or flexible work schedules.

66. Basically, the survey results showed that the likelihood of those employees using SOVs taking other modes of transportation, even with incentives, was small. In 1989, only 2 percent indicated they were likely to ride the bus with half price fares;

another 13 percent indicated they were "somewhat likely" to do so. A similar result was obtained regarding the likelihood of using carpools or vanpools, even with reserved parking or parking discounts. More responded positively to guaranteed rides home ("very likely" = 20 %).

67. No air quality analysis was done by DCLU in its environmental review of the proposal. DCLU indicated the area immediately around the hospital had not been identified as a problem area. It deferred such review to the EIS to be associated with improvements generally planned by the Northgate area.

68. No mitigation was imposed for the increased traffic from the MOB expected to travel north on Meridian. DCLU did not consider this traffic volume to be so adverse as to require specific mitigation, although it acknowledged that traffic mitigation and street improvements north of 115th are being considered as part of the NG Transportation Study and may be required of the hospital as part of the Master Plan. No mitigation was imposed for the First N.E./Northgate Intersection (LOS F) because the amount of traffic generated there from the project (2 %) did not warranted it. The problems at that intersection were to be addressed by an I-5 study.

69. A representative from SED who had reviewed the project and the proposed traffic mitigation indicated that if all the improvements were done as required in the decisions, including TMP conditions, there would be no further significant traffic impact from the project.

70. A number of construction projects have occurred on the campus in the past and since 1981. These often have taken considerable time and have had an adverse impact on the residential communities from noise, construction parking, traffic through the residential streets, dirt and fumes. The sleep of many has frequently been disturbed by these activities.

71. Two witnesses experienced in real estate testified that increased commercial development and traffic in residential communities adversely impact the character and general quality of life in the residential community. There is a diminishment of privacy and peaceful and quiet enjoyment of property. When a neighborhood is disturbed it becomes less desirable for residential use. As it becomes less desirable property changes hands, investors buy up properties, more rentals are developed, maintenance of the property decreases and the homes become run down. The ultimate result is physical deterioration of the neighborhood and loss of economic value.

#### Conclusions

1. The Hearing Examiner has jurisdiction of this appeal pursuant to Chapter 23.76 of the Seattle Municipal Code.

2. Seattle Section 23.76.022C.7 provides that decisions made by the Director on Master Use permits shall be given substantial weight. The burden of proof is on the appellant to establish that the Director's decision was "clearly erroneous." Brown v. Tacoma, 30 Wn App 762, 637 P.2d 1005 (1981).

3. "Clearly erroneous" is a firm conviction that a mistake has been committed, even though there is evidence to support the decision made below. Brown, supra, 764; Sisley V. San Juan County, 89 Wn 2d 78 at 84 (1977). This standard is applied broadly in reviewing threshold decisions of non-significance because the policies of SEPA may be "thwarted whenever an incorrect threshold determination is made." Sisley, supra at 84. Therefore, in review of such decisions, the entire record is open to scrutiny and the public policy and environmental values of SEPA must be considered. Sisley at 84.

4. An EIS is required "whenever more than a moderate effect on the quality of the environment is a reasonable probability." Sisley, supra, at 85. A comparable standard applies under Chapter 25.05 of the Seattle Municipal Code. Seattle Municipal Code Section 25.05.350 indicates that mitigation impacts may be agreed to by the applicant which reduce the significant adverse impacts of a proposal sufficiently to cause a declaration of non-significance to issue. That same section indicates, however, "If a proposal continues to have a probable significant adverse environmental impact, even with the mitigation measures, an EIS shall be prepared." Section 25.05.350B.

5. The Hearing Examiner agrees that the proposed MOB standing alone may not have a significant adverse environmental impact with the mitigating measures identified and the conditions required. However, this proposal cannot be considered in isolation. SEPA policy requires that the cumulative effects of a project when combined with prior or simultaneous development or with probable development of subsequent projects with similar impacts be considered to determine if there are undue impacts. Section 25.05.670A. Such is the case here.

6. The cumulative effects of the project, when combined with prior development on the hospital campus or given the probable development of subsequent campus projects with similar impacts being planned by the hospital in this Master Plan, should not and can not be ignored.

7. The Northwest Hospital campus has had critical parking problems for some time, due to the earlier expansion of its facilities with an increase in employment, patients and visitors incident thereto. Without the proposal, the campus would have a present parking deficit of 626 spaces based on parking demand. The proposal would alleviate this deficit but not eliminate it, even with the additional 192 spaces provided beyond that needed strictly for the MOB. There would still be a deficit of 434 spaces. Those vehicles which can not park on campus will circulate on streets in the surrounding community to find parking spaces as near to the facility as possible. Such streets are at practical capacity already.

8. Furthermore, the existing and projected parking demands calculated were previously reduced by 15 percent on the assumption that peak parking demands would not all occur at the same time and assumed further, that those spaces could be shared by the differing uses. If those assumptions prove incorrect, there would be higher parking deficits, and more vehicles from employees, patients or visitors would be pushed on the street.

9. The increased development activity on the campus prior to the proposal has also created a serious traffic problem on the streets in the immediate area and added to congestion in larger arterials nearby, primarily to the south at Northgate Way. The level of service for the eastbound approach on N. 115th Street with Meridian Avenue North has been worsened to an "F" rating, primarily because of the traffic generated by the campus. The intersection had a high accident classification for three recent years. While the mitigation and conditions required for the project would reduce the delays for the vehicles seeking to turn off N. 115th Street, the level of service would still remain at "F". No one has indicated otherwise. Other nearby intersections will have their level of service improved, but only from an "F" to an "E-F" or "E". Delays under these ratings are still significant.

10. The parking consultant hired by the hospital has indicated the mitigating measures provide only partial mitigation to the parking shortage on an interim basis; they are not a long-term solution. He believes the more permanent solution would be to build a parking garage and continues to urge that.

11. The Transportation Management Plan seeks to reduce the number of employees commuting with Single Occupancy vehicles by at least 50 percent. This is a laudable goal and is to be encouraged. However, because of the lack of transit available to the campus, the increased commute time it would take for most employees, and the employees own response regarding the incentives of the TMP, it is unlikely the TMP would have much effect in reducing SOVs, at least in the next few years. The plan has not reduced use of SOVs in the last three years. Over 85 percent of the employees still drive to work alone. Twenty-one percent of them park on the street. There are presently 2,326 staff, including doctors, on campus. With the MOB, there will be 2,514 staff working there. Excluding the 679 doctors who all park on campus, about 345 of the remaining present employees will be looking for parking on the street.

12. The existing severe parking and traffic impacts will be exacerbated by the proposed development planned by the hospital for the near future, unless at least one parking garage is built. The applicant has argued that the Hearing Examiner cannot consider this development because it is not "known future development under existing zoning." (Refer to applicant's hearing memorandum.) The Examiner does not agree that the future development is not known. Two alternative proposals have been prepared by the hospital. Both are for considerable increased development. A draft on one has already been sent to DCLU for review, the other is soon to be sent. These proposals are not merely speculative, but are concrete plans on which the hospital has spent considerable time, energy and money to develop. In any event, the Hearing Examiner here is not "conditioning", "denying", "lessening", the proposal because of its cumulative effects under Section 25.05.670B.2. Instead, she is applying the policies addressed in Section 25.05.670A.1 and 2 in determining that the threshold decision was in error and that there continues to be a probable significant adverse impact from the project.

13. With respect to traffic and parking impacts, appellants have met their burden.

14. The Hearing Examiner is concerned with cumulative effects in relation to drainage and air quality, as well. It does not appear that cumulative traffic impacts or air quality were analyzed in the environmental assessment. Nor does it appear that the retention pond and drainage system is being planned to correct known drainage problems near the site from the impacts from the greater development proposed.

15. Appellants claim the proposal is regulated by the provisions of Seattle Ordinance 114630 (Northgate Interim Standards) passed by the City Council on August 17, 1989. That ordinance is prospective in operation, not retroactive. By its terms, it does not apply to proposals for which a Master Use Permit application has been completed and a DNS issued. Such is the case at hand. The MOB project was vested in September 20, 1988, following a complete application and MDNS. Even though the project is not subject to the Interim Ordinance, the Ordinance cannot be ignored. It evidences traffic impacts of such a magnitude in the area where the development is planned that emergency action by the Council was necessary. The cumulative effects of the project, combined with prior and proposed development, would only exacerbate an already terrible situation.

16. In sum, the proposal when combined with the effects of prior development continues to have a probable significant adverse environmental impact, despite the mitigation measures; it also has a probable significant adverse impact given the probable development of subsequent projects on the campus with similar impacts. Therefore, under the provision of Section 25.05.350, an EIS must be prepared.

DECISION

The Mitigated Declaration of Non-Significance and the Supplemental decision thereon are reversed and this matter is remanded for preparation of an EIS.

Entered this 30<sup>th</sup> day of November, 1989.

  
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Dona Cloud  
Hearing Examiner Pro Tempore