



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
ENVIRONMENTAL COORDINATOR
11511 MAIN ST., P.O. BOX 90012
BELLEVUE, WA 98009-9012

OPTIONAL DETERMINATION OF NON-SIGNIFICANCE (DNS) NOTICE MATERIALS

The attached materials are being sent to you pursuant to the requirements for the Optional DNS Process (WAC 197-11-355). A DNS on the attached proposal is likely. This may be the only opportunity to comment on environmental impacts of the proposal. Mitigation measures from standard codes will apply. Project review may require mitigation regardless of whether an EIS is prepared. A copy of the subsequent threshold determination for this proposal may be obtained upon request.

File No. 08-128683-LM
Project Name/Address: Overlake Hospital Helistop
Publish: September 4, 2008
Minimum Comment Period: September 18, 2008

Materials included in this Notice:

- Blue Bulletin
- Checklist
- Vicinity Map
- Plans
- Other: Photosim

Estimated date of completion of the proposal or timing of phasing: *OCTOBER 30, 2008*

Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain. *NO*

List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal. *NONE*

Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain. List dates applied for and file numbers, if known. *NO*

List any government approvals or permits that will be needed for your proposal, if known. If permits have been applied for, list application date and file numbers, if known. *BUILDING PERMIT, LAND USE APPROVAL.*

Please provide one or more of the following exhibits, if applicable to your proposal. (Please check appropriate box(es) for exhibits submitted with your proposal):

- Land Use Reclassification (rezone) Map of existing and proposed zoning
- Preliminary Plat or Planned Unit Development
Preliminary plat map
- Clearing & Grading Permit
Plan of existing and proposed grading
Development plans
- Building Permit (or Design Review)
Site plan
~~Clearing & grading plan~~
- Shoreline Management Permit
Site plan

A. ENVIRONMENTAL ELEMENTS

1. Earth

a. General description of the site: Flat Rolling Hilly Steep slopes Mountains Other

b. What is the steepest slope on the site (approximate percent slope)? *4%*

c. What general types of soil are found on the site (for example, clay, sand, gravel, peat, and muck)? If you know the classification of agricultural soils, specify them and note any prime farmland.

N/A

SITE IS PAVED

d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.

NO

e. Describe the purpose, type, and approximate quantities of any filling or grading proposed. Indicate source of fill.

N/A

f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.

NO

g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or buildings)?

NO CHANGE (ABOUT 45% NOW)

h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

N/A

2. AIR

a. What types of emissions to the air would result from the proposal (i.e. dust, automobile odors, and industrial wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities if known.

OCCASSIONAL CONSTRUCTION VEHICLE TRIPS, ESTIMATE 3-5 TRIPS / DAY DURING CONSTRUCTION.

b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.

NO

c. Proposed measures to reduce or control emissions or other impacts to the air, if any:

CONSTRUCTION VEHICLES WILL BE EQUIPPED WITH EMISSION CONTROL SYSTEMS,

3. WATER

a. Surface

(1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands)? If yes, describe type and provide names.

NO,

appropriate, state what stream or river it flows into. N/A

- (2) Will the project require any work over, in, or adjacent to (within 200 feet) the described waters? If Yes, please describe and attach available plans. N/A
- (3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material. N/A
- (4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose, and approximate quantities if known. N/A
- (5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan. NO
- (6) Does the proposal involve any discharges of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge. NO

b. Ground

- (1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description. NO
- (2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage; industrial, containing the following chemicals...; agricultural; etc.) Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve. NONE

5. ANIMALS

- a. Check or circle any birds and animals which have been observed on or near the site or are known to be on or near the site:
 - Birds: hawk, heron, eagle, songbirds, other:
 - Mammals: deer, bear, elk, beaver, other:
 - Fish: bass, salmon, trout, herring, shellfish, other:

- b. List any threatened or endangered species known to be on or near the site. **NONE**

- c. Is the site part of a migration route? If so, explain. **NO**

- d. Proposed measures to preserve or enhance wildlife, if any: **NONE**

6. Energy and Natural Resources

- a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy need? Describe whether it will be used for heating, manufacturing, etc.
ELECTRICITY FOR LIGHTING

- b. Would your project affect the potential use of solar energy by adjacent properties? If so, generally describe.
NO

- c. What kinds of energy conservation features are included in the plans of the proposal? List other proposed measures to reduce or control energy impacts, if any: **LIGHTING WILL HAVE ENERGY CONSERVING LAMPS,**

7. Environmental Health

- a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal? If so, describe. **NO**
 - (1) Describe special emergency services that might be required. **N/A**

 - (2) Proposed measures to reduce or control environmental health hazards, if any. **N/A**

b. Noise

- (1) What types of noise exist in the area which may affect your project (for example, traffic, equipment, operation, other)? **SOME TRAFFIC NOISE FROM I-405 BUT THIS WILL NOT AFFECT THIS PROJECT.**
- (2) What types and levels of noise would be created by or associated with the project on a short-term or long-term basis (for example, traffic, construction, operation, other)? Indicate what hours noise would come from the site. **SHORT TERM: SOME TRAFFIC AND CONSTRUCTION NOISE, LONG-TERM: NOISE FROM HELICOPTER TAKE-OFFS AND LANDINGS.**
- (3) Proposed measures to reduce or control noise impacts, if any:
 - A. PILOTS WILL ADHERE TO THE HELICOPTER ASSOC. INTERNATIONAL "FLY NEIGHBORLY" GUIDELINES.
 - B. HELICOPTERS ARE LIGHT TURBINE ENGINE TYPE - LOW NOISE.
 - C. ADJACENT TO HWY 405 - HIGH NOISE SOURCE.

8. Land and Shoreline Use

- a. What is the current use of the site and adjacent properties? **HOSPITAL.**
ADJACENT PROPERTY TO THE EAST: MEDICAL OFFICE BUILDINGS. TO THE SOUTH IS NE 10TH ST AND GROUP HEALTH MEDICAL OFFICE BUILDING.
- b. Has the site been used for agriculture? If so, describe. **NO**
- c. Describe any structures on the site. **WEST GARAGE IS A 6-STORY CONCRETE BUILDING. FIRST FLOOR: CONFERENCE CENTER & OUTPATIENT SURGERY CENTER. FLOORS 2-5: PARKING GARAGE. SIXTH FLOOR: CHILDBIRTH CENTER.**
- d. Will any structures be demolished? If so, what? **NO**
- e. What is the current zoning classification of the site? **INSTITUTIONAL**
- f. What is the current comprehensive plan designation of the site? **MI (MEDICAL-INSTITUTIONAL)**
- g. If applicable, what is the current shoreline master program designation of the site? **N/A**
- h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify. **NO**
- i. Approximately how many people would reside or work in the completed project? **N/A**
- j. Approximately how many people would the completed project displace? **NONE**
- k. Proposed measures to avoid or reduce displacement impacts, if any: **N/A**

- i. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any: NO CHANGES TO EXISTING USE,

9. Housing

- a. Approximately how many units would be provided, if any? Indicate whether high, middle, or low-income housing. N/A
- b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle, or low-income housing. N/A
- c. Proposed measures to reduce or control housing impacts, if any:
N/A

10. Aesthetics

- a. What is the tallest height of any proposed structure(s), not including antennas; what is the principal exterior building material(s) proposed? NO NEW STRUCTURES
- b. What views in the immediate vicinity would be altered or obstructed? NONE
- c. Proposed measures to reduce or control aesthetic impacts, if any: N/A

11. Light and Glare

- a. What type of light or glare will the proposal produce? What time of day would it mainly occur?
(4) SMALL FLOOD LIGHTS MOUNTED ON THE HELIPAD, SMALL "LED" OBSTRUCTION LIGHTS ON THE NE STAIRWAY AND ON THE MECH. PENTHOUSE.
- b. Could light or glare from the finished project be a safety hazard or interfere with views?
LIGHTS WILL BE DIRECTED DOWNWARD AT THE HELIPAD AND SHOULD NOT BE A SAFETY HAZARD TO TRAFFIC ON NE 12TH STREET (230 FT. FROM THE LIGHTS), LIGHTS WILL ONLY BE ON DURING HELICOPTER USE.

- c. What existing off-site sources of light or glare may affect your proposal? **NONE**
- d. Proposed measures to reduce or control light or glare impacts, if any: **NONE REQUIRED.**

12. Recreation

- a. What designated and informal recreational opportunities are in the immediate vicinity? **N/A**
- b. Would the proposed project displace any existing recreational uses? If so, describe. **NO**
- c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any: **N/A**

13. Historic and Cultural Preservation

- a. Are there any places or objects listed on, or proposed for, national, state, or local preservation registers known to be on or next to the site? If so, generally describe. **NO**
- b. Generally describe any landmarks or evidence of historic, archeological, scientific, or cultural importance known to be on or next to the site. **N/A**
- c. Proposed measures to reduce or control impacts, if any: **N/A**

14. Transportation

- a. Identify public streets and highways serving the site, and describe proposed access to the existing street system. Show on site plans, if any. **SITE SERVED BY NE 8TH STREET, NE 10TH STREET, AND 116TH AVE NE, NO CHANGE TO SITE ACCESS.**
- b. Is site currently served by public transit? If not, what is the approximate distance to the nearest transit stop? **YES TRANSIT STOP ON 116TH AVE. NE**
- c. How many parking spaces would be completed project have? How many would the project eliminate? **N/A**
- d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (indicate whether public or private). **NO**
- e. Will the project use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe. **PROJECT WILL PROVIDE EMERGENCY AIR TRANSPORT FOR CRITICAL PATIENTS VIA HELICOPTER.**

- f. How many vehicular trips per day would be generated by the completed project? If known, indicate when peak volumes would occur. **PROJECTED 1-3 HELICOPTER LANDINGS PER MONTH.**
- g. Proposed measures to reduce or control transportation impacts, if any: **NO.**

15. Public Services

- a. Would the project result in an increased need for the public services (for example: fire protection, police protection, health care, schools, other)? If so, generally describe.
NO
- b. Proposed measures to reduce or control direct impacts on public services, if any.
N/A

16. Utilities

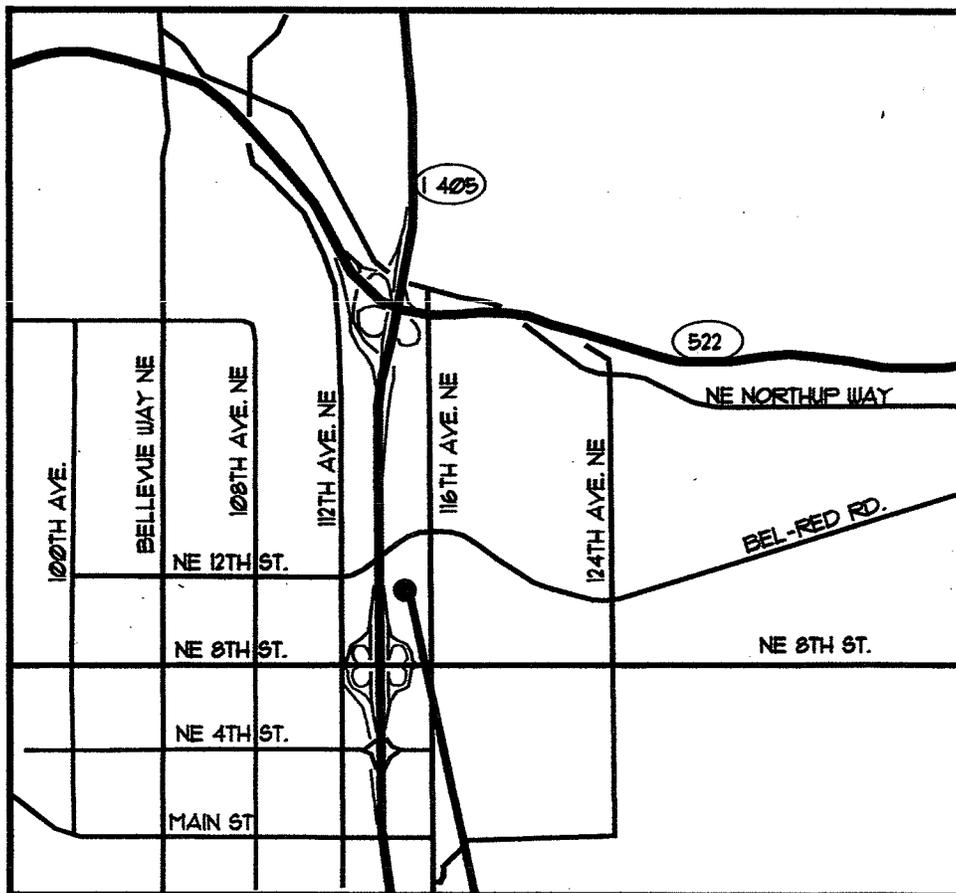
- a. Circle utilities currently available at the site: electricity, natural gas, water, refuse service, telephone,
sanitary sewer, septic system, other.
- b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.
NO CHANGE

Signature

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature.....*Lee Wagoner*.....
Date Submitted.....*8-1-08*.....

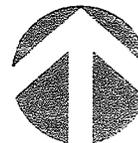
VICINITY MAP



OVERLAKE HOSPITAL
MEDICAL CENTER

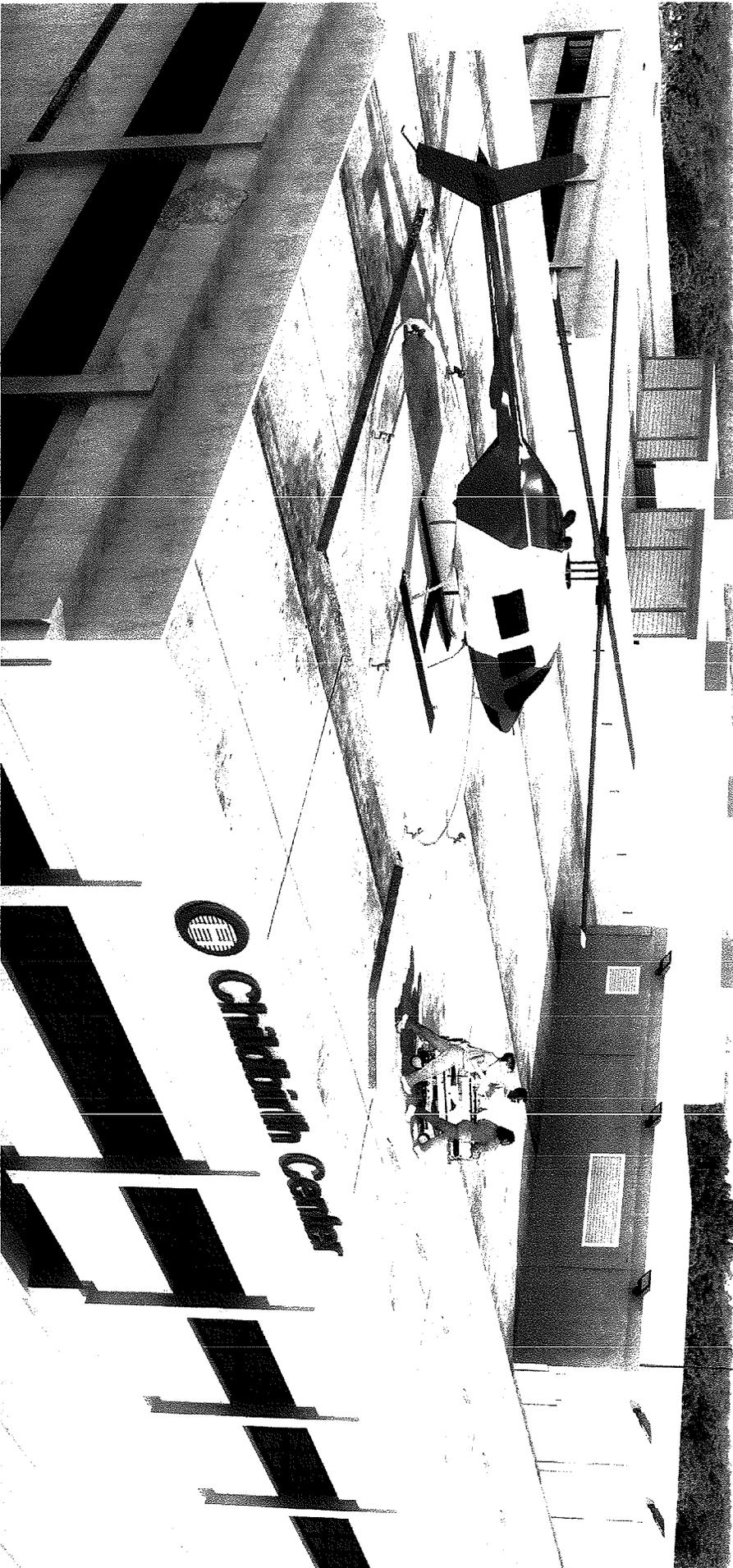
BELLEVUE, WASHINGTON
MAP NOT TO SCALE

NORTH



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**BLAKE HOSPITAL MEDICAL CENTER
HELIPORT MEDICAL AIRLIFT HELISTOP**



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