FINAL GENERIC ENVIRONMENTAL IMPACT STATEMENT

for the

Long Island Jewish Medical Center Modernization Program

Prepared on the behalf of:

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IMPORTANT NOTE TO READER

For the purposes of this document, the Lead Agency, Dormitory Authority of the State of New York, has incorporated by reference the *Draft Generic Environmental Impact Statement* ("*DGEIS*") into the *Final Generic Environmental Impact Statement* ("*FGEIS*"). Therefore, it is important that all involved agencies and interested parties that have previously received a copy of the *Draft Generic Environmental Impact Statement* for the Long Island Jewish Medical Center Modernization Program retain that document and not discard it, since the *DGEIS* is an integral part of this *FGEIS*.

Table of Contents

List of Figures

List of Tables

I. Introduction

This document constitutes the *Final Generic Environmental Impact Statement* ("*FGEIS*") for the Long Island Jewish Medical Center Modernization Program. The *Draft Generic Environmental Impact Statement* ("*DGEIS*") for the Long Island Jewish Medical Center Modernization Program, dated February 24, 2009, is incorporated into this *FGEIS* in its entirety by reference.[1] Following the issuance of the *DGEIS*, DASNY opened a public comment period on February 24, 2009 to accept comments on the *DGEIS*. This public comment period ended on March 27, 2009 and included a public hearing on March 16, 2009.

The Dormitory Authority, acting as lead agency, has determined that no major revisions to the *DGEIS* were deemed necessary. Where appropriate, minor revisions to the *DGEIS* have been made and such revisions are included in Sections II through VI. All changes to the text are indicated with ~~strikeouts~~ (deletions) and underlining (additions).

This *FGEIS* is organized into several sections. Section II presents the Executive Summary, including a detailed review and discussion of the analyses contained in the *DGEIS*. The Executive Summary also describes the steps that have taken place in the environmental review process to date. Sections III through VI present the changes made to the *DGEIS* and responds to the public comments received during the *DGEIS* comment period and at the public hearing. With the exception of Section III, which updates *DGEIS* Chapter 10 *Traffic and Transportation* in full, the other sections of the *DGEIS* presented in this *FGEIS* appear as partial chapters. Additionally, the transcript from the *State Environmental Quality Review* ("*SEQR*") public hearing held on March 16, 2009, is attached to this *FGEIS* as Appendix A, and correspondence with involved agencies and interested parties as Appendix B. Written comments on the *DGEIS* received during the public comment period are included as Appendix C. Supplemental traffic information as requested by the New York City Department of Transportation ("NYCDOT") is included as Appendix D.

Updates to Chapter 10 – Traffic and Transportation

In response to the general comments made by NYCDOT backup data for the traffic analyses was transmitted to the NYCDOT on two transmittals dated March 26, 2009 and April 3, 2009. Physical inventories were confirmed on March 25, 2009 and the traffic analyses were updated to reflect those conditions. The analyses are slightly different than those included in the *DGEIS* and detailed updates are included in Section III. The conclusions from the *DGEIS* remain the same with the exception of the intersections at Union Turnpike and Lakeville Avenue and the 400 Lakeville Road rear entrance and Marcus Avenue. Significant impacts are no longer anticipated at either intersection. A significant impact is still anticipated at the intersection of Marcus Avenue and Lakeville Road.

[1] 6 *N.Y.C.R.R.* § 617.9(b)(8). This section of the *SEQR* regulations allows the *DGEIS* to be incorporated by reference into the *FGEIS*. The *DGEIS* was prepared specifically for the Long Island Jewish Medical Center Modernization Program. Its applicable findings are summarized in the *FGEIS* Executive Summary. Information contained in the *FGEIS* Executive Summary that is not underlined or strikeout denotes a finding from the *DGEIS*.

II. Executive Summary

This project is being reviewed pursuant to the *State Environmental Quality Review Act ("SEQRA")*, codified at Article 8 of the *New York Environmental Conservation Law*, and its implementing regulations, promulgated at Part 617 of Title 6 of the *New York Code, Rules and Regulations ("N.Y.C.R.R.")*, which collectively contain the requirements for the *State Environmental Quality Review ("SEQR")* process. The environmental review will follow *SEQR* and the *City Environmental Quality Review ("CEQR") Technical Manual*[2] generally will be used as a guide with respect to environmental analysis methodologies and impact criteria for evaluating the Proposed Project in this ~~*Draft*~~ *Final Generic Environmental Impact Statement ("~~D~~FGEIS")*, unless stated otherwise.

The Proposed Project is also being reviewed in conformance with the *New York State Historic Preservation Act of 1980 ("SHPA")*, especially the implementing regulations of Section 14.09 of the *Parks, Recreation, and Historic Preservation Law ("PRHPL")*, as well as with the requirements of the Memorandum of Understanding ("MOU"), dated March 18, 1998, between the Dormitory Authority and the New York State Office of Parks, Recreation, and Historic Preservation ("OPRHP").

Introduction

Based on discussions between DASNY and representatives of the North Shore Long Island Jewish Health System ("NSLIJ"), it has been determined that a *Generic Environmental Impact Statement ("GEIS")* is appropriate for disclosing the potential environmental effects of the Proposed Project. Pursuant to *SEQR*, a *GEIS* is appropriate for assessing the environmental impacts of separate actions in a given geographic area which, if considered singly, may have minor impacts, but if considered together may have significant impacts. The Proposed Project consists of a series of separate projects across the Project Site which, if considered together, may have significant impacts. The *GEIS* is therefore an appropriate vehicle for assessing the potential environmental effects of the Proposed Project.

Pursuant to *SEQR*, a *GEIS* may set forth specific conditions or criteria under which future actions would be undertaken or approved, including requirements for any subsequent *SEQR* compliance. This may include thresholds and criteria for supplemental Environmental Impact Studies ("*EIS*s") to reflect specific significant impacts, such as site specific impacts, that were not adequately addressed or analyzed in the *GEIS*. For purposes of this *SEQR*, any significant changes to the Proposed Project as contemplated in this *GEIS* may require additional review under *SEQR* ranging from the completion of an environmental assessment form and *SEQR* determination to a site-specific environmental impact statement, in accordance with the procedure set forth in Part 617.10(d) of Title 6 of the *N.Y.C.R.R.*

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[2] The City of New York, Mayor's Office of Environmental Coordination, *City Environmental Quality Review Technical Manual*, October 2001.

Those proposed elements of the proposed Long Island Jewish Medical Center ("LIJMC") Facility Modernization that fall within the City of New York are subject to this ~~*D*~~*FGEIS*. Additionally, the widening of the LIJMC Main Entrance at Lakeville Road and associated improvements of the intersection are included.

Project Site Location and Description

The Project Site is located 15 miles east of Manhattan in New Hyde Park, Borough of Queens, Queens County, New York. The address is 270-05 76th Avenue, New Hyde Park, New York, 11040. The Project Site, located on the border of the Borough of Queens and Nassau County, Block 8520 Lot 2, is bounded by 263rd Street, the North Shore Towers, the western frontage of the Parker Jewish Geriatric Institute and the Borough of Queens/Nassau County Line (Figure ES-1).

Additional LIJMC Facilities also exist within Nassau County and include an ambulatory surgery and cancer care facilities at the i-Park development site located east of Lakeville Road and other office and research buildings on the west side of Lakeville Road. Those proposed elements located within the City of New York and the LIJMC main entrance widening at Lakeville Road are subject to this ~~*D*~~*FGEIS*.

LIJMC is an active, important community facility that has provided health care services to the community for 50 years. The existing facilities on the Project Site were built over the course of nearly 50 years and have evolved over time to their current state of functional efficiency. The LIJMC provides a broad range of preventive, primary and secondary health care. Since it opened, the LIJMC has expanded several times to accommodate an increasing population and changing community health care needs. Construction of medical facilities at the Project Site commenced in the early 1950's, with the first of the Zucker Hillside Hospital ("ZHH") buildings. The main building for Long Island Jewish Hospital ("LIJH") was constructed in 1954. The Schneider Children's Hospital ("SCH") was completed in 1983. The Hillside Activities Therapy Building was recently constructed in 2004. The Emergency Department Expansion and the Intensive Care Unit Expansion (Dietary Overbuild) Projects were completed in the summer of 2007. LIJMC owns the land as well as the medical center facilities within the LIJMC Campus (the "Campus").

Proposed Action

DASNY has received or anticipates receiving a funding request from the NSLIJ Obligated Group for several major elements of its Long Island Jewish Medical Center Modernization Program, which involves a variety of institution-wide construction, relocation, renovation and equipment purchase projects.

For the purposes of *SEQR*,[3] the Proposed Project would consist of DASNY's authorization of the issuance of tax-exempt bonds in one or more series or sub-series pursuant to

DASNY's Hospital Program on behalf of NSLIJ. The proceeds of the bond issuance would finance or refinance the projects described in this ~~*D*~~*FGEIS*.

Proposed Project

The proposed modernization program is a multi-year effort to upgrade, renovate and expand many of the medical services provided at the Project Site. The proposed program would provide easily-accessible, comfortable and modern health care facilities for the Queens Community. The collective elements of the modernization program, herein called the "Proposed Project" include the construction of the following:

- A proposed Schneider Children's Hospital Inpatient Building, which would add approximately 50 new beds.
- A proposed Women's Hospital, which in conjunction with the renovation of the existing facility to provide new labor and delivery services, would add approximately 72 new beds.
- A proposed Zucker Hillside Inpatient Psychiatric Facility, which would replace the Altschul, Hilda Strauss and Elson cottages and services or beds located in the Kauffman, Israel Strauss and Littauer buildings, would result in approximately 13 new beds.
- Campus Utility Improvements, which is a continuation of an ongoing program for replacing degraded utilities within the Project Site.
- Campus Roadway Improvements, which is a continuation of an ongoing program for providing a continuous roadway around the perimeter of the Project Site. The new or upgraded roadways would provide enhanced vehicular access throughout the Project Site that currently does not exist.

Detailed descriptions for each project are discussed later in this text. The Proposed Project would add approximately 135 total beds to the Campus, thereby increasing the total number of New York State Department of Health-approved beds from 869 to 1004. The number of hospital employees would increase by approximately 250. A project summary table is provided in Table ES-1.

Descriptions of Proposed Project Elements

Schneider Children's Hospital Inpatient Building. This element of the Proposed Project would be an addition to the present Schneider Children's Hospital. The existing building, which presently contains inpatient beds as well as ambulatory care areas, was completed over 20 years ago. While it is not near the end of its useful life, it is in need of modernization in terms of the area required to provide for any future growth or consolidation of services. Through the addition

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[3] New York State Department of Environmental Conservation. *SEQR Handbook, Revised 1996*. Nov. 2005. http://www.dec.state.ny.us/website/dcs/seqr/handbook/index.html (September 12, 2008).

of the new inpatient building, the hospital would be able to extend and revitalize the life of the existing structure as well as completely transform the appearance of this part of the Project Site.

The expansion of Schneider Children's Hospital provides for the creation of spaces in which pediatric care could be delivered in a cohesive and integrated setting which benefits patients, families and staff. It would enable the consolidation of ambulatory and inpatient pediatric services on a single site and in a single facility designed and dedicated to providing health care for children.

The Schneider Children's Hospital Inpatient Building would involve construction of a new approximately 95,000-gross-square-foot ("gsf") addition to the existing Schneider Children's Hospital and is planned to be five stories in height with four occupied levels (Ground through 3). Horizontal connections would be provided for access back to the existing hospital. The new building would include a new 25-bed state-of-the-art Pediatric Intensive Care Unit and a new 25-bed Medical/Surgical Unit for a total of 50 new beds. In addition, a new Pediatric Emergency Department is planned for the ground floor, which would accommodate projected growth as well as creating a space designed specifically for the needs of children.

Construction of this project is anticipated to begin in the first ~~quarter~~ half of 2009 and be completed by the second quarter of 2010. A *Certificate of Need* ("*CON*") application was submitted to the New York State Department of Health ("NYSDOH") in June 2008.

Women's Hospital. This element of the Proposed Project would provide new spaces for the delivery of healthcare to expectant mothers, a new main entrance and connection to the existing LIJ Hospital Main Tower and Medical/Surgical patient rooms. In addition, this building would also serve to address the need to update the overall appearance of the Project Site by providing a new and modern identity through its prominent placement at the terminus of the main entry drive from Lakeville Road.

The Women's Hospital project would involve the construction of a new, approximately-250,000-gsf building that would connect to the existing Long Island Jewish Hospital ("LIJH") Main Tower. This project aims to consolidate woman's services and provide opportunities for expansion of existing bed services. In addition to other functions, the project would provide 16 single occupant labor and delivery rooms, 16 ante-partum single occupant bedrooms, 60 postpartum single occupancy beds, nursery for 60 newborn infants, 4 C-Section operating rooms, women's diagnostic and treatment services and women's inpatient ante-partum testing services from the existing LIJ Hospital. This project would add approximately 72 new beds.

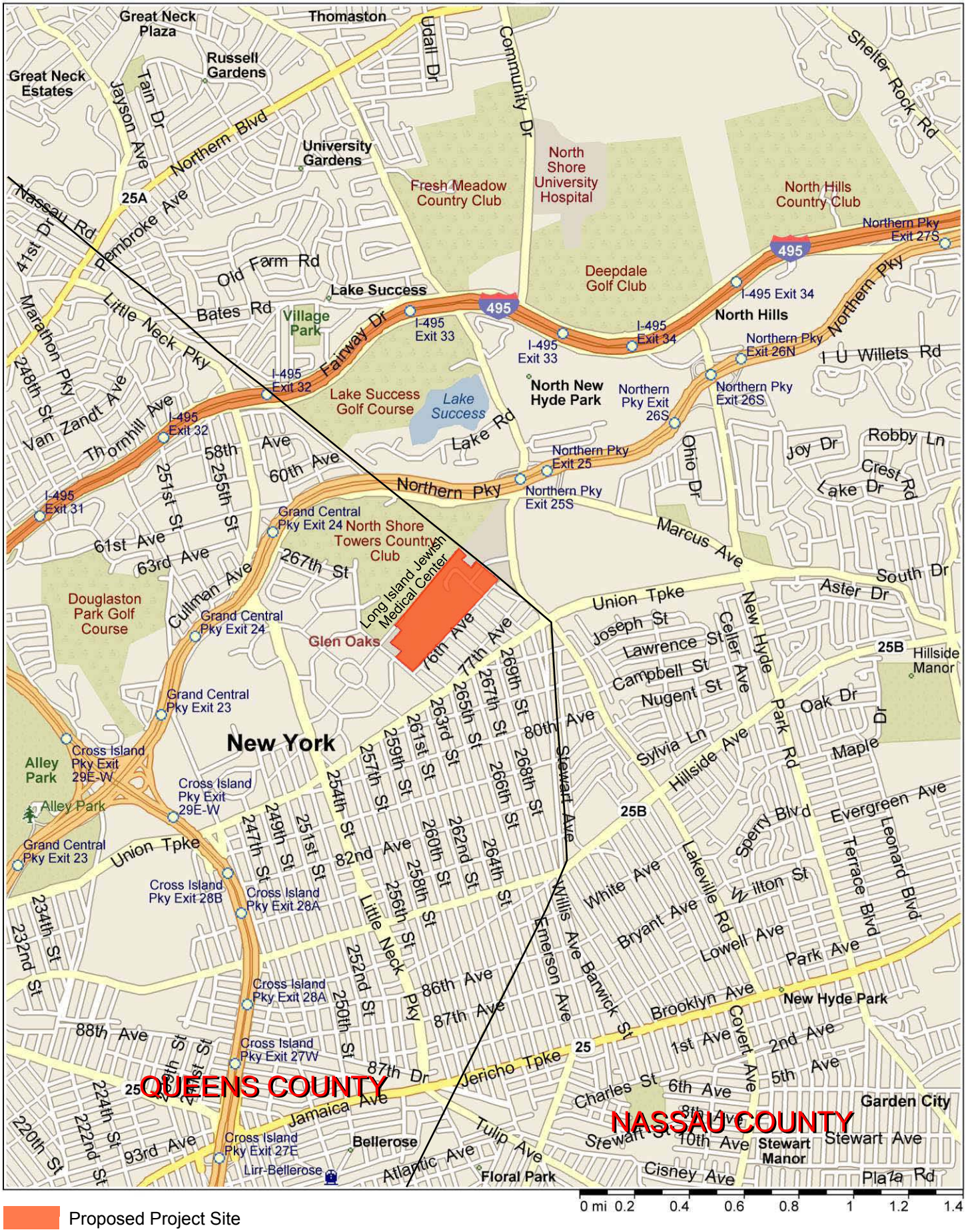

Figure ES-1
Project Location Map

LIJ Medical Center

The existing LIJH Main Tower would undergo minor renovations following the decanting of certain uses into the newly completed tower. In particular, minor façade penetrations and hallway connections would be made to provide circulation and infrastructure connections between the new hospital and the reworked sections of the existing building.

Construction of this project began in the third quarter of 2008 and is anticipated to be completed by the second quarter of 2011. A *CON* application was submitted to NYSDOH in August 2007 and approved on February 20, 2008 *(CON No. 021457)*.

Zucker Hillside Inpatient Psychiatric Facility. This element of the Proposed Project would consolidate existing inpatient beds located in three existing separate on-site buildings into a new modern inpatient building. The new two-story 140,000-gsf building with full basement is to be located adjacent to the Hillside Activities Therapy Building. The new inpatient building would accommodate beds and clinical functions which currently reside in existing structures on the campus. The building itself would be a conventional steel frame, concrete floors and an exterior shell of curtain wall panels, and punched windows in the patient areas. Circulation within the ZHH portion of the Project Site would be reconfigured to provide vehicular and pedestrian access to the new facility.

The new facility would replace existing beds and facilities from the following existing facilities: Sixty (60) in-patient beds from the Altschul, Hilda Strauss and Elson cottages would be relocated into the new facility and the cottages would be demolished; 21 in-patient beds and the Electroconvulsive Therapy ("ECT") Suite from the Kaufman Building would be relocated to the new facility and the vacated space would become future administrative space; The Pharmacy from the Littauer Building would be relocated into the new facility and the vacated space would become future storage; 21 in-patient beds in the Israel Strauss (Adolescent) Pavilion would be relocated into the new facility.

The new building would house three specific populations: adolescent, adult and geriatric. Each of the 3 wings, on each of the two floors would have 19 state-of-the-art inpatient beds units for a total of 115 beds, which comprises a net increase of approximately 13 beds.

Construction of this project is anticipated to begin in the second quarter of 2009 and be completed by the second quarter of 2011. A *CON* application was submitted to NYSDOH in August 2008.

*Campus Utility Improvements***.** The Campus Utility Improvements are a continuation of an ongoing program for replacing deteriorated utilities within the Project Site. New steam, chilled water, electric, communications, water main, sanitary sewers and storm sewer facilities would be constructed to maintain service to the existing buildings as well as provide service to new buildings.

Construction of the utility improvements began in the first quarter of 2008 and is anticipated to be completed by 2011.

*Campus Roadway Improvements***.** The Campus Roadway Improvements are a continuation of an ongoing program for providing a continuous roadway around the perimeter of the Project Site. The new or upgraded roadways would provide enhanced vehicular access throughout the Project Site that currently does not exist. New loop roadways would be constructed north of the 3-story visitor parking garage; a new north to south roadway would be constructed along the eastern frontage of the Project Site from the Emergency Department to 76th Avenue; a new east to west roadway would be constructed along the southern frontage of the Project Site between 271st Street and 268th Street; a new north to south roadway would be constructed from the 8-story staff parking garage to the Schneider Children's Hospital Roadway; new roadways would be constructed within the ZHH Campus north of the Lowenstein Buildings; and the LIJMC main entrance at Lakeville Road would be widened from four to five lanes to provide an additional lane for traffic exiting the LIJMC Campus. A gate controlled access from 74th Avenue near the intersection at 263rd street would be used for staff access to the recently constructed staff parking garage.

Upon completion of the Campus Roadway Improvements, vehicular access to the Schneider Children's Hospital from the main entrance on Lakeville Road would be via the on-site north-south roadway and 76th Avenue, 76th Avenue and then into the campus entrance on 76th Avenue between 269th and 270th Street. In addition, LIJMC would request that the parking lane on the westbound side of 76th Avenue between 269th and 270th Street be closed and designated as a No-Parking zone in order to facilitate the new through movement and improve site distance for vehicles turning out of the Campus.

Construction of the new north to south roadway from the Emergency Department to 76th Avenue began in the second quarter of 2008. Construction of the new east to west roadway along the southern frontage of the Project Site began in the third quarter of 2008. Construction of the remaining roadways is anticipated to begin in 2009 and be completed by 2011.

Table ES-1: Project Summary Table

Building	Gross-Square-Foot-Change (gsf)	Existing Beds to be Relocated to ZHIPF[1]	New Beds with Proposed Project
Buildings to be Demolished			
Rotunda Building	(9,400)	0	--
Altschul Cottage	(4,500)	(20)	--
Hilda Strauss Cottage	(4,500)	(20)	--
Elson Cottage	(4,500)	(20)	--
Subtotal	*(22,900)*	*(60)*	--
Beds to be Transferred to ZHIPF[1]			
Kaufman Pavilion[2]	0	(21)	--
Adolescent Pavilion[2]	0	(21)	--
Subtotal		*(42)*	--
Proposed Buildings			
Schneider Children's Hospital Inpatient Building	95,000		50
Women's Hospital	250,000		72
Zucker Hillside Inpatient Psychiatric Facility	140,000		13
Subtotal	*485,000*	*(102)*	*135*
Total	**462,100**	**(102)**	**135**

[1]Zucker Hillside Inpatient Psychiatric Facility, 102 beds would be relocated and 13 new beds would be constructed, for a total of 115 beds in the facility.
[2]The existing building will remain.

Construction Schedule

Construction of the Proposed Project is anticipated to take approximately four years beginning in 2008 and be completed in 2011. The existing conditions, No-Build and Future Build site plans are illustrated in Figures ES-2, ES-3 and ES-4. An approximate construction schedule is illustrated in Figure ES-5.

Other Approvals

The Proposed Project may require certain environmental permits and/or approvals from city and state agencies. Approval from New York City Department of Transportation ("NYCDOT") would be necessary in order to eliminate parking along the westbound side of 76th Avenue between 270th Street and 269th Street. A highway permit for improvements to the LIJMC driveway at Lakeville Road would be required from the Nassau County Department of Public Works. *A State Pollutant Discharge Elimination System ("SPDES") General Permit for*

Stormwater Discharges from Construction Activity would be required from New York State Department of Environmental Conservation ("NYSDEC"). An approved *CON* would also be required from the NYSDOH for each project element.

Project Background

Facility Master Plan

In 1997 the merger between the North Shore Health System ("NSHS") and the Long Island Jewish Medical Center ("LIJMC"), two of the major medical systems in Long Island, resulted in the establishment of one of the largest non-profit healthcare systems in the United States – the North Shore Long Island Jewish Health System ("NSLIJ/HS"). Over the last ten years, the NSLIJ/HS has undertaken planning efforts to identify opportunities to improve quality, service and economies of scale uniquely offered by an integrated healthcare delivery system. This planning effort culminated in the development of a comprehensive *Strategic Plan of 2002-2006*[4] focused on women's and children's services. The strategic process included system-wide planning to rationalize major services between the LIJMC and NSHS campuses as well as opportunities of providing ambulatory care services at off-site locations that are proximate to the respective Campuses.

The *Strategic Plan of 2002-2006* identified nine goals relating to: clinical quality, operational performance, service quality, employee satisfaction, programmatic excellence, community benefit, physician relationships, academic excellence and hospital infrastructure. Recommendations presented therein included enhanced women, children and psychiatric services on the LIJMC Campus, including the addition of maternity beds, Labor and Delivery Rooms ("LDRs"), the elimination of 4-bed rooms and updating the appearance of the LIJMC Campus through renovation of the lobby and modernizing the hospital's face to the community.

Following the *Strategic Plan of 2002-2006*, additional studies were conducted that established programming criteria for future projects including those included as the Proposed Project. The *Tertiary Facility Strategy and Capital Investments Study (2006)*[5] described the strategy for improving services for women and children with the Women's Hospital project and the Schneider Children's Hospital Inpatient Building project. The *Zucker Hillside Hospital Strategic and Facility Plan (2007)*[6] described the strategy for improving psychiatric services with the Zucker Hillside Inpatient Psychiatric Facility.

The *Tertiary Facility Strategy and Capital Investments Study* also identified goals for the Women's Hospital project and the Schneider Children's Hospital Inpatient Building project to improve services for women and children. The creation of buildings to attract patients, enhancing the patient experience and entry sequence and clarifying site circulation, thereby improving the LIJMC image, were defined as major goals. Improved access to the Women's

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[4] North Shore Long Island Jewish Health System. *Strategic Plan of 2002-2006,* 2002.
[5] North Shore Long Island Jewish Health System. *Tertiary Facility Strategy and Capital Investments Study (2006).*
2006
[6] North Shore Long Island Jewish Health System. *Zucker Hillside Hospital Strategic and Facility Plan (2007).* 2007.

Hospital would be provided. Connectivity improvements for both staff and patients between hospital departments, such as the Neonatal Intensive Care Unit, Gynecology, Emergency Department, Surgery, Service and Imaging was also identified as a key goal. Finally, flexibility for future expansion was also to be provided for.

The *Zucker Hillside Hospital Strategic and Facility Plan* described the strategy for improving psychiatric services with the Zucker Hillside Inpatient Psychiatric Facility. This plan focused on modernizing the aging facility, creating a patient-oriented environment, increasing bed count to the licensed capacity (the current facility is below licensed capacity), house marketable programs that are aligned with clinical expertise, identify optimal unit sizing and optimize staff efficiency.

Concept Design

During the Concept Design and the *Certificate of Need ("CON")* process, initiated with the New York State Department of Health ("NYSDOH"), the purpose and need of elements included in the Proposed Project was further defined. The *CON* for Women's Hospital was submitted in August 2007 and approved on February 20, 2008 *(CON No. 021457)*, the *CON* for Schneider Children's Hospital Inpatient Building was submitted in June 2008 and the *CON* for the Zucker Hillside Inpatient Psychiatric Facility was submitted in August 2008. The findings and recommendations from these processes are presented below.

Women's Hospital[7]

Obstetrics. The Department of Obstetrics provides high-quality reproductive health services for women, including tertiary care in obstetrics for high risk patients. The obstetrics service is currently housed on 2 levels of the original Long Island Jewish Hospital ("LIJH") building and was originally built to accommodate 4,000 deliveries annually. Annual delivery volume at LIJH currently exceeds 6,000, the most of any hospital in New York State and only a handful of hospitals deliver more babies in a year elsewhere in the United States. The current facility bed usage is no longer sustainable due to total facility capacity constraints and an increasingly demanding consumer driven environment. For example, one-half of the beds in one postpartum nursing unit are in 4-bed rooms, with four patients sharing one bathroom. There are not enough Labor Delivery Rooms ("LDRs"), and the LDRs are small by today's standards. Triage and recovery are also undersized, and there is no family waiting room. In addition to improved facilities for postpartum patients, additional triage, LDRs, c-section operating rooms and recovery space are needed to comfortably accommodate current delivery volume. The current footprint of the hospital cannot accommodate a modern, high-volume, tertiary obstetrics program. The solution is a new facility expanding and modernizing the obstetrical facilities at LIJMC.

Medical/Surgical. In 2006, LIJH's medical surgical unit operated at a 95 percent occupancy. There are 96 medical/surgical beds that are in 4-bed rooms throughout LIJH. Having four patients in one room leads to operational inefficiencies and contributes to an

[7] North Shore Long Island Jewish Health System. *Certificate of Need No. 021457*. August 27, 2007.

unfavorable institutional impression that is at odds with the high standard of patient care for which LIJMC is renowned. The construction of the new Women's Hospital will allow for the decompression of existing 4-bed medical/surgical rooms into the space that is currently occupied by Obstetrics.

As a result of these needs and space constraints, it was determined that the Women's Hospital as a separate addition to the existing LIJH building was necessary as an element of the Proposed Project.

Schneider Children's Hospital ("SCH")[8]

Emergency Services. The Pediatric Emergency Division currently provides for the unique needs of children in a separate section of the LIJMC Emergency Department away from adults. The Pediatric Trauma Center serves as the region's receiving hospital for direct ambulance arrivals as well as inter-hospital transports of traumatically injured children. Between 2004 and 2007, there was a 20 percent growth in Pediatric Emergency Department volume or an average of approximately 1,900 visits per year. This growth rate is expected to continue. The current facility is undersized and must be expanded to meet the current and future volume of pediatric patients.

Medical/Surgical Services. Today's pediatric hospitalizations are often for children with complex illnesses, co-morbidities and other complications. In 2007, as a result of growth, SCH attained an occupancy level of 89 percent, well in excess of NYSDOH planning standards. As growth is expected to continue, accommodating this growth at SCH will not be possible within the current SCH certified beds. The LIJMC and overall NSLIJ/HS strategic plan is to regionalize pediatric tertiary services at SCH. The strategic plan for regionalizing tertiary pediatric services requires that SCH be expanded to accommodate the current pediatric volume at the North Shore University Hospital and the Forest Hills Hospital, which were part of the NSHS, and to meet the future demand for pediatric services. The current facility is undersized and must be expanded to meet the current and future volume of pediatric patients.

Pediatric Intensive Care Services. SCH provides a comprehensive array of medical and surgical services to many patients with co-morbidities and other complications for which they require critical inpatient care. The high surgical patient volume is due in part to the SCH designation as a pediatric trauma center. The full-time physician staff, including Pediatric Intensive Care Unit ("PICU") intensivists, provides this care to some of the sickest children in the region. SCH is currently the only certified pediatric cardiac surgery program on Long Island. As a result of the hospital's growth, especially among higher acuity patients, the number of PICU beds at SCH is inadequate to care for the patients requiring a critical level of inpatient care. An analysis of the 10 highest volume inpatient pediatric providers in New York State shows that while 12.6 percent of LIJMC's pediatric beds are PICU beds, PICU typically comprises 13 percent to 38 percent of the other hospitals' total pediatric beds. The current facility is undersized and must be expanded to meet the current and future volume of pediatric patients

[8] North Shore Long Island Jewish Health System. *Certificate of Need, Number Pending*. June 27, 2008

As a result of these needs, space constraints and projected future demands, it was determined that the Schneider Children's Hospital Inpatient Building as a separate addition to the existing SCH was necessary as an element of the Proposed Project.

Zucker Hillside Inpatient Psychiatric Facility[9]

Modernization of Facilities and Growth. The Zucker Hillside Hospital ("ZHH") is a tertiary, regional psychiatric facility. The Zucker Hillside Hospital campus is located on approximately 32 landscaped acres and is comprised of approximately 10 low-rise buildings. Many of the buildings were constructed between 1939 and 1952. Six of the structures built in the 1940s house inpatients. Two additional buildings, a patient activities building and a research building, were constructed in 1964 and 1967 respectively. The buildings are in need of replacement. While they were code compliant at the time of their construction, by today's standards, they have severely undersized patient rooms, and limited program and common area spaces. The patient units are crowded and inefficient for nursing supervision, with limited activity and support spaces. There are no individual toilet rooms, only central toilets and showers.

ZHH has experienced continual growth, solidifying its position as a destination facility for behavioral health services in the region. Between 2004 and 2006, ZHH discharges increased 21 percent. Growth has been seen in nearly all age groups. Significant growth has been seen in the geriatric program, as well as within adult short stay patients. In 2007, an occupancy of 93 percent was attained on 236 licensed beds. These occupancy levels are in facilities which do not meet desired standards, with some units dating to the 1940s, in which providing care in a safe and dignified manner is becoming increasingly difficult.

Geriatric Psychiatry. The ZHH division of Geriatric Psychiatry provides specialty care to a growing elderly population. Projected growth in the geriatric population and the increasing need for psychiatric services within this population will result in significant growth in inpatient discharges. An increase in discharges of 40 percent is anticipated through 2014 indicates the need to expand facilities.

Adult Short Stay. There has been significant growth in "short-stay" patients, or those who are hospitalized for less then 14 days. In 2004, short-stay patients made up 51 percent of the adult (non-geriatric) discharges. By 2007 this proportion had increased to 58 percent. Short-stay discharges increased by 300 over the three-year period of 2004 to 2007. This growth is expected to continue, with an additional 600 discharges over the next six years. It is projected that 67 percent of adult (non-geriatric) discharges at ZHH will be of short stay patients. The growth in this population derives from reductions in length of stay, which can increasingly be achieved through more effective treatment regimes. Further, demand for the adult short-stay patient population is expected to increase with the shrinkage of existing community hospital inpatient psychiatric beds.

[9] North Shore Long Island Jewish Health System. *Certificate of Need, Number Pending*. August 8, 2008

As a result of these needs, space constraints and projected future demands, it was determined that the Zucker Hillside Inpatient Psychiatric Facility as a separate building was necessary as an element of the Proposed Project.

Project History

A *Final Scoping Document* was first issued on January 2006 and later revised and issued as a *Revised Final Scoping Document* in April 2008 due to the passage of time and changes to the Modernization Program. Previous *SEQR* activities, detailed below, were undertaken in support of an earlier incarnation of the Modernization Program (the "2006 Modernization Program"). The 2006 Modernization Program included the addition of 104 beds to the LIJMC Campus; renovation of 24,850 gsf of existing space on the campus; and construction of 296,400 gsf of new space on the campus. Over the ensuing two years, LIJMC elected to proceed with certain of these projects individually rather than collectively. The following list details the various projects contemplated under the 2006 Modernization Program and their current status:

Emergency Department ("ED") Expansion and Renovation, New Cardiac Care Unit, New Surgical ("SICU") and Cardio-Thoracic Intensive Care Unit ("CTICU"). These projects, advanced by LIJMC as part of the DASNY-financed North Shore-Long Island Jewish Health System Obligated Group 2007 Financing Project, were the subject of a DASNY *SEQR Negative Declaration Notice of Determination of Nonsignificance* on April 23, 2007. Construction of these projects was completed in 2007.

Women's Pavilion. Under the 2006 Modernization Program, this project was planned for the site of the existing Finkelstein Pavilion (which would have been demolished) and included renovations and additions to the existing Oncology Institute. During the facility planning process, LIJMC decided to integrate this facility with the proposed Bed Tower building, which combined is now known as the "Women's Hospital." As currently proposed (see below), this facility would connect to the existing LIJH main tower.

Transfer of Facilities. This project involved the relocation of the existing obstetrical service (pre and postpartum beds and labor and delivery service) into the then-contemplated Women's Pavilion. These activities have been incorporated into the Women's Hospital project as contemplated in the current Modernization Program.

New Staff Parking Garage. This project, advanced by LIJMC as part of the North Shore-Long Island Jewish Health System Obligated Group 2007 Financing Project, was the subject of a previous *City Environmental Quality Review ("CEQR")* by the New York City Board of Standards and Appeals (BSA) (*CEQR* #03-BSA-114Q) which resulted in a *CEQR Negative Declaration Determination of Nonsignificance* on December 9, 2003. The BSA variance allows a parking facility with more than 225 spaces and rooftop parking. The garage was completed in mid-2008.

New Bed Tower. Under the 2006 Modernization Program, this project was planned to connect to the existing LIJH main tower. During the facility planning process, LIJMC decided to integrate this facility with the Women's Pavilion, which combined is now known as the

Women's Hospital. A new Bed Tower project as a separate building is no longer proposed under the current Modernization Program.

Regulatory Framework

This ~~*D*~~*FEGEIS* for several major elements of the Long Island Jewish Hospital Modernization Project has been prepared by the DASNY in compliance with the *SEQRA*, *Article 8 of the Conservation Law*; the *SEQR* regulations and *Part 617 of Title 6 of the N.Y.C.R.R.*

The *SEQR* procedure governs the overall analysis. The ~~*D*~~*FGEIS* provides a description of "Existing" (Year 2007) conditions, conditions in the future without the Proposed Project (the "Future No-Build Condition") and assessments of conditions in the future with the Proposed Project (the "Future Build Condition"). For analytical purposes, the project is assumed to have a build completion date ("Build Year") of 2011.

The Future No-Build Condition is the state of all relevant development and rehabilitation projects and other land use changes in the primary and secondary study areas proposed for completion in or before the Build Year. The No-Build Projects were identified through outreach to local and state agencies including New York City's Department of City Planning ("NYCDCP"), New York City Department of Transportation ("NYCDOT"), New York City Department of Housing Preservation and Development ("HPD"), the Empire State Development Corporation ("ESDC") and Queens Community Board 13 ("CB13"). These No-Build Projects are described later in this text.

To assess the Proposed Project induced impacts, the Future Build Condition is evaluated against the Future No-Build Condition, i.e. future conditions with the approved No-Build Projects but without the Proposed Project. Alternatives to the Future Build Condition are also evaluated. These alternatives are discussed later in this text.

Lead Agency Establishment. Under *SEQR*, the lead agency is the state or local agency principally responsible for undertaking, funding and/or approving an action. The lead agency is required to perform the environmental review of the action. In particular, the lead agency would determine whether an *EIS* is required, and if so, file the statement. Upon receipt of a request from NSLIJ, DASNY determined that it should assume lead agency status. Accordingly, DASNY issued a lead agency request letter on September 27, 2005 to the involved agencies and interested parties. There being no objections, DASNY assumed the lead agency role on October 27, 2005.

Determination of Significance. The Dormitory Authority has determined that the Proposed Project may have a significant adverse impact on the environment. A *Positive Declaration Notice of Intent to Prepare a Draft Environmental Impact Statement Determination of Significance* was issued under the *SEQR* by DASNY on October 27, 2005.

Scoping Process. In accordance with the *SEQR*, DASNY initiated a process to define the scope of the environmental analyses. As a first step in that process, a *Draft Scoping Document* was prepared and circulated to the involved agencies and interested parties for review and comment. A scoping meeting was held on November 17, 2005 in which the public was invited

to provide comment. Written comments were accepted by the Lead Agency for a period of ten calendar days following the close of the scoping meeting. A public notice for the scoping session was published in the October 27, 2005 edition of *The New York Post* and in the New York State Department of Environmental Conservation's *Environmental Notice Bulletin* on November 2, 2005. Based on comments received (both written and in person during the public scoping meeting), a *Final Scoping Document*[10] was issued. A *Revised Final Scoping Document* was issued on April 28, 2008 due to the passage of time and changes made to the modernization program.

Draft Generic Environmental Impact Statement. The *DGEIS* was prepared in accordance with the *Revised Final Scoping Document* and is a comprehensive document that accomplishes the following: the systematic consideration of the potential environmental effects of the Proposed Project; an evaluation of reasonable alternatives; and the identification of reasonable and practicable mitigation measures to reduce or eliminate the significant adverse environmental impacts of the and Proposed Project. The *DGEIS* uses the *CEQR Technical Manual* as guidance in developing environmental analysis methodologies and in establishing impact criteria. The *CEQR Technical Manual* contains appropriate technical analysis methodologies and guidelines for the environmental impact assessment of projects in New York City and is consistent with *SEQR*.

During the preparation of the *DGEIS*, the Dormitory Authority coordinated the *SEQR* process with other involved agencies and interested parties by engaging in discussions, meetings, and correspondence with representatives of various city and state agencies in an effort to ensure that the *DGEIS* adequately disclosed the potential environmental effects of the Proposed Project. Once the lead agency determines that the *DGEIS* is complete for purposes of public review, it issues a *Notice of Completion ("NOC")* and circulates the *DGEIS* for public review. Publication of the *DGEIS* and issuance of the *NOC* commences the public review and comment period. On February 24, 2009, DASNY completed the *DGEIS*. On that date, DASNY issued a *Notice of Completion of Draft Environmental Impact Statement*, which, together with copies of the *DGEIS*, were sent to the involved agencies and all relevant parties.

Public Review and Comment Period. During the comment period, the public may review and comment on the *DGEIS* either in writing or at a public hearing that would be convened for the purpose of receiving such comments. The lead agency must publish a notice of the public hearing at least 14 days in advance, and must accept written comments for at least ten calendar days following the close of the public hearing or no less then 30 days from the day the *DGEIS* is filed. All substantive comments received during the public review process would become part of the record for the Proposed Project.

A *Notice of Public Hearing* was issued on February 24, 2009 and sent to the involved agencies and all relevant parties. The *Notice of Public Hearing* indicated that a public hearing would be held on March 16, 2009, at 6:00 p.m. at the Phyllis & Joseph Gurwin Teaching Center, Long Island Jewish Medical Center, 270-05 76th Avenue, New Hyde Park, Queens County, New

[10] Dormitory Authority of the State of New York. *Final Scoping Document for the Long Island Jewish Medical Center Modernization Program*. Prepared by Vollmer Associates LLP. 2006.

York, 11040, and that written comments would be accepted for ten (10) calendar days following the close of the public hearing, until March 27, 2009.

A public notice for the public hearing was published in the February 27, 2009 edition of *The New York Post*, in the March 4, 2009 edition of the New York State Department of Environmental Conservation's *Environmental Notice Bulletin*, and was posted on the Dormitory Authority's website at www.dasny.org, in accordance with the *SEQR* process.

A public hearing was held on March 16, 2009 to allow all involved agencies and interested parties an opportunity to provide oral comments on the *DGEIS*. A total of 5 people spoke during the public comment session; their comments were entered into the record. Three comment letters were received during the post-hearing public comment period, which remained open until March 27, 2009. Responses to comments received are presented in Section VII *Lead Agency Response to Comments*.

Final Generic Environmental Impact Statement. The lead agency ~~would~~ has prepared this *Final GEIS* ("*FGEIS*") that summarizes and responds to all substantive comments received during the public comment period. ~~Once DASNY determines~~ The Dormitory Authority determined that the *FGEIS* ~~is~~ was completed on June 2, 2009, issued a *NOC* on that date ~~it would issue a *NOC* for the *FGEIS*~~ and circulated the document to agencies and the public. The *FGEIS* ~~would be~~ is being made available to the public and agencies for a minimum of ten days before DASNY makes their respective findings regarding the Proposed Project under *SEQR*.

Findings Statement. The lead and involved agencies each must adopt a formal set of written findings based on the *FGEIS*. In accordance with *6 N.Y.C.R.R § 617.11(d)*, the *SEQR Findings Statement* issued in connection with a Proposed Action must (a) consider the relevant environmental impacts disclosed in the *FGEIS*; (b) weigh and balance the relevant environmental impacts with applicable social, economic and other essential considerations; (c) provide the rationale for the agency's decision; (d) certify that the *SEQR* requirements (as specified in *6 N.Y.C.R.R § 617*) have been met; and (e) certify that, consistent with social, economic and other essential factors, and considering the available reasonable alternatives, the Proposed Project is one that avoids or minimized adverse environmental impacts to the maximum extent practicable, and that adverse environmental impacts would be avoided or minimized to the maximum extent practicable by incorporating, as conditions to the decision, those mitigation measures identified as practicable.

The *SEQR* process is completed once the findings statements are adopted. The lead and involved agencies would then be able to take action with respect to the Proposed Project, one of the alternatives examined in this *DGEIS*, or decide to take no action. Each involved agency must issue its own *SEQR* findings statement before undertaking, approving or funding the Proposed Project.

Coordination with Environmental and Regulatory Agencies. During the preparation of the *DGEIS and FGEIS*, DASNY ~~would~~ has coordinated with the relevant environmental and regulatory agencies with jurisdiction over issues of concern regarding the Proposed Project. Representatives of these and other Federal, State and local agencies ~~would be~~ were involved

throughout the Proposed Project's environmental review process. Agency correspondence related to the Proposed Project is included in *Appendix A* of the *DGEIS* and *Appendix B and C* of the *FGEIS.*.

Analytical Framework

Analysis Years. The *DGEIS* provides a description of "Existing" (Year 2007) conditions, conditions in the future without the Proposed Project (the "Future No-Build Condition") and assessments of conditions in the future with the Proposed Project (the "Future Build Condition"). For analytical purposes, the Proposed Project is assumed to have a build completion date ("Build Year") of 2011.

Construction Scenario. For the purposes of providing a conservative assessment of the potential impacts that may occur during construction of the Proposed Project, a reasonable worst-case construction period was identified. The most intense period of construction activity on the Project Site, described in Chapter 17 – *Construction Impacts*, would be due to the simultaneous construction of the Women's Hospital Building, the Schneider Children's Hospital Inpatient Building and the Zucker Hillside Inpatient Psychiatric Facility, which would occur in 2009. During that time, a total of approximately 250 construction workers would be working on the Project Site on a daily basis, with approximately 75 workers dedicated to the Women's Hospital, 100 workers dedicated to the Schneider Children's Hospital Inpatient Building and 75 workers dedicated to the Zucker Hillside Inpatient Psychiatric Facility. Therefore, 2009 was established as the peak period for construction impact analysis.

Alternative Analysis. In *DGEIS* Chapter 22 - *Alternatives to the Proposed Project*, several alternatives to the Proposed Project are presented and evaluated. Each alternative is addressed in sufficient detail to enable the comparison of associated environmental impacts, and in terms of attaining the Proposed Project's goals and objectives. The alternatives analyzed include the *No-Build Alternative*, two *Master Plan Alternatives* and one *Site Access Alternative*. Under the *No-Build Alternative*, a Neonatal Services Improvement Project, an interior improvement within the Schneider Children's Hospital, would be constructed within the Project Site. No elements of the Proposed Project would be constructed. Under *Master Plan Alternative No. 1*, two Inpatient Buildings and a Women's Pavilion Building would be constructed. The Women's Hospital facilities would be constructed as a separate building located adjacent to 76th Avenue. New medical surgery beds would be provided in two new inpatient buildings located adjacent to and above the existing truck loading dock north of the existing Dietary Services building and adjacent to the existing Energy Center. Under *Master Plan Alternative No. 2*, a Women's Pavilion containing the Women's Hospital facilities and a Bed Tower for new medical surgery beds would be constructed in two separate buildings. The Women's Pavilion would be located along 76th Avenue and the Bed Tower would be located east of the existing hospital. Under the *Site Access Alternative*, a new travelway would be extended eastward from the Project Site to Marcus Avenue, thereby providing a new vehicular access to the Project Site.

Definition of Study Areas. Specific study areas have been identified for each technical analysis area (i.e., traffic and parking, shadows, land use, zoning, and public policy, etc.). The study area delineation for each technical area is based upon the area that lies within a specified

distance from the Project Site, and represents the area that could be affected for that particular impact area as a result of the Proposed Project. For example, the open space study area is the area that workers would reasonably reach or walk to during a lunch break (represented by a one-half-mile radius around the Project Site).

Existing Conditions. For each technical area assessed in the *DGEIS*, the Existing Conditions are described first. This assessment establishes a baseline from which future conditions could be projected. Studies of Existing Conditions inform the development of future conditions. For example, the traffic analysis identifies the time periods when the greatest number of vehicular trips to and from the Project Site occur, and then uses this information as the basis for future traffic condition projections, yielding a conservative picture of future conditions.

Future No-Build Condition. The Future No-Build Condition provides a future baseline condition that is used to compare and evaluate the incremental changes expected as a result of the Proposed Project and Proposed Alternatives. The Future No Build Condition is assessed for the same analysis year as the Proposed Project. Using Existing Conditions as the starting point, the Future No Build Condition adds in changes that are known or expected to be built by various times in the future. For many technical areas, the Future No-Build Condition incorporates known development projects that are likely to be completed by the Build Year ("No-Build Projects"), and may include development currently under construction or that which could be reasonably anticipated. For some technical areas, such as traffic, an additional background growth factor is incorporated into the future No-Build Condition to account for increases associated with general development and increases in population and employment expected in the future. Each *DGEIS* chapter specifies how the Future No Build Condition was developed since it may vary for certain technical analyses.

The LIJMC vicinity was reviewed in order to identify known projects or planned developments and initiatives that share a common study area with the Proposed Project and are scheduled to be completed by the Build Year. Several projects within the Project Site and the surrounding study area are either planned for construction or currently under construction as of this *DGEIS*. One Future No-Build project includes the Neonatal Services Improvement project, an interior addition within the Schneider Children's Hospital which includes an enclosed courtyard, office space and approximately 13 new beds and is scheduled to be complete by the 3rd quarter of 2009. A total of 13 beds would be added to the Project Site with this Future No-Build project.

Two additional projects were identified as occurring beyond the Project Site but within the study area. Those projects include: an approximately 7,000-gsf addition to the Hearing and Speech Center, which is located in Nassau County and the occupancy of up to 450,000 gsf of the i-Park development by NSLIJ Health System facilities.

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North Shore LIJ North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Stantec

- Property Line (Zoning Lot)
- Queens / Nassau County Line
- Existing Hospital Building
- Mapped NY City Streets
- Site Access / Circulation
- Existing At Grade Parking
- Existing Parking Garage
- Access

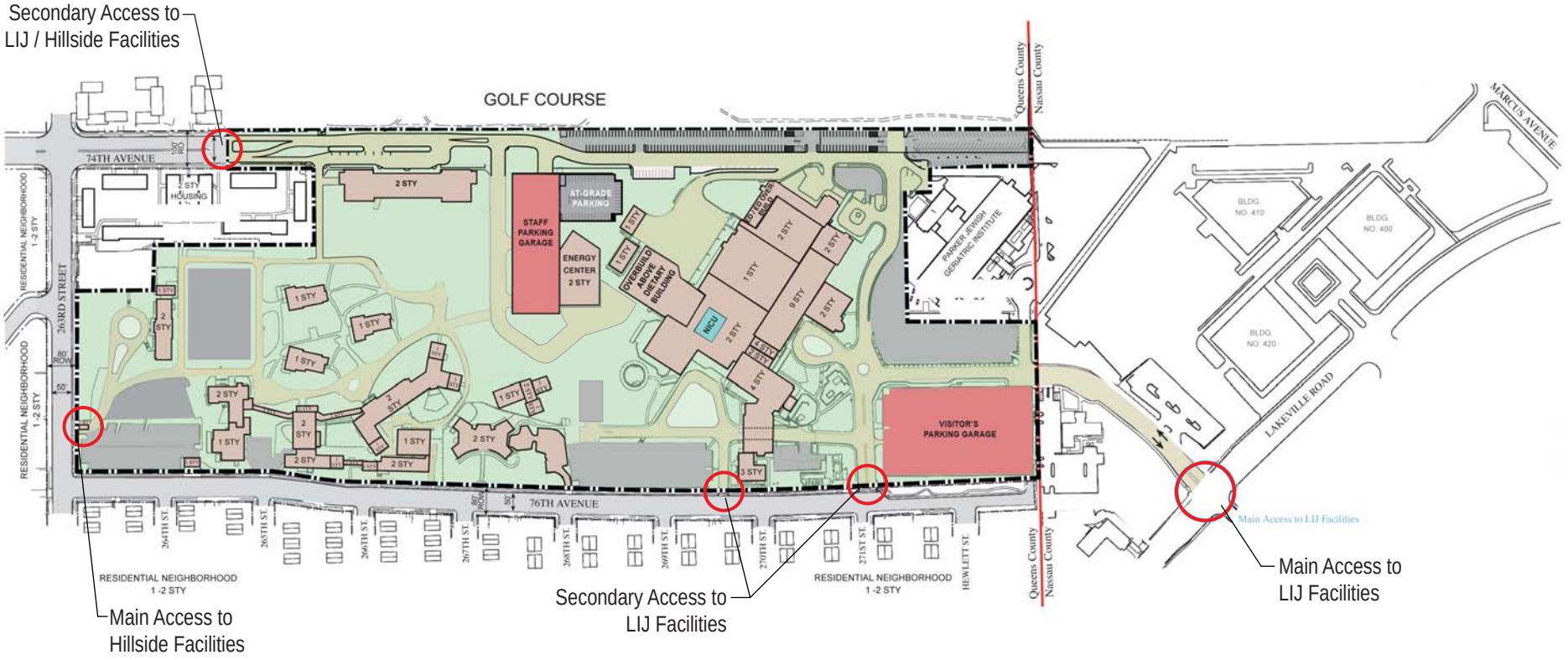
N

0 250' 500'

Long Island Jewish Medical Center Modernization Program

Existing Conditions Plan and Site Access

Figure ES-2



North Shore LIJ North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Wallace Associates LLP

Stantec

- Property Line (Zoning Lot)
- Queens / Nassau County Line
- Existing Building
- Mapped NY City Streets
- Site Access / Circulation
- Existing At Grade Parking
- Existing Parking Garage
- Access
- No-Build Project

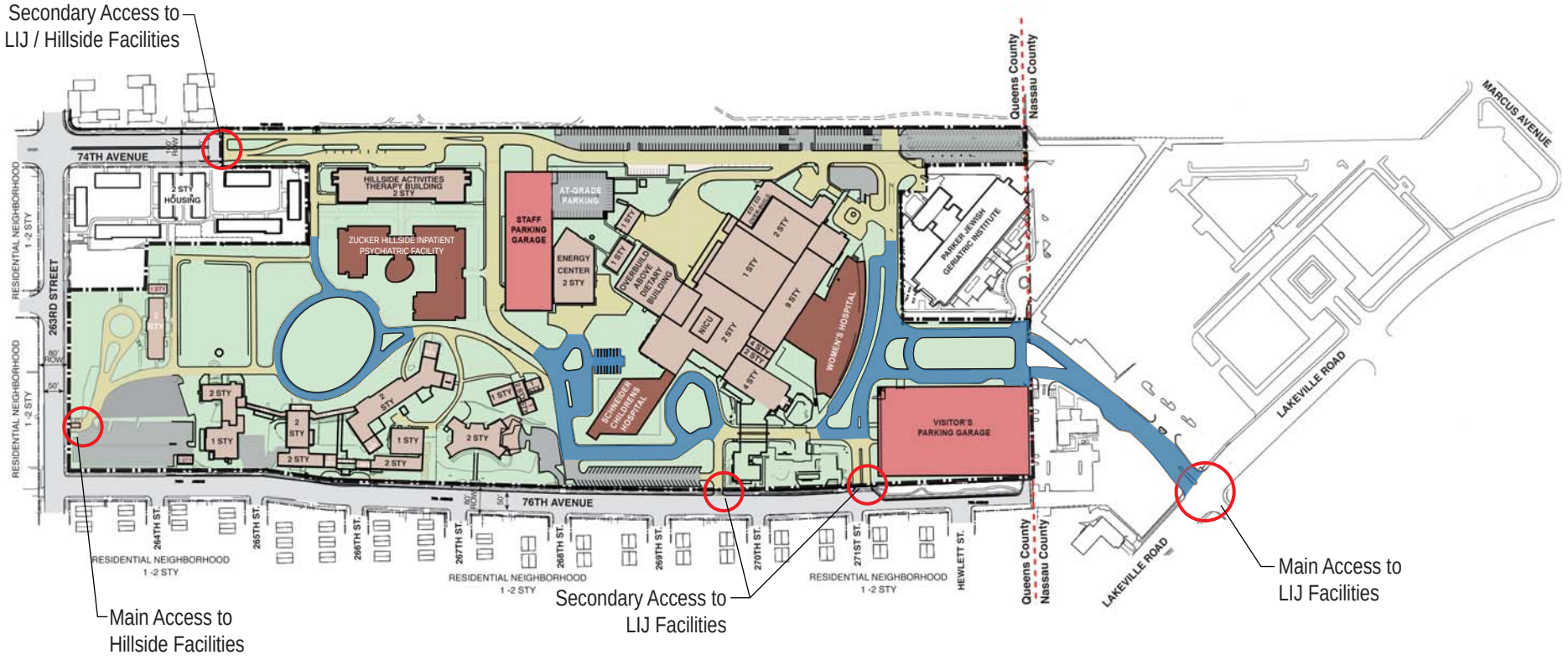
N

0 250' 500'

Long Island Jewish Medical Center Modernization Program

No-Build Projects and Site Access

Figure ES-3



North Shore LIJ North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Stantec

- Property Line (Zoning Lot)
- Queens / Nassau County Line
- Existing Hospital Building
- Mapped NY City Streets
- Site Access / Circulation
- Existing At Grade Parking
- Existing Parking Garage
- Elements of the Proposed Building Projects
- Elements of the Proposed Roadway / Utility
- Access

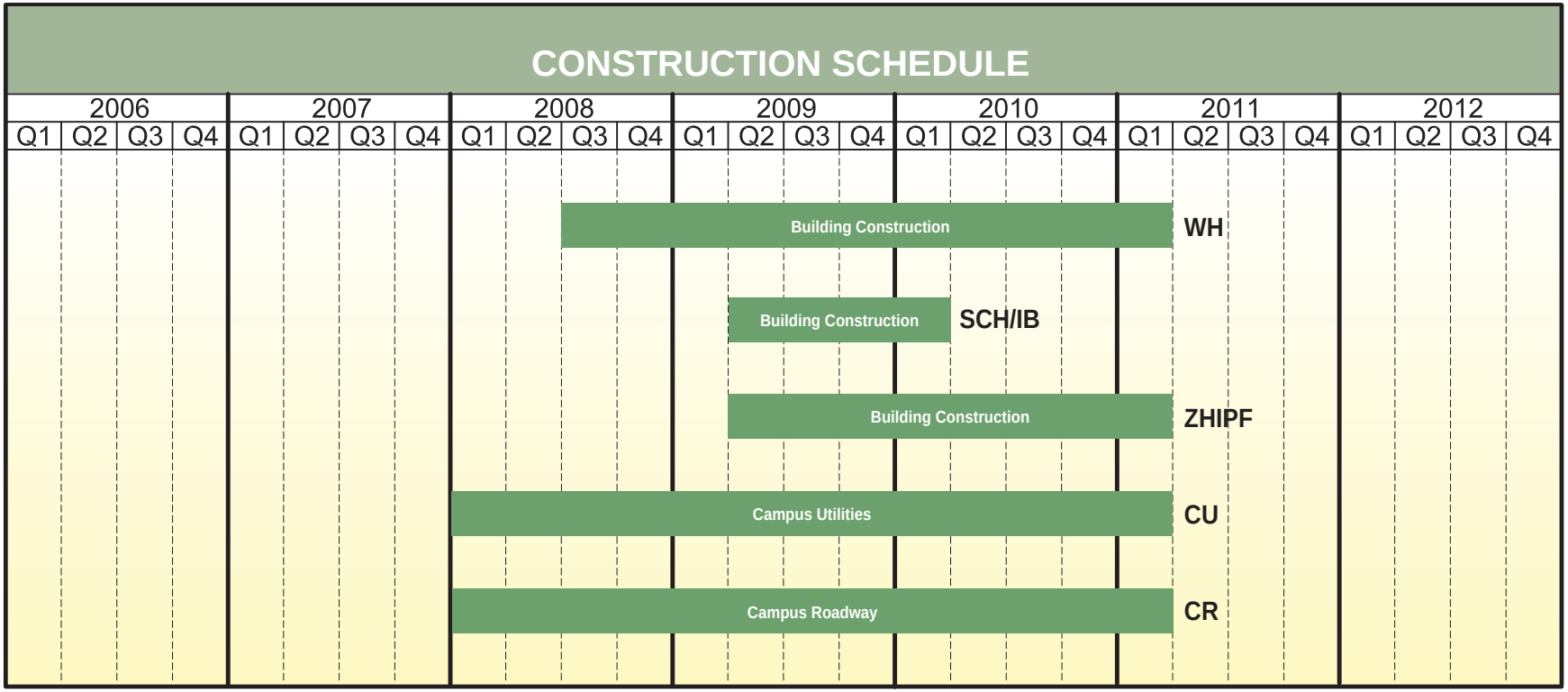
N

0 250' 500'

Long Island Jewish Medical Center Modernization Program

Proposed Project and Site Access

Figure ES-4



North Shore-Long Island Jewish Health System
Dormitory Authority State of New York
Stantec

WH - Women's Hospital
SCH/IB - Schneider Childrens Hospital-Inpatient Building
ZHIPF - Zucker Hillside Inpatient Psychiatric Facility
CU - Campus Utilities
CR - Campus Roadway

Long Island Jewish Medical Center
Modernization Program

Construction Schedule
Figure ES-5

Future Build Condition. The Future Build Condition is developed by starting with the Future No-Build Condition, and then adding to it the development that is anticipated to result from the Proposed Project. For most technical areas, projecting the Future Build Condition involves estimating the incremental increase that the project would add to the Future No-Build Condition, such as the number of new vehicle trips, new employees, additional park users, etc. The Future Build Condition is evaluated against the Future No-Build Condition, thus enabling the assessment of the Proposed Project's incremental impacts on the environment.

Identification of Significant Adverse Impacts and Mitigation Measures. This ~~*D*~~*FGEIS* discloses reasonable and practicable mitigation measures to reduce or eliminate significant adverse environmental impacts that would be caused by the Proposed Project. Mitigation measures are discussed within the specific technical sections (*e.g.*, traffic).

Land Use, Zoning and Public Policy

Land Use. The existing land uses of the properties directly adjoining and across the street from the Project Site vary; to the south of the Project Site is a residential neighborhood consisting of mostly single-family detached houses. To the west of the Project Site are the Glen Oak Village garden apartments. To the east, there are two-story medical research and medical office buildings, an eight-story geriatric institute, a two-story office park, i-Park and at-grade parking lots. These include a two-story Hearing and Speech Center and other office facilities that are part of the LIJMC Facilities but are located east of the Queens County line in Nassau County. To the north of the Project Site is the North Shore Towers Country Club.

The existing land use distribution within the Project Site would be slightly altered after the completion of the Proposed Project. The distribution of the land use of the existing site is approximately 22 acres of roads and other paved surfaces, 12 acres of buildings and 10 acres of landscaping and 2 acres of unimproved space. After completion of the Proposed Project, the existing mix of the land use would be altered so that roads and other paved surfaces would make up 21 acres, buildings would comprise 14 acres, landscaping would comprise 10 acres and no land would remain unimproved. The Proposed Project would create little change in the general land use of the surrounding areas. Institutional uses are well established in the community with LIJMC's over-50-year presence. The Proposed Project would be consistent with the existing land uses in the neighborhood and would not result in any significant adverse impact to land use.

Zoning. According to the *New York City Zoning Map*,[11] the entire LIJMC and the adjacent Glen Oaks neighborhood is zoned as an R3-2 General Residence District. R3-2 districts permit detached and semi-detached houses, garden apartments, row-house developments and a broad range of community facilities. The Project Site lot area is approximately 1,992,450 square-feet ("sf") with a required Floor Area Ratio ("FAR") of 1.0, corresponding to a permitted floor area of 1,992,450 zoning-square-feet ("zsf"). The maximum allowable coverage of the lot is 55 percent, yielding the allowable lot coverage of 1,060,000 sf.

[11] New York City Department of City Planning. *New York City.* Zoning Resolution Map. Nov. 2005

The Proposed Project would be built as-of-right and would not require zoning changes to the Project Site. The Proposed Project would add approximately 470,000 zsf for a total of approximately 1,780,000 zsf, which is less than its maximum floor area zoning potential. It would not require changes to the zoning map or zoning text, nor would it require a zoning special permit.

The Proposed Project would be consistent with present and existing zoning and land use controls.

Public Policy. Since there are no local or community-wide land use plans that apply to the Project Site, the Proposed Project would not conflict with any such plans. None of the initiatives presented in *PlaNYC* apply specifically to the Proposed Project, but certain policy statements are applicable. The Proposed Project would avoid increasing the amount of land devoted to health care by developing existing facilities and would not reduce the amount of land available for new housing or open space. Construction on the campus would be consistent with the objectives of reducing energy consumption and preserving water quality because the Project Site has cogeneration facilities that reduce energy consumption. The Proposed Project also includes a storm water collection system that retains 58 percent of storm water in dry wells so that it percolates into the ground and does not flow into the municipal sewer system. Furthermore, the Proposed Project would include campus utility improvements to replace deteriorated infrastructure, including the construction of new water mains, sanitary sewers, storm water sewers, and steam, chilled water, electric, and communications infrastructure. In all these respects, the Proposed Project would be consistent with *PlaNYC*.

The Proposed Project would be consistent with New York State policies and recommendations regarding health care facilities. The *Report of the Commission on Health Care Facilities in the 21st Century*[12] did not recommend the downsizing of LIJMC or restructuring to reduce the number of hospital beds, and it stated that Queens is an area that actually needs additional beds.

DASNY Sustainability Policy. Since the Proposed Project would receive financing from DASNY, DASNY policies regarding the projects that it funds are applicable in the future with the project, although they do not apply to the Project Site under existing conditions. DASNY promotes and supports sustainable design approaches and construction practices. The Dormitory Authority's internal processes facilitate integrated design and recognition of sustainable opportunities in every DASNY construction project regardless of its size or complexity. As of January 1, 2008, DASNY has adopted a *Green Construction Policy*[13] which states that projects that involve new construction, new additions, or significant renovation shall include submission to the U.S. Green Building Council ("USGBC") for a *Leadership in Energy and Environmental Design* ("LEED") *Silver rating*. The LEED rating system aims to promote the design and construction of environmentally responsible buildings. A building attains LEED status by

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[12] Commission on Health Care in the 21st Century. *Final Report: A Plan to Stabilize and Strengthen New York's Health Care System.* http://www.nyhealthcarecommission.org/docs/final/commissionfinalreport.pdf (December 2006).

[13] Dormitory Authority of the State of New York. *DASNY's Green Construction Policy*. http://www.dasny.org/green/greenconstructionpolicy.php (January 15, 2008).

amassing sustainability points for various design elements in the following five areas of sustainability: sustainable site development, water efficiency, energy and atmosphere, materials and resources and indoor environmental quality.

Currently, the buildings included in the Proposed Project have not been submitted nor registered with the USGBC. However, each building design has considered and included measures of sustainable and green design. Please refer to Chapter 2 - *Land Use, Zoning and Public Policy* for a full description of green designs included in the Proposed Project.

Neighborhood Character

This section assesses neighborhood character of the Project Site and the project study area. It examines the relationship between the Proposed Project and land use, urban design and visual resources, historic resources, socioeconomic conditions, traffic and noise. The manner in which these elements coalesce to create the context and feel of a neighborhood, and how a Proposed Project would impact that context, are the primary considerations. Under *CEQR*, an assessment of neighborhood character is generally needed when a Proposed Project would exceed the preliminary thresholds with respect to one of the contributing elements of neighborhood character including land use, urban design and visual resources, socioeconomic conditions, traffic patterns and noise. A neighborhood character assessment is also warranted when a Proposed Project would have moderate effects on several of the elements that contribute to neighborhood character, or that in combination could have an effect on neighborhood character.

The Proposed Project would directly impact the LIJMC itself in a beneficial manner. The modernization of the LIJMC Campus would contribute to projected community resource needs. The Proposed Project would not result in significant adverse impacts to neighborhood character including land use, urban design and visual resources, historic resources, socioeconomic conditions or noise. The existing land use within the Project Site would remain unchanged and the entire project would be built as of right under existing zoning regulations.

With regards to urban design, the Proposed Project would have a significant impact on the urban design of the internal site plan of the LIJMC Campus. Way-finding and circulation would be improved for visitors. A design consistency and coherency would be accomplished through the use of a more uniform palette of building construction materials. The new structures and their adjacent landscaped open spaces would considerably modify the appearance of the Project Site, which currently consists of varying styled buildings from different periods. The Proposed Project would also improve the visual character of the Project Site as seen from the community along 76th Avenue.

The Proposed Project would generate a nominal increase in area employment and no socioeconomic impacts are anticipated. The addition of 250 employees and 135 beds to the Project Site would generate a nominal amount of additional trips at the Project Site entrances and therefore would not affect neighborhood character as a result of additional vehicular traffic noise or pedestrian traffic activity.

There are no state parks, federally eligible historic places, National Register-listed historic places, State Register-listed historic places or historic listings in progress within the Project Site. The Office of Parks, Recreation and Historic Preservation ("OPRHP") has determined that the Proposed Project would have no impact on cultural resources.[14]

Open Space and Recreational Facilities

According to suggested *CEQR Technical Manual* guidance, open space is defined as land that is publicly accessible and designated for leisure, play, or sport, or has been set aside for the protection and/or enhancement of the natural environment. A direct impact on open space occurs when such a resource is physically altered or eliminated by a Proposed Project, when access to a resource changes as a result of a project, or when a project results in increased noise levels, air pollutant emissions, odors, or shadows on public open space. Indirect impacts occur when resources are overtaxed due to increases in residential and/or nonresidential populations caused by a Proposed Project.

Pursuant to suggested *CEQR Technical Manual* guidance, only open spaces and recreational facilities that are accessible to the public on a regular basis or for designated daily periods are defined as public and analyzed for impacts. Accordingly, private open spaces, which include resources that are not publicly accessible or only available to limited users and not available to the public on a constant, regular basis, are not analyzed for impacts. However, if a Proposed Project is expected to have indirect effects on public open space due to increased utilization demands, the ability of private open space to influence and help alleviate those effects may be taken into account.

In accordance with *CEQR*, a quantitative assessment of the indirect impacts to open space is conducted if the Proposed Project would result in the addition of 200 residents or 500 employees. The Proposed Project would not create additional residents and the addition of 250 employees to the Project Site is below the threshold suggested by *CEQR*. Therefore, a quantitative analysis of the impacts to open space is not required.

Open spaces are currently available to users of the LIJMC Campus within the Project Site, which would be improved and expanded as a result of the Proposed Project. In order to compensate for the presumed increase in utilization of the open spaces within the Project Site from staff, patients and visitors, approximately 0.75 acre of additional open space would be created within the Project Site overall. In addition, existing open spaces would be enhanced, reconfigured or consolidated to provide larger open areas that would be more efficient in use.

The displacement, loss, alteration, or new addition of publicly accessible open spaces or recreation facilities is not expected as a result of the Proposed Project. Parks, playgrounds, recreation facilities and Greenstreet areas within a half-mile of the Site are expected to operate similarly to current operations. There are approximately five parks or playgrounds, one memorial and six streets within the one-half-mile study area. In addition, the public spaces

[14] New York State Office of Parks, Recreation and Historic Preservation. Resource Evaluation Letter, September 16, 2008 (included in Appendix A, Agency Correspondence)

around the Project Site are not conveniently located for users of the LIJMC. Therefore, it is likely that they would use the open space provided within the Project Site itself. Furthermore, the Proposed Project would not involve the construction of new off-Campus open space resources or cause the alteration, displacement, or loss of existing resources. Thus, significant adverse impacts to open space and recreation facilities are not anticipated as a result of the Proposed Project.

Community Facilities

This section addresses the Proposed Project's potential for significant impacts upon community facilities and services. Community facilities and services consist of public and privately-funded services such as fire and police protection, schools and day-care centers, hospitals and health care facilities and libraries.

According to the *CEQR Technical Manual*, a Proposed Project could result in direct or indirect impacts on community facilities and services. Direct impacts to community facilities occur when a Proposed Project physically alters a community resource through displacement or physical change. Indirect impacts occur when a Proposed Project generates an increase in population that would place additional demand on community services and affect the delivery of such services.

The Proposed Project would not add substantial population to the study area but it would provide additional primary community facilities in the form of substantially improved locally available healthcare services in a broad range of disciplines. The Proposed Project represents major contributions to the full spectrum of community services provided within the study area. Indirect impacts are not expected, since the Proposed Project would not introduce new residents nor is it expected to affect the ability of the local New York Police Department ("NYPD") precinct or Fire Department of New York ("FDNY") companies to provide protection services.

Archaeological and Historical Resources

This section evaluates the potential impacts of the Proposed Project upon historical and archaeological resources. The Proposed Project was reviewed in conformance with the *New York State Historic Preservation Act of 1980 ("SHPA")*, especially the implementing regulations of *Section 14.09* of the *Parks, Recreation and Historic Preservation Law ("PRHPL")*, as well as with the requirements of the *Memorandum of Understanding ("MOU")*, dated March 18, 1998, between DASNY and the OPRHP.

Under *Article 8 of the ECL and 6 N.Y.C.R.R. Part 617*, the implementing regulations for *SEQR*, DASNY, as *SEQR* lead agency, must determine whether the actions they directly undertake, fund or approve may have a significant adverse impact on the environment including the effects of such activities on resources of archaeological or historic significance.

Per the requirements of *Section 14.09*, DASNY has submitted the Proposed Project to the OPRHP for their review and comment (OPRHP Project Number 08PR04636). The Proposed Project was also submitted to the New York City Landmarks Preservation Commission

("NYCLPC") for review. The Project Site is not a designated New York City Landmark ("NYCL"), however, on projects within New York City, DASNY typically consults with NYCLPC as the local historic preservation agency.

There are no significant historical or archeological resources in the area of the Project Site that may be impacted by the Proposed Project. In a letter dated September 16, 2008, OPRHP determined that the Proposed Project would have no impact on cultural resources listed in or eligible for the *State and National Register of Historic Places*. The NYCLPC, in a letter dated September 10, 2008, concluded that the Project Site had no architectural or archaeological significance. Based on the review by OPRHP and NYCLPC, the Proposed Project would have no significant impact on cultural resources. All agency correspondence is available in *Appendix A* of the *DGEIS*.

Socioeconomic Conditions

The suggested *CEQR Technical Manual* guidance states that socioeconomic impacts may occur when an action would directly or indirectly change population, housing stock, or economic activities in an area. In some instances, the *CEQR Technical Manual* advises that these effects could be substantial but not adverse; in other cases, these changes may be beneficial to some groups and adverse to others. The purpose of the socioeconomic assessment is to disclose the changes that would be caused by the Proposed Project and identify whether they rise to the level of significance.

The Proposed Project would generate approximately 250 construction jobs per year during construction and 250 permanent full time jobs. No direct or indirect displacements of residents or businesses would result from the Proposed Project. The continued evolution of a modern medical center and the addition of hospital services and employment would benefit residents and workers in the study area and the surrounding community in Queens and Nassau County. The Proposed Project could be expected to produce benefits to the local and regional economies during and after construction, resulting in increased economic output, employment and earnings. The Proposed Project would not cause significant adverse impacts to the socioeconomic conditions at the Project Site or the study area nor would it affect existing demographic and economic trends exhibited in this study area.

Urban Design and Visual Resources

The *CEQR Technical Manual* suggests that urban design characteristics of a neighborhood are the various aspects of the buildings and streets of the area including: building bulk, use and type; building arrangement; block form and street pattern; streetscape elements; street hierarchy; and natural features. The *CEQR Technical Manual* recommends an urban design assessment if: (1) a Proposed Project would result in a building substantially different in height, bulk, form, setbacks, size, scale, use or arrangement than exists; or (2) if a Proposed Project would change block form (*e.g.* creation of a superblock); or would demap an active street; or would affect the street hierarchy, street wall, curb cuts, pedestrian activity, or other streetscape elements. Similarly, the *CEQR Technical Manual* suggests that a visual resources assessment should focus on whether or not a Proposed Project would block or partially block a

view corridor; block or partially block a natural or built visual resource that is essential to the visual character of the area; alter the dominance of a natural or built visual resource from the existing condition; or change urban design features so that the context of a natural or built resource is altered. *CEQR* only considers views from public and publicly-accessible locations. As such, views from private residences or places of business are not considered.

LIJMC provides its patients, staff and the community an environment that supports the healthcare processes. Site access is from the Borough of Queens and Nassau County with reasonably clear routes of travel for the first time visitor, enabling quick identification of major points of entry to the facility through visual cues or signage. The tallest structure on the LIJMC Campus is the nine-story main hospital building. This concrete and steel structure, built in 1959, establishes a physical presence within the LIJMC Campus and surrounding community context. The architectural expression of this structure and adjacent surrounding support structures has become dated over the past several decades. The physical condition of the building shows evidence of wear from environmental forces. The LIJMC Campus needs physical improvements that would restore the quality of the built environment.

With the construction of the Emergency Department, the Hillside Activities Therapy Building, the Intensive Care Unit ("ICU"), the 8-story staff parking garage and the Energy Center between 2003 and 2007, the LIJMC Campus became a complex of buildings with varying styles dating from different periods of development. Lack of visual coherence on the LIJMC Campus reinforces the disparity in scale and proportion that presently exists.

The three components of the previously described Proposed Project would have a significant beneficial impact on the urban design of the internal site plan of the LIJMC Campus particularly with distinct way-finding and circulation improvements for the first time visitor and a design consistency and coherency through a more uniform palette of materials for the buildings themselves. The new structures and their adjacent landscaped open spaces would considerably modify the appearance of the existing condition of the campus.

The construction of the Zucker Hillside Inpatient Psychiatric Facility would require the demolition of three in-patient cottages which lacked scale, appropriate LIJMC facility adjacencies and pedestrian circulation and urban design coherency with the other campus facilities. The site plan and building massing of this facility is designed to frame and landmark the new oval driveway with a two-story entry lobby as well as take advantage of the immediate adjacency of the Hillside Activities Therapy Building.

The Schneider Children's Hospital Inpatient Building is designed as an extension of the Children's Hospital. The building extension's placement, massing and materials harmonizes and enhances the visual appearance of the existing hospital building.

The Women's Hospital, the demolition of a one-story building (the "Rotunda"), the Campus Roadway Improvements and the creation of a significant "Campus Green" would have a dramatic impact on the urban design and visual resources of the eastern portion of the Project Site. The improvements would significantly enhance views of the site from adjacent land uses

located east, north, and south of the Project Site as well as provide walkways, open space and roadways that would improve the environment for all LIJMC users.

Shadows. According to the *CEQR Technical Manual*, a shadow is defined as the circumstance in which a building or other built structure blocks the sun from the land. An adverse shadow impact occurs when the shadow from a Proposed Project is projected on a publicly-accessible open space, if the features that make the resource significant depend on sunlight and the shadow adversely affects its use and/or important landscaping and vegetation. Typically, shadows and incremental increases in shadows occurring within 90 minutes of sunrise or sunset and shadows falling on buildings or city streets and sidewalks are not considered significant. Additionally, shade cast on buildings by trees and other natural features are not defined as shadows that would be considered under a *CEQR Technical Manual* impact analysis.

An environmentally sustainable balance is achieved between the clustering of building additions, modernization based on programmatic adjacencies, site design with supporting infrastructure and appropriate landscaping. Sun-sensitive resources within this study area were determined to include:

- The Proposed newly landscaped Campus Green east of the proposed Women's Hospital;
- The Proposed Women's Garden, located adjacent to the southwest corner of the proposed Women's Hospital; and
- The off-site landscaped areas around the Parker Jewish Geriatric Hospital.

Other areas, such as the offsite golf course to the north and the proposed landscaped loop road adjacent to the Zucker Hillside Inpatient Psychiatric Facility were determined not to be sun-sensitive resources as the Proposed Project does not impact them.

The Proposed Project does not significantly impact the three identified sensitive areas. The only area which would see a large increase in the duration of shadows is the proposed Women's Garden. Currently, this area is an undeveloped area with some vegetation and is inaccessible due to steep grades. In the Build Condition, this would be transformed into an area with a mix of hard and softscape elements which would utilize plantings that thrive in low-light environments.

The shadow effects of the Zucker Hillside Inpatient Psychiatric Facility, a low-rise 2-story building designed to match the heights of existing buildings within the Hillside Campus, would be minimal. This proposed structure would be sited north of its proposed elliptical entry loop road with landscaped core and hence would minimize any significant solar impacts. The March through October growing season of this landscaped area would be fully enhanced by controlled solar impacts and the location of deciduous trees and plant material providing shaded areas for pedestrian circulation on permeable paving. In addition, the building would be within the interior of the Campus and would be minimally visible from the surrounding residential communities to the northeast and south. Therefore, there would be no anticipated additional shadows as a result of the height of the building and no significant solar impact would be anticipated.

The shadow effects of the Schneider Children's Hospital Inpatient Building would also be minimal. There would be very little shadow impact along the southern frontage of the proposed building, where a landscaping strip would be located. During the morning hours, shadows would fall along the western side of the building, casting some proposed landscaping areas into shade. The shadows would be gone by approximately noon. Landscape materials for the area would be selected accordingly.

None of the Proposed Project's shadows extend beyond the limits of the LIJMC Campus property lines.

In conclusion, the contextual, architectural design of the Proposed Project, which would utilize modern high quality materials and detailing, and would provide new public open space, would provide a positive visual resource for the LIJMC Campus and adjacent community. In addition, no significant shadow impacts would occur due to the Proposed Project as there are no substantial reductions in sunlight to sun-sensitive areas and the minimum sunlight needed for the survival of vegetation, as defined in the *CEQR Technical Manual,* is maintained.. Therefore, no significant adverse impacts to urban design and visual resources are anticipated.

Natural Resources

The Proposed Project would not substantially change the ecological nature of the Project Site. Areas that would be disturbed during construction would be replaced with landscaping similar to that which currently exists. Landscaping replacement would not substantially change the habitat in the area or displace any of the terrestrial or aquatic species indigenous to the area.

The Proposed Project would not impact the geology of the area since it would not disturb soils beneath the proposed extent of the foundations. The groundwater table is approximately 78 feet below grade and below any interference from foundations or utilities. The source of water for the Proposed Project would be from the New York City water supply system that is largely supplied from surface water originating in upstate New York. The Proposed Project would not use groundwater from the area. The wastewater would be disposed of through the New York City sewer system and would not be recharged to groundwater. Because no additional additions or withdrawals to the groundwater system would exist, there would be no impact on groundwater quality or groundwater flow. Storm water run-off from the site would be collected and discharged to sewers beneath adjacent streets in accordance with the New York City Department of Environmental Protection ("NYCDEP") Regulations. Storm water run-off that exceeds the NYCDEP allowable rates for discharge to a sewer would be stored in onsite drywells and recharged into the ground.

No change in the status of the site relative to flood plains is anticipated since the Project Site is not within a floodplain.[15] No significant natural resources impacts are expected.

[15] Federal Emergency Management Agency. *Queens County, New York*. Flood Insurance Map. Nov. 2005

Traffic

The potential for significant traffic impacts as a result of the Proposed Project was assessed by comparing the Future No-Build Level of Service ("LOS") results for the study area with the Future Build Condition results. This comparison was performed for the a.m. and p.m. peak hours for twelve intersections. For purposes of impact analyses, a Proposed Project impact in the Future Build Condition is considered significant if an average of five seconds of delay is added to an approach and is projected to cause operation at an intersection or intersection approach to reach LOS E or LOS F. While a change in LOS up to and including LOS D is an impact, it is not considered a significant impact because LOS D regularly occurs in areas of similar density.

Twelve intersections were chosen for analysis with respect to the impacts of the Proposed Project:[16]

1. Marcus Avenue and Lakeville Road
2. Marcus Avenue at NSP eastbound ramp
3. LIJMC 400 Building entrance/i-Park (North) at Lakeville Road
4. LIJMC Main Entrance/i-Park (South) and Lakeville Road
5. Union Turnpike and Lakeville Road
6. Union Turnpike and 267th Street
7. Union Turnpike and 263rd Street
8. Marcus Avenue at the LIJMC 400 Building rear entrance
9. 271st Street and 76th Avenue
10. 263rd Street and 74th Avenue
11. 263rd Street and 76th Avenue
12. 269th Street (Schneider's Driveway) and 76th Avenue

Existing Conditions

Traffic. All signalized intersections operate at overall LOS C or better during the a.m. and p.m. peak hours with the exceptions of Marcus Avenue at Lakeville Road in the a.m. and p.m. peak hours, LIJMC Driveway at Lakeville Road in the p.m. peak hour, and Union Turnpike at Lakeville Road in the a.m. and p.m. peak hours. The intersection at Marcus Avenue and Lakeville Road during the a.m. and p.m. peak periods and the intersection at Union Turnpike and Lakeville Road during the a.m. and p.m. peak periods both operate at an acceptable LOS D. The intersection at the LIJMC Driveway and Lakeville Road operates at LOS ~~E~~ F during the p.m. peak period.

All approaches and approach movements at the signalized intersections operate at acceptable levels during the a.m. and p.m. peak hours with the exception of the southbound approach of Marcus Avenue and Lakeville Road, which operates at LOS E during the a.m. peak

[16] New York City Department of Transportation, Traffic Study Letter. (included in Appendix A, Agency Correspondence)

hour, and the eastbound ~~and southbound~~ approach~~es~~ of LIJMC Driveway at Lakeville Road which operate<u>s</u> at LOS F ~~and LOS D, respectively~~.

All unsignalized intersection movements operate at LOS C or better during both peak hours with the exception of ~~during the p.m. peak hour~~, the northbound approach of the intersection of Marcus Avenue at the LIJMC 400 building rear entrance operates at LOS <u>D and LOS F</u> ~~E~~ <u>during the a.m. and p.m. peak periods, respectively</u>.

Parking. The Project Site provides a substantial amount of parking for employees and visitors. Off-street parking facilities located within the Project Site include surface parking lots and two parking garages. One 3-story parking garage that provides 921 spaces is heavily used by visitors, patients, and volunteers. The recently constructed 8-story staff parking garage provides approximately 1,200 spaces for hospital employees. An additional 1,063 spots are provided at various at-grade parking lots around the Project Site. Approximately 734 parking spaces provided by local on-street parking were also observed in the area bounded by Lakeville Road, 263rd Street, 76th Avenue and Union Turnpike. Please refer to *Chapter 10 – Traffic and Transportation* for a full inventory of available parking capacity at the LIJMC Facilities and study area.

No-Build Condition

The No-Build Condition includes projections of traffic and parking conditions in the future without the Proposed Project in place. The No-Build Condition also provides a baseline against which the potential impacts of the Proposed Project may be measured. A one percent annual growth rate was applied to the existing condition traffic volumes as recommended by the *CEQR Technical Manual*. In addition, the analysis also accounts for growth associated with the i-Park Development since this is a major development and was not assumed to be part of the area's background growth rate.

Traffic. The study area intersections are anticipated to continue to operate at an acceptable LOS during both peak periods with the following changes during the a.m. peak hour: the intersection of Marcus Avenue and Lakeville Road would operate at overall LOS E and the southbound approach would operate at LOS F. ~~During the p.m. peak hour, the only change is the eastbound approach of LIJMC Driveway at Lakeville Road, which would operate at LOS E.~~ Please refer to *Chapter 10 – Traffic and Transportation* for a full description of the impacts caused by the i-Park Development and other No-Build Projects.

Parking. Under the No-Build condition, a minimal parking demand is anticipated from the addition of 13 new beds and 10 new employees from the Neonatal Services Improvement Project. There would be a migration of vehicles from street parking and i-Park parking lots to the recently constructed 8-story staff parking garage as LIJMC would phase out leases on parking spaces currently utilized by LIJMC employees at i-Park.

Build Condition

Traffic. The Proposed Project would not result in significant impacts to traffic conditions in the study area. The addition of 135 new beds and approximately 250 new employees would result in approximately 267 new trips during the a.m. peak hour and 309 trips during the p.m. peak hour. Project generated trips are further described in Table ES-2.

Table ES-2: Mode Splits for Project Generated Trips

Peak		Mode Splits		Actual Trips		
Hour	Mode	Inbound	Outbound	Inbound	Outbound	Total
8:00-9:00 a.m.	Car	90%	90%	163	77	240
	Truck	4%	10%	7	9	16
	Bus	6%	0%	11	0	11
Total				181	86	267
4:30-5:30 p.m.	Car	92%	91%	97	186	283
	Truck	6%	4%	6	8	14
	Bus	2%	5%	2	10	12
Total				105	204	309

As a result the following impacts are anticipated: the southbound approach of Marcus Avenue and Lakeville Road would operate at LOS F with an increase in delay of greater than 5 seconds during the a.m. peak period; ~~and the southbound approach of Union Turnpike at Lakeville Road would operate at LOS E with an increase in delay of greater then 5 seconds in the p.m. peak period.~~ All other approaches would experience operating levels similar to those determined in the Future No-Build Condition.

Traffic Mitigation. In order to mitigate the impacts to traffic described above, the Proposed Project would include signal timing changes and phase changes. At the intersection~~s~~ of Marcus Avenue with Lakeville Road ~~and Union Turnpike with Lakeville Road~~, modifications would be made to signal timing and phasing during the ~~p.m.~~ a.m. peak hour. With the implementation of the mitigation measures further described in *Chapter 10 – Traffic and Transportation*, the significant adverse traffic impact~~s~~ projected for ~~these~~ this intersection~~s~~ would not occur.

~~*Unavoidable Traffic Impacts*. The LIJMC 400 Lakeville Road Building rear entrance with Marcus Avenue has an increase of delay of 11.3 1.3 seconds in the p.m. peak period for the Future Build Condition. This significant impact results in LOS F for the intersection. Due to the intersections proximity with the Marcus Avenue and Lakeville Road intersection, this significant impact is immitigable and unavoidable. Affected vehicles would have an alternate route by exiting the site via the signalized intersection of the LIJMC 400 Building Driveway and Lakeville Road, thereby avoiding the delay.~~

Parking. With the addition of the Proposed Project, it is anticipated that parking demands would increase. The parking accumulation under Future Build Condition is expected to increase by 628 spaces, yielding a total accumulation of 4,869 spaces for the entire campus. In

order to accommodate this increased demand, the staff parking garage would no longer operate as a fully self-service garage and valet service would be added. This would add approximately 460 spaces of capacity to the staff garage. Valet services would also be enhanced in the visitors' garage, which would increase capacity by approximately 339 spaces. After accounting for an expected loss of 219 at-grade spaces due to construction and an addition of 460 attended spaces at the staff parking garage, as well as 339 attended spaces at the visitor parking garage, 96 percent of the 5,052 spaces are expected to be occupied. Since sufficient space that is convenient to the LIJMC users is available on the Project Site, the attractiveness of parking on local streets off the Project Site is reduced. No significant parking impact is therefore expected.

Transit

LIJMC is served by four bus lines both from NYC and Nassau County. No subway stations are located within the study area. The QM1A Metropolitan Transportation Authority ("MTA") Bus route connects the Lake Success/North Shore Towers areas and LIJMC with midtown and downtown Manhattan. The Q46 is the New York City Transit ("NYCT") bus line that connects Glen Oaks and the LIJMC with the Kew Gardens-Union Turnpike subway station. The MTA Long Island ("LI") Bus Route N25 connects Great Neck, North Shore Hospital, New Hyde Park and Lynbrook with LIJMC. The MTA LI Bus Route N26 provides limited service and connects Great Neck, North Shore Hospital and the Jamaica terminal and connection to NYCT subway lines.[17] Overall usage of bus lines is considered moderate with limited patronage from employees, patients and visitors to LIJMC. In both directions combined there are 31 buses per hour serving LIJMC in the 8:00 – 9:00 a.m. peak hour and 23 buses serving LIJMC in the 4:30 – 5:30 p.m. peak hour.

The usage of transit is expected to grow with the Proposed Project. The Existing Condition usage level is relatively low (fewer than 100 persons per peak hour use transit). Approximately 10 transit trips are assumed to be added during the a.m. peak hour and 12 transit trips are assumed to be added during the p.m. peak hour. This demand, distributed among several buses and bus lines yields a low volume of one or two new users per bus. As a result of the minimal increase in ridership, the Proposed Project is not anticipated to appreciably change the bus service and frequency currently provided. Thus, no significant impacts on transit facilities are anticipated.

Pedestrian

The study area has relatively little pedestrian activity, except in areas of near parking facilities, site entrances and building entrances. Pedestrian activity is low within the Project Site. Most activity occurs between the largest hospital buildings and the largest concentrations of parking. Within the Project Site, walkways are generally provided near each building as is typical of a more suburban development. Beyond the Project Site, a low density residential development with sidewalks exists. During traffic counts and parking studies, little activity was observed. Pedestrian group size ranged between one and four pedestrians. As a result of the low

[17] Metropolitan Transportation Authority. *MTA Long Island Bus System.* Map. Nov. 2005.

level of activity throughout pedestrian facilities, the facilities are adequate for pedestrian movement.

The vast majority of new pedestrian activity related to the Proposed Project would be contained fully within the Project Site. The Proposed Project would be designed for this increased activity and facilities available would be adequate for area pedestrian movements. Thus, no significant impacts on pedestrian movements in the study area are expected.

Air Quality

This section assesses the Proposed Project's potential to result in significant air quality impacts. The air quality analysis followed the methodology as described in the *New York City CEQR Technical Manual*, United States Environmental Protection Agency's ("USEPA") and Federal Highway Administration's ("FHWA") *Transportation Conformity Guidance for Qualitative Hot-spot Analysis in $PM_{2.5}$ and PM_{10} Nonattainment and Maintenance Areas*,[18] and New York State Department of Transportation's ("NYSDOT") *Environmental Procedures Manual ("EPM") - Air Quality Chapter*.[19] The Future No Build and Build conditions account for projects that have been approved or whose plans are sufficiently advanced and likely to be developed.

A CO air quality screening was conducted to assess the potential for mobile air quality impacts in accordance with the *CEQR Technical Manual*[20] and New York State Department of Transportation ("NYSDOT") *Environmental Procedures Manual* (*"EPM"*), depending on the location of the respective intersections selected for air quality analysis. The *CEQR Technical Manual* was utilized for the one intersection within New York City, while the *EPM* was utilized for the remaining intersections, which are located in Nassau County. These screening criteria and the results are discussed below.

CEQR de Minimis Screening Criteria. The intersection of 271st Street and 76th Avenue was analyzed using the methodology included in the *CEQR Technical Manual* since it is located within the City of New York. Per the *CEQR Technical Manual*, projects that would not result in any of the following do not have the potential to exceed the *CEQR de Minimis*[21] criteria and would not result in a significant impact:

- Actions resulting in 100 or more trips through an intersection;
- Actions resulting in a parking facility within 100 feet of an intersection and would generate 30 or more trips through an intersection;
- Actions near critical CO intersections; or
- Actions within or adjacent to a fully or partially covered roadway.

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[18] US Environmental Protection Agency and the Federal Highway Administration *Transportation Conformity Guidance for Qualitative Hot-spot Analysis in PM25 and PM10 Nonattainment and Maintenance Areas.* March 2006

[19] New York State Department of Transportation. *Environmental Procedures Manual* Chapter 1: Air Quality. June 2008.

[20] The City of New York, Mayor's Office of Environmental Coordination, *City Environmental Quality Review Technical Manual*. p. 3Q-1, October 2001.

[21] A Latin term, when used in risk assessment, refers to risks too small to be of concern.

While the Project Site is not located near a critical CO intersection or near a fully or partially enclosed roadway, the Proposed Project would generate or divert more than 100 trips through the intersection of 271st Street and 76th Avenue due to rerouting of roadways within the Project Site. Consequently, further assessment is required following the *CEQR* methodology.

CO Microscale Air Quality Analysis for Intersection at 271st Street and 76th Avenue. A CO Microscale Air Quality Analysis was conducted in accordance with the methodology outlined in the *CEQR Technical Manual* for the 271st Street and 76th Avenue intersection, which follows the USEPA/FHWA-, NYSDOT-, and NYCDEP-approved methodologies. As expected, the CO concentrations are well below the *N/SAAQS* standards. In fact, the Build condition shows a modest improvement over the No Build Condition in CO air quality.

NYSDOT EPM CO Screening Criteria. The CO microscale air quality analysis follows the air quality analysis guidance in *Chapter 1.1 of the NYSDOT's Environmental Procedures Manual (EPM).*

Level of Service (LOS) Screening. According to the *NYSDOT EPM*, intersections impacted by a project with a LOS of A, B, or C are generally excluded from microscale air quality analysis. It has been found that intersections with these LOS, estimated in the traffic analysis (see *Chapter 10 – Traffic and Transportation*), would not change the existing condition to such a degree as to jeopardize attainment of the *NAAQS*. The Build Condition is expected to have at least one intersection with LOS of D or worse. Consequently, the second level Capture Criteria Screening was applied.

Capture Criteria Screening. Intersections and roadways impacted by a project with a Build LOS of D, E, or F exhibiting a 10 percent or more reduction in source-receptor distance, a 10 percent or more increase in roadway volume, a 10 percent or more increase in vehicle emissions, an increase in the number of queue lanes, or a 20 percent reduction in speed, when average speed is 30 mph or less, would fail the Capture Criteria Screen and therefore require a Volume Threshold Screening to determine the need for a CO Microscale Analysis. Of the four intersections with LOS of D, E, or F, only the Lakeville Road and LIJMC main entrance intersection exhibit at least one of these five conditions. Since one additional queue lane is proposed with the project at the Lakeville road and LIJMC main entrance intersection, the Volume Threshold Screening was applied to determine the need for a CO Microscale Analysis, as described below.

Volume Threshold Screening. The *Peak Hour Traffic Volume Threshold at Any Approach for Signalized Intersection table (Table 3C – NYSDOT EPM Chapter 1.1 Air Quality)* ties emissions factors ("EF") with volume thresholds. The emissions factors are the MOBILE 6.2 emissions rates and are based on NYSDOT's default traffic mixes for Queens County and roadway speeds in the study area. The volume thresholds establish traffic volumes below which a violation of the *NAAQS* for carbon monoxide is extremely unlikely. Those projects whose peak hour volumes are equal or less than the applicable threshold do not need a CO Microscale Analysis.

Since the remaining intersection with the potential for CO air quality impacts does not meet the Volume Threshold, a microscale air quality analysis is not necessary as the Proposed Project would not increase traffic volumes, reduce receptor-source distances or change other existing conditions to such a degree as to jeopardize attainment of the *NAAQS*.

$PM_{2.5}$ Screening Criteria. A qualitative $PM_{2.5}$ hot-spot analysis would be required for "projects of air quality concern" as defined in *40 CFR 93.123(b)(1)*. These projects include certain highway and transit projects with significant levels of diesel traffic or projects identified by the *$PM_{2.5}$ State Implementation Plan ("SIP")* as a localized air quality concern.

The project is not a highway project, does not approach a traffic volume of 125,000 AADT and the percentage of diesel vehicles (passenger, trucks and buses) is estimated to be well below the USEPA's 8 percent diesel truck threshold for "significant volume of diesel truck traffic". The estimate was based on NYSDOT's traffic mix for Queens County. In addition, the project does not involve nor impact a major freight, bus, or intermodal terminal, does not expand an existing highway, and does not induce a significant increase in the number of diesel transit buses and/or diesel trucks.

Because the project does not qualify as a project of air quality concern, a particulate matter microscale air quality analysis is not necessary since the project is unlikely to violate the *NAAQS* for $PM_{2.5}$ and jeopardize attainment of the *NAAQS*.

Stationary Sources. Under the Build Condition scenario, no new stationary sources are anticipated. No new boilers would be installed as the air conditioning and heating to the new buildings would be provided by the existing Energy Center, for which all necessary studies were performed and permits acquired prior to construction.

Noise

This section provides a noise assessment of the potential impact of the Proposed Project on adjacent land uses. All new on-site facilities and operations are designed to comply with the existing quiescent noise environment of a hospital. All building mechanical and HVAC systems associated with new facilities and buildings would comply with the *New York City Building Code's*[22] requirement to have no impact on adjacent noise-sensitive land uses. There is no on-site stationary noise source that would cause an increase in noise levels of the adjacent land uses. The potential noise impact of traffic induced by the Proposed Project was assessed by measuring the existing noise levels at the nearest noise-sensitive receptors with the greatest impact potential and estimating the changes in noise levels under No-Build and Build traffic conditions.

Existing ambient noise levels in L_{eq} (1 Hr) varied from mid 50s in dBA at quiet residential areas to low 70s near arterial roadways during the peak traffic hours. Both the No-Build and Build ambient noise environment would remain essentially unchanged (within ±1 dBA) from the Existing Conditions. *CEQR* Noise Exposure classifications are expected to

[22] New York City Buildings. *New York City Building Code*. 1. Oct. 2006. Nov. 2005

remain unchanged as a result of the Proposed Project. Therefore, no noise impact is expected to result from the operation of the Proposed Project.

Infrastructure

This section examines the potential effects of the Proposed Project on water supply, sanitary sewage and stormwater collection and treatment. The NYCDEP regulates the discharge of sanitary and stormwater sewage into the city sewer system and all site connections are subject to its review and approval LIJMC has already received approval for sanitary and stormwater discharges for the Project Site under *Master Drainage Plan SCQ 050/03*.[23] As all elements of the Proposed Project are required to conform to this drainage plan, the actual calculations, which are outlined in the *Rules and Regulations Governing the Construction of Private Drains and Sewers*,[24] are used for analysis.

Water Supply. Water service connections to the 12-inch mains underneath 76th Avenue and 74th Avenue exist to the Project Site and no new connections would be required to support the Proposed Project. The Proposed Project would generate a total water demand of approximately 100,000 gallons-per-day ("gpd") based on local zoning and population density. This project-generated increase in water consumption is insignificant when compared to the overall water supply on a borough-wide or citywide level for Queens and New York City, respectively. The Proposed Project is not anticipated to result in any significant adverse impacts upon water supply since the proposed facility does not exceed the *CEQR* mandated threshold of approximately 1,000,000 gpd. Refer to *Chapter 13 - Infrastructure* for description.

Sanitary Sewage. Under the *Master Drainage Plan SCQ 050/03*, the anticipated increase in sanitary sewage generated by the Proposed Project would be approximately 100,000 gpd. A new sanitary site connection into the existing 15-inch sanitary line under 76th Avenue would be constructed to support the new Women's Hospital Project. The other elements of the Proposed Project would not require any new sanitary site connections as the existing infrastructure to support the new facilities is already in place. Overall, this increase in sewage would result in a small addition with total site usage becoming approximately 0.1 percent of the 100 million-gpd design capacity of the Jamaica WPCP which serves the site.

Storm Water Run-off. Upon completion of the Proposed Project, the net increase in storm runoff would be approximately 7 cubic-feet-per-second ("cfs"), which would increase the amount of site generated run-off from 197 to 204 cfs. These estimates are based on the NYCDEP storm sewer design calculation requirements outlined in NYCDEP's *Rules and Regulations Governing the Construction of Private Drains and Sewers* and are based on 5.95 inches of rain. This increase in runoff is in accordance with the NYCDEP approved *Master Drainage Plan SCQ 050/03*. Storm water run-off would continue to be collected by the on-site drainage system and either discharged to storm sewers beneath 76th Avenue, 263rd street and 76th

[23] Vollmer & Associates, LLP. *SCQ-05/03 (Master Plan) Long Island Jewish Medical Center – Borough of Queens.* Approved by NYCDEP on September 10, 2003.

[24] New York City Department of Environmental Protection, *Rules Governing the Design and Construction of Private Sewers or Private Drains.* April 13, 1999. p. 20-25.

Avenue as allowable, or held in on-site drywells and ultimately percolated into the ground. This overall increase in overall run-off would not represent a significant increase in amount of run-off currently generated by the site. Overall, no significant infrastructure impacts are expected.

Municipal Solid Waste

The Proposed Project would generate an additional 9.75 tons-per-week, or 39-tons-per-month of solid waste, resulting in a total of approximately 291 tons-per-month for the LIJMC Campus. This additional solid waste represents an increase of approximately 15.5 percent over existing conditions. The new site-generated solid waste would be removed from the site by a private carting service and disposed of with other solid waste from New York City. Existing waste management practices would continue. No significant impacts are therefore expected as a result of the Proposed Project.

Energy and Communications

The Consolidated Edison Company of New York ("Con Ed") provides electrical services to the Project Site via on-site transformers located at 76th Avenue and 271st Street which serves the eastern portion of the Project Site and another in proximity to the Littauer Building which serves the western portion of the Project Site. Electrical service for all elements for the Proposed Project would be provided from the eastern transformers at 76th Avenue and 271st Street, which are comprised of one non-networked transformer with a capacity of 2,500 kVA and 4 networked transformers with a capacity of 7,500 kVA.

Steam and chilled water is supplied throughout the Project Site from the on-site Energy Center Building, which was constructed in 2003. The Energy Center provides steam for heating and chilled water for air conditioning. Fuel for the Energy Center consists of both natural gas and fuel oil. The boilers within the Energy Center were oversized to accommodate the steam and chilled water requirements of the future projects including the Proposed Project.

Two co-generation ("cogen") or combined heat and power systems were recently installed within the Energy Center. One system operates on natural gas and one cogen assist generator operates on #2 fuel oil. The cogeneration systems produce steam to supply electrical power to an existing 2,000-ton chiller and to the Energy Center building itself. These generators reduce the load on the non-networked transformer located at 76th and 271st Street.

The estimated increase in electrical load caused by the Proposed Project is below the current capacity of the existing transformers and no additional electric capacity would be added. The Proposed Project would add an additional load of 1,735-kilo-Volt-Amperes ("kVA") to the networked transformer and an additional load of 420 kVA to the non-networked transformer.

Steam and chilled water to the buildings would continue to be provided from the Energy Center. Additional capacity would not be required as the Energy Center was designed to account for the needs of the Proposed Project. The Proposed Project would require approximately 2,089 tons of chilled water and approximately 28,200 lbs/hr of steam production.

Verizon and Lightpath would continue to provide telephone and data service to the Project Site.

Based on the increase of patient beds, the projected increase of energy required would be met by the operation of the existing Energy Center, cogeneration and existing electrical services. Therefore, no significant impacts to energy and communications facilities are anticipated.

Hazardous Materials

The potential for impacts related to hazardous materials could generally occur when elevated levels of hazardous materials (i.e., above guidance values) exist on a site and an action would create pathways for exposure, to either humans or the environment; or when an action would introduce new activities or processes using hazardous materials and the risk of human or environmental exposure would be increased.

A *Phase I Environmental Site Assessment* ("ESA") was conducted in June 2008 in order to determine the potential presence of contamination and the potential presence of hazardous materials that could be affected by the construction and operation of the Proposed Project. The *Phase I ESA* was performed in conformance with the scope and limitations of *American Society for Testing and Materials Standard E1527-05, Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Practice*. The *Phase I ESA* included visual observations of the Project Site and surrounding properties; and review of NYSDEC, USEPA and other agency databases, local Fire Department and Buildings Department records, historic fire insurance (i.e., "Sanborn") maps, and existing data on the geology and hydrogeology of the area.

The *Phase I ESA* revealed no evidence of recognized environmental conditions in connection with the Project Site with the exception that lead based paint and asbestos containing materials are likely to be present based upon the age of the buildings. The materials, if improperly handled, have the potential to cause adverse health effects.

Hazardous materials (building materials, hazardous wastes, radioactive wastes, regulated medical wastes, regulated non-hazardous wastes, universal wastes and petroleum storage tanks) that are encountered as a result of the Proposed Project would be managed, isolated and/or removed during the construction phase (see *Chapter 16 - Hazardous Materials*). Hazardous building materials would be abated or remediated prior to demolition activities. The management of hazardous materials during the construction of the Proposed Project would be in accordance with federal, state and local regulations. No significant adverse impacts related to hazardous materials are anticipated and no impacts to public health are expected.

Following the completion of the Proposed Project, the management of hazardous materials would continue in accordance with federal, state and local regulations. These regulations are designed to protect the public health. No significant adverse impacts related to hazardous materials are anticipated and no impacts to public health are expected.

Construction Impacts

The areas that would be most affected by construction generally consist of the areas immediately bordering the construction activity. The analysis of construction-related impacts focuses on the technical analysis areas comprising the *DGEIS and FGEIS*. The methodology outlined in the *CEQR Technical Manual* was used to evaluate potential impacts associated with construction activities that occur as a component of the Proposed Project or are induced as a result of the Proposed Project. Please refer to *Chapter 17 - Construction Impacts*, for a details summary of all construction impacts relating to the Proposed Project.

The construction impact assessments contained in this chapter are based on analyses conducted for the technical areas comprising the *DGEIS*. The most intense period of construction activity on the Project Site would occur during the simultaneous construction of the Women's Hospital building, the Schneider Children's Hospital Inpatient Building and the Zucker Hillside Inpatient Psychiatric Facility, which would occur in 2009. During that time, a total of approximately 250 construction workers would be working on the Project Site, with approximately 75 workers dedicated to the Women's Hospital, 100 workers dedicated to the Schneider Children's Hospital Inpatient Building and 75 workers dedicated to the Zucker Hillside Inpatient Psychiatric Facility. Therefore, 2009 was established as the peak period for construction impact analysis.

A site logistics plan that identifies construction start and completion dates, a sequence of construction activities, access requirements, staging and material storage areas and measures to minimize the impacts of the construction activities to adjacent properties was established.

The proposed phasing would minimize construction impacts resulting from site work (roads, parking and utility relocations), building demolition, building renovation and new building construction. Undeveloped on-site areas would be used for construction staging, coordinated material deliveries and secure equipment storage. The need for off-site areas for those activities is not envisioned. Temporary trailers for construction field offices would be located on-site, east of the Staff Garage. During all phases of construction, the contractors would maintain a site safety plan containing emergency contacts, emergency notification procedures, worker training orientation programs and information exchanges with LIJMC representatives.

Prior to the 2009 peak period, Phase 1 of the Campus Utility and Campus Roadway Improvement Projects would be completed; the LIJH pedestrian access and vehicular drop-off at the Rotunda Building would be demolished; a temporary pedestrian access for LIJH users would be constructed east of the existing Schneider Children's Hospital entrance; the Schneider Children's Hospital vehicular drop-off would be expanded to provide additional vehicle queuing and valet drop-off area; at-grade parking lots north of the existing visitor/patient garage and south of the Schneider Children's Hospital would be converted to construction staging areas; and the perimeter of the proposed buildings would be fenced and secured for construction access only. The utility and roadway improvements which would be completed as well as the access and construction areas that would be in place during the 2009 analysis year are described below.

Campus Utilities. The Campus Utility Improvements are a continuation of an ongoing program for replacing deteriorated utilities within the Project Site. New steam, chilled water, electric, communications, water main, sanitary sewers and storm sewer facilities would be constructed to maintain service to the existing buildings as well as provide service to new buildings.

The utility improvements would require construction of one sanitary and one storm sewer connection at 271st Street and 76th Avenue and one storm connection near 268th Street and 76th Ave. The construction of the two sewer connections would require measures for the maintenance and protection of traffic and the loss of a few parking spaces in the vicinity of the work for construction staging.

Construction staging and material storage areas would be within the vicinity of the utility installation and would be fenced with an eight-foot high fence with an access gate provided to an adjacent Project Site roadway. The trenches for utility construction would be protected with movable barriers (*i.e.* jersey barrier) during excavation, utility placement and backfill operations. The equipment used during the utility construction would include backhoes, dump trucks and handheld vibratory compaction equipment.

The Campus Utility Improvements would proceed in two phases. The first phase includes the portion of the site east of the existing LIJH, north of the existing 3-story visitor parking garage, south of the Parker Jewish Geriatric Hospital and west of the Nassau/Queens County line. The first phase of work started in the first quarter of 2008 and was completed in the third quarter of 2008. The second phase includes the portion of the site south of the Schneider Children's Hospital main building and Energy Center, north of 76th Avenue, east of the Ronald McDonald House and west of the existing Schneider Children's Hospital drop-off area. The second phase of the work began in the third quarter of 2008 and is scheduled to be completed by the second quarter of 2011.

Campus Roadways. The Campus Roadway Improvements are a continuation of an ongoing program for providing a continuous roadway around the perimeter of the Project Site. The new or upgraded roadways would provide enhanced vehicular access through the Campus that currently does not exist. New loop roadways would be constructed north of the 3-story visitor parking garage; a new north to south roadway would be constructed along the eastern frontage of the Campus from the Emergency Department to 76th Avenue; a new east to west roadway would be constructed along the southern frontage of the campus between 271st Street and 268th Street; a new north to south roadway would be constructed from the 8-story staff parking garage to the Schneider Children's Hospital Roadway; new roadways would be constructed within the Zucker Hillside Hospital portion of the Project Site north of the Lowenstein Buildings; and the LIJMC Driveway at Lakeville Road would be widened from four to five lanes to provide an additional lane for traffic exiting the Project Site.

Construction staging and material storage areas would be within the vicinity of the roadway construction and would be screened from the surrounding community and would be fenced with eight-foot high fencing with an access gate provided to an adjacent on-campus roadway. The roadway work would be performed sequentially with the utility construction and

include placement of curbs, sidewalks, pavement and surface amenities. The work zone would be protected with movable barrels, barricades and/or fences. The equipment used during the roadway construction would include dump trucks, front end loading bobcats, vibrating rollers and miscellaneous handheld equipment.

The Campus Roadway Improvements would be constructed with the Campus Utility Improvements and would have similar limits of work and schedule phases.

Peak Period Construction Scenario

The 2009 peak period construction scenario would include activities for the Women's Hospital, Schneider Children's Hospital Inpatient Building and the Zucker Hillside Inpatient Psychiatric Facility. Construction equipment that would be required for site demolition, excavation and construction would include cranes excavators, backhoes, dump trucks, concrete trucks, concrete pump trucks, vibrating compactors, dumpsters, etc. Materials removed and that are suitable for re-use would be incorporated into the construction while non-suitable or excess materials would be removed from the site. All construction equipment and operation of such equipment would comply with noise controls as required by the *New York City Noise Control Code*.[25] A description of construction for each element of the Proposed Project is provided below.

Women's Hospital. The Women's Hospital project involves the demolition of the existing one-story Rotunda Building and the construction of a new nine-story approximately 250,000-gsf building east of the existing Bed Tower Building. The construction of the project ~~is scheduled to begin~~ began in the fourth quarter of 2008 and is scheduled to be completed by the first quarter of 2011.

Decanting of the existing Rotunda Building and construction of a temporary entrance to the existing LIJ Hospital would precede the building construction. The site work would include the construction of new vehicle drop-off areas and construction of new utility services to the building.

Site access from Lakeville Road and 76th Avenue at 271st Street would be maintained throughout construction. Pedestrian circulation within the Project Site would be maintained throughout construction as well.

During the 2009 peak construction period, construction staging and material storage areas would be located within the existing at-grade parking areas located east of the project and north of the existing parking garage. The construction staging and material storage areas would be protected, screened and secured with an eight-foot high fence to reduce visual impacts resulting from construction to LIJMC users, residents located south of 76th Avenue and patients and visitors to the Parker Jewish Geriatric Institute. Equipment, material delivery and material removal access to the Women's Hospital construction site would be gate accessed from the

[25] The City of New York, Mayor's Office of Environmental Coordination, *City Environmental Quality Review Technical Manual*. p. 3R-1, October 2001.

circulation roadways north of the existing parking garage. Foundation walls and curtain walls would be constructed, structural steel would be erected, concrete floors poured and mechanical, electrical and plumbing systems would be installed. Construction equipment for the Women's Hospital building would include a mobile crane with an approximately 200-foot boom, excavators, dump trucks, concrete trucks, concrete pump trucks, steel and material delivery trucks, dumpsters, hoists and miscellaneous handheld equipment.

Schneider Children's Hospital Inpatient Building. The Schneider Children's Hospital Inpatient Building would begin in the ~~fourth quarter of 2008~~ first half of 2009 and be completed by the 2nd quarter of 2010. The site work would include construction of new vehicle drop-off areas and construction of new utility services to the building. Vehicular and pedestrian access to the existing Schneider Children's Hospital would be maintained throughout construction.

During the 2009 peak construction period, construction staging and material storage areas would be located on-site within existing at-grade parking areas located south of the site. The construction staging and materials storage areas would be protected, screened and secured with an eight-foot high fence to reduce the visual impacts resulting from construction on residents south of 76th Ave and LIJMC users. Access for equipment, material delivery and material removal to the Schneider Children's Hospital Inpatient Building construction site (northwest of the existing building) would be from either the Lakeville Road Main Entrance or the 74th Avenue entrance and the north-south roadway west of the staff parking garage to the staging area northwest of the existing Schneider Children's Hospital. Sheeting would be installed around the perimeter of the building, the soil removed and the footings and foundation walls would be constructed. Structural steel would be erected, concrete floors poured and mechanical, electrical and plumbing systems installation would begin. Construction equipment for the Schneider Children's Hospital Inpatient Building would include two mobile cranes with an approximate 60-100-foot boom, excavators, dump trucks, concrete trucks, concrete pump trucks, steel and material delivery trucks, dumpsters, hoists and miscellaneous handheld equipment.

Zucker Hillside Inpatient Psychiatric Facility. The Zucker Hillside Inpatient Psychiatric Facility would be located on a site that is currently unimproved, but has some landscaping comprised of grass and some trees. The construction of the project is scheduled to begin in the second quarter of 2009 and be completed by the second quarter of 2011. Existing facilities would be maintained in operation until the new facility is completed.

Site work would include construction of an interim site access roadway, utility service to the new building and building access to the southern frontage of the existing Hillside Activities Therapy Building. The Elson, Hilda Strauss and Altschul cottages would be decanted with beds and services relocated to the new facility prior to demolition. Services and beds located in the Littauer Building, Israel Strauss Pavilion and Kauffman Building would also be relocated to the new facility. After the cottages are demolished, the interim site access road would be widened. A new site circulation "oval" road would be constructed along with extensive site landscaping.

During the 2009 peak construction period, construction staging and material storage areas would be located south and west of the existing Hillside Activities Therapy Building. The construction staging and materials storage areas would be protected, screened and secured with

an eight-foot high fence to reduce the visual impacts resulting from construction from 263rd Street and 74th Avenue. Access for equipment, material delivery and material removal to the Zucker Hillside Inpatient Psychiatric Facility construction site would be from either the Lakeville Road Main Entrance or the 74th Avenue entrance and the east-west roadway at along the northern frontage of the Project Site. Sheeting would be installed around the perimeter of the building, the soil removed and the footings and foundation walls would be constructed. Structural steel would be erected, concrete floors poured and mechanical, electrical and plumbing systems installation would begin. Construction equipment for the Zucker Hillside Inpatient Psychiatric Facility would include two mobile cranes with an approximate 60-foot boom, excavators, dump trucks, concrete trucks, concrete pump trucks, steel and material delivery trucks, dumpsters, hoists and miscellaneous handheld equipment.

Technical Analysis

The analysis of construction-related impacts for the technical analysis areas contained in *Chapter 17 - Construction Impacts*, is presented below by technical area.

Land Use. Land use on the surrounding blocks in the vicinity of the Project Site would not change as a result of construction activity associated with the Proposed Project. The predominantly residential, medical and research uses would continue as in the existing condition with some level of intermittent disruptions possible due to the construction within the Project Site.

Zoning. The entire Campus is zoned as an R3-2 General Residence District. Construction of the project would not require zoning changes within the Project Site or the adjacent areas. Therefore, no significant impacts to zoning are anticipated.

Public Policy. The implementation of the Proposed Project would be consistent with the relevant public policy initiatives which guide development within the project study area and throughout the borough. Since there are no local or community-wide land use plans that apply to the Project Site, the Proposed Project would not conflict with any such plans.

Neighborhood Character. The construction of the Proposed Project would occur within the Project Site. Potential impacts to the adjacent properties including the North Shore Towers Country Club, Parker Jewish Geriatric Hospital and the adjoining neighborhood would be minimized by measures such as screening and securing the construction areas and performing construction during day-time hours.

Construction would effect the Project Site itself as services would be altered somewhat to facilitate construction. Materials and equipment would need to be stored within undeveloped areas of the site. Roadways, pedestrian walkways and entrances would be relocated as necessary to minimize disruption.

All LIJMC operations would be maintained during the construction period. Any impacts related to traffic patterns or noise would be temporary during construction and would not result in significant long-term impacts to neighborhood character.

Open Space/Recreational Areas. No publicly-owned open space exists within the Project Site. The Proposed Project would not utilize existing off-site open space resources for construction staging activities or impede the utilization of those resources.

Community Facilities. Construction of the Proposed Project would not physically displace or alter any of the surrounding community facilities in the vicinity of the Project Site. The LIJMC Facilities, which is itself a community facility, currently occupy the Project Site. Pedestrian and vehicular access throughout the Project Site and utility connections serving the Project Site would be maintained during construction.

Archeological and Historic Resources. Although portions of the study area are considered to be archeologically, a search on *New York's State and National Registers of Historic Places Public GIS Program* indicates that there are no state parks, federally eligible historic places, National Register-listed historic places, State Register-listed historic places or historic listings in progress within the study area. A copy of the *Final Scoping Document* and subsequent written correspondence was sent to the NYS OPRHP, which has determined that the Proposed Project would not impact archeological or historic resources.

Socioeconomic Conditions. Temporary or permanent street closures that would affect access to local business are not proposed. No businesses or residents would be directly displaced due to the Proposed Project. Hospital services are expected to continue with minimal disruption. There would be no economic impact on employees of the hospital as services would continue with minimal disruption during construction. The Proposed Project may bring short-term beneficial economic impacts due to the construction activity through employment and procurement of materials and equipment necessary to complete the Proposed Project. Construction laborers would provide an infusion of additional funds to the local economy as consumers of food service, retail and other local businesses.

Urban Design and Visual Resources. All construction would be conducted within the Project Site and measures such as screening and fencing would be provided to minimize the impact of construction on urban design and visual resources towards the outside neighborhood. During demolition and construction of the Proposed Project, temporary changes to visual resources are anticipated: construction equipment, safety barriers, fencing, construction traffic and other evidence of construction would be visible to adjacent property owners and users of the LIJMC. The effects of construction and demolition associated with the Proposed Project would be temporary.

Natural Resources. Freshwater wetlands vegetation or surface water does not exist within the site nor do threatened or endangered species or species of special concerns. The Proposed Project would not impact the geology of the area since it would not disturb soils beneath the proposed extent of the foundations. There would be no impact on groundwater quality or groundwater flow. No change in the status of the site relative to flood plains is anticipated.

Traffic. Traffic and transportation would not be impacted by the construction of the Schneider Children's Hospital Inpatient Building, Women's Hospital or Zucker Hillside Inpatient Psychiatric Facility projects as all construction activity would be performed within the Project Site. Less than ten truck trips would be generated during each of the a.m. and p.m. peak hours and no street closures or travel lane restrictions would be required. Temporary measures for the maintenance and protection of traffic during the construction of two new site sewer connections at 271st Street and 76th Avenue and near 268th Street and 76th Ave under the ongoing Campus Utilities improvement project would be implemented to minimize disruptions to traffic, which is anticipated to be less then one month in duration.

Parking. Existing at-grade parking spaces that are displaced due to construction activities would be relocated to the new 8-story staff parking garage or to adjacent at-grade lots where space is available. Parking for construction workers would be provided at 250 leased spaces at i-Park. ~~within the Project Site in either the new staff parking garage or temporary at-grade lots which would be constructed adjacent to respective construction sites~~.

Transit. Surface transit operations on the streets abutting the Project Site would remain the same as existing conditions. The bus stop within the Project Site at the existing parking garage would be temporarily relocated to a new off-site location, in the vicinity of the existing stop and relocated to the existing location as construction is completed.

Air Quality. Effects to air quality during construction would be temporary and the following measures would be taken to minimize the effects; erecting barriers to separate construction/renovation areas, frequently cleaning areas adjacent to construction/renovation areas, spraying exposed areas with water or chemical dust suppressants, covering trucks carrying dusty materials to and from the Project Site, washing construction vehicles before they leave the Project Site, minimizing the flow of vehicles over unpaved areas, and regularly cleaning adjacent paved areas to remove dust before it could be re-suspended into the air.

Potential air quality impacts resulting from the construction of the Proposed Project include emissions from trucks and construction equipment and fugitive dust on the construction site(s). Almost all trucks and equipment involved in construction would be diesel-powered and would not emit high levels of CO, but produces particulate matter. Fugitive dust during construction may also be a local source of additional particulate matter.

There would be no long-term air quality impacts as the Proposed Project would not have a significant effect on CO, $PM_{2.5}$ and PM_{10} emissions levels or ambient levels.

Noise. No long-term effects from noise are anticipated. Noise would be temporary during construction as the Proposed Project would require use of construction equipment such as cranes, bulldozers, backhoes, heavy dump trucks, etc. Three categories of noise control approaches would be considered to reduce on-site construction noise where needed: design considerations and project layout, sequence of operations and alternative construction methods. Design considerations and project layout approaches include measures such as constructing noise barriers, rerouting traffic, placing construction equipment farther from noise-sensitive receptors and constructing walled enclosures around especially noisy activities. Construction sequencing

measures reduce noise impacts by either combining noisy operations to occur in the same time period to shorten the impact duration or spreading them out to minimize the magnitude of peak construction noise levels. Alternative construction methods involve the use of special low noise emission level equipment.

Infrastructure, Solid Waste, Sanitation Services, Energy and Utilities. Project construction would not significantly affect water usage, sanitary sewage discharge, storm water run-off energy usage or site utilities (i.e. steam, chilled water, communications etc.). Utility relocations required to support the Proposed Project would be completed in advance of building demolition or construction as part of the ongoing Campus Utility Improvements being performed at the Project Site. Temporary or permanent street closures that would affect access to local business are not proposed. All infrastructure services would be maintained throughout the Project Site during the construction period.

Hazardous Materials. If activities in the buildings related to the Proposed Project (i.e. renovation or demolition) have the potential to disturb suspected Asbestos Containing Material ("ACM"), then prior to the activities, an asbestos survey would be performed to determine if ACM are present. Additionally, a contractor licensed with the State of New York would be retained to remove the asbestos in accordance with federal and state regulations.

Surfaces coated with Lead Based Paint ("LBP") scheduled for demolition would require proper LBP abatement prior to any disturbances that would generate lead-containing dust vapors. If LBP-coated surfaces are present, an exposure assessment would be performed to determine whether lead exposure could occur during the demolition. Wet methods to control dust and air monitoring would be implemented during demolition activities.

Any PolyChlorinated Biphenyls ("PCB") ballasts encountered during demolition would be handled as hazardous waste in accordance with the federal and state regulations. The waste would then be transferred to an off-site permitted facility for treatment, storage, and disposal. This transfer would be performed by a permitted hazardous waste hauler.

Per NYSDEC regulations, Large Quantity Generators ("LQGs") over a sole source aquifer must have a closure plan that outlines partial and/or final facility closure procedures at any point of its active life. LIJMC has a USEPA approved closure plan in place. A review of the current site plan indicates that the Proposed Project areas are not subject to closure.[26] Furthermore, site-generated hazardous waste would continue to be stored in permitted storage areas and transferred to an off-site permitted facility for treatment, storage, and disposal. This transfer would be performed by a permitted hazardous waste hauler.

Site-generated universal wastes would be removed from the lighting fixtures prior to demolition, managed as universal waste, stored in the universal waste storage area, and transferred off-site by a permitted waste hauler to an approved recycling facility.

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[26] 6 *N.Y.C.R.R.* § 360.6(6)(a)

Vector Control. Control of rodent populations could be achieved by eliminating or reducing the favorable habitat through an effective vector control program. Typical measures would be undertaken during constructions. Measures would likely include a baseline survey and documentation of pre-construction conditions, effective sanitation procedures and refuse storage at the construction site and adjoining properties, application of pesticide and traps to eliminate existing rodents within the construction area and adjoining properties and removal of harborage or dump materials from the constriction site to reduce favorable habitat

By the implementation of these measures, no significant impacts from vectors are anticipated during construction.

Public Health

Operation of the Proposed Project is not expected to result in risks to public health. The Project Site itself is a public health facility; therefore, the Proposed Project is expected to enhance the general public health of the surrounding community and Project Site users. No significant increases in project generated vehicular traffic, adverse effects on air quality, increased exposure to public health risks such as lead or other contaminants, solid waste management methods, pest population growth or significant odors are anticipated.

Unavoidable and Immitigable Adverse Environmental Impacts

No unavoidable and immitigable adverse environmental impacts are anticipated as a result of the Proposed Project.

~~One unavoidable and immitigable adverse environmental impact relates to the traffic generated with the Proposed Project.~~

~~The northbound approach to the unsignalized intersection of the LIJMC 400 Lakeville Road Building rear entrance with Marcus Avenue, while already operating at LOS E in the Existing and LOS F in the Future No-Build Condition, would have an increase in average delay of 11.3 seconds in the Future Build condition for the p.m. peak period. This change is due to a project-generated volume on Marcus Avenue. Due to the proximity of this intersection to the signalized intersection of Marcus Avenue and Lakeville Road, it is not feasible to signalize the intersection. Additionally, should the projected increase in average delay occur, the affected vehicles have an alternate route by exiting the site via the signalized intersection of the LIJMC 400 Building Driveway and Lakeville Road, thereby avoiding the delay.~~

Irreversible and Irretrievable Resources

Materials and energy spent during construction and renovation phases of the Proposed Project would be irreversibly and irretrievably committed to the Proposed Project. Construction materials would likely include concrete, wood, glass and other materials.

Any landscaping, trees or other vegetation to be removed during construction or paving would be irretrievably committed to the Proposed Project. This impact would be mitigated by

the creation of other landscaping areas included with the Proposed Project within the Project Site.

Growth Inducing Aspects

In the short term, the Proposed Project would generate an increase in construction employment. In the long term, it would increase employment at the Project Site by 250 jobs which may result in an indirect increase of employment in the surrounding economy by 625 jobs. Overall no significant adverse growth inducing impacts from the Proposed Project would exist.

Alternatives

The alternatives analyzed include the *No-Build Alternative*, two *Master Plan Alternatives* and one *Site Access Alternative*.

- Under the *No-Build Alternative*, a Neonatal Services Improvement Project, an interior improvement, would be constructed within the Project Site. No elements of the Proposed Project would be constructed.
- Under *Master Plan Alternative No. 1*, two Inpatient Buildings and a Women's Pavilion Building would be constructed. The Women's Hospital would be constructed as a separate building located adjacent to 76th Avenue. New medical surgery beds would be provided in the two new inpatient buildings located adjacent to and above the existing truck loading dock north of the existing Dietary Services building and adjacent to the existing Energy Center.
- Under *Master Plan Alternative No. 2*, a Women's Pavilion containing the Women's Hospital facilities and a Bed Tower for new medical surgery beds would be constructed in two separate buildings. The Women's Pavilion would be located along 76th Avenue and the Bed Tower would be located east of the existing hospital.
- Under the *Site Access Alternative*, a new travelway would be extended eastward from the Project Site to Marcus Avenue, thereby providing a new vehicular access to the Project Site.

No-Build Alternative

In the *No-Build Alternative*, appropriate health facilities within the Project Site would remain in operation with less than optimal physical space for providing patient care. There would be no significant impacts to land use, zoning, open space, community facilities, archeological, historical, natural resources, energy, communications, infrastructure and hazardous waste. Socioeconomic conditions would essentially remain virtually unchanged as only 10 jobs would be created as a result of the Neonatal Services Improvement Project. Visual resource conditions would not be affected. There would be no construction impacts if the Proposed Project is not undertaken.

Traffic. Under the *No-Build Alternative*, traffic would increase due to background growth and the implementation of projects at i-Park. All of the study area intersections are anticipated to continue to operate at an acceptable LOS during both peak periods with the

following changes. During the a.m. peak hour, the intersection of Marcus Avenue and Lakeville Road would operate at overall LOS E and the SB approach would operate at LOS F. During the p.m. peak hour at the intersection of the LIJMC Main Entrance and Lakeville Road, the EB approach would operate at LOS D and the ~~WB~~ EB approach~~es~~ would operate at LOS E, an improvement over the existing condition of LOS F. During the p.m. peak hour at the intersection of the LIJMC 400 Building rear entrance with Marcus Avenue, the NB approach of the would operate at LOS F.

Parking. Under the *No-Build Alternative*, the on-site parking would remain as existing where visitors and patients park in the existing 3-story visitor garage and employees would park in the recently constructed 8-story staff garage.

Transit. Under the *No-Build Alternative*, the usage of transit is expected to grow at the background growth rate of 1.0 percent per year plus additional usage due to the full occupancy of i-Park. A limited number of riders would be added on the various bus routes. This increase in ridership is not expected to appreciably change the bus service and frequency currently provided.

Pedestrian. Under the *No-Build Alternative*, pedestrian volumes would be expected to grow by five- percent between 2007 and 2011 using a background rate of one-percent per year. Because of the relatively low level of existing activity and generally nominal increase in the next five years, it has been determined that the facilities would continue to be adequate for area pedestrian movements under the *No-Build Alternative*.

Air Quality. Under the *No-Build Alternative*, proposed on-site facilities would continue be operated and maintained in compliance with all State and City requirements; no ambient air quality impact is expected from on-site facilities and their operations. CO levels would remain well below *N/SAAQ Standards*. Likewise, the changes in the $PM_{2.5}$ and PM_{10} levels would be well below the threshold for potentially significant impacts as outlined in the *NYSDEC Commissioner's Policy 33*.[27]

Noise. Under the *No-Build Alternative*, the ambient noise environment would remain essentially unchanged (within ±1 dBA) under the *No-Build Alternative*. All new on-site facilities and operations are designed to comply with the existing quiescent noise environment of a hospital. There would be no on-site stationary noise source that would cause an increase in noise levels of the adjacent land uses.

Conclusion. The *No-Build Alternative* was not considered to be feasible as medical services within the LIJMC Campus and the Project Site would remain largely unchanged without the implementation of the Proposed Project. The goals and objectives addressed in the *Strategic Plan of 2002-2006*[28], which aim to revitalize the LIJMC health practices and codes; expand facilities to relieve overcrowding and meet growing demand and to provide facilities aimed at addressing the needs of an aging population; to improve the infrastructure of the LIJMC; to

[27] New York State Department of Environmental Conservation. Commissioner's Policy 33: *Assessing and Mitigating Impacts of Fine Particulate Matter Emissions*, December 29, 2003.

[28] North Shore Long Island Jewish Health System. *Strategic Plan of 2002-2006*, 2002.

improve the physical appearance of the LIJMC Campus; and to consolidate and improve services within the Zucker Hillside Hospital Campus, would not be met.

Master Plan Alternative No. 1

Under *Master Plan Alternative No. 1*, two Inpatient Buildings and Women's Pavilion Building would be constructed. The Women's Hospital facilities described in the Proposed Project would be constructed as a separate new Women's Pavilion Building. New medical surgery beds would be provided in the two new inpatient buildings located above the truck loading dock. The Women's Hospital described in the Proposed Project would not be constructed. The new Zucker Hillside Inpatient Psychiatric Facility and the Schneider Children's Hospital Inpatient Building would be constructed as described in the Proposed Project.

The inpatient buildings would be built adjacent to and above the existing truck loading dock north of the existing Dietary Services building and adjacent to the existing Energy Center. The lobby of the inpatient buildings would be approximately fifteen feet above the adjacent campus roadway (formerly referred to as the Motor Parkway)[29] (elevation 152 +/-). A common core area would provide circulation between the inpatient buildings. Access to the inpatient buildings would be from a visitor and patient plaza deck located adjacent to the westernmost building. A two-directional traffic and pedestrian ramp would provide access between the plaza deck and the adjacent campus roadway (formerly ~~referenced~~ referred to as Motor Parkway).

A new Women's Pavilion building would be constructed around the current Cancer Care Building to provide enhanced medical care focused on women. To facilitate the project, the existing services currently located in the Cancer Care building would be displaced, the existing Finkelstein Staff House would be demolished and the existing on-site road connecting the LIJH building to the Schneider Children's Hospital would be relocated around the south side of the proposed Women's Pavilion.

A total of 135 new beds would be constructed with the proposed Inpatient Buildings, Women's Pavilion, Schneider Children's Hospital Inpatient Building and Zucker Hillside Inpatient Psychiatric Facility and would result in the addition of approximately 485,000 gsf of floor area. The project goals of providing expanded facilities to relieve overcrowding and meet growing demand; adding new medical/surgical beds and consolidating and improving services on the Zucker Hillside Campus would be met. The goals of improving the appearance of the LIJH would not be met as the new Inpatient Buildings and Women's Pavilion would be located above the loading dock and adjacent to 76th Avenue respectively, rather than the proposed location that would result in enhanced views of the LIJMC Campus from surrounding neighborhoods. The goal of providing adjacencies between departments with the existing LIJH, the new Inpatient Buildings, and the new Women's Pavilion would also not be met as the new buildings would not be located proximate to each other or to other supporting functions within the LIJH.

[29] The continuation of the 74th Ave dead-end at the Project Site's property line to the Queen's County line was previously a section of the former Motor Parkway.

Under *Master Plan Alternative No. 1*, there would no differences in impact from the Proposed Project with regards to land use, public policy, open space, community facilities and services, historic and archaeological resources, socioeconomic conditions, natural resources, infrastructure, solid waste, energy and utilities, hazardous materials and public health.

Zoning. As the Project Site is within an R3-2 zone, a front yard setback is required to govern the height of the building and its sky exposure plane penetration. In accordance with the *Zoning Resolution of the City of New York*[30] a 1:1 horizontal-to-vertical ratio from 25-feet above the property line adjacent to 76th Avenue would require a setback of 55 feet for the proposed 80-foot high structure. As this setback is not achieved under this alternative, a variance from the City of New York Board of Standards and Appeals ("BSA") would be required.

Neighborhood Character. The construction of the Women's Pavilion in close proximity to 76th Avenue would change the architectural character of the LIJMC as seen from the neighborhood along the south side of the campus.

Urban Design and Visual Resources. The Women's Pavilion would be constructed 50 feet inside the property line. This proximity to 76th Avenue and would result in visual impacts to views from 76th Avenue and the residences south of 76th Avenue as well as the shadow impacts due to the height of the structure. The new inpatient buildings would be built away and out of site from the surrounding neighborhoods and therefore, impacts from these buildings would not be anticipated.

Traffic, Parking and Transit. The construction of *Master Plan Alternative No. 1* would result in the same impacts to traffic, parking and transit conditions in the study area as the Proposed Project with the addition of 135 new beds and approximately 250 new employees.

Pedestrians. Under *Master Plan Alternative No. 1*, the vast majority of new pedestrian activity would be contained fully within the Project Site. But because of the remote location of the new inpatient buildings and the distances from core hospital areas, patients, visitors and employees would have to travel further to access parts of the hospital.

Construction Impacts. Construction of *Master Plan Alternative No.1* would differ from the Proposed Project. While less ground disturbance would occur, construction of the inpatient buildings above the truck loading area would pose logistical issues relating to constructing the project while maintaining truck access. Construction of building footings and columns within the truck loading area would require temporary relocation and/or closures of the loading area and the relocation of utilities (i.e. sanitary service, electric service, drywells, etc.) that would conflict with footing locations. The column spacing and location required to maintain optimum truck circulation would require longer structural spans than in a conventional building. Safety measures to protect columns from truck collision and to minimize building vibrations due to daily truck activities would also be required.

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[30] The City of New York City Planning Commission. *Zoning Resolution of the City of New York.* June 29, 2006. http://www.nyc.gov/html/dcp//html/zonetext.shtml (September 11, 2008).

Construction of the Women's Pavilion would have impacts on the residences along 76th Avenue and would be visible to the neighborhood. The on-site Project Site road connecting the LIJ Hospital and Schneider Children's Hospital would be relocated around the southern perimeter near 76th Avenue.

Conclusion. Although this alternative would provide the space necessary to provide a modern healthcare facility, the construction cost of constructing above the loading dock and providing second level vehicular access to the Inpatient Building is significantly more expensive than constructing at the proposed locations. Securing and protecting the inpatient buildings from catastrophe relating to truck collision or terrorist events would not be possible. Furthermore, the remote inpatient buildings location would result in difficult access to existing core patient diagnostic treatment services and other patient care areas.

Although the Women's Pavilion would screen the existing hospital façade, locating the new building adjacent to 76th avenue would result in visual impacts to views from 76th Avenue and the residences south of 76th Avenue. Additionally, the building would penetrate the sky exposure plane of the R3-2 zoning and thereby require a variance from the City of New York BSA.

For the reasons outlined above, *Master Plan Alternative No. 1* is less desirable then the Proposed Project and was not considered for further analysis.

Master Plan Alternative No. 2

Under *Master Plan Alternative No. 2*, the Women's Hospital project would be split into a Bed Tower Addition and Women's Pavilion. The Women's Pavilion described as part of the Proposed Project would be constructed, but with fewer floors and beds. The new Zucker Hillside Inpatient Psychiatric Facility and the Schneider Children's Hospital Inpatient Building would be constructed as described under the Proposed Project.

The Bed Tower Addition would update the appearance of the LIJMC in the same way the proposed Women's Hospital would through its prominent site placement east of the LIJH building at the west end of the Lakeville Road main entry drive. The new Bed Tower would provide an updated image, a high quality patient care environment, improved accessibility and connections to the existing LIJMC support services and the proposed Women's Pavilion. The new Bed Tower would permit decompression of existing space within the facility for improved utilization.

A new Women's Pavilion building would be constructed around the current Cancer Care Building to provide enhanced medical care focused on women. To facilitate the project, the existing services currently located in the Cancer Care building would be displaced, the existing Finkelstein Staff House would be demolished and the existing on-site road connecting the LIJH building to the Schneider Children's Hospital would be discontinued.

A total of 135 new beds would be constructed with the proposed Bed Tower, Women's Pavilion, Schneider Children's Hospital Inpatient Building and Zucker Hillside Inpatient

Psychiatric Facility and would result in the addition of approximately 485,000 gsf of floor area. The project goals of providing expanded facilities to relieve overcrowding and meet growing demand; adding new medical/surgical beds and consolidating and improving services of the Zucker Hillside Campus would be partially met. The new Women's Pavilion would be located adjacent to 76th Avenue and would provide a minor benefit of improving the appearance of the LIJH from 76th Avenue. The Bed Tower would be located east of the LIJH but would not be as tall as the existing building and therefore would only partially enhance views of the existing hospital. The goal of providing adjacencies between departments with the existing LIJH, the new Bed Tower and the new Women's Pavilion would also only be partially met as the new buildings would not be located proximate to each other or to other supporting functions within the LIJH.

A site plan of the *Master Plan Alternative No. 2* is presented in Figure 22-2.

Under *Master Plan Alternative No. 2*, there would no differences in impact from the Proposed Project with regards to land use, public policy, open space, community facilities and services, historic and archaeological resources, socioeconomic conditions, natural resources, infrastructure, transit, solid waste, energy and utilities, hazardous materials and public health.

Under *Master Plan Alternative No. 2,* impacts to zoning, neighborhood character, urban design and visual resources, traffic and pedestrians would be similar or the same as under *Master Plan Alternative No. 1*. As a result of the same placement of the Women's Pavilion, impacts to zoning would be the same as under *Master Plan Alternative No.1* and a variance would still be needed. The Women's Pavilion would be constructed as described under *Master Plan Alternative No. 1,* but closer to 76th Avenue, or approximately 20 feet from the property line. This shorter dimension would result in more pronounced effects to neighborhood character and urban design and visual resources since the structure would be more visible and larger in scale to residents along 76th Avenue. The new Bed Tower would be of similar profile and located in the same places as the Women's Hospital under the Proposed Project and therefore its impacts would remain the same.

Conclusion. Although the Women's Pavilion would screen the existing hospital façade, locating the new building adjacent to 76th Avenue would result in visual impacts to views from 76th Avenue and the residences south of 76th Avenue. Additionally, the building would penetrate the sky exposure plane of the R3-2 zoning and thereby require a variance from the City of New York BSA. Furthermore, the LIJMC concluded that combining services to be provided in the Women's Pavilion with the new Bed Tower into comprehensive Women's Hospital building, as under the Proposed Project, would be a more efficient use of space.

For the reasons outlined above, *Master Plan Alternative No. 2* is less desirable then the Proposed Project and was not considered for further analysis.

Site Access Alternative

In response to comments received from Community Board 13, a *Site Access Alternative* was proposed to provide new east-to-west access along the northern property of the Project Site

between 74th Avenue and Marcus Avenue. All other elements of the Proposed Project would remain the same under this alternative. A portion of the new access within the Project Site, extending from 74th Avenue to the Queens County line currently provides onsite circulation and was constructed as part of the ongoing Campus Roadway Improvements component of the Proposed Project.

The *Site Access Alternative* would include constructing a new driveway eastward from the County line to Marcus Avenue. The extension would enhance on-site circulation by providing an additional means of access to the Project Site. Vehicles approaching the Project Site from the north or east would use Marcus Avenue while vehicles from the south would continue to use the existing access from Lakeville Road. The road would be one lane in each direction with sufficient width to accommodate truck and emergency vehicle traffic. A site plan of the extension to the new Marcus Avenue entry is presented in Figure 22-3.

Since the NSLIJ Health System does not own the land between the Project Site and Marcus Avenue, the NSLIJ Health System would have to acquire rights to pass over a portion of those properties. Construction of the *Site Access Alternative* would displace 245 existing at-grade parking spaces on these adjacent properties. Traffic analysis performed for the 2011 Build Year traffic at the intersection of Marcus Avenue with Lakeville Road indicated that the eastbound Marcus Avenue approach to Lakeville Road has a delay of ~~39.7~~ 45.5 seconds and ~~41.2~~ 43.1 seconds in the a.m. and p.m. peak periods respectively. Under this alternative, shifting additional traffic from the Project Site onto Marcus Avenue would ~~increase~~ change the delay to ~~42.0~~ 44.1 seconds and ~~52.3~~ 45.1seconds during the a.m. and p.m. peak hours respectively. In addition, while the additional exit could reduce traffic on 74th Avenue, additional trips that do not currently occur could be anticipated as a new through route between Marcus Avenue and the Glen Oaks Community would be created. This addition of trips would further degrade traffic conditions. Overall, these impacts would constitute a significant adverse traffic impact.

Additionally, the traffic queues on the eastbound Marcus Avenue approach to Lakeville Road currently extend beyond the driveway intersections to the LIJMC 400, 410 and 420 properties. Therefore, driveway access, particularly turning traffic, is difficult during peak hours. To improve operations, the driveways from the LIJMC 400, 410 and 420 properties and the Astoria Federal property would need to be consolidated into a single driveway and reconstructed so that additional distance is provided between the driveway to Lakeville Road. This would require additional coordination and collaboration with the adjacent property owners.

As all other elements of the Proposed Project would remain the same under this alternative, potential environmental effects would be the same as described for the Proposed Project with the exception of the additional potential traffic impact at the intersection of Marcus Avenue and Lakeville Road described above.

The *Site Access Alternative* was not considered a feasible alternative due to the property acquisition requirements, the displacement of existing parking spaces that would need to be accommodated elsewhere on site and the potential impacts to the traffic operations at the intersection of Marcus Avenue and Lakeville Road.

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III. Updates to Chapter 10 – Traffic and Transportation

Update Background

In response to the general comments made by NYCDOT, backup data for the traffic analyses were transmitted to the NYCDOT in two transmittals dated March 26, 2009 and April 3, 2009. Physical inventories were confirmed on March 25, 2009 and the traffic analyses were updated to reflect those conditions. The analyses are slightly different than those included in the *DGEIS* and detailed updates are included in this section. The conclusions from the *DGEIS* remain the same with the exception of the intersections at Union Turnpike and Lakeville Avenue and the 400 Lakeville Road rear entrance and Marcus Avenue. Significant impacts are no longer anticipated at either intersection. A significant impact is still anticipated at the intersection of Marcus Avenue and Lakeville Road.

Traffic and Transportation

Introduction

This section evaluates the potential traffic and parking impacts of the Proposed Project. A summary of existing traffic and parking conditions is presented, including a discussion of data collection activities undertaken and basic traffic analysis concepts such as Levels of Service ("LOS") and the Volume-to-Capacity ("v/c") ratio. The No-Build Condition is described next, including projections of future traffic and parking conditions without the Proposed Project in place. The No-Build Condition provides a baseline against which the potential impacts of the Proposed Project may be measured. The Build Condition is then discussed, including an estimate of vehicular trips generated by the Proposed Project; the assignment of vehicular trips to the area roadway network; future parking conditions; and projections of future LOS and v/c ratios. Finally, potential impacts and mitigation measures are presented.

Roadway Network and Traffic Study Area. The traffic study area is bound by Marcus Avenue to the north, Lakeville Road to the east (including the Northern State Parkway ("NSP") ramps on Marcus Avenue east of Lakeville Road), Union Turnpike to the south and 263rd Street to the west. A description of Lakeville Road, 76th Avenue, 263rd Street and Union Turnpike is provided below. The remaining streets within the study area are primarily local streets with parking lanes along both curbs. An illustration of the traffic study area is given in Figure 10-1.

Lakeville Road is a four-lane roadway with two travel lanes in each direction. Left-turn storage lanes are provided along Lakeville Road at the intermediate intersections. Parking is prohibited on both sides of the street. Lakeville Road connects Northern Boulevard south of Great Neck to Jericho Turnpike in New Hyde Park. Within the boundaries of the study area, Lakeville Road runs between Northern State Parkway access ramps and Union Turnpike. The main entrance to the LIJMC Campus, the entrance to the LIJMC administrative buildings and the entrances to the upper and lower areas of the i-Park parking lot are located along this roadway. Bus stops for one or more bus routes of MTA Transit Bus, MTA Bus and MTA Long Island Bus service are located along the east side of Lakeville Road just north of Union Turnpike, just south and across the street from the LIJMC Main Entrance and just south of Marcus Avenue. On the

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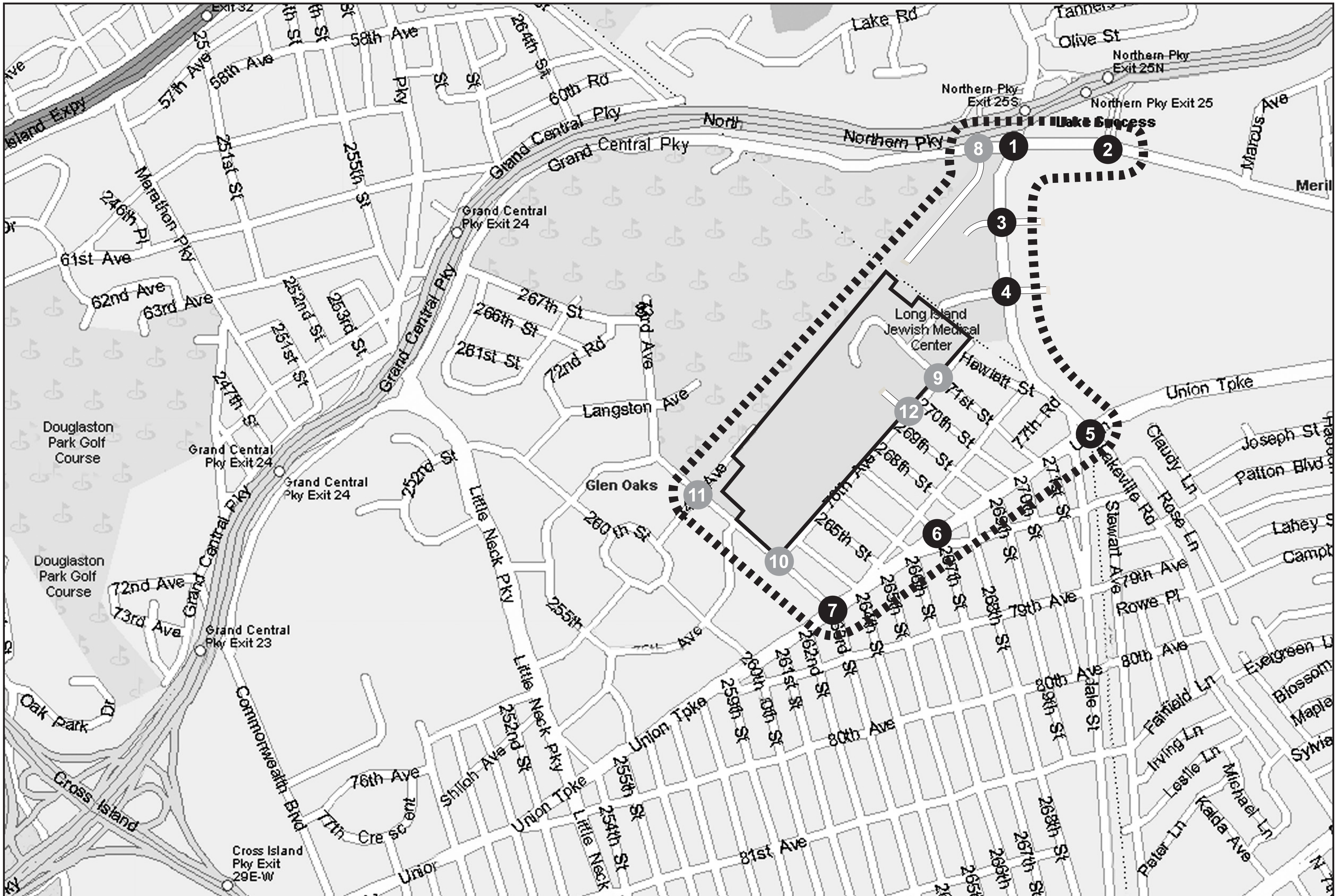

Traffic Study Area

Project Area

Signalized

Unsignalized

N

600 0 600 1200 1800 FEET

SCALE

North Shore LIJ North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Vollmer Associates LLP

Long Island Jewish Medical Center Modernization Program

Traffic Study Area Intersections

Figure 10-1

west side of the road, bus stops are located just south of the LIJMC Main Entrance and just north of 77th Avenue.

76th Avenue is primarily a residential street located within the study area. 76th Avenue is a two-lane roadway with parking permitted along both curbs. Within the study area, 76th Avenue forms a border between the Project Site and the residential area to the south, while providing access to both. Two entrances to LIJMC, the 271st Street entrance and the 269th Street Schneider entrance, are located along 76th Avenue. The residential area to the south is reached via the intersections of 76th Avenue with 264th Street through 271st Street as well as Hewlett Street.

263rd Street is primarily a minor residential street located within the study area. 263rd Street is a two-lane roadway with parking permitted along both curbs. Within the study area, 263rd Street connects housing developments located north and west of the Project Site to Union Turnpike. Additionally, 263rd Street provides access to Zucker Hillside Hospital ("ZHH") entrances.

Marcus Avenue runs parallel to and south of the Northern State Parkway. The western terminus of Marcus Avenue is the Grand Central Parkway eastbound Service Road. The eastern terminus is located at an intersection with Jericho Turnpike in Garden City Park. Within the study area, Marcus Avenue operates as a service road to the Northern State Parkway, connecting Exits 24 and 25. Marcus Avenue varies between two and four travel lanes. Additional turning lanes are provided at the approaches to the major intersections with Lakeville Road as well as with the Northern State Parkway ramps. Driveway entrances to both the LIJMC administrative buildings and to i-Park are located on Marcus Avenue. MTA Long Island Buses have been observed along the northern shoulder of Marcus Avenue west of Lakeville Road during layover periods.

Union Turnpike is a major six-lane roadway that extends from Myrtle Avenue in the Glendale section of Queens to Marcus Avenue just east of the study area. Parking is permitted along both curbs. Within the study area, Union Turnpike serves as a feeder to 263rd Street, 271st Street, Lakeville Road and all of the north-south streets in between 263rd Street and Lakeville Road. The posted speed limit on Union Turnpike is 30 miles per hour.

Twelve intersections within the study area were chosen for analysis with respect to the impacts of the Proposed Project. Of the 12 study area intersections, seven are currently signalized and five are currently unsignalized. The study area intersections are both given in Table 10-1 and illustrated in Figure 10-1.

Table 10-1: Study Area Intersections

Intersection No.	North/South Street	East/West Street
Signalized		
1	Lakeville Road	Marcus Avenue
2	Northern State Parkway Ramps	Marcus Avenue
3	Lakeville Road	400 Buildings Driveway/i-Park Entrance
4	Lakeville Road	LIJMC Main Entrance/i-Park Entrance
5	Lakeville Road	Union Turnpike
6	267th Street	Union Turnpike
7	263rd Street	Union Turnpike
Unsignalized		
8	400 Buildings Rear Driveway	Marcus Avenue
9	271st Street (Project Site Access)	76th Avenue
10	263rd Street	76th Avenue
11	263rd Street	74th Avenue
12	269th Street Schneider Driveway	76th Avenue

Traffic Analysis Methodology. Traffic analysis involved extensive study of a number of factors affecting traffic flow in the study area. Analysis consisted of four broad tasks: data collection; development of Existing, Future No-Build and Future Build traffic conditions; trip generation; and evaluation and assessment of all conditions. Key elements of the process are described below.

Data Collection. Manual turning movement counts were performed at the study area intersections. Turning movements were classified by cars and heavy vehicles. Counts were performed between 7:00 a.m. and 9:30 a.m., 12:00 p.m. and 2:00 p.m. and 3:30 p.m. and 6:00 p.m. on a weekday in October 2006. Signal timings were observed, recorded and matched to Nassau County and New York City signal plates. All of the study area signals in Nassau County are actuated while all of the New York City signals are pre-timed. Intersection geometries were recorded as well.

Automatic Traffic Recorder ("ATR") machines were installed at 13 locations around the study area. Data was recorded continuously for one week in October 2006. ATR data are summarized in 15-minute intervals in the appendix. ATR counts were performed at the following locations:

- Northern State Parkway westbound ("WB") Loop Exit Ramp to southbound ("SB") Lakeville Road (1)
- Lakeville Road northbound ("NB") Loop On Ramp to WB Northern State Parkway (1)
- Marcus Avenue Entrance Ramp to eastbound ("EB") Northern State Parkway (1)
- Grand Central Parkway Service Road EB and WB, west of Lakeville Road (2)
- Lakeville Road NB and SB, north of LIJMC Main Driveway (2)

- Lakeville Road NB and SB, south of LIJMC Main Driveway (2)
- Union Turnpike EB and WB, east of Lakeville Road (2)
- LIJMC Main Driveway IN (WB) and OUT (2)

Note: ( ) = number of locations being described, 13 in total

Information obtained in the data collection effort was used to determine peak traffic periods. Traffic data collected in the weekday a.m., midday and p.m. peak hours as well as Saturday midday were compared. Review of the data indicates that prevailing traffic volume on Lakeville Road and the entries/exits to and from the LIJMC is higher in the a.m. and p.m. peak hours than both the weekday midday hours and Saturday. As a result, only the a.m. and p.m. weekday peak hours were analyzed. The peak hour was determined to occur during weekdays between 8:00 a.m. and 9:00 a.m. and between 4:30 p.m. and 5:30 p.m.

Assessment of Traffic Operation – Methodology. To assess the traffic operations, capacity analyses were performed using Synchro, version 7, software.[31] This software utilizes procedures described in the *Highway Capacity Manual 2000 (*"HCM 2000"*)*.[32] This software is commonly used to assess traffic operations at intersections.

The capacity analysis procedure analyzes intersection operation by calculating the average delay of each approach to an intersection. Operations and performance of an intersection or intersection approach are assigned an alphabetical LOS A through F, based on the average delay (refer to Table 10-2). LOS A, LOS B, or LOS C indicate free-flowing conditions. Under these LOS conditions, the capacity of the roadway or intersection is more than adequate to accommodate traffic volumes that pass through it; average delays are 35 seconds per vehicle or less. LOS D describes an intersection or roadway that processes a heavy volume of traffic adequately. LOS D is generally considered the maximum acceptable condition during a peak hour. LOS E and LOS F conditions are considered congested operating conditions. At LOS E conditions, traffic volumes are close to or equal to capacity of the roadway and vehicles are subject to delays of between 55 and 80 seconds. LOS F describes unstable traffic conditions with excessive stops and delays greater than 80 seconds.

Table 10-2: LOS Criteria for Signalized Intersections

LOS	(sec/vehicle)
A	≤ 10
B	> 10 – 20
C	> 20 – 35
D	> 35 – 55
E	> 55 – 80
F	> 80

Source: HCM 2000

[31] TrafficWare Corporation. *Synchro Studio, Version 7*, 2006. http://www.electromega.com/en/4/products/product_desc.php?produit_id=64 (September 12, 2008).

[32] Transportation Research Board. *Highway Capacity Manual 2000*. Washington, D.C. December 2000.

Existing Conditions

Traffic. Following the methodology described above, traffic conditions for Existing Conditions (2007) were determined. In order to get the traffic volumes for the Existing Conditions, 2006 counts were grown by a background growth rate of 1 percent per year. Table 10-3 summarizes the capacity analyses results performed for the study area intersections. Under Existing Conditions, some signalized and unsignalized intersection approaches operate at less than desirable levels (worse than LOS D) during either the a.m. or p.m. peak hours. For signalized intersections the overall LOS and individual approach LOS are discussed. For unsignalized intersections an overall LOS is not available since certain movements are uncontrolled; thus for unsignalized intersections only approach LOS is discussed.

- Marcus Avenue at Lakeville Road (signalized) – This intersection operates at overall LOS D ~~and LOS C~~ for the a.m. and p.m. peak hours~~, respectively~~.
    - During the a.m. peak hour, the EB and NB approaches operate at LOS D. The WB approach operates at LOS B. The SB approach operates at LOS E.
    - During the p.m. peak hour the EB, NB and SB approach also operate at LOS D. The WB approach operates at LOS ~~C~~ B.

- Marcus Avenue at Northern State Parkway EB ramp (signalized) – This intersection operates at overall LOS B and LOS C for the a.m. and p.m. peak hours, respectively.
    - All three intersection approaches, EB, WB and SB, operate at LOS C or better in both the a.m. and p.m. peak hours.

- LIJMC 400 Building Entrance/i-Park (North) at Lakeville Road (signalized) – This intersection operates at overall LOS A and LOS B during the a.m. and p.m. peak hours, respectively.
    - In the a.m. and p.m. peak hours, all intersection approaches operate at LOS C or better.

- LIJMC Main Entrance/i-Park (South) and Lakeville Road (signalized) – This intersection operates at overall LOS B and LOS ~~E~~ F during the a.m. and p.m. peak hours, respectively.
    - During the a.m. peak hour, the EB approach operates at LOS D. The remaining approaches, WB, NB and SB, operate at LOS B.
    - During the p.m. peak hour, the EB approach operates at LOS F and the SB approach operates at LOS D. The WB and NB approaches operate at LOS A and LOS C, respectively.

- Union Turnpike and Lakeville Road (signalized) – This intersection operates at overall LOS ~~C~~ D ~~and LOS D~~ during the a.m. and p.m. peak hours~~, respectively~~.
    - During the a.m. peak hour the EB and ~~WB~~NB approaches operate at LOS D ~~and LOS C, respectively,~~ while the ~~NB~~WB and SB approaches operate at LOS C.
    - During the p.m. peak hour, all approaches operate at LOS D.

- Union Turnpike and 267th Street (signalized) – This intersection operates at overall LOS A and LOS B during ~~both~~ the a.m. and p.m. peak hours, respectively.
    - During the a.m. and p.m. peak hours, all approaches operate at LOS C or better.

- Union Turnpike and 263rd Street (signalized) – This intersection operates at overall LOS B during both the a.m. and p.m. peak hours.
    - During the a.m. and p.m. peak hours, the NB approach operates at LOS D. The remaining approaches, EB, WB, and SB, operate at LOS C or better.

- Marcus Avenue at LIJMC 400 building rear entrance (unsignalized) – ~~During the a.m. peak hour, all approaches operate at LOS B or better.~~ During the a.m. peak hour, EB and WB approaches operate at LOS A while the NB approach operates at LOS D. During the p.m. peak hour, the NB approach operates at LOS ~~E~~F; the EB and WB approaches operate at LOS A.

- 271st Street and 76th Avenue (unsignalized) – During the a.m. and p.m. peak hours, all approaches operate at LOS C or better.

- 263rd Street and 74th Avenue (unsignalized) – All approaches operate at LOS A or LOS B In both the a.m. and p.m. peak hours.

- 263rd Street and 76th Avenue (unsignalized) – In both the a.m. and p.m. peak hours, all approaches operate at LOS C or better.

- 269th Street (SCH Driveway) and 76th Avenue (unsignalized) – All approaches operate at LOS A or LOS B during both the a.m. and p.m. peak hours.

Table 10-3: Existing Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour 2007 Existing			PM Peak Hour 2007 Existing		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd						
Overall	4,377	D	45.2	5,351	C	34.5
EB approach	550	D	41.2	897	D	41.2
WB Approach	738	B	20.0	1,647	C	21.6
NB Approach	1,393	D	43.2	1,557	D	38.9
SB Approach	1,696	E	59.0	1,250	D	41.3
Marcus Ave at NSP Ramps						
Overall	2,882	B	16.8	3,667	C	23.9
EB approach	1,459	B	13.1	1,314	C	21.4
WB Approach	480	B	19.2	1,794	C	25.0
SB Approach	943	C	21.3	559	C	26.3
400 Driveway at Lakeville Rd						
Overall	3,049	A	7.4	3,348	B	14.8
EB approach	65	C	23.9	249	C	28.4
WB Approach	25	C	23.0	200	B	17.1
NB Approach	1,550	A	5.6	1,394	B	10.8
SB Approach	1,409	A	8.2	1,505	B	15.9
LIJ Entrance at Lakeville Rd						
Overall	3,329	B	16.2	3,667	E	79.1
EB approach	328	D	40.4	1054	F	182.7
WB Approach	42	B	11.4	94	A	7.5
NB Approach	1,582	B	15.1	953	C	25.3
SB Approach	1,377	B	11.9	1,566	D	46.3
Union Tpke at Lakeville Rd						
Overall	3,944	C	33.5	4,744	D	40.2
EB approach	1,264	D	40.4	1,014	D	43.9
WB Approach	556	C	34.3	1,365	D	39.4
NB Approach	1,381	C	32.8	789	D	35.6
SB Approach	743	C	22.6	1,576	D	40.9
Union Turnpike at 267th St						
Overall	1,551	A	8.2	1,841	A	8.7
EB approach	976	A	7.2	782	A	6.8
WB Approach	484	A	6.1	946	A	7.4
NB Approach	67	C	29.9	55	C	34.7
SB Approach	24	C	33.4	58	C	31.8
Union Turnpike at 263rd St						
Overall	2,093	B	16.8	2,587	B	16.3
EB approach	1,084	B	13.9	898	B	12.3
WB Approach	585	A	7.6	1,196	B	11.1
NB Approach	251	D	45.6	147	D	39.5
SB Approach	173	C	24.5	346	C	34.9

LOS & DELAY BY APPROACH	a.m. Peak Hour			p.m. Peak Hour		
	2007 Existing			2007 Existing		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd						
Overall	4,377	D	52.0	5,351	D	35.8
EB approach	550	D	41.9	897	D	41.6
WB Approach	738	B	19.8	1,647	B	19.5
NB Approach	1,393	D	44.5	1,557	D	41.8
SB Approach	1,696	E	75.4	1,250	D	45.6
Marcus Ave at NSP Ramps						
Overall	2,882	B	17.1	3,667	C	25.6
EB approach	1,459	B	13.4	1,314	C	23.7
WB Approach	480	C	20.2	1,794	C	26.8
SB Approach	943	C	21.1	559	C	26.1
400 Driveway at Lakeville Rd						
Overall	3,049	A	7.8	3,348	B	13.7
EB approach	65	C	23.3	249	C	27.4
WB Approach	25	C	23.2	200	B	18.2
NB Approach	1,550	A	6.6	1,394	B	10.4
SB Approach	1,409	A	8.2	1,505	B	13.8
LIJ Driveway at Lakeville Rd						
Overall	3,329	B	17.8	3,667	E	84.5
EB approach	328	D	40.5	1,054	F	199.2
WB Approach	42	B	11.0	94	A	7.4
NB Approach	1,582	B	16.5	953	C	26.2
SB Approach	1,377	B	14.2	1,566	D	47.5
Union Tpke at Lakeville Rd						
Overall	3,944	D	35.3	4,744	D	41.6
EB approach	1,264	D	42.4	1,014	D	45.5
WB Approach	556	C	34.9	1,365	D	40.5
NB Approach	1,381	D	35.4	789	D	37.5
SB Approach	743	C	23.4	1,576	D	42.0
Union Turnpike at 267th St						
Overall	2,093	A	9.5	2,587	B	10.1
EB approach	1,084	A	8.9	898	A	7.9
WB Approach	585	A	6.7	1,196	A	9.3
NB Approach	251	C	29.4	147	C	34.2
SB Approach	173	C	33.2	346	C	31.4
Union Turnpike at 263rd St						
Overall	1,551	B	17.8	1,841	B	16.7
EB approach	976	B	16.6	782	B	13.4
WB Approach	484	A	7.7	946	B	11.5
NB Approach	67	D	42.3	55	D	39.5
SB Approach	24	C	24.5	58	C	33.9

Table 10-3 (continued) Existing Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour			PM Peak Hour		
	2007 Existing			2007 Existing		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.						
EB approach	~~600~~	~~A~~	~~0.0~~	~~810~~	~~A~~	~~0.0~~
WB Approach	~~425~~	~~A~~	~~2.7~~	~~571~~	~~A~~	~~0.2~~
NB Approach	~~34~~	~~B~~	~~15.0~~	~~150~~	~~E~~	~~31.9~~
271st Street at 76th Ave						
EB Approach	~~282~~	~~A~~	~~5.6~~	~~203~~	~~A~~	~~4.7~~
WB Approach	~~124~~	~~A~~	~~0.0~~	~~77~~	~~A~~	~~0.0~~
SB approach	~~95~~	~~C~~	~~20.5~~	~~215~~	~~B~~	~~10.3~~
NB Approach	~~127~~	~~B~~	~~11.3~~	~~64~~	~~B~~	~~14.7~~
263rd St at 74th Ave						
EB Approach	~~52~~	~~B~~	~~10.4~~	~~48~~	~~B~~	~~11.1~~
WB Approach	~~47~~	~~B~~	~~10.8~~	~~158~~	~~B~~	~~14.3~~
SB approach	~~172~~	~~A~~	~~0.3~~	~~213~~	~~A~~	~~1.1~~
NB Approach	~~166~~	~~A~~	~~2.7~~	~~121~~	~~A~~	~~1.1~~
263rd St at 76th Ave						
EB Approach	~~13~~	~~C~~	~~18.9~~	~~10~~	~~C~~	~~15.7~~
WB Approach	~~186~~	~~C~~	~~17.2~~	~~229~~	~~C~~	~~18.8~~
SB approach	~~331~~	~~A~~	~~0.0~~	~~217~~	~~A~~	~~0.1~~
NB Approach	~~236~~	~~A~~	~~5.2~~	~~347~~	~~A~~	~~2.8~~
Schneider Drive at 76th Ave						
EB Approach	~~343~~	~~A~~	~~1.9~~	~~207~~	~~A~~	~~1.5~~
WB Approach	~~260~~	~~A~~	~~0.0~~	~~255~~	~~A~~	~~0.0~~
SB approach	~~63~~	~~B~~	~~11.7~~	~~52~~	~~B~~	~~11.5~~

LOS & DELAY BY APPROACH	a.m. Peak Hour			p.m. Peak Hour		
	2007 Existing			2007 Existing		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.						
EB approach	600	A	0.0	810	A	0.0
WB Approach	425	A	2.7	571	A	0.2
NB Approach	34	D	15.0	150	F	30.5
271st Street at 76th Ave						
EB Approach	282	A	5.6	87	A	1.1
WB Approach	124	A	0.0	74	A	0.0
SB approach	95	C	20.5	46	B	11.8
NB Approach	156	B	11.3	208	A	9.9
263rd St at 74th Ave						
EB Approach	13	B	10.3	10	B	11.0
WB Approach	186	B	10.7	229	B	14.2
SB approach	331	A	7.5	217	A	7.5
NB Approach	236	A	0.0	347	A	0.0
263rd St at 76th Ave						
EB Approach	13	C	18.9	10	C	15.7
WB Approach	186	C	17.2	229	C	18.8
SB approach	331	A	0.0	217	A	0.1
NB Approach	236	A	5.2	347	A	2.8
Schneider Drive at 76th Ave						
EB Approach	343	A	1.9	207	A	1.5
WB Approach	266	A	0.0	255	A	0.0
SB approach	63	B	11.7	52	B	11.5

LIJMC Trip Generation. As part of the transportation evaluation, LIJMC entry and exit volumes under Existing Conditions were determined. Entry and exit volumes at all entrances and exits were tallied from count data. Volumes associated with the Long Island Jewish Hospital ("LIJH") and Schneider Children's Hospital ("SCH") were isolated from volumes associated with all activity at the ZHH and Parker Jewish Geriatric Institute ("PJGI"). Internal counts on the medical campus were also used to provide clarity among the various user groups. As a result of this process, total vehicle volumes for LIJH and SCH for the a.m. and p.m. peak periods were determined. Trip generation rates were calculated by dividing the inbound and outbound volumes by the number of beds in LIJH and SCH. Rates were determined for both peak hours. Table 10-4 gives entry and exit volumes as well as trip generation rates for LIJH and SCH.

Table 10-4: Entry and Exit Volumes for LIJH and SCH [1]

Time of Day	Inbound	Outbound	Trip rate inbound (vehicles per bed)	Trip Rate Outbound (vehicles per bed)
8:00 – 9:00 a.m.	810	390	1.34	0.64
4:30 – 5:30 p.m.	470	920	0.78	1.51

Note:
[1] LIJH and SCH facilities total 606 beds

The above trip generation rates were used to determine the increase in traffic volumes generated by the Proposed Project.

Truck Trips. Vehicle classification counts were performed during peak periods in order to determine the number of trucks entering and leaving LIJMC. Table 10-5 shows the a.m. and p.m. peak hour truck trips as well as the total daily peak period truck trips.

Table 10-5: Peak Hour Truck Trips for Project Site

	8:00–9:00 a.m.	4:30-5:30 p.m.	Total Daily Peak Period[1]
Truck Trips	116	92	605
Percentage of Total Trips	6.1%	4.9%	5.6%

Note:
[1] Total Daily Peak Period includes peak periods 7 a.m. - 9:30 a.m., 12:00 p.m. – 2:00 p.m., and 3:30 p.m. – 7:00 p.m.

Parking. LIJMC provides a substantial amount of parking for employees and visitors. Off-street parking facilities located within the Project Site include parking lots and two garages.

The location and capacity of all LIJMC parking facilities, as well as on-street parking, are presented Table 10-6. As shown in this table, parking demand nearly meets supply at peak accumulation.

Table 10-6: LIJMC Existing Parking Facility Capacity and Observed Occupancy

Parking Area	Capacity	Observed Occupancy	Percent Occupied
LIJMC – Queens surface lots	677	587	87
LIJMC – Nassau / Parker / 400 Buildings	1,288	1,240	96
Ronald McDonald House	40	40	100
Zucker Hillside Hospital	346	346	100
i-Park[1]	800	0	0
Visitor Parking Garage	921	815	88
Staff Parking Garage (1200 spaces) [4]	--	--	--
Total Off Street Parking [2 4]	4072	3028	74
On Street Parking [3]	734	734	100
Total On and Off Street [2 4]	4,806	3,762	78

Notes:
[1] LIJMC Users previously parking at i-Park began phasing over to the Staff Parking Garage after its completion. Therefore, i-Park capacity is included but occupancy is assumed to be zero.
[2] During peak usage (9:00 a.m. - 11:00 a.m.) based on May 2004 and October 2006 surveys. Does not include new parking garage occupancy.
[3] On street surveys conducted May 2004 and October 2006, for area bounded by Lakeville Road, 263rd Street, 76th Avenue and Union Turnpike. While there is space for 878 cars on the surrounding streets, it is estimated that at the current time that approximately 80 percent are related to activity on the Project Site.
[4] Due to recent opening of new 1,200 space, 8-story staff parking garage, occupancy rates have not been recorded and capacity is not included in the total.

At the time of the surveys, the LIJMC visitor / patient parking garage is heavily used by visitors/patients, staff and volunteers. Typically the garage occupancy levels are between 80-90 percent during the hours of 9:00 a.m. and 3:30 p.m. Peak accumulation (92 percent of off-street parking) occurs between approximately 9:00 a.m. and 11:00 a.m. when daytime workers and patients with early appointments are at the hospital. A new 8-story staff parking garage was recently completed. This new garage is designated for employee parking and has the capacity to self-park 1200 cars. This could be increased to 1660 cars with use of valet parking. Due to its recent opening, accurate occupancy figures are not yet available. It is expected that most employees currently parking off-site would park in this new garage.

Local on-street parking was also observed in the area bounded by Lakeville Road, 263rd Street, 76th Avenue and Union Turnpike. Observations revealed that approximately 80 percent of the local street parking in this area during the day was related to the Project Site. At 6:30 a.m., each street between 76th Avenue and 77th Avenue had approximately 10 cars parked at curbside. By 9:30 a.m., the majority of on-street parking spaces were occupied, with approximately 40 spaces available on 264th and 265th Streets (20 spaces on each) and some spaces between 77th Avenue and Union Turnpike. Most of the on-street parking spaces that filled between 6:30 a.m. and 9:30 a.m. were occupied by LIJH, SCH, or ZHH staff and visitors. After 9:30 a.m., the majority of on-street parking spaces were occupied.

Transit. LIJMC is served by bus lines both from New York City and Nassau County. In both directions combined, 31 buses per hour serve LIJMC in the 8:00 a.m. – 9:00 a.m. peak hour

and 23 buses serve LIJMC in the 4:30 p.m. – 5:30 p.m. peak hour. Frequency of service on weekends is reduced.

The QM1A MTA Bus route connects the Lake Success/North Shore Towers areas and LIJMC with midtown and downtown Manhattan. In the WB direction, bus service consists of six and nine buses per hour between 6:00 a.m. – 7:00 a.m. and 7:00 a.m. – 8:00 a.m., respectively. Service decreases to two buses for the 8:00 a.m. – 9:00 a.m. and 9:00 a.m. –10:00 a.m. hours. After 10:00 a.m., service decreases to one bus per hour. In the EB direction, bus service begins with one bus per hour between 10:00 a.m. and 5:00 p.m. Two buses serve LIJMC during the 4:30 p.m. – 5:30 p.m. hour. Weekend service is hourly.

Table 10-7: Summary of Bus Service to and from LIJMC: MTA Bus Route QM1A [1, 2]

Time of Day	Westbound	Eastbound
6:00 a.m. – 7:00 a.m.	6	0
7:00 a.m. – 8:00 a.m.	9	0
8:00 a.m. – 9:00 a.m.	2	0
9:00 a.m. – 10:00 a.m.	2	1
10:00 a.m. – 3:00 p.m. (per hour)	1	1
3:00 p.m. – 4:00 p.m.	1	1
4:00 p.m. – 5:00 p.m.	1	1
4:30 p.m. – 5:30 p.m.	1	1
5:00 p.m. – 6:00 p.m.	2	3

Notes:
[1] Weekday information is presented. Weekend service is hourly.
[2] Connects North Shore Towers and LIJMC to/from Manhattan.

The Q46 is a New York City Transit ("NYCT") bus line that connects the Glen Oaks neighborhood and LIJMC with Kew Gardens-Union Turnpike subway station. In the WB direction, bus service consists of between seven and eight buses per hour between 7:00 a.m. and 10:00 a.m. Service decreases to levels between five to seven buses per hour during mid-day. In the p.m. peak hour, seven buses operate WB. In the EB direction 11 buses operate between 8:00 a.m. and 9:00 a.m. Between 4:30 p.m. and 5:30 p.m., six buses serve LIJMC. Saturday service provides about seven buses per hour in each direction. Sunday service provides about five buses per hour in each direction.

Table 10-8: Summary of Bus Service to and from LIJMC: NYCT Route Q46 [1, 2]

Time of Day	Westbound	Eastbound
6:00 a.m. – 7:00 a.m.	5	4
7:00 a.m. – 8:00 a.m.	8	7
8:00 a.m. – 9:00 a.m.	7	11
9:00 a.m. – 10:00 a.m.	7	14
10:00 a.m. – 3:00 p.m. (per hour)	5-7	5-7
3:00 p.m. – 4:00 p.m.	8	6
4:00 p.m. – 5:00 p.m.	6	7
4:30 p.m. – 5:30 p.m.	7	6
5:00 p.m. – 6:00 p.m.	4	5

Notes:
[1] Weekday information is presented. Weekend service provides about five to seven buses per direction per hour.
[2] Connects Glen Oaks and LIJMC with Kew Gardens-Union Turnpike subway station

The MTA LI Bus Route N25 connects Great Neck, North Shore Hospital, New Hyde Park and Lynbrook with LIJMC. The frequency of NB buses ranges between three and five buses per hour during the 6:00 a.m. – 10:00 a.m. period. One or two buses per hour serve LIJMC between 10:00 a.m. and 2:00 p.m. After 2:00 p.m., service increases to levels between three to five buses per hour until the 4:30 p.m. – 5:30 p.m. hour, at which time two buses per hour are available. In the SB direction, bus service ranges between one and five buses per hour. Four buses per hour are provided during the 8:00 a.m. – 9:00 a.m. peak hour service. Five buses are provided between 4:30 p.m. and 5:30 p.m. Weekend service is hourly.

Table 10-9: Summary of Bus Service to and from LIJMC: MTA LI Bus Route N25 [1,2]

Time of Day	Northbound	Southbound
6:00 a.m. – 7:00 a.m.	3	1
7:00 a.m. – 8:00 a.m.	4	2
8:00 a.m. – 9:00 a.m.	5	4
9:00 a.m. – 10:00 a.m.	3	4
10:00 a.m. – 11:00 a.m.	1	3
11:00 a.m. – 12:00 p.m.	2	2
12:00 p.m. – 1:00 p.m.	1	1
1:00 p.m. – 2:00 p.m.	2	2
2:00 p.m. – 3:00 p.m.	3	1
3:00 p.m. – 4:00 p.m.	5	3
4:00 p.m. – 5:00 p.m.	3	5
4:30 p.m. – 5:30 p.m.	2	5
5:00 p.m. – 6:00 p.m.	2	3

Notes:
[1] Weekday information is presented. Weekend service is hourly.
[2] Connects LIJMC with Great Neck, North Shore Hospital, New Hyde Park and Lynbrook

The MTA LI Bus Route N26 provides limited service and connects LIJMC with Great Neck, North Shore Hospital and the Jamaica terminal as well as the NYCT subway lines. In the WB/NB direction, three buses are provided between 7:00 a.m. and 9:00 a.m. In the SB direction, one bus is provided between 4:30 p.m. and 5:30 p.m. No weekend service is provided.

Table 10-10: Summary of Bus Service to and from LIJMC: MTA LI Bus Route N26 [1,2]

Time of Day	East/Northbound	South/Westbound
7:00 a.m. – 8:00 a.m.	1	0
8:00 a.m. – 9:00 a.m.	2	0
4:30 p.m.– 5:30 p.m.	0	1

Notes:
[1] Weekday information is presented. No weekend service is available.
[2] Connects LIJMC with Great Neck, North Shore Hospital and Jamaica Bus Terminal and NYCT Subway

Overall usage of bus lines is less then 100 persons per peak hour and therefore considered moderate, as patronage from employees, patients and visitors to LIJMC is limited. In the a.m. peak period, 64 passengers were observed on buses and in the p.m. peak period, 66 passengers were observed on buses.

Pedestrian. The study area has relatively little pedestrian activity, except in areas of near parking facilities, site entrances and building entrances. Pedestrian activity is low within the Project Site. Most activity occurs between the largest hospital buildings and the largest concentrations of parking. Within the Project Site, walkways are generally provided near each building as is typical of a more suburban development. Beyond the Project Site, a low density residential development with sidewalks exists. During traffic counts and parking studies, little activity was observed. Pedestrian group size ranged between one and four pedestrians. As a result of the low level of activity throughout pedestrian facilities, the facilities are adequate for pedestrian movement.

Future No-Build Condition

The i-Park development, located in the vicinity of the study site, is planned for completion prior to or in the year 2011. This project is expected to impact traffic and/or circulation within the area as described below:

i-Park Lake Success – The i-Park facility is an office park that is expected to be fully leased by 2011. Trip generation and distribution was obtained from Table 1 in Appendix B of the *i-Park Traffic and Parking Evaluation*,[33] and was based upon a total development of 1,300,000-gsf of space. Using trip rates based on data from the Institute of Transportation Engineers ("ITE") as contained in their publication *Trip Generation*, *6th Edition, 1997*, *Land Use 770 – Business Park*,[34] the study anticipated 1,420 entering and 269 exiting trips during the morning peak hour and 331 entering and 1,127 exiting trips during the evening peak hour. However, since the study was published, several events occurred that have necessitated a change to the study's trip volumes.

First, an updated version of *Trip Generation* was published by the *ITE, Trip Generation*, *7th Edition, 2003*.[35] The category *Land Use 770 – Business Park* was therefore used in the

[33] John Collins Engineers, P.C. *i-Park Traffic and Parking Evaluation*. Table 1, Appendix B. August 21, 2001.
[34] Institute of Transportation Engineers. *Trip Generation, 7th Edition*. Table 770, Volume 2, 1997.
[35] Institute of Transportation Engineers. *Trip Generation, 7th Edition*. Table 770, Volume 3, 2003.

calculation of trips generated by i-Park in the Future No-Build Condition. The trip rates in the new edition are slightly different, resulting in volumes slightly different from those published in the *i-Park Traffic and Parking Evaluation*.

Second, approximately 438,000 gsf of space at i-Park previously proposed for business park usage is now proposed for occupancy by NSLIJ Health System facilities.

Third, between 2001 and 2007, i-Park has become partially occupied. As such, some of the trips calculated were already present in the 2007 Existing Conditions scenario. An estimation of i-Park's occupancy level on the day of the 2007 traffic survey was made based upon the number of cars parked in the parking lots. The new trips associated with the portion of i-Park already occupied were subtracted from the i-Park trip generation and not included in the Future No-Build Condition scenario since they were already included in the Existing Conditions scenario.

Based on the above program and tenant changes for i-Park, trip generation was calculated. This calculation and the various sources of the trip generation rates are detailed in the table below.

Table 10-11: Calculation of Trips Generated by i-Park

Type	Scenario	Square Feet	a.m. Peak Hour Trips			p.m. Peak Hour Trips			Notes
			Enter	Exit	Total	Enter	Exit	Total	
Business Park	i-Park Development Plan	760,000	877	167	1,044	224	751	975	
	Included in Existing	460,000	536	102	638	141	473	614	1
	Added to No-Build	300,000	341	65	406	83	278	361	
Medical Use	i-Park Development Plan	438,000	457	121	578	154	415	569	
	Included in Existing	158,000	165	44	209	55	150	205	2, 3
	Added to No-Build	280,000	292	77	369	99	265	364	
Warehouse	i-Park Development Plan	102,000	-	-	-	-	-	-	
	Included in Existing	n/a	-	-	-	-	-	-	4
	Added to No-Build	n/a	-	-	-	-	-	-	
TOTAL	i-Park Development Plan	1,300,000	1,334	288	1,622	377	1,166	1,544	
	Included in Existing	618,000[4]	701	146	847	196	623	819	
	Added to No-Build	580,000	**633**	**143**	**775**	**181**	**543**	**724**	

Notes:
[1] Total Volumes and Directional Distribution (Enter/Exit) calculated using: *Trip Generation*, 7th Edition, 2003, Land Use 770 – Business Park (fitted curve).
[2] Total Volumes calculated using: *Trip Generation*, 7th Edition, 2003, Land Use 610 – Hospital (average rates increased by 10 percent).
[3] Directional Distribution (Enter/Exit) calculated using: *Trip Generation*, 7th Edition, 2003, Land Use 730 – Medical Office Building.
[4] As noted in the *i-Park Traffic and Parking Evaluation*, approximately 102,000 gsf of warehouse/depot space operates between 11:00 p.m. and 4:00 a.m. and therefore the trip generation does not occur during the peak hours.

Updated trip generation for the i-Park Lake Success facility based on 1,300,000 gsf of development results in an estimated 633 entering and 143 exiting trips during the morning peak hour and 181 entering and 543 exiting trips during the evening peak hour. A portion of these trips would be added to Marcus Avenue, Lakeville Road and Union Turnpike.

With the full development of i-Park it is likely that additional roadway improvements would be implemented. Although certain improvement plans have been discussed, no official commitment has been made. To address this uncertainty, the LIJMC *DGEIS* analyses have assessed traffic conditions without i-Park highway improvements. As such, all existing signal timings and intersection geometries have been retained.

~~The two other projects within the study area, the Hearing and Speech Center Addition and Neonatal Services Improvement Project, are not anticipated to generate additional traffic trips.~~

There are two other projects within the study area, the Hearing and Speech Center Addition and the Neonatal Services Improvement Project. The Hearing and Speech Center Addition is a modernization and relocation of existing facilities and no additional staff or visitors are anticipated. Therefore, the Hearing and Speech Center Addition is not expected to generate additional trips. The Neonatal Services Improvement Project is an interior renovation at the Schneider Children's Hospital and would result in the addition of 13 new beds and 10 new staff. The additional trips to be generated by the Neonatal Services Improvement were included in the traffic analyses as part of the background growth.

Truck Trips. For the No-Build Condition, a 1.0 percent per year growth rate was applied to current truck trips. The other projects within the study area are not expected to generate any additional truck trips. Additional No-Build Truck Trips are presented in Table 10-12.

Table 10-12: No-Build Peak Hour Truck Trips for Project Site

	8:00 a.m. –9:00 am	4:30 p.m. -5:30 p.m.
Additional No-Build Peak Hour Truck Trips	5	4
Total Peak Hour Truck Trips	121	96

Intersection Improvement. In order to alleviate traffic congestion leaving the LIJMC main entrance onto Lakeville Road, a traffic light phasing change is planned. The phasing change would isolate traffic leaving LIJMC in its own phase. By isolating the traffic leaving LIJMC, both lanes leaving the campus would be allowed to make left hand turns. This increases the capacity for cars turning left to travel NB on Lakeville Road. Please refer to Appendix A of the *DGEIS* for a letter dated May 27, 2008 from Stantec Consulting Services to the Nassau County Department of Public Works regarding the phasing changes.

Traffic Conditions. The Future No-Build Condition traffic volumes for 2011 were developed by first applying the 1.0 percent per year general background growth rate to the Existing volumes and then adding traffic generated by the No-Build Projects. Table 10-13 summarizes the results of the capacity analyses conducted at the study area intersections. Traffic conditions under the Future No-Build Condition are described below.

- Marcus Avenue and Lakeville Road (signalized) – This intersection would operate at overall LOS E in the a.m. peak hour and LOS D in the p.m. peak hour.
  - During the a.m. peak hour, the EB and NB approaches would operate at overall LOS D. The WB approach would operate at overall LOS ~~C~~B and the SB approach would operate at overall LOS F.
  - During the p.m. peak hour, the WB approach would operate at overall LOS C. The other three approaches would all operate at LOS D.

- Marcus Avenue at Northern State Parkway EB ramps (signalized) – This intersection would operate at overall LOS B in the a.m. peak hour and LOS C in the p.m. peak hour.
  - During the a.m. peak hour, all approaches would operate at LOS C or better.
  - During the p.m. peak hour, all approaches would operate at LOS ~~D~~C or better.

- LIJMC 400 Building Entrance/i-Park (North) at Lakeville Road (signalized) – This intersection would operate at overall LOS ~~A~~B in the a.m. and LOS B in the p.m. peak hours, respectively.
    - During the a.m. peak hour, all intersection approaches would operate at LOS C or better.
    - During the p.m. peak hour, all approaches would operate at LOS C or better.

- LIJMC Main Entrance/i-Park (South) and Lakeville Road (signalized) – This intersection would operate at overall LOS C and overall LOS D in the a.m. and p.m. peak hours, respectively.
    - During the a.m. peak hour, the EB approach would operate at LOS D and the WB approach would operate at LOS C; the NB and SB approaches would operate at LOS B.
    - During the p.m. peak hour, the EB approach would operate at LOS E and WB approach would operate at LOS D. The NB approach would operate at LOS C and the SB approach would operate at LOS D.

- Union Turnpike and Lakeville Road (signalized) – This intersection would operate at overall LOS D in both the a.m. and p.m. peak hours.
    - In the a.m. peak hour the SB approach would operate at LOS C; the other three would operate at LOS D.
    - During the p.m. peak hour all approaches would operate at LOS D.

- Union Turnpike and 267th Street (signalized) – This intersection would operate at overall LOS A and LOS B during ~~both~~ the a.m. and p.m. peak hours, respectively.
    - In both the a.m. and p.m. peak hours all approaches would operate at LOS C or better.

- Union Turnpike and 263rd Street (signalized) – This intersection would operate at overall LOS C and LOS B during ~~both~~ the a.m. and p.m. peak hours, respectively.
    - In both the a.m. and p.m. peak hours the NB approach would operate at LOS D. All other approaches would operate at LOS C or better.

- Marcus Avenue at LIJMC 400 building rear entrance (unsignalized) – During the a.m. peak hour, ~~all approaches would operate at LOS C or better~~EB and WB approaches would operate at LOS A while NB approaches would operate at LOS D. During the p.m. peak hour, the NB approach would operate at LOS F; the EB and WB approaches would operate at LOS A.

- 271st Street and 76th Avenue (unsignalized) – During the a.m. and p.m. peak hours, all approaches would operate at LOS C or better.

- 263rd Street and 74th Avenue (unsignalized) – All approaches would operate at LOS A or LOS B in both the a.m. and p.m. peak hours.

Table 10-13: Future No-Build Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour 2011 No Build			PM Peak Hour 2011 No Build		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd						
Overall	4,701	E	58.7	5,720	D	38.9
EB approach	603	D	43.9	937	D	43.4
WB Approach	787	C	20.3	1,785	C	26.7
NB Approach	1,463	D	46.4	1,673	D	44.9
SB Approach	1,848	F	89.7	1,325	D	44.5
Marcus Ave at NSP Ramps						
Overall	3,197	B	18.1	3,925	C	32.6
EB approach	1,631	B	15.7	1,384	C	22.1
WB Approach	522	C	20.2	1,949	D	41.9
SB Approach	1,044	C	20.7	592	C	26.5
400 Driveway at Lakeville Rd						
Overall	3,194	A	9.8	3,586	B	17.7
EB approach	68	C	21.0	259	C	27.5
WB Approach	30	B	14.3	288	B	17.5
NB Approach	1,592	B	10.4	1,454	B	15.7
SB Approach	1,504	A	8.5	1,585	B	18.0
LIJ Entrance at Lakeville Rd						
Overall	3,521	C	20.6	3,720	D	42.0
EB approach	359	D	52.0	1054	E	56.5
WB Approach	60	C	32.7	54	D	40.2
NB Approach	1,699	B	17.0	981	C	29.9
SB Approach	1,403	B	16.3	1,631	D	37.8
Union Tpke at Lakeville Rd						
Overall	4,288	D	38.1	5,112	D	45.7
EB approach	1,391	D	44.4	1,077	D	48.4
WB Approach	588	D	35.4	1,459	D	43.1
NB Approach	1,512	D	40.5	844	D	38.1
SB Approach	797	C	24.2	1,732	D	49.9
Union Turnpike at 267th St						
Overall	1,762	A	8.5	2,025	A	8.3
EB approach	1,134	A	7.6	849	A	5.6
WB Approach	532	A	6.2	1,058	A	7.7
NB Approach	70	C	30.1	57	C	35.0
SB Approach	26	C	33.6	61	C	31.5
Union Turnpike at 263rd St						
Overall	2,325	B	18.8	2,696	B	15.8
EB approach	1,247	B	17.6	960	B	13.1
WB Approach	637	A	7.9	1,318	B	12.2
NB Approach	261	D	46.8	144	D	37.1
SB Approach	180	C	25.3	274	C	31.4

LOS & DELAY BY APPROACH	a.m. Peak Hour 2011 No Build			p.m. Peak Hour 2011 No Build		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd						
Overall	4,671	E	68.4	5,488	D	37.0
EB approach	603	D	44.8	905	D	42.4
WB Approach	778	B	19.6	1,716	C	21.4
NB Approach	1,458	D	48.4	1,596	D	44.3
SB Approach	1,832	F	112.7	1,271	D	45.3
Marcus Ave at NSP Ramps						
Overall	2,758	B	17.6	3,870	C	28.6
EB approach	1,518	B	12.7	1,331	C	23.4
WB Approach	511	B	19.3	1,944	C	33.1
SB Approach	729	C	26.5	595	C	25.5
400 Driveway at Lakeville Rd						
Overall	3,223	B	13.1	3,232	B	14.7
EB approach	65	C	23.3	249	C	28.1
WB Approach	46	B	18.7	83	B	10.1
NB Approach	1,633	B	14.9	1,389	B	14.1
SB Approach	1,479	B	10.5	1,511	B	13.4
LIJ Driveway at Lakeville Rd						
Overall	3,554	C	21.6	3,861	D	45.2
EB approach	328	D	54.0	1,059	E	56.5
WB Approach	59	C	32.3	159	D	39.6
NB Approach	1,751	B	17.2	962	C	27.2
SB Approach	1,416	B	19.1	1,681	D	48.8
Union Tpke at Lakeville Rd						
Overall	4,223	D	41.1	4,906	D	43.8
EB approach	1,382	D	48.2	1,036	D	48.1
WB Approach	592	D	35.1	1,401	D	43.0
NB Approach	1,507	D	44.5	808	D	38.4
SB Approach	742	C	26.0	1,661	D	44.3
Union Turnpike at 267th St						
Overall	2,259	A	9.9	2,562	B	10.5
EB approach	1,204	A	9.6	910	A	8.0
WB Approach	621	A	6.9	1,253	A	10.0
NB Approach	257	C	29.4	137	C	34.2
SB Approach	177	C	33.2	262	C	31.4
Union Turnpike at 263rd St						
Overall	1,705	C	20.3	1,963	B	15.6
EB approach	1,094	C	21.1	803	B	13.7
WB Approach	520	A	8.0	1,047	B	12.0
NB Approach	67	D	42.8	55	D	35.2
SB Approach	24	C	25.2	58	C	29.2

Table 10-13 (continued): Future No-Build Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour			PM Peak Hour		
	2011 No Build			2011 No Build		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.						
EB approach	681	A	0.0	858	A	0.0
WB Approach	457	A	2.9	637	A	0.2
NB Approach	35	C	16.3	156	F	45.2
271st Street at 76th Ave						
EB Approach	282	A	5.6	206	A	4.7
WB Approach	124	A	0.0	79	A	0.0
SB approach	95	C	20.5	218	B	10.4
NB Approach	132	B	11.3	66	B	14.8
263rd St at 74th Ave						
EB Approach	59	A	9.2	49	B	11.1
WB Approach	92	A	0.0	158	B	14.5
SB approach	172	A	0.7	220	A	1.1
NB Approach	170	A	0.0	125	A	1.1
263rd St at 76th Ave						
EB Approach	13	C	19.8	10	C	15.9
WB Approach	194	C	18.4	238	C	19.7
SB approach	345	A	0.0	219	A	0.1
NB Approach	246	A	5.3	351	A	2.9
Schneider Drive at 76th Ave						
EB Approach	376	A	1.9	207	A	1.5
WB Approach	266	A	0.0	255	A	0.0
SB approach	66	B	11.7	52	B	11.5

LOS & DELAY BY APPROACH	a.m. Peak Hour 2011 No Build			p.m. Peak Hour 2011 No Build		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.						
EB approach	728	A	0.0	818	A	0.0
WB Approach	477	A	3.0	596	A	0.2
NB Approach	35	D	17.5	150	F	32.5
271st Street at 76th Ave						
EB Approach	282	A	5.6	155	A	4.3
WB Approach	129	A	0.0	74	A	0.0
SB approach	125	C	21.8	74	B	14.8
NB Approach	106	B	11.1	274	B	10.8
263rd St at 74th Ave						
EB Approach	13	B	10.4	10	B	11.0
WB Approach	186	B	10.8	227	B	14.5
SB approach	337	A	0.3	189	A	7.5
NB Approach	241	A	2.6	262	A	0.0
263rd St at 76th Ave						
EB Approach	13	C	19.1	10	B	14.0
WB Approach	186	C	17.5	227	C	15.7
SB approach	337	A	0.0	189	A	0.1
NB Approach	241	A	5.2	262	A	3.4
Schneider Drive at 76th Ave						
EB Approach	398	A	3.1	153	A	1.3
WB Approach	231	A	0.0	296	A	0.0
SB approach	63	B	11.9	79	B	11.5

- 263rd Street and 76th Avenue (unsignalized) – In both the a.m. and p.m. peak hours, all approaches would operate at LOS C or better.

- 269th Street (Schneider Driveway) and 76th Avenue (unsignalized) – All approaches would operate at LOS A or LOS B during both the a.m. and p.m. peak hours.

Parking. The No-Build parking reflects the migration of vehicles from street parking to the new staff parking garage as well as existing lots. I-Park parking would no longer be leased by LIJMC.

Table 10-14: Future No-Build Parking Facility Capacity and Estimated Occupancy (2011)

Parking Area	Capacity	Estimated Accumulation	Percent Occupied
LIJMC – Queens surface lots	677	677	100
LIJMC – Nassau / Parker / 400 Buildings	1,288	1,288	100
Ronald McDonald House	40	40	100
Zucker Hillside Hospital	346	346	100
I-Park[3]	0	0	0
Visitor Parking Garage	921	815	88
Staff Parking Garage [1]	1,200	1,075	90
Total Off Street Parking	4,472	4,241	95
On Street Parking [2]	734	434	59
Total On and Off Street	5,206	4,675	90

Note:
[1] The capacity consists of 1,200 spaces in the new staff garage and 921 spaces in the existing garage. When parking occupancy increases, the new garage would be operated with attendants, increasing the new garage's capacity by 460 spaces, to a total of capacity of 1,660 spaces.
[2] While there is space for 878 cars on the surrounding streets, it is estimated that at the current time 734 (83 percent) are related to activity on the Project Site. The estimated accumulation in the No-Build drops to 434 to account for the 300 cars (40 percent) assumed to shift to on-campus parking.
[3] I-Park capacity users would move into the newly constructed LIJMC staff parking garage.

Transit. The usage of transit is expected to grow at the background growth rate of 1.0 percent per year plus additional usage due to the full occupation of i-Park. These developments would add a limited number of riders on the various bus routes. This increase in ridership is not expected to appreciably change the bus service and frequency currently provided.

Pedestrian Activity. Using the background growth rate of 1.0 percent a year, pedestrian volumes would be expected to grow by 5.0 percent between 2007 and 2011. Because of the relatively low level of existing activity and generally nominal increase in the next five years, it has been determined that the facilities would continue to be adequate for area pedestrian movements.

Future Build Condition

The Future Build Condition has been developed by adding the additional traffic, parking, transit and pedestrian usage generated by the Proposed Project to the conditions estimated for the Future No-Build Condition. After trips were generated, the study area intersections were evaluated and a determination was made as to whether the Proposed Project has a significant impact.

Intersection Improvement. The LIJMC Main Entrance and Lakeville Road intersection would be improved under the Build Condition. Under the No-Build Condition the EB approach has two lanes; one dedicated left hand turn lane and one lane with the option to turn right, continue straight, or turn left. In the Build Condition, an additional left hand turn lane would be added. The final configuration of the EB approach would consist of two dedicated left hand turn only lanes and one lane that drivers could continue straight or turn right.

Trip Generation. Trip generation was estimated based on current relationships given in the Existing Conditions discussion. Additional trips to and from the LIJMC would be generated by certain elements of the expansion. As part of the Proposed Project, a total of approximately 135 new beds would be added to the No-Build condition. There are a number of sources and rates available for consideration when estimating vehicle trips to a hospital. The ITE's *Trip Generation* is a compendium of studies on all types of land uses. In considering this source, trip rates per square foot and per hospital bed were considered. The square footage rates were eliminated from consideration because a large portion of the hospital's expansion is planned to "decompress" certain aspects of the hospital's functions. One example is alleviating crowded four-patient rooms in the maternity ward by building four one-patient rooms. Crowded facilities are being brought up to the current state-of-the-art conditions, including allowing space for more equipment. These types of changes in and of themselves do not add or reduce any hospital related activity. Certain functions simply have more room. In the case of hospital beds, the ITE rates were compared to those found at LIJMC. These rates, presented in the Existing Conditions section ~~chapter~~, yielded a larger number of trips than the ITE method and were therefore used as conservative measure as they depicted a condition more similar to that expected.

Based on the above considerations, the peak hour ~~vehicle~~ person trips generated by the 135 bed expansion were estimated by increasing trips into and out of the Project Site by the rate that people currently enter and exit the facility (see existing conditions section). The mode splits were derived based on either traffic counts or passenger counts. The traffic counts tabulated cars and trucks and classification counts were performed with the traffic counts. The bus passenger counts were made at the bus stops within the study area. Bus trips generated are considered passenger trips, not vehicle trips. The results are presented in Table 10-15.

Table 10-15: Summary of Peak Hour ~~Vehicle~~ Person Trips Generated by the Proposed Project [1]

Time of Day	Inbound	Outbound	Total
8:00 – 9:00 a.m.	181	86	267
4:30 – 5:30 p.m.	105	204	309

Note:
[1] Computation made by multiplying the 135 additional beds by the trip rates presented in Table 10-4.

Existing distributions of ~~vehicle~~ person trips via mode were applied to the project-generated trips. Three modes of trips are present for LIJMC; car, truck, and bus. Table 10-16 shows the distribution of these trips by mode for a.m. and p.m. peak hours. Transit trips are presented under *Transit,* below.

Table 10-16: Mode Splits for Project Generated ~~Vehicle~~ Person Trips

Peak Hour	Mode	Mode Splits Inbound	Mode Splits Outbound	Actual Trips Inbound	Actual Trips Outbound	Actual Trips Total
8:00-9:00 a.m.	Car	90%	90%	163	77	240
	Truck	4%	10%	7	9	16
	Bus	6%	0%	11	0	11
Total				181	86	267
4:30-5:30 p.m.	Car	92%	91%	97	186	283
	Truck	6%	4%	6	8	14
	Bus	2%	5%	2	10	12
Total				105	204	309

Truck Trips. Truck trips were generated based on the existing truck percentages shown in the Existing Conditions discussion in Table 10-5. The percentage of ~~vehicle~~ person trips that were made by trucks was found in the a.m. and p.m. peak hours. These percentages were applied to trip generation rates used for the Future Build Condition. As shown in Table 10-16 above, 16 truck trips are generated in the a.m. peak hour and 14 truck trips were generated in the p.m. peak hour.

Trip Distribution. Project-generated trips were distributed via the 4 exits of the LIJMC's campus. These exits include LIJMC's main driveway at Lakeville Road, 74th Avenue exit, and the 76th Avenue exits. Current trip distribution was analyzed and percentages were applied to the newly generated trips. LIJMC's main driveway at Lakeville Road was assigned 65 percent of newly generated trips, 74th Avenue was assigned 20 percent of trips, and 76th Avenue was assigned 15 percent of the trips. Once vehicles reach the campus exits, the newly generated trips followed the existing travel patterns until they leave the study area.

Traffic Conditions. The Future Build Condition traffic conditions were estimated by adding the trips generated by the Proposed Project to the Future No-Build volumes. The newly generated traffic, presented in Table 10-16, was assigned to the study area intersections in accordance with observed travel patterns and with reference to general information on employee

home residence. Once totaled, each study area intersection was then assessed for LOS using Synchro software. The results of the analyses are presented in Table 10-17.

For purposes of impact analyses, a project impact is considered significant if an average of five seconds of delay is added to an approach and is projected to cause operation at an intersection or intersection approach to reach LOS E or LOS F. While a change in LOS up to and including LOS D is an impact, it is not considered a significant impact because LOS D regularly occurs in areas of similar density. The following discussion refers to information in Table 10-17.

- Marcus Avenue at Lakeville Road (signalized) – This intersection would operate at overall LOS E during the a.m. peak hour and LOS D during the p.m. peak hours.
    - During the a.m. peak hour, the approaches operate at LOS D or better with the exception of the SB approach which would operate at LOS F. The SB approach would have a significant impact.
    - During the p.m. peak hour, the EB and WB approaches would operate at LOS D and LOS C, respectively. The NB and SB approaches would operate at LOS D. These approaches would not have significant impacts.

- Marcus Avenue at Northern State Parkway EB ramp (signalized) – This intersection would operate at overall LOS B and LOS C in the a.m. and p.m. peak hours, respectively.
    - During the a.m. peak hour, all approaches would operate at LOS C or better. No significant impact is expected.
    - During the p.m. peak hour, ~~the SB would operate at LOS D, the WB approach would operate at LOS C; and the EB approach would operate at LOS B~~ all approaches would operate at LOS C. No significant impact is expected.

- LIJMC 400 Building Entrance/i-Park (North) at Lakeville Road (signalized) – This intersection would operate at overall LOS B in the a.m. peak hour and LOS B in the p.m. peak hour; no significant impact is expected.

- LIJMC Main Entrance/i-Park (South) and Lakeville Road (signalized) – This intersection would operate at overall LOS C in the a.m. peak hour and LOS ~~D~~ C in the p.m. peak hour.
    - During the a.m. and p.m. peak hours, all approaches would operate at LOS D or better. No significant impact is expected.

- Union Turnpike at Lakeville Road (signalized) – This intersection would operate at overall LOS D during the a.m. peak hour and LOS D during the p.m. peak hour.
    - During the a.m. peak hour, all approaches would operate at LOS D or better. No significant impact is expected.
    - During the p.m. peak hour, ~~the NB, EB, and WB~~ all approaches would operate at LOS D. ~~The SB approach would operate at LOS E. This is a significant impact.~~ No significant impacts are expected.

- Union Turnpike at 267th Street (signalized) – This intersection would operate at overall LOS A and LOS B during both the a.m. and p.m. peak hours, respectively.
    - In the a.m. and p.m. peak hours, all approaches would operate at the same operating levels as the No-Build Condition. No significant impact is expected.

- Union Turnpike at 263rd Street (signalized) – This intersection would operate at overall LOS B during the a.m. and p.m. peak hours.
    - During the a.m. and p.m. peak hours, all intersections would operate at LOS D or better. No significant impact is expected.

- Marcus Avenue at LIJMC 400 building rear entrance (unsignalized)
    - In the a.m. peak hour all approaches would operate at the same levels as in the Future No-Build Condition: ~~LOS C~~ LOS D or better. No significant impact is expected.
    - In the p.m. peak hour all approaches would continue to operate at the same levels as estimated for the Future No-Build. ~~Please refer to the discussion on unavoidable significant peak hour traffic impacts below.~~ No significant impact is expected.

- 271st Street at 76th Avenue (unsignalized) – In both the a.m. and p.m. peak hours all approaches would operate at ~~the same levels as in the Future No-Build Condition: LOS C~~ LOS D or better. No significant impact is expected.

- 263rd Street at 74th Avenue (unsignalized) – In both the a.m. and p.m. peak hours all approaches would operate at ~~the same levels as in the Future No-Build Condition: LOS B~~ LOS C or better. No significant impact is expected.

- 263rd Street at 76th Avenue (unsignalized) – In both the a.m. and p.m. peak hours all approaches would operate at ~~the same levels as in the Future No-Build Condition.~~ LOS C or better. No significant impact is expected.

- Schneider Driveway at 76th Avenue (unsignalized) – In both the a.m. and p.m. peak hours all approaches would operate at the same levels as in the Future No-Build Condition: LOS B or better. No significant impact is expected.

Table 10-17: Future No-Build Condition and Future Build Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour 2011 No Build			AM Peak Hour 2011 Build			PM Peak Hour 2011 No Build			PM Peak Hour 2011 Build		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd												
Overall	4,701	E	58.7	4,815	E	61.5	5,720	D	38.9	5,857	D	41.6
EB approach	603	D	43.9	610	D	44.7	937	D	43.4	942	D	44.0
WB Approach	787	C	20.3	802	C	20.6	1,785	C	26.7	1,796	C	25.7
NB Approach	1,463	D	46.4	1,509	D	48.0	1,673	D	44.9	1,771	D	51.1
SB Approach	1,848	F	89.7	1,894	F*	95.0	1,325	D	44.5	1,348	D	48.5
Marcus Ave at NSP Ramps												
Overall	3,197	B	18.1	3,231	C	25.6	3,925	C	32.6	3,900	C	25.5
EB approach	1,631	B	15.7	1,631	B	20.0	1,384	C	22.1	1,351	B	14.3
WB Approach	522	C	20.2	549	C	28.9	1,949	D	41.9	1,939	C	31.1
SB Approach	1,044	C	20.7	1,051	C	32.4	592	C	26.5	610	D	37.7
400 Driveway at Lakeville Rd												
Overall	3,194	A	9.8	3,315	B	12.8	3,586	B	17.7	3,703	B	16.7
EB approach	68	C	21.0	68	C	21.0	259	C	27.5	259	C	27.8
WB Approach	30	B	14.3	30	B	13.9	288	B	17.5	278	B	18.1
NB Approach	1,592	B	10.4	1,648	B	15.8	1,454	B	15.7	1,552	B	12.8
SB Approach	1,504	A	8.5	1,569	A	9.2	1,585	B	18.0	1,614	B	18.4
LIJ Entrance at Lakeville Rd												
Overall	3,521	C	20.6	3,908	C	26.4	3,720	D	42.0	3,994	D	40.7
EB approach	359	D	52.0	534	C	23.7	1054	E	56.5	1249	C	34.6
WB Approach	60	C	32.7	60	C	32.7	54	D	40.2	54	C	25.0
NB Approach	1,699	B	17.0	1,767	C	24.2	981	C	29.9	1,020	C	34.8
SB Approach	1,403	B	16.3	1,547	C	23.8	1,631	D	37.8	1,671	D	49.7
Union Tpke at Lakeville Rd												
Overall	4,288	D	38.1	4,370	D	40.0	5,112	D	45.7	5,303	D	49.8
EB approach	1,391	D	44.4	1,391	D	44.8	1,077	D	48.4	1,092	D	50.7
WB Approach	588	D	35.4	597	D	35.1	1,459	D	43.1	1,497	D	44.7
NB Approach	1,512	D	40.5	1,565	D	45.5	844	D	38.1	878	D	39.5
SB Approach	797	C	24.2	817	C	24.6	1,732	D	49.9	1,836	E*	58.2
Union Turnpike at 267th St												
Overall	1,762	A	8.5	1,763	A	7.6	2,025	A	8.3	2,025	A	8.3
EB approach	1,134	A	7.6	1,134	A	6.2	849	A	5.6	849	A	5.6
WB Approach	532	A	6.2	533	A	6.2	1,058	A	7.7	1,058	A	7.7
NB Approach	70	C	30.1	70	C	30.1	57	C	35.0	57	C	35.0
SB Approach	26	C	33.6	26	C	33.6	61	C	31.5	61	C	31.5
Union Turnpike at 263rd St												
Overall	2,325	B	18.8	2,340	B	19.4	2,696	B	15.8	2,736	B	14.9
EB approach	1,247	B	17.6	1,252	B	18.8	960	B	13.1	963	B	13.6
WB Approach	637	A	7.9	638	A	6.8	1,318	B	12.2	1,346	A	9.7
NB Approach	261	D	46.8	266	D	48.1	144	D	37.1	147	D	37.8
SB Approach	180	C	25.3	184	C	26.0	274	C	31.4	280	C	31.9

*****Significant Impact.

LOS & DELAY BY APPROACH	a.m. Peak Hour 2011 No Build			a.m. Peak Hour 2011 Build			p.m. Peak Hour 2011 No Build			p.m. Peak Hour 2011 Build		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd												
Overall	4,671	E	68.4	4,785	E	72.0	5,488	D	37.0	5,630	D	40.0
EB approach	603	D	44.8	610	D	45.5	905	D	42.4	910	D	43.2
WB Approach	778	B	19.6	793	B	20.0	1,716	C	21.4	1,727	C	21.0
NB Approach	1,458	D	48.4	1,503	D	50.6	1,596	D	44.3	1,698	D	50.6
SB Approach	1,832	F	112.7	1,879	F*	119.7	1,271	D	45.3	1,295	D	49.2
Marcus Ave at NSP Ramps												
Overall	2,758	B	17.6	2,786	B	17.6	3,870	C	28.6	3,915	C	29.9
EB approach	1,518	B	12.7	1,537	B	12.7	1,331	C	23.4	1,366	C	25.1
WB Approach	511	B	19.3	520	B	19.6	1,944	C	33.1	1,953	C	34.6
SB Approach	729	C	26.5	729	C	26.5	595	C	25.5	596	C	25.5
400 Driveway at Lakeville Rd												
Overall	3,223	B	13.1	3,336	B	11.9	3,232	B	14.7	3,374	B	12.2
EB approach	65	C	23.3	65	C	23.3	249	C	28.1	249	C	28.1
WB Approach	46	B	18.7	46	B	18.7	83	B	10.1	83	B	10.1
NB Approach	1,633	B	14.9	1,677	B	12.1	1,389	B	14.1	1,491	A	7.8
SB Approach	1,479	B	10.5	1,548	B	11.1	1,511	B	13.4	1,551	B	13.9
LIJ Driveway at Lakeville Rd												
Overall	3,554	C	21.6	3,748	D	44.4	3,861	D	45.2	4,088	D	44.8
EB approach	328	D	54.0	392	C	32.5	1,059	E	56.5	1,211	D	43.2
WB Approach	59	C	32.3	59	B	14.4	159	D	39.6	159	C	26.8
NB Approach	1,751	B	17.2	1,812	D	50.6	962	C	27.2	997	D	51.3
SB Approach	1,416	B	19.1	1,485	D	41.1	1,681	D	48.8	1,721	D	43.7
Union Tpke at Lakeville Rd												
Overall	4,223	D	41.1	4,351	D	43.4	4,906	D	43.8	4,991	D	47.8
EB approach	1,382	D	48.2	1,382	D	48.6	1,036	D	48.1	1,036	D	48.9
WB Approach	592	D	35.1	601	C	34.8	1,401	D	43.0	1,416	D	43.6
NB Approach	1,507	D	44.5	1,559	D	51.8	808	D	38.4	828	D	39.6
SB Approach	742	C	26.0	809	C	25.0	1,661	D	44.3	1,711	D	54.6
Union Turnpike at 267th St												
Overall	2,259	A	9.9	2,275	A	9.9	2,562	B	10.5	2,581	B	10.4
EB approach	1,204	A	9.6	1,210	A	9.6	910	A	8.0	913	A	8.0
WB Approach	621	A	6.9	622	A	6.9	1,253	A	10.0	1,258	A	9.8
NB Approach	257	C	29.4	262	C	29.4	137	C	34.2	141	C	34.2
SB Approach	177	C	33.2	181	C	33.2	262	C	31.4	269	C	31.4
Union Turnpike at 263rd St												
Overall	1,705	C	20.3	1,706	C	20.7	1,963	B	15.6	1,897	B	15.9
EB approach	1,094	C	21.1	1,094	C	21.7	803	B	13.7	803	B	14.1
WB Approach	520	A	8.0	521	A	8.0	1,047	B	12.0	1,015	B	12.1
NB Approach	67	D	42.8	67	D	43.2	55	D	35.2	55	D	35.8
SB Approach	24	C	25.2	24	C	25.4	58	C	29.2	24	C	29.8

*Significant Impact.

Table 10-17 (continued): Future No-Build Condition and Future Build Condition Traffic Analyses

LOS & DELAY BY APPROACH	AM Peak Hour 2011 No Build			AM Peak Hour 2011 Build			PM Peak Hour 2011 No Build			PM Peak Hour 2011 Build		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.												
EB approach	681	A	0.0	740	A	0	858	A	0.0	938	A	0
WB Approach	457	A	2.9	497	A	2.1	637	A	0.2	703	A	0.3
NB Approach	35	C	16.3	39	C	16.8	156	F	45.2	170	F	56.5
271st Street at 76th Ave												
EB Approach	282	A	5.6	342	B	14.6	206	A	4.7	212	A	4.9
WB Approach	124	A	0.0	143	A	8.9	79	A	0.0	80	A	0.0
SB approach	95	C	20.5	164	A	9.2	218	B	10.4	295	B	11.4
NB Approach	132	B	11.3	132	B	11.3	66	B	14.8	89	B	15.2
263rd St at 74th Ave												
EB Approach	59	A	9.2	67	B	10.8	49	B	11.1	50	B	11
WB Approach	92	A	0.0	117	B	13.2	158	B	14.5	187	B	14.1
SB approach	172	A	0.7	212	A	0.3	220	A	1.1	220	A	1.1
NB Approach	170	A	0.0	170	A	2.7	125	A	1.1	127	A	0.8
263rd St at 76th Ave												
EB Approach	13	C	19.8	14	B	14.7	10	C	15.9	11	B	16.0
WB Approach	194	C	18.4	220	B	14.4	238	C	19.7	247	C	19.9
SB approach	345	A	0.0	386	A	0	219	A	0.1	224	A	0.1
NB Approach	246	A	5.3	275	A	5.3	351	A	2.9	359	A	1.9
Schneider Drive at 76th Ave												
EB Approach	376	A	1.9	402	A	3.1	207	A	1.5	223	A	1.4
WB Approach	266	A	0.0	303	A	0	255	A	0.0	340	A	0
SB approach	66	B	11.7	112	B	11.7	52	B	11.5	93	B	11.6

* Significant Impact

LOS & DELAY BY APPROACH	a.m. Peak Hour 2011 No Build			a.m. Peak Hour 2011 Build			p.m. Peak Hour 2011 No Build			p.m. Peak Hour 2011 Build		
Unsignalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)
Marcus Ave at 400 Bldg.												
EB approach	728	A	0.0	735	A	0.0	818	A	0.0	823	A	0.0
WB Approach	477	A	3.0	480	A	3.0	596	A	0.2	606	A	0.2
NB Approach	35	D	17.5	35	D	17.7	150	F	32.5	150	F	33.6
271st Street at 76th Ave												
EB Approach	282	A	5.6	278	A	5.8	155	A	4.3	167	A	4.7
WB Approach	129	A	0.0	227	A	0.0	74	A	0.0	172	A	0.0
SB approach	125	C	21.8	125	D	26.2	74	B	14.8	74	C	18.3
NB Approach	106	B	11.1	103	B	12.2	274	B	10.8	286	B	12.5
263rd St at 74th Ave												
EB Approach	13	B	10.4	26	B	10.7	10	B	11.0	14	B	11.3
WB Approach	186	B	10.8	194	B	11.6	227	B	14.5	242	C	16.0
SB approach	337	A	0.3	348	A	7.5	189	A	7.5	196	A	7.5
NB Approach	241	A	2.6	248	A	0.0	262	A	0.0	267	A	0.0
263rd St at 76th Ave												
EB Approach	13	C	19.1	26	C	20.8	10	B	14.0	14	C	15.9
WB Approach	186	C	17.5	194	C	19.2	227	C	15.7	242	C	16.6
SB approach	337	A	0.0	348	A	0.0	189	A	0.1	196	A	0.1
NB Approach	241	A	5.2	248	A	5.3	262	A	3.4	267	A	3.5
Schneider Drive at 76th Ave												
EB Approach	398	A	3.1	343	A	1.9	153	A	1.3	207	A	1.5
WB Approach	231	A	0.0	266	A	0.0	296	A	0.0	255	A	0.0
SB approach	63	B	11.9	63	B	11.7	79	B	11.5	52	B	11.5

* Significant Impact

Mitigation. The intersections~~ at Union Turnpike and Lakeville Road during the p.m. peak hour and~~ Marcus Avenue and Lakeville Road during the a.m. peak hour ~~were~~ was identified as having a significant impact to traffic as a result of the Proposed Project. Mitigation measures, such as modifications to signal phasing and timing, could alleviate ~~these~~ this significant traffic impact~~s~~. During analysis, signal timing phasing was modified at these two intersections to investigate the benefits.

~~The signal phasing and timing changes at the intersection of Union Turnpike and Lakeville Road during the p.m. peak hour for analysis were as follows: Protected SB lefts would be increased 9 seconds from 35 seconds to 44 seconds; Protected NB lefts would be decreased from 35 seconds to 15 seconds; NB through with rights and permitted lefts would decrease from 47 seconds to 27 seconds; SB through with rights and permitted lefts would increase from 47 seconds to 56 seconds; WB protected lefts would increase from 35 seconds to 40 seconds and EB protected lefts would increase from 35 seconds to 45 seconds; EB through with rights and permitted lefts would increase from 47 seconds to 53 seconds; WB through with rights and permitted lefts would increase from 47 seconds to 48 seconds.~~ The signal phasing and timing

changes at the intersection of Marcus Avenue and Lakeville Road, during the a.m. peak hour for analysis were as follows: NB and SB throughs with rights and permitted lefts would increase from 46 seconds to 57 seconds; EB and WB protected lefts would decrease from 34 seconds to 29 seconds; EB and WB throughs with rights and permitted lefts would decrease from 46 seconds to 40 seconds.

A comparison of the mitigated Build Condition, Future No-Build Condition and unmitigated Build Condition is presented in Table 10-18 and Table 10-19. As shown in the tables below, the implementation of the measures described above for the affected intersections would successfully mitigate the significant adverse traffic impacts projected.

Table 10-18: Comparison of a.m. Peak Hour Future No-Build Future Build, & Mitigation Build Traffic Condition Analyses

	a.m. Peak Hour No-Build		a.m. Peak Hour Build		a.m. Peak Hour Build w/ Mitigation	
Signalized Intersection	LOS	Avg. Delay (sec.)	LOS	Avg. Delay (sec)	LOS	Avg. Delay (sec)
Marcus Ave at Lakeville Rd	E	58.7	E	61.5	E	58.9
EB approach	D	43.9	D	44.7	D	44.3
WB Approach	C	20.3	C	20.6	C	22.1
NB Approach	D	46.4	D	48.0	D	47.2
SB Approach	F	89.7	F*	95.0	F	88.6

Notes: *Significant Impact

LOS & DELAY BY APPROACH	a.m. Peak Hour 2011 No Build			a.m. Peak Hour 2011 Build			a.m. Peak Hour 2011 Build Mitigated		
Signalized Intersections	Volume	LOS	Avg. Delay (sec.)	Volume	LOS	Avg. Delay (sec.)	Volumes	LOS	Avg. Delay (sec.)
Marcus Ave at Lakeville Rd									
Overall	**4,671**	**E**	**68.4**	**4,785**	**E**	**72.0**	**4,785**	**E**	**67.7**
EB approach	**603**	**D**	**44.8**	**610**	**D**	**45.5**	**610**	**D**	**45.2**
WB Approach	**778**	**B**	**19.6**	**793**	**B**	**20.0**	**793**	**C**	**21.7**
NB Approach	**1,458**	**D**	**48.4**	**1,503**	**D**	**50.6**	**1,503**	**D**	**49.2**
SB Approach	**1,832**	**F**	**112.7**	**1,879**	**F***	**119.7**	**1,879**	**F**	**109.1**

Notes: *Significant Impact

Table 10-19: Comparison of p.m. Peak Hour Future No-Build, Future Build, & Mitigation Build Traffic Condition Analyses

	p.m. Peak Hour No-Build		p.m. Peak Hour Build		p.m. Peak Hour Build w/ Mitigation	
Signalized Intersection	LOS	Avg. Delay (sec.)	LOS	Avg. Delay (sec)	LOS	Avg. Delay (sec)
Union Tpke at Lakeville Rd	D	45.7	D	49.8	D	53.1
EB approach	D	48.4	D	50.7	D	53.5
WB Approach	D	43.1	D	44.7	D	53.0
NB Approach	D	38.1	D	39.5	D	50.6
SB Approach	D	49.9	E*	58.2	D	54.0

Notes: *Significant Impact

Unavoidable Significant Peak Hour Traffic Impacts. The NB approach to the unsignalized intersection of the LIJMC 400 Lakeville Road Building rear entrance with Marcus Avenue, while already operating at LOS E in the Existing and LOS F in the Future No-Build Condition, would see an increase in average delay of 11.3 1.1 seconds in the Future Build Condition for the p.m. peak period. This change is due to a higher project-generated volume on Marcus Avenue. Due to the proximity of this intersection to the signalized intersection of Marcus Avenue and Lakeville Road, it is not feasible to signalize the intersection. This constitutes an unavoidable significant adverse traffic impact. Affected vehicles would have an alternate route by exiting the site via the signalized intersection of the LIJMC 400 Building Driveway and Lakeville Road, thereby avoiding the delay.

Parking. With the addition of the modernized and new facilities, it is anticipated that parking demands would increase. The existing total demand of 4,675 spaces is made up of 2,853 spaces associated with LIJH and SCH while the rest of the 1,822 spaces are for ZHH, PJGI and other users. For purposes of estimating a conservatively high estimate we have applied the 22 percent LIJH/SCH Hospital bed increase ratio (135 beds / 606 beds) to the expected accumulation of 2,853 LIJMC/SCH related on- and off-street parkers.

The on-campus parking accumulation under the Future Build Condition, therefore, is expected to increase by 628 spaces, yielding a total accumulation of 4,869 spaces (4,241 + 628) for the entire campus. After accounting for an expected loss of 219 at-grade spaces due to construction and an addition of 460 attended spaces at the new garage, as well as 339 attended spaces at the existing garage, 96 percent of the 5,052 available spaces are expected to be occupied (see Table 10-20). Since there is sufficient space that is available to the new facilities on the Project Site, the attractiveness of parking on local streets off the Project Site is reduced. No significant parking impact is therefore expected.

Table 10-20: Future Build Parking Facility Capacity and Estimated Occupancy

Parking Area	Capacity	Estimated Accumulation	Percent Occupied
LIJMC– Queens surface lots[1]	458	458	100
LIJMC – Nassau / Parker / 400 Buildings	1,288	1,288	100
Ronald McDonald House	40	40	100
Zucker Hillside Hospital	346	346	100
I-Park[3]	0	0	0
Visitor Parking Garage[2]	1,260	1,221	97
Staff Parking Garage[2]	1,660	1,516	91
Total Off Street Parking	5,052	4,869	96
On Street Parking[4]	714	434	61
Total On and Off Street	5,766	5,303	92

Notes:
[1] The Future No-Build capacity of 677 would be reduced by 219 spaces due to new construction
[2] The garages would no longer fully operate as self-park. By operating with attendant parking the garages' capacities are increased to the capacity approved by the BSA – 1,660 spaces in the new garage and 1,260 spaces in the existing garage.
[3] i-Park capacity has moved into the newly constructed LIJMC staff parking garage.
[4] On street parking reduced by 20 spots due to proposed no-parking zone on 76th Avenue.

Transit. The usage of transit is expected to grow based on the modal split presented in Table 10-16. This demand, distributed among several buses and bus lines yields a low volume of one or two new users per bus. The Proposed Project is not anticipated to appreciably change the bus service and frequency currently provided as a result of the increase in ridership. Thus, no significant impacts on transit facilities are anticipated.

Pedestrian Activity. The vast majority of new pedestrian activity related to the Proposed Project would be contained fully within the Project Site. The Proposed Project would be designed for this increased activity and facilities available would be adequate for area pedestrian movements. Thus, no significant impacts on pedestrian movements in the study area are expected.

Safety Assessment. LIJMC does not generate a large amount of pedestrian or bicycle trips. The Campus Roadway Improvements Project would provide improved vehicular circulation along with improved sidewalks, crosswalks and signage to facilitate safer pedestrian movements within the Project Site.

Accident data for intersections within the study area and Queens County was requested from NYCDOT on April 1, 2009. However, with the exception of the widening of the Lakeville Road Main Entrance, there are no proposed changes to any of the site access points from the adjacent streets. No changes to turning movements are proposed and no significant increases to

pedestrian or bike traffic are anticipated within the study area. Therefore, significant impacts to existing motorists and pedestrian safety would not be expected with the Proposed Project.

Conclusion

With the implementation of the mitigation noted above, there ~~There are~~ would be no significant traffic impacts ~~with regards to traffic on~~ at intersections within the study area.~~, with the exception of the north-bound approach to the unsignalized intersection at the LIJMC 400 Lakeville Road building rear entrance with Marcus Avenue, which would operate at LOS F in the Future Build Condition~~. There would be a slight but insignificant impact to transit as an increase in demand of one or two new users per bus would be expected. Adequate parking facilities are available on the Project Site to handle the projected demand caused by the Proposed Project. Pedestrian volumes outside of the Project Site would continue to be minimal and volume generated by the Proposed Project would be contained within the Project Site. In conclusion, no significant impacts to traffic and transportation impacts would be anticipated as a result of the Proposed Project.

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IV. Updates to Chapter 17 – Construction Impacts

Update to 3rd Paragraph in Introduction on Page 17-1

A schedule depicting the construction sequence and likely duration of individual projects is presented in Figure 17-1. As indicated, the Schneider Children's Hospital Inpatient Building would begin ~~by the 4th quarter of 2008~~ in the first half of 2009. The Women's Hospital project began construction in the third quarter of 2008. The Zucker Hillside Inpatient Psychiatric Facility would begin by the 2nd quarter of 2009. Prior to the building construction, the Project Site roadways and utilities that conflict with the building footprint would be relocated as part of ongoing Campus Utility and Roadway Replacement elements of the Proposed Project.

Update to last paragraph on Page 17-13

Assuming that 90 percent of construction workers would drive to the Project Site and there would be an average of 1.2 passengers per vehicle, approximately 188 parking spaces would be required. Parking spaces for construction workers would be accommodated ~~onsite within the construction staging areas and street parking~~ at 250 leased parking spaces at i-Park. An increase in available street parking is anticipated with the recent completion of the new staff parking garage within the Project Site as those employees who previously parked on the street would migrate into the new garage. ~~Approximately 300 on-street spaces would be available for construction workers.~~ Please refer to *Chapter 10 – Traffic and Transportation* for a detailed analysis on parking impacts and background on parking surveys that were performed.

Update to Table 17-3

Table 17-3: Parking Conditions During Construction

	No Build			No Build + Construction		
Parking Area	~~Capacity~~	~~Estimated Occupancy~~	~~Percent Occupied~~	~~Capacity~~	~~Estimated Occupancy~~	~~Percent Occupied~~
LIJMC – Queens surface lots	~~677~~	~~677~~	~~100~~	~~677~~	~~677~~	~~100~~
LIJMC – Nassau/ Parker/ 400 Buildings	~~1,288~~	~~1,288~~	~~100~~	~~1,288~~	~~1,288~~	~~100~~
Ronald McDonald House	~~40~~	~~40~~	~~100~~	~~40~~	~~40~~	~~100~~
Zucker Hillside Hospital	~~346~~	~~346~~	~~100~~	~~346~~	~~346~~	~~100~~
i-Park	~~0~~	~~0~~	~~0~~	~~0~~	~~0~~	~~0~~
Visitor Parking Garage	~~921~~	~~815~~	~~88~~	~~921~~	~~815~~	~~88~~
Staff Parking Garage	~~1,200~~	~~1,075~~	~~90~~	~~1,200~~	~~1,075~~	~~90~~
Total Off Street Parking	~~4,472~~	~~4,241~~	~~95~~	~~4,472~~	~~4,241~~	~~95~~
~~Off Street Parking~~	~~734~~	~~434~~	~~59~~	~~724~~	~~622~~	~~83~~
Total On and Off Street	~~5,206~~	~~4,675~~	~~90~~	~~5,196~~	~~4,863~~	~~94~~

	No Build			No Build + Construction		
Parking Area	Capacity	Estimated Occupancy	Percent Occupied	Capacity	Estimated Occupancy	Percent Occupied
LIJMC – Queens surface lots	677	677	100	677	677	100
LIJMC – Nassau/ Parker/ 400 Buildings	1,288	1,288	100	1,288	1,288	100
Ronald McDonald House	40	40	100	40	40	100
Zucker Hillside Hospital	346	346	100	346	346	100
i-Park	0	0	0	250*	188	75
Visitor Parking Garage	921	815	88	921	815	88
Staff Parking Garage	1,200	1,075	90	1,200	1,075	90
Total Off Street Parking	4,472	4,241	95	4, 722	4,429	94
On Street Parking	734	434	61	714	434	61
Total On and Off Street	5,206	4,675	90	5,436	4,863	89

*NSLIJ Health System would lease 250 parking spaces from i-Park for construction workers.

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V. Updates to Chapter 19 - Unavoidable and Immitigable Adverse Environmental Impacts

Introduction

This chapter presents the unavoidable and immitigable adverse environmental impacts that are likely to result from the Proposed Project. With the exception of the following traffic impact, all project-induced impacts described in this ~~*D*~~*FGEIS* could be mitigated by the measures detailed in each chapter.

No unavoidable and immitigable adverse impacts are anticipated as a result of the Proposed Project.

~~Traffic~~

~~The northbound approach to the unsignalized intersection of the LIJMC 400 Lakeville Road Building rear entrance with Marcus Avenue, while already operating at LOS E in the Existing and LOS F in the Future No-Build Condition, would result in an increased average delay of 11.3 seconds in the Future Build condition for the p.m. peak period. This change is due to a higher project-generated volume on Marcus Avenue. Due to the proximity of this intersection to the signalized intersection of Marcus Avenue and Lakeville Road, it is not feasible to signalize the intersection. This constitutes an unavoidable significant adverse traffic impact. Affected vehicles would have an alternate route by exiting the site via the signalized intersection of the LIJMC 400 Building Driveway and Lakeville Road, thereby avoiding the delay.~~

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VI. Updates to Chapter 22 – Alternatives to the Proposed Project

Changes to Last Paragraph on page 22-1 and top of page 22-2

Traffic. Under the *No-Build Alternative*, traffic would increase due to background growth and the implementation of projects at i-Park. All of the study area intersections are anticipated to continue to operate at an acceptable LOS during both peak periods with the following changes. During the a.m. peak hour, the intersection of Marcus Avenue and Lakeville Road would operate at overall LOS E and the SB approach would operate at LOS F. During the p.m. peak hour at the intersection of the LIJMC Main Entrance and Lakeville Road, the EB approach would operate at LOS D and the ~~WB~~ EB approach~~es~~ would operate at LOS E, an improvement over the existing condition of LOS F. During the p.m. peak hour at the intersection of the LIJMC 400 Building rear entrance with Marcus Avenue, the NB approach ~~of the~~ would operate at LOS F.

Changes to First Paragraph on page 22-10

Construction of the *Site Access Alternative* would displace 245 existing at-grade parking spaces on these adjacent properties. Traffic analysis performed for the 2011 Build Year traffic at the intersection of Marcus Avenue with Lakeville Road indicated that the EB Marcus Avenue approach to Lakeville Road has a delay of ~~39.7~~ 45.5 seconds and ~~41.2~~ 43.2 seconds in the a.m. and p.m. peak periods respectively. Under this alternative, shifting additional traffic from the Project Site onto Marcus Avenue would ~~increase~~ alter the delay to ~~42.0~~ 44.1 seconds and ~~52.3~~ 45.1 seconds during the a.m. and p.m. peak hours respectively. In addition, while the additional exit could reduce traffic on 74th Avenue, additional trips that do not currently occur could be anticipated as a new through route between Marcus Avenue and the Glen Oaks Community would be created. This addition of trips would further degrade traffic conditions. Overall, these impacts would constitute a significant adverse traffic impact.

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VII. Lead Agency Response to Comments

Introduction

This section of the *FGEIS* identifies the organizations and individuals who commented on the *DGEIS*, and summarizes and responds to those comments. This section presents all comments on the *DGEIS*, including those made at the public hearing on March 16, 2009, as well as written comments received during the public comment period that ended on March 27, 2009. The comment summaries attempt to convey the essence of the comments made, but do not in all cases quote the testimony verbatim. The public hearing transcript is included in Appendix A.

Public Hearing Comment and Response

Two members of the LIJMC Modernization Program Project Team as well as the Project Sponsor described aspects of the Proposed Project at the public hearing. A total of 5 people spoke at the public hearing, all of whom were members of the public. These comments on the *DGEIS* are summarized below and grouped according to topic. The initials next to each person's name in Table VII-1 below will be used to identify the commenter. A copy of the verbatim transcript is attached as Appendix A.

Table VII-1. Public Speakers and Commenters on the *DGEIS*

No.	Name	Affiliation	Comment Delivery
Public Speakers			
1	Matthew Stanley	Senior Environmental Manager, DASNY	At March 16, 2009 Public Hearing
2	Bernard Dubin	Vice President Facilities Services, NSLIJ Health System	At March 16, 2009 Public Hearing
3	Brian O'Donnell	Senior Principal, Project Manager, Stantec Consulting Services Inc.	At March 16, 2009 Public Hearing
Commenters			
4	Michael Castellano (MC)	Resident, Community Leader	At March 16, 2009 Public Hearing
5	Richard Hellenbrecht (RH)	Community Board 13 Chairman	At March 16, 2009 Public Hearing
6	Bob Friedrich (BF)	Glen Oaks Village, President	At March 16, 2009 Public Hearing
7	Oscar Berenberg (OB)	Civic Association, President	At March 16, 2009 Public Hearing
8	Diana Dalton (DD)	Resident	At March 16, 2009 Public Hearing
9	Michele Samuelsen-Jaiswal (MS)	New York City Department of Transportation	Written comments via email on March 11, 2009 and fax on March 25, 2009
10	Theresa Elkowitz (TE)	VHB Engineering, Surveying and Landscape Architecture P.C., Planning Consultant for the Incorpoated Village of Lake Success, Planning Consultant	Written comments via mail on March 26, 2009 and March 27, 2009

Incorporated Village of Lake Success

The Incorporated Village of Lake Success, via their environmental and planning consultant VHB Engineering, Surveying and Landscape Architecture, P.C. ("VHB") provided comments via a letter dated March 26, 2009. Concerns regarding water usage, sanitary waste generation, traffic and parking analyses in the DGEIS and their relationship to the development at i-Park were raised. Responses to these concerns are addressed below.

A subsequent letter dated March 27, 2009 from VHB, on behalf of Lake Success, indicated the village's support of the Proposed Project, their concurrence with the findings of the DASNY *DGEIS* and that the project implementation would not have a significant adverse impact to the Village. Moreover, Lake Success is performing its own environmental review of pending applications at 1111 Marcus Avenue (i-Park) and will be addressing traffic and parking issues identified in the March 26, 2009 comment letter.

Traffic and Transportation

Comment 1: Several speakers expressed concern relating to the elimination of parking on the north side of 76th Avenue between the entrances at 271st Street and Schneider Children's Hospital ("SCH"). Concerns included enforcement and the reduction of available parking spaces. (Commenter: MC, BF, OB, DD)

Response 1: The parking on the north side of 76th Avenue between the 271st Street and SCH entrances would be removed and 24 hour parking restriction signs installed. Removing the parking lane would provide improved site distance for vehicles and pedestrian accessing the LIJMC campus. Enforcement of the parking restrictions would be by New York City. A total of 20 parking spaces would be lost. The loss of parking was accounted for in the parking analyses included in the Chapter 10 *Traffic and Transportation* of the *DGEIS* in Table 10-20 on page 10-31 and the Section III *Updates to* Chapter *10 - Traffic and Transportation* of the *FGEIS* in Table 10-20 on page III-36. There is sufficient space that is available to visitors and staff of the new facilities on the Project Site. Therefore, the attractiveness of parking on local streets off the Project Site is reduced. No significant parking impact is therefore expected.

Comment 2: Several speakers expressed concern relating to construction and delivery trucks on the local streets and stated that the streets are narrow, old and cannot support heavy truck traffic. Concerns were also raised that trucks utilizing 270th and 271st Street may obstruct emergency vehicle to access LIJ as it is an established emergency route. GPS system directions may still lead trucks through the local streets to LIJ. Construction and delivery trucks may cause damage to pavement and subsurface utilities. (Commenter: MC, RH, BF, OB)

Response 2: LIJMC continues to direct construction-related truck traffic to the Lakeville Road entrance and has provided areas within i-Park and on-site so that vehicles can deliver materials, maneuver and exit through the Lakeville Road driveway. A plan for management of construction vehicles accessing the site from Lakeville Road was developed to minimize the potential for impacts of construction vehicles on adjacent streets and properties. Staging areas in i-Park have been established for construction delivery trucks arriving overnight prior to delivery to the Project Site. Training has been provided to truck drivers performing for construction deliveries in order to instruct them to use the Lakeville Road entrance. LIJMC supports the community's concerns relating to construction vehicles using the local streets and would continue to manage construction vehicles access to the site.

Non-construction related trucks delivering goods to the LIJMC Campus are directed to use the Lakeville Road driveway to access the site. LIJMC will continue to direct these vehicles to Lakeville Road to minimize impacts to on adjacent streets and properties.

Comment 3: Several speakers expressed concern relating to construction vehicles and delivery trucks accessing LIJ from neighboring streets as a result of inadequate signage in the neighborhood and Union Turnpike. (Commenter: MC, RH, BF, OB)

Response 3: LIJMC would support the communities' effort to install signage along Union Turnpike and Lakeville Road directing trucks to the Lakeville Road Main Entrance to minimize truck traffic on adjacent residential streets. LIJMC would be willing to assist in coordination of those issues with NYCDOT.

Comment 4: Several speakers expressed concern relating to the use of public on-street parking by construction workers and hospital employees and its effect on the number of available spaces. (Commenter: MC, RH, OB, DD)

Response 4: LIJMC has leased approximately 250 parking spaces at i-Park for construction worker parking. LIJMC will continue to direct construction workers to use those spaces rather than parking on adjacent streets. Please refer to Section IV *Updates to Chapter 17 – Construction Impacts* in the *FGEIS* and Chapter 17 *Construction Impacts* in the *DGEIS* for additional details on parking impacts during construction.

Comment 5: "… the number of 5,052 cars in the parking lots, I'm not exactly sure that can ever be accomplished since that would require valet parking in both of the lots. Whichever the measure, it's a very expensive proposition." (Commenter: RH)

Response 5: LIJMC has received Board of Standards and Appeals approval to operate the visitor's and staff garages as valet garages should the demand of the LIJMC users exceed that available through self parking garage operation. LIJMC is committed to minimizing the impacts to the surrounding communities as a result of hospital operations. Should the future parking demand caused by visitors and staff place exceed the off-street and on-street parking, LIJMC would perform the required parking studies and implement a solution which may include valet parking at both garages.

Comment 6: "I would wish that there would be some way, since this is primarily a financial issue tonight, that there be some kind of a financial assistance pool set aside in the event that a major construction accident were to occur or to cause damage to the utilities of the nearby streets that at least homeowners could go after something even if it's an insurance policy over and above everything else." (Commenter: RH)

Response 6: LIJMC and its contractors continually monitor the construction activities to minimize the potential for construction-related impacts on adjacent streets, utilities and properties. Both LIJMC and its contractors maintain insurance should damage to adjacent streets, utilities and property occur as a result of project construction.

Comment 7: This comment regards the status of the gate at 74th Avenue, its current status, hours of operation and future intention. "… that entrance goes right through our

community of Glen Oaks Village, that has a gate, that's supposed to be closed but is open continuously…I would like to get some information about that gate, what the hours are, if it's going to be closed again and if it's not, we need to know that and we need to deal with that." (Commenter: BF)

Response 7: The 74th Avenue access from 263rd Street is gate-controlled for use by vehicles accessing the Hillside Activities Therapy Building and employees accessing the staff garage. Maintaining this access in conjunction with the Lakeville Road and 76th Avenue access during peak hours reduces the potential for congestion of the on-site roads and therefore improves emergency vehicle access through the site. This access point will be accessible 24 hours a day.

Comment 8: "I'd like to know the name of the person that we could call if there is a problem with the construction that we need to speak to immediately." (Commenter: BF)

Response 8: The construction liaison is:

Richard Benini
Bovis Lend Lease LMB, Inc.
75-29 263rd Street
C/O Hillside Hospital
Glen Oaks, NY 11004
718-470-4160

Comment 9: "On 76th Avenue and 263rd Street, for some reason there's never been some type of an emergency room sign there…There needs to be some attention to that intersection.. I would also like to make sure that you clearly distinguish between the emergency room at Schneider and the emergency entrance at LIJ…" (Commenter: BF)

Response 9: A campus-wide signage program is currently being developed. LIJMC will take into account the recommendation of providing signage at the intersection of 263rd Street and 76th Avenue to direct motorists to the correct emergency room.

Comment 10: ".. are [Schneider and the Zucker Hillside Facility] being delayed or are they going according to schedule?" (Commenter: BF)

Response 10: The project schedule included in the *DGEIS* is being reconsidered as a result of market and economic conditions. The NSLIJ Health System is hopeful that all of the projects would be successfully completed over the next several years. Should significant scheduling changes occur, NSLIJ and DASNY would coordinate the need for revising the environmental studies and documentation included in the *FGEIS*.

Comment 11: This comment regards to Campus Roadway Improvements and the creation of a "ring-road": "... is this ring road on the campus property entirely or is it borrowing an area from the public domain that surrounds the LIJ Campus." (Commenter: OB)

Response 11: The Proposed Project would result in the completion of an on-site ring road that currently does not exist. The ring road would improve on-site circulation and would provide LIJMC users direct access between the facilities without leaving the site. A portion of 76th Avenue between the 271st Street and 268th Street (Schneider Children's Hospital) entrances could still be accessed by LIJMC users. While the on-site ring road between 268th and 271st Street would be available in the easterly direction, the capacity and use would be constrained by the existing columns and structure of the buildings located above and adjacent to the proposed ring road. Westbound vehicles from Lakeville Road would be able to access the western portions of the LIJMC Campus via on-site roadways through the northern east-west site access road. Westbound vehicles from Lakeville Road accessing the western portion of the LIJMC Campus via the southern section would have to leave the LIJMC Campus at the 271st Street and 76th Avenue exit and re-enter the LIJMC Campus at the Schneider Children's Hospital entrance near 268th Street and 76th Avenue.

Comment 12: Several speakers expressed concern and requested information about a new Marcus Avenue entrance to the LIJMC Campus. A widening of Marcus Avenue was also suggested at the driveway to the 400 Building. (Commenter: MC, BF, OB)

Response 12: A Marcus Avenue connection was discussed as an alternative, known as the Site Access Alternative, in Chapter 22 *Alternatives to the Proposed Project* in the *DGEIS*. LIJMC has made numerous inquiries of the property owners who own the necessary land for this access. These property owners are unwilling to consider a sale or grant of access from the LIJMC Campus to Marcus Avenue over their property. In addition, any such connection would cause the elimination of parking adjacent to the Parker Jewish Geriatric Institute and the vicinity of 400 & 410 Lakeville Road. The location of any new or expanded intersection along Marcus Avenue west of Lakeville Road and the projected redistribution of traffic resulting from the new site access would lower the level of service at the intersection of Marcus Avenue and Lakeville Road. In addition, the distance separating the access road and the intersection at Marcus Avenue and Lakeville Road would need to be closely analyzed and coordinated in order to maintain effective traffic processing through both intersections. Accordingly, this alternative is not feasible at this time.

Comment 13: Two speakers questioned whether or not traffic counts or traffic analyses were performed at the intersections of 74th Avenue and 263rd Street and Marcus Avenue and Lakeville Road. (Commenter: BF, OB)

Response 13: As indicated in the *DGEIS* the traffic analyses, were based on traffic counts performed in October 2006. The intersections of Marcus Avenue and Lakeville Road and

74th Avenue and 263rd Street were both included. Details on the traffic analyses are described in Chapter 10 *Traffic and Transportation* in the *DGEIS*.

Comment 14: Several speakers expressed concern that the use of on-street parking by hospital employees and the potential for littering, which included items such as medical gloves and syringes. Possible confrontations between residents and hospital employees were also a concern. (Commenter: MC, RH, DD)

Response 14: LIJMC requests that hospital employees maintain a polite and courteous relationship with residents of the adjacent communities. Additionally employees are trained in waste disposal practices and informed that littering and disposal of waste is not permitted.

Comment 15: "Nothing was mentioned about the intersection of Hewlett that almost comes to a point at 77th Avenue going out onto Lakeville. " (Commenter: DD)

Response 15: Signalized intersections along Lakeville Road from Marcus Avenue to Union Turnpike were analyzed in the *DGEIS*, in accordance with the description provided in the *Final Scoping Document* in January 2006 and the *Revised Final Scoping Document* issued in April 2008. These intersections were identified as having the highest traffic volumes and the areas where traffic generated from the project would have the potential for impact. Hewlett Street, a stop sign controlled (unsignalized) intersection with less traffic than the adjacent cross street at Union Turnpike, was not analyzed due to the low volume of traffic that utilizes that intersection.

New York City Department of Transportation (NYCDOT) Comments

The following comments were received from NYCDOT through two separate transmittals: March 11, 2009 via email and March 25, 2009 via fax to DASNY. Responses to these comments were sent to NYCDOT on March 26, 2009 and April 3, 2009 respectively. Copies of the transmittal memorandums are included in *Appendix B – Correspondence*. Comments from both transmittals are listed and addressed below:

Comment 16: Please have the consultant provide a copy of the Master Plan showing the locations of the buildings identified in "Project Summary Table" (Table ES-l).

Response 16: The locations of the proposed buildings are included in Figure ES-4 in the *DGEIS*. A site plan showing the existing buildings listed in the *Project Summary Table* was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 17: Please have the consultant provide the background material (manual traffic counts, ATRs, vehicle classification counts, number of current truck trips, physical inventories, official signal timing, etc).

Response 17: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 18: Please have the consultant provide the survey of the existing facility mentioned on Page 10-10 (locations counted, number of vehicles counted entering and exiting, etc). Also, please explain how the volumes associated with the "Long Island Jewish Hospital" (LIJH) and "Schneider Children's Hospital" (SCH) were isolated from volumes associated with all activity at "Zucker Hillside Hospital" (ZHH) and "Parker Jewish Geriatric Institute" (PJGl) to develop the trip generation rates identified in "Entry and Exit Volumes for LDH and SCH" (Table 10-4).

Response 18: Volumes associated with the LIJH and SCH hospitals were isolated from PJGI based on the internal campus count data during the counting program during which turning movement counts were performed. Trips making eastbound lefts and westbound rights at the intersection of the PJGI parking lot and the visitor parking garage entrance were considered PJGI trips.

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 19: Page 10-14 states that overall bus ridership is less than 100 persons per peak hour and that patronage from Long Island Jewish Medical Center (LIJMC) employees, patients and visitors is limited. Please have the consultant explain how the patronage associated with the LUMC was determined. Were bus passengers counts and/or interviews performed?

Response 19: In the Existing Conditions section under the heading *Transit* in Chapter 10 *Traffic and Transportation*, overall usage was observed to be 64 passengers in the a.m. peak hour and 66 in the p.m. peak hour. This was determined by counting boarding and alighting passengers at the bus stops accessing the LIJMC campus. Passengers were not interviewed.

In the a.m. peak hour, 1,200 vehicles were observed entering or exiting the LIJMC campus. The 64 bus trips represent about 6% of all trips. Bus passenger counts were performed in March, 2006. The survey results were transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated

March 25, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 20: *Please have the consultant provide Existing, No-Build, and Build traffic volume maps. Please note that volume maps should be included in the Final Generic Environmental Impact Statement (FGEIS).*

Response 20: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence.* The volume maps are also included in the *FGEIS* in *Appendix D – Supplemental Traffic Data*.

Comment 21: *Page 10-4 states that the data collection program was performed in 2006; however, page 10-5 states that 2007 is the Existing Condition. Page 10-21 states that a five percent background growth (one percent per year with a 2011 Build Year) was utilized. Please have the consultant clarify the discrepancies. If counts were performed in 2006, then the existing conditions should be 2006 and the analyses should be revised accordingly.*

Response 21: The *DGEIS* uses 2007 as the Existing Conditions. At that time, physical improvements on the campus which were previously under construction were completed: The Emergency Department ("ED") Expansion and Renovation, New Cardiac Care Unit, New Surgical ("SICU") and Cardio-Thoracic Intensive Care Unit ("CTICU"). In addition, as the Staff Parking Garage was under construction, trips were redistributed from i-Park to the Project Site. Please refer to page ES-13, *Project History* and Responses 50 and 51 for additional details. The traffic counts, which were done in October 2006, were taken while those projects were under construction. The counts were adjusted to represent the year 2007 Existing Conditions by including the trips projected for those three projects plus a 1.0 percent background growth per year (2006-2007) applied to the existing 2006 count. From 2007-2011, a 1.0 percent background growth per year was applied to the adjusted 2006 counts. Using the year 2007 as the Existing Conditions year was coordinated with DASNY during the scoping and analyses phases of the project.

Comment 22: *Please have the consultant provide trip assignment maps for the No-Build soft sites. Please provide Appendix B referenced on Page 10-14. Also, please contact the New York City Department of City Planning to determine whether there are any additional No-Build soft sites within the area.*

Response 22: Trip assignment maps for the No-Build soft sites were provided to NYCDOT where available by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. Appendix B of the John Collins Engineers P.C. *i-Park Traffic and Parking Evaluation* referenced on page

10-14 was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. Copies of all transmittal memorandums are included in *Appendix B*.

The Queens office of the NYCDCP was contacted in September 2008 by Stantec and again on April 1, 2009 by telephone. NYCDCP indicated that the existing Glen Oaks Library, which is within the study area of the *DGEIS*, is undergoing a renovation. As this project is a renovation and not an expansion of an existing facility, no effect on the findings of the *DGEIS* is anticipated.

Comment 23: Please note that estimating the i-Park's occupancy level based upon the number of cars parked in the parking lot is unacceptable. Please have the consultant provide the square feet of the existing occupied space at i-Park, as well as a survey providing the number of person and vehicular trips associated with this development..

Response 23: The occupancy level of i-Park at the time traffic counts were performed in October 2006 is not available. Table 10-11 provides an estimate of the 1.3 million gsf i-Park development plan as well as the use and estimate of developed and undeveloped space. As indicated, we estimate that 720,000 gsf of the 1.3 million gsf program was occupied in October 2006 and therefore trips from that space were included in our traffic counts. The remaining 580,000 gsf of space was calculated using the referenced trip generation rates, added to the adjusted existing trips grown by 1% per year from 2006 to establish our No-Build traffic network.

Comment 24: Please have the consultant justify utilizing the ITE Trip Generation for Business Park (Land Use 770) for the 438,000 square feet of space at i-Park that is proposed for occupancy by the North Shore Long Island Jewish Heath System (NSLIJHS) facilities in the No-Build condition. Please provide the type of operation at this facility. Utilizing travel demand assumptions for hospital or other related health care facilities may be more appropriate. Also, please explain why the additional space is added to the No-Build condition. Are these existing uses within the LIJMC campus that are being relocated due to the proposed expansion of medical services at the project site?

Response 24: Table 10-11 summarizes the trips generated by the i-Park Project. As indicated therein, trips generated by the 438,000 gsf area leased to LIJMC were calculated as an ITE Medical Use (Land Use 610), rather than am ITE Business Park use.

At the time the traffic surveys were performed in October 2006, approximately 158,000 gsf of the 438,000 gsf of area was used by LIJMC for ambulatory care, administration, warehouse, etc. Trips from that occupied space were therefore included as existing trips in the counting program. Trips from the remaining 280,000 gsf leased to LIJMC were calculated using the Medical Use trip generation rates to establish the No-Build traffic network.

The uses proposed within i-Park compliment those at the LIJMC Campus. They are not being relocated from the LIJMC Campus for the purposes of the Proposed Project.

Comment 25: Please have the consultant provide trip assignment maps for the Proposed Project. Please note that trip assignment maps should be included in the FGEIS.

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*. The trip assignment maps are also included in the *FGEIS* in *Appendix D – Supplemental Traffic Data*.

Comment 26: Please have the consultant provide justification for the peak hours analyzed by providing a comparison of the background traffic and trips generated by the proposed project.

Response 26: In accordance with the count data transmitted to NYCDOT on March 26, 2009, the highest traffic volumes recorded occurred between the hours of 8:00-9:00 a.m. and 4:30-5:30 p.m. As the Proposed Project would be an expansion of existing facilities with no change to the type of use, the usage patterns and peak hours are not anticipated to change. Therefore, 8:00-9:00 a.m. and 4:30-5:30 p.m. were used for the a.m. and p.m. peak periods respectively.

Comment 27: Please have the consultant provide the travel demand assumptions and trip generation for a weekend peak hour to determine whether a weekend analysis is necessary.)

Response 27: Machine counts collected along Lakeville Road on the weekend show that the peak traffic volume is less than both the a.m. and p.m. weekday peak traffic volumes. Furthermore, machine counts of the LIJMC Main Entrance at Lakeville Road show that "ins and outs" on the weekend are less than that on the weekdays. As such, it is not necessary to analyze weekend traffic. Weekend traffic counts were transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 28: Please have the consultant provide a copy of the Synchro printouts, as well as executable files on CD. Also, please provide a copy of HCM summary sheets, as well as executable files on CD. We recommend utilizing the latest version of HCS [Version 5.3]. Synchro Version 7 has additional features that do not produce the same results as calculated by HCS

Response 28: The information requested was transmitted to NYCDOT by DASNY via transmittals dated March 26, 2009 and April 3, 2009. Copies of the transmittal memorandums are included in *Appendix B – Correspondence*.

Comment 29: Please have the consultant provide level-of-service (LOS) tables that include the v/c ratio, delay and LOS for each lane group. Please note that at intersections within New York City LOS tables should report the v/c ratio, delay and LOS calculated by HCS. Furthermore, the guidelines provided in the CEQR Technical Manual should be utilized at those intersections within New York City, including significant impact criteria. Please contact Nassau County regarding the methodology utilized under their jurisdiction.

Response 29: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*. Only six of the twelve study intersections (two signalized and four unsignalized) are located within New York City. The data presented in transmittals indicate that significant impacts do not occur at intersections in NYC. Therefore, mitigation is not required.

Comment 30: Please have the consultant provide additional information related to the Hearing and Speech Center Addition and Neonatal Services Improvement Project (square footage, types of improvements, etc.) and why these projects are not anticipated to generate additional traffic.

Response 30:

Hearing and Speech Center Addition: This project involves the expansion of the existing two-story Hearing and Speech building. The expansion entails the addition of 3,360 gsf on each floor for a total of approximately 7,260 gsf. The constructed additions will be the cochlear implantation, newborn hearing and screening, otology and voice and laryngeal facility. The expansion of the ground floor includes the addition of a new examination room, electrical room, four staff offices, dedicated office space for a screening coordinator and speech pathologist, a lounge, a newborn screening room and newborn screening coordinator's office, a cochlear implant storage room and another general storage area, two ADA compliant toilets, a laboratory, conference room, pantry, copy room and file room. On the first floor, an ABR testing area is included along with a sub waiting area adjacent to the main waiting. A copy of DASNY's *SEQR* Negative Declaration and Environmental Assessment Form was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

This project entails a modernization and relocation of existing facilities and no additional staff are anticipated. Therefore, no additional trips from visitors or staff are anticipated.

Neonatal Services Improvement Project: This project includes an approximately 5,500 gsf addition to the third floor of Schneider Children's Hospital for expansion of Neonatal Services; an approximately 4,800 gsf addition to the fourth floor of Schneider Children's Hospital for supporting office space; and the full enclosure of the adjacent existing courtyard with a skylight, including associated interior renovations. This expansion will provide space for 13 new beds. In conjunction with this expansion, a portion of the third floor, to the south of this unit, will be renovated to provide additional Neonatal Services support spaces. The new office space will allow existing offices on the third floor to be relocated to provide space for the Neonatal Services support spaces. Existing Critical Care and Hematology/Oncology offices will also be relocated into this area. Trips generated with this project were included in the background growth on the traffic network and this has been clarified in the *FGEIS* text.

Comment 31: Please have the consultant explain how the modal split provided in "Mode Splits for Project Generated Vehicle Trips" (Table 10-16) were derived. Also, please clarify what the bus category represents. According to Table 10-16 and "Summary of Peak Hour Vehicle Trips Generated by the Proposed Project" (Table 10-15) the bus trips generated are vehicle trips, not person trips. However, on page 10-31 states that the usage of transit is expected to grow based on the modal split presented in Table 10-16, Please have the consultant clarify whether the trips generated are vehicle trips or person trips, and revise the text and/or analyses accordingly.

Response 31: The mode splits were derived based on either traffic counts or passenger counts. The traffic counts tabulated cars and trucks and classification counts were performed with the traffic counts. The bus passenger counts were made at the bus stops within the study area. Bus trips generated are considered passenger trips, not vehicle trips. The *FGEIS* text has been updated to clarify Table 10-16.

Comment 32: Please have the consultant provide scaled schematic drawings showing the existing and proposed parking regulations along 76th Avenue. Also, Page ES-7 states that removal of parking on 76th Street will facilitate the new through movement. Please have the consultant explain whether any restriping is proposed along 76th Avenue to accommodate the new through movement. If so, the requested scaled schematic drawings should reflect the proposed modifications. Please have the consultant explain when the proposed modifications are needed. On page ES-3 the proposed modernization program is described as a multi-year effort.

Response 32: Restriping of 76th Avenue is not proposed. The parking along the north curb lane would be removed to provide sight distance for vehicles and pedestrians accessing the LIJMC Campus. The proposed parking modifications would be implemented in advance of the completion of any of the building, campus utility or

campus roadway projects. We propose eliminating the parking in the 3rd quarter of 2009. A scaled schematic drawing of the parking regulations along 76th Avenue in the vicinity was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 33: Page ES-7 mentions several campus roadway improvements: a new north to south roadway along the eastern frontage of the project site from the Emergency Department to 76th Avenue; and a new east to west roadway along the southern frontage of the project site between 268th Street and 271st Street. Please have the consultant provide scaled schematic drawings detailing the campus. Roadway improvements, as well as their distance from the nearest intersection. Also, please provide volume maps showing the reassignment of vehicles as a result of the modifications to site access, as well as traffic analyses for any new access points and existing access points which will be affected by the campus roadway· improvements.

Response 33: A scaled drawing illustrating the proposed campus roadway improvements and volume maps showing the reassignment of vehicles as a result of the campus roadways was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. A copy of the transmittal memorandums is included in *Appendix B – Correspondence*. A map of these improvements is provided in Figure ES-4 of the *FGEIS*.

No new access points to the site are proposed. The Campus Roadway project as described in the *DGEIS* is the construction of new on-site access and the widening of the existing LIJMC Campus driveway on Lakeville Road from two to three exit lanes

Comment 34: Please have the consultant provide hourly parking accumulation tables showing the number of vehicles entering and exiting under the Existing, No-Build and Build conditions (both weekday and weekend) for the LIJMC parking lots.

Response 34: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009 in response to NYCDOT's information request dated March 25, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 35: Please have the consultant provide an on-street parking survey (the number of legal parking spaces and their utilization within a quarter mile of the site), as per the CEQR Technical Manual

Response 35: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 36: Please have the consultant provide the parking surveys referenced in footnotes 2 and 3 of LIJMC Existing Parking Facility Capacity and Observed Occupancy" (Table 10-6)

Response 36: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 and additional raw data for the visitors parking garage was submitted to NYCDOT by DASNY via a transmittal dated April 3, 2009. A copy of all transmittal memorandums is included in *Appendix B – Correspondence*.

Comment 37: Footnote 1 of Tab1e 10-6 states that LlJMC users previously parking at i-Park now park at the completed Staff Parking Garage; however occupancy rates are not provided for the Staff Parking Garage. Please have the consultant explain where the LIJMC staff is parking under existing conditions, as well as justify the assumption that LIJMC staff does not park in i-Park. The Long Island Jewish Medical Center New Parking Garage Environmental Assessment Statement (EAS-CEQR No.: 03BSA-114Q) states that LIJMC will continue to lease 450 parking spaces at the i-Park facility for LIJ employees. Please note that our office was not involved in the review of the EAS.

Response 37: The Staff Parking Garage was completed and opened for parking in the summer of 2008. Prior to operation of that garage, LIJMC staff parked in on-site at-grade lots leased from i-Park (450 spaces), within the garage now referred to as the Visitors Garage and on the public streets adjacent to the project.

With the completion of the Staff Garage, LIJMC employees were relocated from i-Park and on-street parking to the Staff Garage, thereby reducing employee parking at i-Park. LIJMC continues to lease parking spaces at i-Park for use by construction workers who drive to the site.

Comment 38: Please have the consultant explain how the information in footnote 3 of Table 10-6 was derived (80 percent of on-street parking is related to the project site)

Response 38: At the time of the parking surveys, it was observed that many of the users had an LIJMC identification tag on their vehicles. Additionally, approximately 80-percent of the parking spaces would fill before 8:00 a.m. Since the majority of on-street parking fills and does not turnover throughout the day it was determined that the uses of the on-street parking were destined to the Project Site.

Comment 39: Please have the consultant explain how the existing demand of 2,853 parking spaces associated with LIJ and SCH was determined.

Response 39: Table 10-14 "Future No-Build Parking Facility Capacity and Estimated Occupancy (2011)" provides the capacity, estimated accumulation and percent occupied for the on-site parking lots, garages and on-street parking. The portions of those lots that

are projected to be used by LIJH/SCH parking are 2,853 spaces as referenced on page 10-30. A summary of projected spaces by lot is provided below:

Table VII-2. Parking Demand Calculations

	2007 Existing		2011 No Build		Change from 2004-2011	
	Capacity	Occupied	Capacity	Occupied	Capacity	Occupied
LIJ - Queens						
At Grade[1]	744	744	518	518	-226	-226
Existing (Visitor) Garage[5]	921	755	921	755	0	0
New (Staff) Garage[2]	0	0	1,200	1,046	1,200	1,046
Ronald McDonald	0	0	0	0	0	0
LIJ/Parker/400 Buildings	100	100	100	100	0	0
i-Park[3]	650	520	0	0	-650	-520
On-street[4]	734	734	734	434	0	-300
ON-CAMPUS TOTAL	1,765	1,599	2,739	2,419	974	820
OFF-STREET TOTAL	2,415	2,119	2,739	2,419	324	300
ON-STREET TOTAL	734	734	734	434	0	-300
GRAND TOTAL	3,149	2,853	3,473	**2,853**	324	0

[1] Spaces lost due to construction.
[2] Staff Garage Occupancy calculated from 226 At Grade spots lost due to construction + i.park spots moved to campus + spots expected to move from street to garage. (226+520+300=1046)
[3] i.park staff parking will relocate to new staff garage.
[4] 300 staff currently parking on street expected to move to new staff garage. On street surveys conducted May 2004 and October 2006 for area bounded by Lakeville Rd, 263rd Street, 76th Avenue and Union Turnpike.
[5] Visitor Garage expected to maintain 82% occupancy.

Comment 40: Please have the consultant provide a map showing the location of the off-street parking facilities.

Response 40: The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 41: Please have the consultant provide a safety assessment~ as per the CEQR Technical Manual. A safety assessment is necessary because the LIJMC is a sensitive land use.

Response 41: LIJMC does not generate a large amount of pedestrian or bicycle trips. The Campus Roadway Improvements Project would provide improved vehicular circulation along with improved sidewalks, crosswalks and signage to facilitate safer pedestrian movements within the Project Site.

Accident data for intersections within the study area and Queens County was requested from NYCDOT on April 1, 2009. However, with the exception of the widening of the Lakeville Road Main Entrance, there are no proposed changes to any of the site access points from the adjacent streets. No changes to turning movements are proposed and no significant increases to pedestrian or bike traffic are anticipated within the study area. Therefore, significant impacts to existing motorists and pedestrian safety would not be expected with the Proposed Project

Comment 42: Please have the consultant verify the 2011 Build year. As indicated on pages ES-8 and 17-1, the proposed project will be constructed over a four-year period.

Response 42: The Existing Conditions year has been established as 2007. The proposed Build Year is four years later and established at 2011. Please refer to our response to comment 21.

Comment 43: Page 17-1 states that construction on the SCH building would begin in the third quarter of 2008; however, the DGEIS was issued in first quarter 2009. Please have the consultant update the construction schedule and revise the DGEIS text and analyses accordingly

Response 43: The Schneider Children's Hospital Inpatient Building project would start construction in the first quarter of 2009. The text in the *FGEIS* has been clarified.

Comment 44: Please contact the Nassau County Department of Public Works regarding the proposed signal timing modifications at the intersections of Marcus Avenue and Lakeville Road, and Union Turnpike and Lakeville Road. The traffic signals at both intersections are not under NYCDOT jurisdiction.

Response 44: The Nassau County Department of Public Works was contacted for signal timing information and the information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in *Appendix B – Correspondence*.

Comment 45: Please have the consultant identify the source of the vehicle occupancy factor of 1.2 for construction workers.

Response 45: The 1.2 vehicle occupancy is an estimate developed based on observations made during previous construction projects on the LIJMC Campus and the consideration of the availability of parking provided for construction workers. It should be noted that construction workers do not arrive or depart during the peak traffic hours.

Comment 46: Page ES-48 mentions temporary traffic measures for the maintenance and protection of traffic (MPT) during the construction of two new site sewer connections. Please have the consultant provide the MPT for NYCDOT review and approval.

Response 46: MPT plans for construction within the City right-of-way will be prepared and submitted to NYCDOT for approval as the design progresses.

Comment 47: Page ES-48 states that parking for construction workers would be provided within the project site in either the new staff parking garage or temporary at-grade lots; however, "Parking Conditions During Construction" (Table 17-3) reflects construction workers utilizing the on-street parking. Please have the consultant clarify the discrepancy.

Response 47: LIJMC is currently leasing 250 parking spaces from i-Park for use by construction workers. At-grade parking would also be provided on the Project Site within construction areas wherever possible. The *FGEIS* had been revised to reflect construction workers using the i-Park facility rather then on-street parking or in the staff garage.

Comment 48: Please have the consultant provide the traffic analyses performed for the Site Access Alternative, as well as assignment maps for this alternative.

Response 48: Implementation of the Site Access Alternative would result in a shift of traffic from the Lakeville Road Main Entrance to the new access driveway to Marcus Avenue. Approximately 250 additional vehicles in the a.m. peak hour and an additional 250 vehicles in the p.m. peak hour would be projected to use the Marcus Avenue exit. The assignment map of traffic at the intersection at Marcus Avenue and Lakeville Road as well as the traffic analyses at that intersection was transmitted to NYCDOT by DASNY via a transmittal dated April 3, 2009. Since the alternative was not considered feasible due to property acquisition issues and the loss of on-site parking, further traffic analyses were not performed.

Incorporated Village of Lake Success

The following section responds to the comments regarding Traffic and Transportation made by The Incorporated Village of Lake Success, via their environmental and planning consultant VHB Engineering, Surveying and Landscape Architecture, P.C. ("VHB") via a letter dated March 26, 2009. Copies of the correspondence are included in *Appendix B – Correspondence*.

Comment 49: The scope of the analyses performed in the DGEIS should be expanded to include the Lakeville Road at the Long Island Expressway ("LIE") North and South Service Road intersections.

Response 49: The project study area established for the *DGEIS* and the intersections proposed for analysis were documented in the *Final Scoping Document* in January 2006 and the *Revised Final Scoping Document* issued in April 2008. The intersection of Lakeville Road at the Long Island Expressway ("LIE") was not included therein nor was it requested during the public scoping process. Since the Lakeville Road and LIE intersection is well beyond the established study area, further analysis to include that intersection are not envisioned.

Comment 50: There are differences between the Level of Service ("LOS") presented in the DGEIS and the Cameron report, which was submitted to the Village, for the same intersections. These differences must be reconciled and explained as the impacts of the proposed project, and the cumulative impacts of both projects, may be misstated or underestimated.

Comment 51: The description of the "i-Park development" and the traffic generated by the current proposal needs to be revised to include current information contained in the Cameron report.

Response to Comments 50 and 51: The *Expanded Environmental Assessment for 1111 Marcus Avenue, Lake Success, NY* ("*Cameron Report*") report dated February, 2009 (update to report dated March, 2007), by Cameron Engineering & Associates for Winthrop Management LP and referenced by VHB was reviewed. A comparison of the existing roadway conditions, existing and projected traffic volumes for the respective LIJ Modernization Program and i-Park Redevelopment Projects and Level of Service ("LOS") presented in the *FGEIS* and the *Cameron Report* is provided in Tables VII-3, VII-4, VII-8, VII-9 and VII-10.

Both the *FGEIS* and the *Cameron Report* proposed a Build year of 2011. The *DGEIS* proposed the construction of 135 new beds and 462,100 gsf of medical space. The *Cameron Report* proposes to convert 278,765 gsf of vacant space within Lake Success to be of medical and general office use.

Intersections Analyzed. The following intersections were analyzed in both the *DGEIS* and the *Cameron Report* :

1. Marcus Avenue and Lakeville Road
2. Marcus Avenue and Northern State Parkway ("NSP") Ramps
3. 400 Lakeville Road Driveway and Lakeville Road
4. LIJMC Main Entrance and Lakeville Road

5. Union Turnpike and Lakeville Road

Existing Roadway Conditions. The existing roadway conditions for the intersections listed above are analyzed and documented on pages 2-3, 2-4 and 2-5 in the *Cameron Report* and in Chapter 10 *Traffic and Transportation* of the *FGEIS.* Field conditions were verified by Stantec in March, 2009 to confirm the lane widths and lane groups. Traffic analyses were performed based on the 2009 conditions and the findings of those revised analyses are included in Section III *Updates to Traffic and Transportation* in the *FGEIS.* A comparison of the existing roadway conditions as indicated in the *Cameron Report* and the *FGEIS* are summarized in Table VII-3 and VII-4.

Proposed Roadway Improvements. The *FGEIS* proposes widening the LIJMC Main Entrance Driveway at Lakeville Road to provide two dedicated left turn lanes and one through and right turn lane. This improvement is also cited in the *Cameron Report*. The *Cameron Report* proposes the realignment of the i-Park Driveway on Marcus Avenue towards the west to align with the NSP Entrance Ramps. In consultation with DASNY, the *FGEIS* does not include that improvement since it had not been approved or funded at the time the *FGEIS* was prepared.

Traffic Network Adjustments for the Opening of the LIJMC Staff Garage. When the October, 2006 counts were performed, LIJMC leased 800 parking spaces from i-Park for use as LIJMC staff parking. In the Summer of 2008, LIJMC completed and opened the Staff Parking Garage within the Project Site. The Staff Parking Garage has a capacity of 1,200 self-park spaces, which could be increased to 1,660 spaces through the use of valet services. Therefore, in the Existing, No-Build and Build networks, LIJMC staff that formerly parked at i-Park were redistributed to the Staff Parking Garage by shifting 600 a.m. peak hour trips and 200 p.m. peak hour trips that were previously entering i-Park and rerouting them into the Project Site at the intersection of the LIJMC Main Entrance and Lakeville Road. Additionally, the Emergency Department Expansion and Renovation ("ED"), New Cardiac Care Unit ("CCU"), New Surgical ("SICU") and Cardio-Thoracic Intensive Care Unit ("CTICU") projects, as described in the *DGEIS*, were completed after the October, 2006 counts. The trips generated by these projects, 79 a.m. peak hour trips and 92 p.m. peak hour trips, were also added to the intersection of the LIJMC Main Entrance and Lakeville Road.

Table VII-3. Comparison of Existing Conditions

Analysis Location	Lane Group	Cameron Lane Width	FGEIS Lane Width	EXISTING AM FGEIS Volume (vph)	AM Cameron (vph)	AM Change in Volumes	PM FGEIS Volume (vph)	PM Cameron (vph)	PM Change in Volumes
2 Marcus Ave & Lakeville Rd									
Eastbound	L	10	10	84	69	15	159	145	14
	T	12	12	328	248	80	541	518	23
	R	16	16	138	121	17	197	169	28
Westbound	L	10	10	305	323	-18	409	354	55
	T	12	12	136	113	23	313	277	36
	R	16	16	297	293	4	925	905	20
Northbound	L	10	10	92	75	17	155	99	56
	T	11	11	704	680	24	877	793	84
	R	10	11	597	528	69	525	407	118
Southbound	L	10	10	533	469	64	247	295	-48
	TR	10	14	1,163	1,073	90	1,003	858	145
Intersection				**4,377**	**3,992**	**385**	**5,351**	**4,820**	**531**
3 Marcus Ave & NSP Ramps									
Eastbound	L	10	10	493	2	491	609	481	128.0
	T	10	13	966	940	26	705	498	207.0
Westbound	T	12	12	434	405	29	1,428	1,310	118.0
	R	16	14	46	39	7	366	330	36.0
Southbound	L	12	14	640	716	-76	341	407	-66.0
	R	13	11	303	359	-56	218	311	-93.0
Intersection				**2882**	**2461**	**421**	**3,667**	**3,337**	**330.0**
4 400 Driveway & Lakeville Rd									
Eastbound [1]	LTR	10	18	65	61	4	249	223	26
Westbound	L	11	13	16	9	7	73	31	42
	T	11	14	0	4	-4	8	0	8
	R	11	14	9	16	-7	119	60	59
Northbound	L	10	9	118	122	-4	42	53	-11
	TR	12	10	1,432	1,021	411	1,352	1203	149
Southbound	L	10	13	160	103	57	12	27	-15
	TR	12	14	1,249	1,239	10	1,493	1157	336
Intersection				**3,049**	**2,575**	**474**	**3,348**	**2,754**	**594**
5 LIJ Driveway & Lakeville Rd									
Eastbound	L	11	11	242	157	85	770	366	404
	TR	12	11	86	69	17	284	268	16
Westbound	LTR	11	16	42	61	-19	94	171	-77
Northbound	L	10	11	269	151	118	107	27	80
	T	12	11	1,279	939	340	831	758	73
	R	10	10	34	75	-41	15	38	-23
Southbound	L	10	9	94	121	-27	77	75	2
	T	12	12	654	624	30	1,203	1059	144
	R	12	12	629	444	185	286	178	108
Intersection				**3,329**	**2,641**	**688**	**3,667**	**2,940**	**727**
7 Union Tpke & Lakeville Rd									
Eastbound	L	10	10	411	329	82	213	157	56
	T	10	10	781	585	196	688	535	153
	R	10	8	72	80	-8	113	70	43
Westbound	L	11	10	110	120	-10	322	344	-22
	T	11	11	288	298	-10	724	704	20
	R	10	11	158	166	-8	319	278	41
Northbound	L	10	11	78	77	1	135	96	39
	T	11	11	925	893	32	407	392	15
	R	11	12	378	378	0	247	224	23
Southbound	L	11	11	145	170	-25	307	246	61
	T	13	14	417	409	8	883	835	48
	R	16	16	181	179	2	386	388	-2
Intersection				**3,944**	**3,684**	**260**	**4,744**	**4,269**	**475**

[1]The Eastbound movement at 400 Lakeville Driveway and Lakeville Road is modeled as one Left/Thru/Right (LTR) lane in the *FGEIS* and modeled as 2 lanes as a Left/Thru-or-Right (L/TR) in the *Cameron Report.*

Table VII-4. LOS Comparison for Existing Condition

Analysis Location	Lane Group	AM				PM			
		FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS	FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS
2 Marcus Ave & Lakeville Rd									
Eastbound	L	84	69	D	C	159	145	C	C
	T	328	248	D	D	541	518	D	D
	R	138	121	D	A	197	169	D	B
Westbound	L	305	323	C	C	409	354	C	C
	T	136	113	C	B	313	277	D	C
	R	297	293	C	A	925	905	D	C
Northbound	L	92	75	C	B	155	99	C	C
	T	704	680	D	C	877	793	D	D
	R	597	528	D	B	525	407	C	B
Southbound	L	533	469	F	F	247	295	D	D
	TR	1,163	1,073	C	C	1,003	858	C	C
Intersection		**4,377**	**3,992**	**D**	**C**	**5,351**	**4,820**	**D**	**C**
3 Marcus Ave & NSP Ramps									
Eastbound	L	493	2	B	D	609	481	D	D
	T	966	940	B	B	705	498	A	A
Westbound	T	434	405	B	C	1,428	1310	C	F
	R	46	39	B	B	366	330	B	C
Southbound	L	640	716	C	D	341	407	C	D
	R	303	359	B	A	218	311	C	B
Intersection		**2,882**	**2,461**	**B**	**C**	**3,667**	**3,337**	**C**	**E**
5 LIJ Driveway & Lakeville Rd									
Eastbound	L	242	157	D	D	770	366	F	F
	TR	86	69	D	B	284	268	B	C
Westbound	LTR	42	61	C	C	94	171	B	F
Northbound	L	269	151	A	B	107	27	C	A
	T	1,279	939	B	B	831	758	C	B
	R	34	75	A	A	15	38	B	A
Southbound	L	94	121	B	B	77	75	C	A
	T	654	624	B	B	1,203	1059	D	B
	R	629	444	B	A	286	178	C	A
Intersection		**3,329**	**2,641**	**B**	**B**	**3,667**	**2,940**	**F**	**F**
7 Union Tpke & Lakeville Rd									
Eastbound	L	411	329	D	C	213	157	C	C
	T	781	585	D	D	688	535	D	D
	R	72	80	C	B	113	70	D	B
Westbound	L	110	120	D	C	322	344	E	D
	T	288	298	D	D	724	704	D	D
	R	158	166	D	A	319	278	C	A
Northbound	L	78	77	C	B	135	96	D	C
	T	925	893	D	D	407	392	D	C
	R	378	378	C	C	247	224	D	A
Southbound	L	145	170	C	C	307	246	C	C
	T	417	409	C	C	883	835	D	D
	R	181	179	C	B	386	388	D	B
Intersection		**3,944**	**3,684**	**D**	**C**	**4,744**	**4,269**	**D**	**C**

*Intersection No. 4 at the 400 Driveway and Lakeville Road is not included because LOS data was not provided in the *Cameron Report*.

Existing Conditions Traffic Network Volumes. The Existing Conditions traffic network volumes for the *FGEIS* and the *Cameron Report* for the common intersections are summarized in Table VII-3 and VII-4. The *FGEIS* network is based on October 2006 counts while the *Cameron Report* is based on counts performed in November 2006 at the 15 study intersections defined on *Page 14* and counts performed in September, 2008 which updated the intersection at the Marcus Avenue and Lakeville Road intersection and i-Park's five site driveways. As indicated, the existing a.m. and p.m. traffic volumes at each intersection in the *FGEIS* are slightly higher then those included in the *Cameron Report*.

No-Build Traffic Network. The No-Build traffic network for the *FGEIS* and the *Cameron Report* for the common intersections are summarized in Table VII-8 and VII-9. The *FGEIS* network utilizes a 1-percent background growth from the 2007 Existing Condition to the 2011 No-Build condition plus the full development of i-Park as indicated in Table VII-8 of the *FGEIS* (775 a.m. peak hour trips; 724 p.m. peak hour trips) The *Cameron Report* utilizes a background growth of 0.75-percent from the 2008 Existing Condition to the 2011 Build Condition and also includes three projects on the north side of the LIE North Service Road and West of Community Drive. These projects include: the North Shore Hebrew Academy (262 a.m. peak hour trips; 262 p.m. peak hour trips), Korean Presbyterian Church (30 a.m. peak hour trips, 40 p.m. peak hour trips) and Jain Center (134 a.m. peak hour trips, 0 p.m. peak hour trips). As indicated, the total No-Build traffic volumes at each common intersection in the *FGEIS* are slightly higher than those included in the *Cameron Report* with the exception of the intersection at Marcus Avenue and the NSP Ramps in the a.m. peak period.

Peak Hour Trips Generated by i-Park. The *Cameron Report* projects i-Park trips in the *Existing Site Traffic Generation* section (*Table 2-4: 2008 Observed Site Trips and Trip Rates)* based on the September, 2008 driveway counts and an occupancy of 1,007,709 gsf of i-Park space plus the trips summarized in *Table 4-5: Net New Conversion-Generated Vehicle Trips* from the conversion of 278,765 gsf of vacant space to a mix of medical and general office use.

Table VII-5. *Cameron Report* (Tables 2-4 and 4-5) - Peak-Hour Trips Generated by i-Park

	A.M.. Peak		P.M. Peak	
	Enter	Exit	Enter	Exit
2008 Existing Trips	1,052	320	496	458
New Net Conversion-Generated Vehicle Trips	204	54	129	339
Total	1,256	374	625	1,297

The *FGEIS* includes i-Park trips from the year 2007 Existing Conditions site traffic network (*Table 10-11: Calculation of Trips Generated by i-Park)* assuming a 618,000 gsf occupancy during the October, 2006 traffic counts. New trips were added assuming i-

Park is fully developed as a 760,000 gsf Business Park, 438,000 gsf Medical Use and 102,000 gsf of warehouse. The total trips included from i-Park in the No-Build and Build Conditions traffic network are summarized below:

Table VII-6. *FGEIS* - Peak-Hour Trips Generated by i-Park

	A.M.. Peak		P.M. Peak	
	Enter	Exit	Enter	Exit
2007 Existing Trips	701	146	196	623
New -Generated Vehicle Trips	633	143	181	543
Total	1,334	288	377	1,166

Peak Hour Trips Generated by the Proposed Project – Build Condition. Section III *Updates to Chapter 10 – Traffic and Transportation* projects the trips generated by the Proposed Project based on 135 new beds as summarized below:

Table VII-7. *FGEIS* – Trips Generated by Proposed Project

A.M.. Peak		P.M. Peak	
Enter	Exit	Enter	Exit
181	86	105	204

The *Cameron Report* utilizes the same projected peak hours volumes in their No-Build Condition and Build Condition.

Build Network. The Build traffic network from the *DGEIS* and the *Cameron Report* for the common intersections is summarized in Table VII-8 and VII-10. Traffic at each intersection is slightly higher in the *FGEIS* than the *Cameron Report* with the exception of the intersection at Marcus Avenue and the NSP Ramps in the a.m. peak period.

Table VII-8. Comparison of No-Build and Build Trips for Common Intersections

		NO BUILD						BUILD					
		AM			PM			AM			PM		
Analysis Location	Lane Group	FGEIS Volume (vph)	Cameron (vph)	Change in Volumes	FGEIS Volume (vph)	Cameron (vph)	Change in Volumes	FGEIS Volume (vph)	Cameron (vph)	Change in Volumes	FGEIS Volume (vph)	Cameron (vph)	Change in Volumes
2 Marcus Ave & Lakeville Rd													
Eastbound	L	88	71	17	159	149	10	88	71	17	159	149	10
	T	375	260	115	550	532	18	375	265	110	550	535	15
	R	140	131	9	196	178	18	147	131	16	201	178	23
Westbound	L	310	370	-60	407	383	24	325	375	-50	418	386	32
	T	148	118	30	340	291	49	148	120	28	340	298	42
	R	320	309	11	969	971	-2	320	317	3	969	1015	-46
Northbound	L	95	80	15	153	112	41	98	80	18	163	112	51
	T	744	739	5	923	942	-19	767	751	16	980	1012	-32
	R	619	565	54	520	487	33	638	568	70	555	497	58
Southbound	L	599	496	103	260	308	-48	599	503	96	260	312	-52
	TR	1,233	1,209	24	1,011	932	79	1,280	1,260	20	1,035	965	70
Intersection		**4,671**	**4,348**	**323**	**5,488**	**5,285**	**203**	**4,785**	**4,441**	**344**	**5,630**	**5,459**	**171**
3 Marcus Ave & NSP Ramps													
Eastbound	L	513	480	33	617	535	82	513	482	31	624	545	79
	T	1,005	1,017	-12	724	560	164	1,005	936	69	742	550	192
	TR	---	---	---	---	---	---	---	83	---	---	12	---
Westbound	L	---	---	---	---	---	---	---	23	---	---	14	---
	T	463	447	16	1,497	1422	75	463	436	27	1,506	1280	226
	R	48	48	0	447	378	69	48	39	9	447	277	170
Northbound	L	---	---	---	---	---	---	---	15	---	---	162	---
	T	---	---	---	---	---	---	---	10	---	---	111	---
	TR	---	---	---	---	---	---	---	8	---	---	38	---
Southbound	L	666	795	-129	359	442	-83	666	637	29	359	428	-69
	T	---	---	---	---	---	---	---	174	---	---	24	---
	R	363	397	-34	236	332	-96	363	402	-39	237	335	-98
Intersection		**3,058**	**3,184**	**-126**	**3,880**	**3,669**	**211**	**3,058**	**3,245**	**-187**	**3,915**	**3,776**	**---**
4 400 Driveway & Lakeville Rd													
Eastbound	LTR	65	64	1	249	194	55	65	64	1	249	194	55
Westbound	L	23	12	11	28	47	-19	23	14	9	28	57	-29
	T	0	5	-5	0	2	-2	0	5	-5	0	2	-2
	R	23	28	-5	55	121	-66	23	37	-14	55	175	-120
Northbound	L	118	125	-7	42	18	24	118	125	-7	42	18	24
	TR	1,515	1,114	401	1,347	1396	-49	1,559	1,126	433	1,421	1427	-6
Southbound	L	198	152	46	23	31	-8	198	185	13	23	52	-29
	TR	1,281	1,380	-99	1,488	1298	190	1,350	1,403	-53	1,528	1310	218
Intersection		**3,223**	**2,880**	**343**	**3,232**	**3,107**	**125**	**3,336**	**2,959**	**377**	**3,346**	**3,235**	**111**
5 LIJ Driveway & Lakeville Rd													
Eastbound	L	242	205	37	769	477	292	286	205	81	871	477	394
	TR	86	92	-6	290	325	-35	106	92	14	340	325	15
Westbound	LTR	59	75	-16	159	226	-67	59	81	-22	159	257	-98
Northbound	L	279	216	63	114	63	51	340	216	124	149	63	86
	T	1,362	976	386	811	789	22	1,362	983	379	811	793	18
	R	110	80	30	37	40	-3	110	83	27	37	42	-5
Southbound	L	94	162	-68	77	91	-14	94	185	-91	77	106	-29
	T	683	647	36	1,299	1102	197	683	649	34	1,299	1112	187
	R	639	524	115	305	223	82	708	524	184	345	223	122
Intersection		**3,554**	**2,977**	**577**	**3,861**	**3,336**	**525**	**3,748**	**3,018**	**730**	**4,088**	**3,398**	**690**
7 Union Tpke & Lakeville Rd													
Eastbound	L	469	342	127	226	163	63	469	342	127	226	163	63
	T	839	632	207	697	565	132	839	651	188	697	577	120
	R	74	84	-10	113	73	40	74	84	-10	113	73	40
Westbound	L	113	129	-16	333	377	-44	113	133	-20	333	397	-64
	T	305	316	-11	751	760	-9	305	321	-16	751	790	-39
	R	174	182	-8	317	304	13	183	182	1	332	304	28
Northbound	L	81	80	1	135	100	35	81	80	1	135	100	35
	T	1,020	1,016	4	422	448	-26	1,072	1,025	47	442	454	-12
	R	406	409	-3	251	239	12	406	422	-16	251	247	4
Southbound	L	149	182	-33	305	268	37	154	182	-28	317	268	49
	T	444	454	-10	933	941	-8	458	457	1	966	955	11
	R	149	187	-38	423	408	15	197	187	10	428	408	20
Intersection		**4,223**	**4,013**	**210**	**4,906**	**4,646**	**260**	**4,351**	**4,066**	**285**	**4,991**	**4,736**	**255**

Table VII-9. LOS Comparison for No-Build Conditions

Analysis Location	Lane Group	AM				PM			
		FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS	FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS
2 Marcus Ave & Lakeville Rd									
Eastbound	L	88	71	D	C	159	149	C	C
	T	375	260	D	D	550	532	D	D
	R	140	131	D	A	196	178	D	B
Westbound	L	310	375	C	C	407	383	C	C
	T	148	120	C	B	340	291	D	D
	R	320	317	C	A	969	971	D	C
Northbound	L	95	80	D	B	153	112	C	C
	T	744	751	D	D	923	942	D	D
	R	619	568	D	C	520	487	C	C
Southbound	L	599	503	F	F	260	308	D	E
	TR	1,233	1,260	D	D	1,011	932	D	C
Intersection		**4,671**	**4,436**	**E**	**D**	**5,488**	**5,285**	**D**	**D**
3 Marcus Ave & NSP Ramps									
Eastbound	L	513	480	B	D	617	535	B	D
	T	1,005	1,017	B	B	724	560	A	A
Westbound	T	463	447	C	C	1,497	1422	D	F
	R	48	48	B	B	447	378	B	C
Southbound	L	666	795	C	D	359	442	C	D
	R	363	397	B	A	236	332	B	B
Intersection		**3,058**	**3,184**	**B**	**C**	**3,880**	**3,669**	**C**	**F**
5 LIJ Driveway & Lakeville Rd									
Eastbound	L	242	205	D	D	769	477	D	F
	TR	86	92	D	C	290	325	F	F
Westbound	LTR	59	81	D	B	159	226	F	F
Northbound	L	279	216	A	C	114	63	C	A
	T	1,362	983	B	B	811	789	C	B
	R	110	83	A	B	37	40	B	A
Southbound	L	94	185	B	B	77	91	B	A
	T	683	649	C	B	1,299	1,102	E	B
	R	639	524	C	A	305	223	C	A
Intersection		**3,554**	**3,018**	**C**	**B**	**3,861**	**3,336**	**D**	**F**
7 Union Tpke & Lakeville Rd									
Eastbound	L	469	342	D	C	226	163	D	C
	T	839	651	D	D	697	565	D	D
	R	74	84	C	B	113	73	D	B
Westbound	L	113	133	D	C	333	377	E	D
	T	305	321	D	D	751	760	D	D
	R	174	182	D	B	317	304	D	A
Northbound	L	81	80	C	B	135	100	D	C
	T	1,020	1,025	D	F	422	448	D	D
	R	406	422	C	C	251	239	D	A
Southbound	L	149	182	C	D	305	268	D	D
	T	444	457	C	C	933	941	D	D
	R	149	187	C	B	423	408	D	B
Intersection		**4,223**	**4,066**	**D**	**D**	**4,906**	**4,646**	**D**	**D**

*Intersection No. 4 at the 400 Driveway and Lakeville Road is not included because LOS data was not provided in the *Cameron Report*.

Table VII-10. LOS Comparison for Build Conditions

Analysis Location	Lane Group	AM				PM			
		FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS	FGEIS Volume (vph)	Cameron (vph)	FGEIS LOS	Cameron LOS
2 Marcus Ave & Lakeville Rd									
Eastbound	L	88	71	C	C	159	149	C	C
	T	375	265	E	D	550	535	D	D
	R	147	131	C	B	201	178	C	B
Westbound	L	325	375	C	D	418	386	C	C
	T	148	120	C	C	340	298	D	D
	R	320	317	A	A	969	1015	B	D
Northbound	L	98	80	D	C	163	112	D	C
	T	767	751	D	D	980	1012	E	E
	R	638	568	D	D	555	497	D	C
Southbound	L	599	503	F	D	260	312	E	E
	TR	1,280	1,260	D	C	1,035	965	D	C
Intersection		**4,785**	**4,441**	**E**	**D**	**5,630**	**5,459**	**D**	**D**
3 Marcus Ave & NSP Ramps									
Eastbound	L	519	482	B	D	624	545	D	D
	T	1,018	936	B	B	742	550	A	A
	R	---	83	---	A	---	12	---	A
Westbound	L	---	23	---	C	---	14	---	C
	T	472	436	C	D	1,506	1280	D	F
	R	48	39	A	C	447	277	A	A
Northbound	L	---	15	---	D	---	162	---	E
	TR	---	18	---	C	---	38	---	D
Southbound	L	666	811	C	D	359	428	C	D
	R	237	402	A	A	237	335	B	B
Intersection		**2,960**	**3,245**	**B**	**C**	**3,915**	**3,641**	**C**	**F**
5 LIJ Driveway & Lakeville Rd									
Eastbound	L	286	205	D	D	871	477	D	F
	TR	106	92	B	B	340	325	B	D
Westbound	LTR	59	81	B	B	159	257	C	E
Northbound	L	340	216	E	A	149	63	F	C
	T	1,362	983	D	B	811	793	D	C
	R	110	83	A	A	37	42	A	B
Southbound	L	94	185	C	B	77	106	B	D
	T	683	649	C	A	1,299	1112	D	D
	R	708	524	E	A	345	223	A	B
Intersection		**3,748**	**3,018**	**D**	**B**	**4,088**	**3,398**	**D**	**E**
7 Union Tpke & Lakeville Rd									
Eastbound	L	469	342	E	D	226	163	D	C
	T	839	651	D	D	697	577	E	D
	R	74	84	B	B	113	73	B	B
Westbound	L	113	133	C	C	333	397	E	D
	T	305	321	D	D	751	790	D	B
	R	183	182	A	B	332	304	B	A
Northbound	L	81	80	C	B	135	100	D	D
	T	1,072	1,025	E	E	442	454	E	D
	R	406	422	C	C	251	247	A	B
Southbound	L	154	182	D	D	317	268	D	C
	T	458	457	C	C	966	955	E	C
	R	197	187	A	B	428	408	C	B
Intersection		**4,351**	**4,066**	**D**	**D**	**4,991**	**4,736**	**D**	**C**

Based on the aforementioned summaries, we have concluded that the traffic analyses presented in the *FGEIS* is more conservative than that included in the Cameron Report. Therefore, the cumulative impacts of the projects are not underestimated and revised analyses are not warranted.

Comment 52: *The trip generation estimates for the proposed LIJ Modernization Plan rely on data collected at the existing facility, which is a commonly accepted practice. The traffic generation was computed on a per bed trip rate, based on a total of 606 beds. However, it is unknown if at the time of the data collection, all of the beds were occupied. This needs to be thoroughly explained and documented, and as necessary, appropriate adjustments must be made to the analyses.*

Response 52: Although precise occupancy data is not available for the October 2006 period, the NSLIJ Health System representatives confirmed that the occupancy rate for the 606 beds exceeded 90-percent at that time based on available record data. In addition, when compared to ITE trip generation rates, the counted trips exceeded those calculated using the ITE trip generation rates, therefore yielding more conservative traffic generation estimates that are appropriate for estimating new trips generated by the Proposed Project. A comparison of the collected and ITE rates is provided below:

Table VII-11.Trip Generation Rates Comparison

Trip Generation Rates	A.M.. Peak			P.M. Peak		
	Total	Inbound	Outbound	Total	Inbound	Outbound
ITE Average Rate (trips/bed)	1.13	0.79	0.34	1.30	0.47	0.83
FGEIS Average Rate (trips/bed)	1.98	1.34	0.64	2.29	0.78	1.51

The more conservative trip generation rate, which was based on the October 2006 field counts, was used for analysis purposes.

Comment 53: *The DGEIS concludes that 96% of the 5,052 available off-street parking spaces will be occupied. As indicated above, it is unknown if all of the 606 beds were occupied at the time of the data collection. This information could affect the accuracy of the conclusions that are based on the parking occupancy study, especially as it relates to parking impacts to the property at 1111 Marcus Avenue. This situation needs to be addressed.*

Response 53: The parking analyses included in the *FGEIS* and *DGEIS* for the No-Build and Build condition provides for parking of LIJMC staff and users of the on-site and on-street parking in adjacent City streets south of the Project Site. As indicated in the response to comment 52, NSLIJ Health System representatives confirmed that the occupancy rate for the 606 beds exceeded 90-percent at that time based on available

record data. Permanent parking of LIJMC users at 1111 Marcus Avenue is not anticipated.

Infrastructure

Comment 1: There are no data to support the estimate that the proposed action would result in an additional 100,000 gallons per day of water usage and sanitary sewage generation. On page 13-3 of the DGEIS, there is reference to a "Master Drainage Plan SCQ 050/03," however, this document is not included in the DGEIS (it was not in the copy provided to the Village). (TE – Lake Success)

Response 1: All water supply, sanitary and stormwater service connections would be sourced from the New York City Department of Environmental Protection ("NYCDEP"). No water supplies sourced from Nassau County or Lake Success would be utilized.

As discussed in Chapter 13 *Infrastructure* of the *DGEIS*, The NYCDEP regulates the discharge of sanitary sewage into the City sewer system in accordance with the *Rules and Regulations Governing the Construction of Private Drains and Sewers.*[36] LIJMC has already received approval for sanitary discharges for the Project Site under *Master Drainage Plan SCQ 050/03*.[37] As all elements of the Proposed Project are required to conform to this approved drainage plan, the actual calculations included on the approved drainage plan are used to estimate the future water use and sanitary and stormwater discharges. As 100,000 gallons per day of sanitary sewage generation is anticipated, 100,000 gallons per day of water usage is anticipated.

Comment 2: On page 13-2 of the DGEIS, under the "Water Supply" subsection, it states, "actual water usage at the Project Site for the year from August 2007 to August 2008 totaled approximately...178,000 gallons per day (gpd)." However, on the same page, under the "Sanitary Sewage" subsection, it states, "based on the estimated water usage, the estimated average sanitary sewage generated by the Project Site is approximately 178,000-gpd..." Is the 178,000 gpd volume provided an estimate or is it based on actual water usage data (e.g., water bills)? (TE – Lake Success)

Response 2: The existing water supply volumes provided in the *DGEIS* are based on actual meter readings. As sanitary discharge volume is not monitored or metered, the volume was estimated based on the water supply usage.

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[36] New York City Department of Environmental Protection. *Rules Governing the Design and Construction of Private Sewers or Private Drains*, April 13, 1999.

[37] Vollmer & Associates, LLP. *SCQ-05/03 (Master Plan) Long Island Jewish Medical Center – Borough of Queens.* Approved by NYCDEP on September 10, 2003.

Construction Impacts

Comment 1: Page 17-1 states that construction on the SCH building would begin in the third quarter of 2008; however, the DGEIS was issued in first quarter 2009. Please have the consultant update the construction schedule and revise the DGEIS text and analyses accordingly. (MS – NYCDOT)

Response 1: The Schneider Children's Hospital Inpatient Building project would start construction in the first half of 2009. The text in the *FGEIS* has been clarified.

Comment 2: Page ES-48 states that parking for construction workers would be provided within the project site in either the new staff parking garage or temporary at-grade lots; however, "Parking Conditions During Construction" (Table 17-3) reflects construction workers utilizing the on-street parking. Please have the consultant clarify the discrepancy. (MS – NYCDOT)

Response 2: Please refer to our response to comment 47 under *Traffic and Transportation.*

Appendix A: Transcript of Public Hearing on March 16, 2009

DORMITORY AUTHORITY

OF THE STATE OF NEW YORK

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DRAFT GENERIC ENVIRONMENTAL IMPACT STATEMENT

PUBLIC SCOPING SESSION

RE: Long Island Jewish Medical Center

Modernization Project

Long Island Jewish

Medical Center

The Phyllis & Joseph

Gurwin Teaching Center

270-05 76th Avenue

New Hyde Park, New York

March 16, 2009

6:18 p.m.

B e f o r e:

MATTHEW A. STANLEY -

Senior Environmental Manager,

THE MODERATOR

A P P E A R A N C E S:

Matthew A. Stanley -
The Dormitory Authority State of New York -
Senior Environmental Manager

Martin S. Baker, Esq. -
Salans, Attorneys at law

Bernard Dubin
Vice President of Project Management -
North Shore Long Island Jewish Health System

Brian T. O'Donnell
Stantec

ALSO PRESENT:

The Public

Marc Russo
Reporter

I N D E X O F S P E A K E R S

P R O C E E D I N G S

THE MODERATOR: Good evening.

On behalf of the Dormitory Authority of the State of New York or DASNY, I would like to welcome you to this evening's State Environmental Quality Review public hearing for The North Shore-Long Island Jewish Health System Long Island Jewish Medical Center Modernization Program Draft Generic Environmental Impact Statement.

My name is Matthew Stanley and I am a Senior Environmental Manager with the Office of Environmental Affairs for the Dormitory Authority. I will be the moderator for this evening's public hearing.

The purpose of tonight's hearing is to allow all involved agencies and interested parties an opportunity to comment on the Draft GEIS. Written comments on the Draft GEIS will be accepted until March 27, 2009. Written comments may be sent to me at the following address: Matthew Stanley, Office of Environmental Affairs, Dormitory Authority of the State of New York One Penn Plaza, 52nd floor, New York, New York

10119. In addition, there is a comment sheet available here tonight for your use in submitting written comments. You can take the comment sheet home, you can fill it out and then send it to me. My address is at the bottom. Or, if you choose, you can fill it out tonight and then just hand it to me before the evening is through.

Please be sure to write your name on the sheet.

Written comments may also be sent via e-mail to me at the following e-mail address: It's mstanley@dasny.org. That's my first initial and last name, mstanley@dasny.org.

My name and address are on the cover of the Draft Generic Environmental Impact Statement, as well as on the Notice of Completion which is also available here tonight.

After the close of the public comment period on the Draft GEIS, the Dormitory Authority will address all relevant comments in Final Generic Environmental Impact Statement that will be distributed to all involved agencies and interested parties.

If you would like to receive a

copy of the Final GEIS, you may sign up tonight on our mailing which is right by the door. You will also receive any future mailings concerning the environmental review of the project.

You can also contact me directly. Like I said, my contact information is on the notice of completion on the EIS.

Now subsequent to the completion of that Final GEIS, the Dormitory Authority will issue a Statement of Findings. This document will describe the basis of the Dormitory Authority's decision on whether or not to approve the financing of the proposed project. The Findings Statement will be distributed to all persons and agencies on the list.

It's anticipated that this Findings Statement will be issued in April as well. And the issuance of the Findings Statement would signal the completion of the environmental review process for the proposed project.

Now the agenda for tonight's public hearing will include introductory remarks about the Dormitory Authority, the proposed project and the State Environmental Quality Review or SEQR

process for this project. We will also hear a discussion of the proposed project by a representative of the North Shore-Long Island Jewish Health System, and a summary of the Draft GEIS.

And then finally, we will open the floor for public comments.

Now, for those of you not familiar with the Dormitory Authority, I would like to offer the following background comments:

My agency is a public-benefit corporation of the State of New York established in 1944 to finance and construct dormitories at the State teachers' colleges for World War II veterans attending college on the G.I. Bill. Those teachers' colleges were the forerunner of the present day State University of New York.

Now, the Dormitory Authority's scope has continued to grow over the years to include governmental agencies and certain nonprofit, public-purpose organizations. The Authority's commitment to these nonprofit institutions has helped fund the creation and improvement of hospitals, laboratories, research

centers, health clinics, nursing homes, colleges, universities, courthouses, athletic facilities, museums and libraries all around the state. Today we are the State's principal health and education finance and construction agency providing financing and construction services to both private not-for-profit corporations and governmental entities.

Currently, the Dormitory Authority has an outstanding bond portfolio of more than $37 billion. In 2008, when we issued $6.8 million -- excuse me, $6.8 billion in bonds, we ranked as the No. 2 issuer of municipal bonds in the country behind only the State of California.

The Dormitory Authority has a pipeline of approximately 724 projects in planning, design or construction worth about $7.5 billion.

Specific to the proposed project, the Dormitory Authority has received a funding request from the North Shore-Long Island Jewish Health System for its Long Island Jewish Medical Center Modernization Program which would involve a variety of institution-wide construction, relocation, renovation and equipment purchase

projects.

For the purposes of State Environmental Quality Review, the proposed action would consist of DASNY's authorization of the issuance of tax-exempt bonds pursuant to DASNY's Hospital Program on behalf of North Shore LIJ. The proceeds of this bond issuance would finance or refinance the projects that are described in the Draft GEIS.

The proposed Modernization Program is a multi-year effort to upgrade, renovate and expand many of the medical services provided here on the LIJ campus. The Modernization Program would include the construction of the following:

The Schneider Children's Hospital Inpatient Building which would add approximately 50 new beds;

The Women's Hospital which would add approximately 72 new beds;

The Zucker Hillside Inpatient Psychiatric Facility which would add approximately 13 new beds;

The Campus Utility Improvements which are a continuation of an ongoing program for

replacing degraded utilities within the project site; and

Finally, the Campus Roadway Improvements, a continuation of an ongoing program for providing enhanced vehicular access throughout the hospital campus.

The proposed project would add approximately 135 total beds to the project site thereby increasing the total number of New York State Department of Health-approved beds from 869 to 1004.

Now here is a summary of environmental review activities that have taken place to date.

On September 25, 2005, North Shore LIJ submitted an Environmental Assessment form to the Dormitory Authority which formally commenced the SEQR process. The Dormitory Authority issued a lead agency request letter on September 27, 2005. The letter indicated the Dormitory Authority had made a preliminary determination that the proposed project was a Type I action under SEQR and proposed to designate itself as lead agency and conduct a coordinated review.

There being no objections, the Dormitory Authority assumed the lead agency role on October 27, 2005.

On that date, the Dormitory Authority issued a positive Declaration, Notice Of Intent To Prepare a Draft Environmental Impact Statement. This notice was published in the New York State Department of Environmental Conservation's Environmental Notice Bulletin of November 2, 2005. And it was also published -- excuse me, the notice of public scoping meeting was published in the October 27, 2005 edition of The New York Post.

A public scoping meeting was held hear at LIJ on November 17, 2005 and a final scoping document was distributed in January 2006.

Over the ensuing two years, LIJ elected to proceed with certain elements of the Modernization Program individually rather than collectively, specifically the following projects:

The Emergency Department Expansion and Renovation;

The New Cardiac Care Unit;

The New Surgical and

Cardio-Thoracic Intensive Care Unit projects.

These projects, advanced by LIJ as part of the DASNY-financed North Shore Long Island Jewish Health System 2007 Financing Project, were the subject of a DASNY SEQR Negative Declaration on April 23, 2007.

Construction of these projects was completed in 2007.

A revised Final scoping document for the Modernization Program was issued on April 28, 2008 due to the passage of time and changes made to the Modernization Program.

DASNY issued a combined Notice of Completion of Draft Generic Environmental Impact Statement and Notice of Public Hearing on February 24th of this year. The notices were published in the February 27th edition of The New York Post and the March 4th edition of the Environmental Conservation's Environmental Notice Bulletin.

The combined notices and copies of the Draft GEIS were sent to the involved agencies, interested parties and members of the public on DASNY's mailing list for the proposed project.

The Generic Environmental Impact

Statement is also posted on the website of LIJ as well as the Dormitory Authority.

The notice of public hearing indicated that a public hearing would be held today, March 16, 2009 here at Long Island Jewish Medical Center, and that written comments would be accepted for a period of ten days following the date of the hearing.

Now, subsequent to the issuance of the revised final scoping document, the Dormitory Authority, North Shore LIJ and its consultants began to prepare the Draft Generic Environmental Impact Statement.

The proposed project, via the GEIS, was reviewed pursuant to the State Environmental Quality Review Act, Article 8 of the Environmental Conservation Law and its implementing regulations which are collectively referred to as: SEQR," or the "SEQR process."

The environmental review followed SEQR and the City Environmental Quality Review Technical Manual generally was used as a guide with respect to environmental analysis methodologies and impact criteria for evaluating the proposed project

in the document, unless stated otherwise.

Now during the preparation of Draft GEIS, the Dormitory Authority, North Shore-LIJ, and its consultants engaged in discussions, meetings and correspondence with representatives of various, state local and federal agencies in an effort to ensure that the document adequately disclosed and evaluated the potentially significant environmental effects of the proposed project.

Included among these agencies were:

The New York City Departments of City Planning, Transportation, and Environmental Protection;

The New York City Landmarks Preservation Commission;

The New York State Office of Parks, Recreation, and Historic Preservation;

The United States Environmental Protection Agency; and

The United States Fish and Wildlife Service.

Among the potentially-significant

environmental impact issues evaluated in the Draft GEIS were: Construction Impacts, Noise, Air Quality, Traffic and Transportation, Archaeological and Historic Resources, Open Space and Recreation Facilities, and Urban Design and Visual Resources.

At this time I'd like to introduce Bernie Dubin of the North Shore-Long Island Jewish Health System, who will describe the proposed project in greater detail.

MR. BERNIE DUBIN: Thank you, Matt.

This is a presentation that most of you have seen before. It's really just a refresher on what it is that we are putting into this Environmental Impact Statement. Basically the projects, as Matt mentioned, include the Schneider Children's Hospital Inpatient building which will have 50 new beds;

The Women's Hospital which will add 72 new beds to the campus;

The Inpatient Psychiatric Facility; it's up at Hillside Hospital which will add thirteen beds;

The Utility and Roadway

Improvements that Matt described.

This is the map of the campus. Matt mentioned that we recently completed the emergency department addition. And these are the other projects that you've seen before.

Going around the campus -- see if I can get this to work -- we have the proposed hillside, Zucker Hillside Inpatient Building, the parking garage, which was recently completed. Just completed is the NICU and virtually completed is the atrium inside of the Schneider Children's Hospital.

This is the Schneider Inpatient Building addition. We have a interim, as highlighted here, our interim LIJ entrance that you folks came in.

This is the footprint of the new Women's Hospital in front which is currently under construction.

And recently competed, the Hearing and Speech Project by Lakeville Road.

This is an orientation of the whole campus and work that was proposed or have recently been completed.

Women's Hospital, this is a rendering. This is a rendering that everyone has seen before. This is an eight-story building. It will provide a new LIJ entrance, a separate lobby for the Women's Hospital but they'll be connected in between.

What this will do is provide much needed all private rooms for the women's program. And we will be able to, as a result, decompress our four bedded rooms which are really well behind the current state-of-the-art.

The Women's Hospital will have 76 all private rooms with provisions in each room for family members, partners to participate in the event.

We'll have antipardum testing for moms; a dedicated labor and delivery floor with state-of-the-art labor and delivery rooms with a, also with a neonatal stabilization unit right in the OR suite so that if there's an emergent situation for the babies that are right there and there will be dedicated neonatal to take care of the baby. And that OR suite connects to our state-of-the-art, recently-expanded neonatal

intensive care unit.

And the building will also consist of two medical/surgical nonobstetric beds on the top two floors. And, again, those are all private rooms. And that will provide the opportunity to decompress our four bedded rooms in the existing building.

The Schneider Children's Hospital, the proposed building, is the new inpatient building which will add approximately 50 beds to the Schneider Children's Campus. We just recently completed the NICU expansion. That was a 24-bed expansion to provide state-of-the-art care for intensive care for neonatal infants.

We just recently completed the atrium enclosure and will be opening that in hopefully in April when we have final approval from the Department of Health. And that will provide space for the kids basically a more comfortable environment for the children.

And we are currently under construction with a hematology oncology unit expansion. And those are the major activities on the Schneider Children's Hospital. But the project

that is in this package is the inpatient expansion.

This is a view from the front entrance. I think most of you have seen this. But this is the new building. This is the existing building.

This is another view that the building also will provide a dedicated, state-of-the-art emergency department for children on the ground floor with space for ambulance entrance, triage area. And it will be just for children so they won't have the emergency department with adults. So this will provide really truly state-of-the-art care for children.

Four patient floors, a family center design. Parents will be encouraged to stay with their children in all private rooms. And as I mentioned, the emergency department, pediatric intensive care with 25 private rooms and have a medical surgical floor also with 25 private rooms. And, again, all centered around encouraging the family to participate in the care of the child.

The Hillside Inpatient Building is a two-story complex to reflect what we consider state-of-the-art design for psychiatric care.

Essentially the building will be 108 beds. It will replace the cottages that are now about sixty years old and in desperate need of replacement. It will provide beds for geriatric patients and separate units, an a NICU unit, also separate, and a 36-bed adult unit, and, again, what we consider state-of-the-art care in an appropriate environment for a psychiatrist inpatient building.

And these are some views. And again, these are renderings that you've seen before. This is essentially the same project that you've seen in my presentation many times before.

Okay. That is that. I'd like to introduce Brian O'Donnell from Stantec who will talk about the EIS.

MR. BRIAN O'DONNELL: Thank you, Bernie.

All of the projects that Bernie and Matt have mentioned will be done in 2011. And therefore, for the GEIS, we established the year 2011 as being our Build Year which is the point which, at which all the projects are completely constructed.

We've identified, at that Build

Year, two different site plans. The upper graphic is the No Build Condition which is the conditions that exist today with the superimposing the NICU project that Bernie mentioned on it, a small addition to the Hearing and Speech Building, as well as continued development of the i-Park project on the far side of Lakeville Road.

We then also analyzed the Build Condition which is the No Build Condition plus our project. The buildings that are shown in brown on the graphic are the three projects that Bernie -- the three buildings that Bernie just mentioned. And the area that's highlighted in blue on the bottom graphic is the footprint of both the roadway and campus utility projects that will also be constructed under the Build Conditions.

There are numerous technical analyses that were done through the GEIS. Just quickly to read them:

Land use;

Zoning;

Public policy;

Neighborhood character;

Open space and recreation

facilities;

Community facilities;

Archeological, historic resources;

Socioeconomic conditions;

Urban design and visual resources;

Natural resources;

Traffic and transportation;

Air quality;

Noise quality;

Infrastructure;

Municipal solid waste;

Energy;

Communication facilities;

Hazardous waste;

Contaminated materials;

Construction impacts; and

Public health.

We've highlighted traffic and transportation because we want to give you a brief overview of that particular section. It's an important section in the EIS and one section that we do have the potential for impact as a result of the project.

We've highlighted construction

impacts because although we don't think we have an impact based on our construction approach, it is an area that we've received questions on. We'd just like to tell you our rationale relating to that.

Each of the technical study areas that I mentioned has a primary and secondary study area associated with it. The primary study area is 400 feet from the project where the green line is indicated on these graphics.

The secondary study area, it's been either a quarter-mile or a half-mile from the site which is the blue or the yellow lines. And the limits of the secondary study area are dependent upon the topic that's being addressed in the technical study.

Matt had mentioned that we did have correspondence with varying agencies throughout the process. And the three areas noted in red on the right side of the slide, open space, recreation facilities, archeological historic resources, the natural resources, we have received documentation back from the agency, from each respective agency indicating that they concur that the project does not have a significant impact.

Traffic and transportation. This slide has a lot of information on it so let me just give you a quick overview.

The yellow area, the yellow outline is the outline of the area we studied for traffic purposes in the EIS. The intersections highlighted with either a red or a blue dot are the intersections that we studied. And they generally include intersections along 76th Avenue, Union Turnpike, Lakeville Road and Marcus Avenue, these streets that bound the site.

On the right, on the top chart is peak hour traffic that will be generated by the project. In the AM peak hour, which is the peak hour of the adjacent streets which has been established to be 8 and 9:00, we anticipate that the project will generate 267 additional trips during that hour.

In the afternoon peak hour, again, 4:30 to 5:30 peak at the adjacent streets, we project the project will generate 309 trips. We use that information to go back and determine the impact of the project through a process that's called traffic modeling or development capacity

analysis.

Each of the areas that are identified by a blue dot are an intersection that when we analyzed that did not have a significant impact as a result of the additional traffic generated by the project. The three red dots are areas that we have identified impacts that either will remain as a result of the project or areas that we felt we could improve to minor signal timing changes.

The lower tables are the parking summary for the project. Currently on the campus, if the demand on the campus is a result of the No Build Project, there's 4,241 spaces allocated to the project.

With the new project we are projecting the need for an additional 628 parking spaces for a total of 4,869 total spaces. At the year 2011, our Build Scenario, we will have the capability of having 5,052 spaces on the campus.

I'd like to mention that the total number there is based on the ability to have valet parking in both the visitors garage as well as the employee parking garage. So that's not a condition

that exists today but we do have the permits in place to valet those garages if necessary as the demand increases.

So we feel that we have adequate spaces on site and the 92 percent is the amount of, the percentage of spaces that we would utilize with the existing conditions plus our proposed project.

There's one other thing I'd like to note, and that's between these two blue dots along 76th Avenue, one dot is the entrance to 271st Street to the hospital. The second blue dot is the entrance of the Schneider Children's Hospital driveway.

On the north side of 76th Avenue we would like to eliminate curbside parking between those two driveway entrances. We feel that will be an improvement, it will improve sight distance in and out of the driveways and improve traffic conditions along 76th Avenue. So that is part of our proposed project.

A VOICE: Will that be 24-hour elimination or just during the peak hours?

MR. BRIAN O'DONNELL: Yes, 24 hour.

This slide shows the relationship of AM and PM peak hour traffic analyses and the level of service that we anticipate at the intersection during the peak hours that we analyzed.

Let me just give you a quick overview of the information.

The chart on the top is color-coded by level of service. I'm sorry, the green symbol indicates that it's level service C or better as a result of the analysis. C or better is typically good conditions, stable flow through the intersection, free flow and not substantial delays.

The yellow dot is level of service B or better; typically, more congested than level service C but the intersection is operating still within the overall capacity of what it could process during a particular peak hour.

Level service E and F's are congested intersections, traffic delays exceed fifty seconds and therefore a motorist would be delayed over and above fifty or sixty seconds.

The octagon shape is AM peak hour, PM peak hour. As you can see, with the exception of

the intersection of Marcus Avenue and Lakeville Road which is on the top part of your screen here, all the intersections we analyzed, which are signalized intersections, all function as an intersection level of service as D or better with the proposed project.

In addition to overall level of service, we evaluated the approaches into each intersection separately to determine if we were exceeding delay criteria. We felt it would be an impact on an increase in the delay at an approach to an intersection of five seconds or more.

We had two such cases, Marcus Avenue and Lakeville Road which is on the top of your screen over here as well as Lakeville Road with Union Turnpike which is at the bottom of your screen.

Both approaches were on the southbound direction, one in the morning peak hour and one in the afternoon peak hour. With the project, both exceeded the five-second delay that we have identified as a significant impact and therefore we established the results of the Build in these categories.

What we did however, is we worked with the signal timing and through mitigating the signal timing, we could improve the delay back down towards where the No Build delay was and therefore we didn't have a significant impact at those intersections.

There was however, one intersection that we've identified as an unavoidable impact and that's the intersection of Marcus Avenue with Lakeville Road also at the top of your screen.

That intersection is stop-sign controlled. It's the exit from the 400 building driveway to Marcus Avenue. And it's currently operating at level service F. There's little we can do to improve that intersection because the overlying problem is that the intersection downstream, which is the one I just described, Marcus and Lakeville, is operating poorly. The queues backup into -- across that driveway and vehicles can't get out.

So that's an unavoidable impact that is a result of adding the additional project and generated traffic.

As I mentioned, we've received some questions and comments about our construction approach. And for analysis purposes, again, we established a peak year of 2009 for the construction impact section. That would be the period when all three buildings shown in the colors at the top exhibit, would be under construction.

The roadway, the campus roadways to the campus infrastructure would be under construction which is basically the area encompassing this whole, these three shaded colors.

During that period we are projecting 250 construction workers will be present daily on the site. We are projecting we would require 188 parking spaces for those construction workers, lower than the total number because not everybody is going to drive. Some will car pool. Some may use mass transit.

And we're projecting ten truck trips into the site via Lakeville Road during the peak hour. That's not the peak hour of construction. That's the peak hour of the adjacent -- traffic peak hour of the adjacent streets described earlier.

Two observations: All of the construction is planned to occur within the project site itself and within the limits identified in these areas. We do not propose any offsite detours as a result the construction within our property. We do not propose any off site staging of construction materials such as using 76th Avenue for construction staging. We're not proposing anything like that.

And we think the offsite impacts on the adjacent streets would be minimized to periods when we were doing possibly some street reconstruction, driveway improvements and/or utility connections from the site to those adjacent streets. Those durations should be minimal and during off peak hours and not have a significant impact on traffic.

With that, I'd like to turn it back to Matt who will take questions and comments.

THE MODERATOR: Thank you, Brian.

At this time I would like to commence the public comment session of the meeting.

The procedure will be as follows: Typically we defer to any elected officials who

come to our hearings. In deference to their busy schedules, will allow them to speak first and then to be followed by members of the public.

So I first would like to ask if there are any elected officials here tonight who would like to speak? I didn't see any signed up but if there are any elected officials, please let me know now.

A VOICE: What if they're candidates, candidates for elected positions?

THE MODERATOR: Are there?

A VOICE: I know at least one person.

THE MODERATOR: Okay. Did they sign up? Who is that candidate?

MR. BOB FRIEDRICH: That's me. I'm signed up.

THE MODERATOR: I did see you.

MR. BOB FRIEDRICH: I'll go in order. I'm here.

THE MODERATOR: All right. Speakers will be given three minutes to make their comments. Before you begin your comments, please identify yourself and clearly spell your name and

also indicate your affiliation, if any. If there's a group that you're representing, please let the court reporter know.

And also as I mentioned earlier, we do accept written comments. Written comments are, of course, given the same weight as spoken comments. So if you're a little bit shy, please, we do consider your comments in writing.

I see the first person signed up to speak this evening is Michael Castellano.

MR. MICHAEL CASTELLANO: Good evening, everyone.

My name is Michael Castellano, C-a-s-t-e-l-l-a-no.

I'm a long time resident of this community. I've been living here 32 years. I'm a community leader. And I live just two blocks south of Long Island Jewish Hospital.

I want to thank you for the opportunity to speak here today.

As a 32-year resident I have come to see the Long Island Jewish Hospital grow to better serve our community and I do welcome the good that they do for our community.

I have been working with the administration of LIJ for quite a few years with a lot of the projects that are up and coming. And I welcome that relationship that we have established. The fear that a lot of our residents have expressed to me is with this construction. There's going to be a lot of construction vehicles coming through our very narrow streets.

We have been told that there will be signage put up along Union Turnpike to direct the trucks to the proper entrance to the hospital. As of yet I haven't seen any signs come up, but yet I notice that there is a big crane in place so we're a little concerned about that.

Our streets are narrow. Any truck loaded down with steel, concrete that comes through any of our streets, we do not have permanent roadways, we run the risk of having our water and sewer mains broken. Unless that truck gets stuck in a hole in front of that house, it's going to be very hard to prove who broke that and the homeowner is going to be liable for any repairs. So we have a concern there.

Plus, 270th Street is an ambulance

route as well as 271st Street. I'd hate to see an 18-wheeler come down 270th Street, try to reach the end, not be able to make a turn and now there's an ambulance stuck behind it and someone has a problem because they couldn't get to the emergency.

We have been told that the GPS system has been altered to direct the trucks to the correct location. Today I went on my GPS and I noticed there were two locations for Long Island Jewish. Now, if a construction truck driver doesn't know that the ER stands for emergency room and he says, oh, Long Island Jewish, presses that, it's going to take him down 271st Street. That's a problem.

So we certainly can't change the GPS locations for ambulances but if they do happen to see that, uh-oh, here comes a construction truck coming down 270th Street or 271st Street loaded with steel, we have a problem.

The other problem, of course, is you mentioned about parking. Parking, it's great if the staff and the construction workers use it. It's not uncommon for 6:30 in the morning to have my street loaded with cars going to Long Island Jewish

Hospital. I know they're LIJ employees because just the other day a gentleman parked in front of my house, dressed in scrubs, had his breakfast in the car, and when he came out, he had a stethoscope, walked up to the hospital. And he had his lunch, he came back and had his lunch in the car.

All right. Public street. You know, I'm working with the hospital on some neighborhood cleanups. I think we got some good projects that are possible going underway. I'd like to see that happen. But again, the concern that we have is, we do not want to see construction vehicles loaded with steel coming down our streets, tearing up water mains, disrupting the quality of life that we have.

So please, whatever you do, find a way to get these construction trucks off the side roads. If it means putting a flag man at 263rd Street, 270th Street, 271st Street to say, hey, not here, go this way, maybe that's what has to be done.

And then the other thing is, once you do start sending, if the trucks do come down Union Turnpike heading eastbound, it's going to

create some problem at Lakeville Road. There's going to be some kind of, I would think, traffic backup if you have 18-wheelers and you have a lot of construction trucks coming down there.

Basically, it all comes down to quality of life. We may have laws but they're only good if we enforce them. And those are the only laws that are worth having.

Thank you very much.

THE MODERATOR: Thank you, Mr. Castellano.

At this time I'd like to call up Richard Hellenbrecht from Community Board #13.

MR. RICHARD HELLENBRECHT: Good evening, and thank you very much. Nice to see you again, gentlemen.

My name is Richard Hellenbrecht. That's H-e-l-l-e-n-b-r-e-c-h-t. I'm Chair of Community Board 13. I'm also President of the Bellrose Commonwealth Civic Association, about two miles west of here. And I'm de facto chair, I guess of the Long Island Jewish hospital Advisory Committee.

Michael did an excellent job

laying out many of the problems that have come before the community and that have been to many of these meetings that I've been at myself as well. Traffic is an ongoing problem. The number of responses that have been generated by the hospital, some of them have worked and unfortunately as we've heard, not all of them have worked. We need to do something better to discourage those trucks from using the city streets.

I heard at a community board committee meeting a few nights ago at which we discussed this situation that there are still linen trucks that are using 270th, 271st Streets. There are Poland Springs Water trucks are still using those. And we've been told time and again that the purchase orders for these things strictly prohibit their use on or their arrival at the hospital using those streets. And something really has to be done about that. But more serious is the concern that we have about the heavier trucks and the steel trucks and what not.

Parking has been a perennial problem and it continues to be that, as Michael laid out. I'm concerned about 188 construction

workers. I wish that maybe something could be done to encourage those construction workers to park in i-Park or something along those lines.

I know that you've tried to encourage people to do things and you can't necessarily make everybody do everything. But the number of 5,052 cars in the parking lots, I'm not exactly sure that that can ever be accomplished since that would require valet parking in both of the lots.

Whichever the measure, it's a very expensive proposition. I don't think anybody in the room here can argue or would want to argue that we don't need a world-class medical facility and that it's not a great thing for the community. But unfortunately this is a small, tightly knit community of homeowners and small one-family houses and very small streets. And as Michael said, the streets are really not built for heavy duty traffic. And this is really going to create a problem.

I would wish that there would be some way, since this is primarily a financial issue tonight, that there be some kind of a financial

assistance pool set aside in the event that a major construction accident were to occur or to cause damage to the utilities of the nearby streets that at least homeowners could go after something even if it's an insurance policy over and above everything else.

The -- I'm not sure in your presentation about the Marcus Avenue issue. I don't know that this project is really going to increase Marcus Avenue, although there has been a significant amount of discussion about using Marcus Avenue behind 73rd Avenue. I guess it is to bring existing traffic out to Marcus Avenue in which case I could see a significant increase in traffic out that way.

So I'm not sure how this project, short of that, would increase traffic going out with like where the red marks were up on that presentation. I don't know if anybody can address that right now. Or if, in fact, the diversion from inside the hospital to Marcus Avenue is going to be part of the project going forward. I'm getting a no on that.

Other than that, those are my

serious concerns. Again, the parking in the local neighborhood continues to be a problem. And, you know, we're just afraid that it's going to result in some confrontations that, you know, will not be a happy situation either for the hospital or the community.

Thank you very much.

THE MODERATOR: Thank you very much, Mr. Hellenbrecht.

And the next speaker is Bob Friedrich.

MR. BOB FRIEDRICH: Thank you very much.

My name is Bob Friedrich. I'm the President of the Glen Oaks Village. I'm also a candidate for the City Council for this area.

But I want to thank Mike Castellano and Rich for -- they've been dealing with this issue from the very beginning and they're great civic leaders who I know for a long time.

They've already raised most of the concerns. But I do have a few questions that I would like to get some answers that were not addressed here.

When I saw your map, I saw no mark at 74th Avenue, that entrance that goes right through our community of Glen Oaks Village, that has a gate, that's supposed to be closed but is open continuously. Now we have not made a big issue of that because we know you have a job to do over here.

And the fact is that this is a world-class facility that's going to really be a great resource for the community. But I would like to get some information about that gate, what the hours are, if it's going to be closed again and if it's not, we need to know that and we need to deal with that.

And I saw no indication of any study done with traffic. Now, I've been getting a lot of phone calls that there are a lot more vehicles now driving through that very narrow street right in front of our community. So that's something I'd like to get some information on.

As far as the no parking on the 76th Avenue Street, I think that maybe some consideration needs to be given that that sign doesn't necessarily need to be a 24-hour sign. It

might be a sign in daytime hours and then there will be no prohibition in the evening for those who live there.

I'd like to know the name of a person that we would call if there is a problem with the construction that we need to speak to immediately. So I'd like to get that phone number that I can give to the office in Glen Oaks Village.

This may be addressed to John Steel. On 76th Avenue and 263rd Street, for some reason there's never been some type of an emergency room sign there. And I know vehicles travel down 263rd sometimes. And I really think there needs to be some attention to that intersection because when people are in a rush and they want to get to an emergency room, a lot of times they don't know to make that turn over there. So that might be something you need to address.

And I would also make sure that you clearly distinguish between the emergency room at Schneider and the emergency entrance at LIJ so those folks who are coming down that road in an emergency do not have to sit and take up precious seconds figuring out which emergency exit, entrance

and then to happen go into the wrong one. So that needs to be -- that's important. You guys need to work on that.

I would like to get some additional information. Richie brought it up, on the -- I always hear about it at all the meetings that I go to about a proposed entrance on Marcus Avenue. It's obviously not part of this project, but I'd like you to elaborate on that, why it's not a part of a project. Is it part of a future project? Is it under study right now? I'd like to get some more information on that because there's just too many rumors going around in the community.

There's also a lot of, whether it's rumor or facts, I don't know, but there's going to be a delay on Schneider and the Zucker Hillside facility. Is -- are those projects being delayed or are they going according to schedule? So I'd like to get some information on that.

And other than what Rich and Mike spoke about, I want to thank you guys very much for this informative presentation.

THE MODERATOR: Thank you very much, Mr. Friedrich.

Mr. Friedrich was the last person to sign up to speak.

Is there anyone else who would like to speak this evening?

MR. OSCAR BERENBERG: Yes.

THE MODERATOR: Sir.

Please remember to state your name:

MR. OSCAR BERENBERG: My name is Oscar Berenberg, B-e-r-e-n-b-e-r-g.

I'm the President of the Lost Community Civic Association.

I just want to fill in everybody's presentation with items that haven't been raised as yet.

The major problem that I foresee is the fact that our streets are not geared to support heavy construction vehicles. And as such, any disturbance that you cause may reflect back on the homeowners.

Now, in considering this project, you should have given thought to the fact that these streets have been in existence since 1942 and they've never been improved.

The roadways are sinking. The surfaces are being torn up. They've been filled in negligently and they are always in the construction phase. Now, with all your planning you have never made provision for this construction phase to be in an orderly fashion and that it be such that the traffic for the side streets can be handled by the existing roads.

We have in the past asked several times for an upgrading of this area because of the traffic generated by the LIJ entity and we have always, through our community planning board, tried to get this subject on the agenda. And invariably it has fallen by the wayside.

We have now reached a point where the actual structures on the Long Island Jewish campus have almost tripled from what it was when we first moved into this area. And it has not been reflect in maintaining the access roads to the hospital.

I think that should be a topic that should be addressed by the Dormitory Authority in that it provides in the overall pricing of the -- for the project, a reasonable amount of money

and time so that we can safely live in our homes without being unduly disturbed by whatever goes on around the campus.

One more item that came to my attention. When you submitted the original short draft of this project, was that they talk about a ring road on the campus. Now, we have always been advocating this ring road but the way it was described in the proposal it does not really say, is this ring road on the campus property entirely or is it borrowing an area from the public domain that surrounds the LIJ campus.

The exit to Marcus Avenue has been on the agenda forever and it always comes down to the point where they say, our research and our analysis say that we can't possibly throw any more traffic into this particular area. Well, I beg to differ with them because the facilities exist. And if Marcus Avenue has to be widened, then so it be. It has a berm between the parkway and the roadway. And that berm has really no rationale for existing. If that street has to be widened, there is where you can get the territory without even using the eminent domain of taking the sidewalks if there are

any sidewalks on this particular street.

So these are the points that need to be kept in mind when we consider this whole expansion project. It is almost like it's the straw to which we're trying to draw more and more onto this reservoir which is the Long Island Jewish project and the straws are always the same. We are doubling the capacity of the hospital and yet at the same time the straws remain. How long can the straws carry this particular amount of capacity?

So that's about the only thing that I had to add.

Thank you.

THE MODERATOR: Thank you very much, Mr. Berenberg.

MR. OSCAR BERENBERG: Berg.

THE MODERATOR: Berenberg. Sorry about that.

Is there anyone else who has not signed up but would like the opportunity to speak?

Please.

MS. DIANA DALTON: I'm not used to speaking in front of people so please bear with me.

My name is Diana Dalton,

D-a-l-t-o-n.

I live on Hewlett Street which is the last street before Lakeville Road. Nothing was mentioned about the intersection of Hewlett that almost comes to a point at 77th Avenue going out onto Lakeville.

During rush hours or peak travel times, you can't get out that street. The traffic is backed up from Union Turnpike, up Lakeville, past 77th Avenue and no one leaves the space in the gap in the roadway so anybody can come out from that street to either go north or south. It's almost totally impossible to get out there.

Residents, I know many, including myself, will go through the hospital to be able to get out of the traffic light. We have at times asked for a traffic light there. And we were told there weren't enough accidents or people killed to warrant another traffic light at that street.

Also, the no parking between 271st or 270th and Schneider, putting signs there aren't going to work. None of the signs in the neighborhood work now. We get the ambulance, the access-a-ride, the MTA Long Island access-a-ride

which I didn't know existed until the construction started, that all come up Hewlett Street. It's a bus and truck route for everything that comes to the hospital besides the additional traffic.

The streets are breaking up. Every time I sweep my curb, which I'm responsible for, I sweep up asphalt that's breaking away. The access-a-rides and all the different vehicles, including people, that have brought people to the hospital, double park in our streets. They double park in "no parking zones," in front of our fire hydrants, in our "no standing zones," in front of our driveways. Anywhere they can find a spot to double park.

There's a food vendor that's outside of Schneider at the main entrance. The other day I came down 77th Avenue, it was an obstacle course. Between the double parked cars, the ambulettes, two or three cars parked by the hot dog vendor to get their lunch, four people trying to cross with baby carriages and families to go to Schneiders that are running between double parked cars and traffic trying to go in both directions. It's totally impossible.

Besides that, the people that, just the visitors, the employees, the construction workers that do park in front of our homes are not necessarily respectful. The garbage is dumped in front of our house, whether intentionally or unintentionally, we get the garage. I have also picked up rubber gloves, surgical masks, caps, gowns, and needles when sweeping my curbside.

I called the Hospital once and they said, well, how do you know they came from the hospital? Well, I don't think a drug addict has butterfly needles in his pocket, some of them still in packages, and syringes that are parking and shooting drugs up in front of my house. These are from employees that have accidentally maybe taken their coats off getting in the cars and the things are falling in our streets. But that's also an environmental impact on our community.

As well as the traffic.

I will not let my grandchildren play in the front of my house. I'm afraid that the cars that come speeding up the block don't stop at the stop signs, turn into our driveways to turn around. And there was an accident where a mother

with her children right in front of my neighbor's house, was attempting to make the left turn into the driveway. Another car came whipping around the corner. Instead of passing her on the right, he passed her on the left and she was trying to make the left turn into a driveway to turn around. Totaled here. Lucky her children weren't badly hurt.

But that's what we have to deal with everyday in our driveways and in front of our homes. So if there's an environmental impact study done, I think it should also be to our community and the surrounding area, not just to within the LIJ campus itself.

Thank you.

THE MODERATOR: Thank you, Ms. Dalton.

Is there anyone else who would like to speak this evening?

(No response.)

THE MODERATOR: What we'll do is just take about a ten-minute recess just to see if there's anyone else who comes this evening who would like to speak.

So at this point in time we'll halt the record and pick up again in about ten minutes.

Thank you.

(At 7:01 p.m., the hearing was temporarily recessed.)

(At 7:11 p.m., the hearing was resumed.

THE MODERATOR: Well, it has been ten minutes so is there anyone else at this time who would like to speak?

MR. BOB FRIEDRICH: Can I make -- say one more thing before you close out?

THE MODERATOR: Sure.

Mr. Friedrich.

MR. BOB FRIEDRICH: I just want to get on the record that we absolutely want DOT to put signs on Union Turnpike and Lakeville Road directing the truck traffic. There are no signs. We've been -- we've actually been promised that they would, but then we've also spoken with DOT who said we don't do negative signs. I don't know what that means and if there's any truth to that, well, you should start doing it now.

We definitely want signs and I know Mike alluded to putting a flag man. You certainly can achieve that goal. By putting signs you're saying, you know, trucks, with an arrow and then direct them to make a turn on Lakeville Road. That is essential. It's important to make sure that gets in the record.

Thank you.

THE MODERATOR: Thank you.

Is there anyone else who wishes to speak at this time?

(No response.)

THE MODERATOR: Okay. I think we will close the public speaking portion of the hearing. But I understand that Bernie Dubin would like to address some of the comments that were made earlier concerning a couple of issues. So if you could continue.

Thanks.

MR. BERNIE DUBIN: Thanks, Matt.

See if I have all the issues.

The issue about the contractor parking. We have provided dedicated parking over at i-park for all of the contractors that are coming

to the site. And when the contractors do come for the first time on the site they have to take a number of safety courses that the construction manager requires, and orientation to the site.

And one of the things that they are told is that we encourage, we can't insist, but we encourage that they park over in a dedicated spot over at i-Park. And it is actually closer to the construction site than if they were to park in a community.

And we have observed that they are parking there. So we are encouraging. That doesn't stop the people from still parking on the side streets but we are providing, one, we're orienting them to those spaces and we're providing those spaces. So that's the first thing.

The other is the question raised about the Marcus Avenue connection. And I'll try to go to the drawing that shows that connection.

This shows part of --

MR. MARTIN BAKER: Bernie, use Brian's slide if you can because he had the one that gets the Marcus-Lakeville intersection.

Is that it? This one.

I'm Martin Baker. I'm an attorney for the Hospital.

This -- as you're using this, this is Marcus Avenue. This is Lakeville Road. And the community has suggested the -- the Lost Community residents here had asked whether it's possible to take a road from the hospital site up to Marcus Avenue for purpose of relieving access from this area. Obviously, the hospital views its primary access along Lakeville Road.

We have studied extensively in the Draft Environmental Impact Statement that considers this as an alternative, we have looked at this access. There are two issues that make that infeasible and therefore not part of the project at this time.

First, this land is owned by Astoria Federal Savings and Loan Association and it is after more than a dozen entreaties. It is unwilling to sell that land or an easement across it to us.

The alternative is to come along this dotted line which is the property line and then up to what is the current driveway to the

parking lot of 400 Lakeville Road. This is 100 Lakeville Road. The traffic engineers point out that the distance between -- that exists from 400 Lakeville Road, which is here, and the intersection of Lakeville Road and Marcus Avenue is too short a distance to support additional -- an additional traffic light here.

And accordingly, the traffic engineers are of the view that it is not proper to have an access road to this point - although they do concede one to a point, oh, 100, 150, 200 yards to the west of the 400 Lakeville Road driveway, that it would work but that's made impossible by the Lakeville Road by the Astoria Federal's unwillingness to sell an easement across that property.

Excuse me.

MR. BERNIE DUBIN: No. Thank you.

MR. OSCAR BERENBERG: In answer to --

THE REPORTER: Can I have your name.

MR. OSCAR BERENBERG: Oscar Berenberg.

In order to answer that question, on Union Turnpike there is a school complex which was just put in, the Padavan (phonetic) School complex and the entrance and the egress of that are within less than a hundred feet, less than a hundred feet.

Now, if it's feasible to do this on a main artery like Union Turnpike, I don't see any reason it can't be equally applied to Marcus Avenue. I take issue with the fact that the study that was done, the traffic study must have been done in somebody's office. They weren't in the community doing this, counting cars. I wish they would have put the strip across the road and would have counted actually each and every car that goes across there.

This is a nice presentation. It looks beautiful. It's multicolored. It is not really representing what exists in real life.

That's all.

MR. BERNIE DUBIN: I just happen to know -- I'm not a traffic engineer. I just happen to know that our traffic engineers did take counts and they counted the cars leaving the

current exit. They counted how long it takes for a car to get out of that exit at 5:00. And at this point even now without the added cars, the cars have to wait longer than the prescribed amount of time. That's what they observed. That's an observed condition. Adding more cars will make that condition worse.

And, if it's worse, then people will stop using it. Now, if to build that connection we have to take about 50 or 60 parking spaces that we currently have and make a right-of-way to that, and again, across a property that we don't own. So we could possibly do that, but in the end, based on the engineering data that we have from observation, the traffic will back up and then what happens is cars stop using it. So we will have created the right-of-way or the traffic lanes, we've taken the parking spaces away and it will go unused. Cars seek their own level and that's the concern.

Were there any other questions that I think --

MR. MARTIN BAKER: I think you had started to say that you were going to describe how

construction impact is directed through Lakeville.

MR. BERNIE DUBIN: Right. Thank you.

What we are doing with each contractor now, with the steel contractor, we've -- and I've sat in these orientation sessions with them, we talk about safety. We talk about traffic. We talk about protocols for coming onto the campus. We talk about the protocols for making sure that the ambulances always have the right of way getting up to the emergency department.

And what we've done is we've instructed the steel trucks to use the Lakeville Road entrance. And we even went so far as to do a drive run with an empty flat bed truck to make sure that they can come in off of Lakeville Road, turn onto the construction site, have the crane pick the steel to a storage area and then the truck make the turn and exit back off of Lakeville Road.

They have been doing that. And we have trucks now entering, they're observing it. We're watching it very carefully. But we made it very clear, I made it clear, the construction manager has made it clear that we do not want

trucks going down the small side streets south of 76th Avenue. And they understand it. We've talked to the truck drivers. We've talked to the superintendents. We showed them how to get onto the site. And we even provided for those trucks that are coming -- the steel is coming from upstate New York and it has to cross the George Washington Bridge. It can only cross the George Washington Bridge very late at night.

So frequently the trucks will show up in the middle of the night. And they are instructed to park at i-Park. We have a space for them and it's a clean path from i-Park up Lakeville onto the site and back out again.

So we've gone to a lot of trouble to try and encourage the truck drivers not to go on the side streets and to provide a clear path. Can I say with absolute certainty that will happen? No, I can't, but we are trying to make every effort to make sure they don't drive on the back streets south of the campus.

THE MODERATOR: Is there anyone else in attendance this evening who would like to speak?

(No response.)

THE MODERATOR: Okay. As there are no other speakers, this concludes tonight's public hearing.

As a reminder, the comment period will remain open until March 27, 2009. That's one week from this Friday.

Thank you very much.

(At 7:23 p.m., the proceedings were concluded.)

* * *

C E R T I F I C A T I O N.

STATE OF NEW YORK)
SS.
COUNTY OF NEW YORK)

I, MARC RUSSO, a Shorthand (Stenotype) Reporter and Notary Public within and for the State of New York, do hereby certify that the foregoing pages 1 through 63 taken at the time and place aforesaid, is a true and correct transcription of my shorthand notes.

IN WITNESS WHEREOF, I have hereunto set my name this 30th day of March, 2008.

_____

MARC RUSSO

Appendix B: Correspondence

Dormitory Authority
State of New York

***Gail H. Gordon**, Chair*
***Paul T. Williams, Jr.**, Executive Director*

March 31, 2009

Ms. Michele Samuelson-Jaiswal
Office of Project Analysis/CEQR
New York City Department of Transportation
40 Worth Street, Room 928
New York, New York 10013

Re: Dormitory Authority of the State of New York *State Environmental Quality Review (SEQR)* for the North Shore – Long Island Jewish Health System Obligated Group *Long Island Jewish Medical Center Modernization Program* New Hyde Park, Queens County, New York

Dear Ms. Samuelson-Jaiswal:

The Dormitory Authority of the State of New York ("DASNY" or the "Dormitory Authority") is in receipt of your email of March 10, 2009 (attached), requesting additional information concerning the traffic analysis for the *Draft Generic Environmental Impact Statement* for the North Shore – Long Island Jewish Health System Obligated Group *Long Island Jewish Medical Center Modernization Program.* The requested information is enclosed for your review.

Should you have any questions or comments, please submit them to me at: ***Mr. Matthew A. Stanley, AICP, Senior Environmental Manager, Office of Environmental Affairs, Dormitory Authority of the State of New York, One Penn Plaza, 52nd Floor, New York, New York 10119-0098*** or telephone at ***(212) 273-5097***.

Sincerely,

Matthew A. Stanley, AICP
Senior Environmental Manager
Office of Environmental Affairs

Enclosures

cc: Martin Baker (Salans) (w/o enc.), Brian O'Donnell (Stantec) (w/o enc.), Edward Yau (Stantec) (w/o enc.), Jack D. Homkow (DASNY) (w/o enc.), Sara P. Richards, Esq. (DASNY) (w/o enc.), *SEQR* File

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Memo

Stantec

To:	Matthew Stanley, AICP Senior Environmental Manager	From:	Mike Brinjak
	Dormitory Authority of the State of New York		Stantec
File:		Date:	March 26, 2009

Reference: NYCDOT Information Request – LIJMC DGEIS

This memo is in regards to the NYCDOT information request received on March 11, 2009 via email regarding to Long Island Jewish Medical Center Draft Generic Environmental Impact Statement (LIJMC DGEIS). Submitted herewith are our responses to questions and documentation are requested by NYCDOT.

In response to the general comments made by NYCDOT, we have included a physical inventory of the current lane widths and HCS and Synchro back-up. The physical inventories were confirmed on March 25, 2009. The analyses are slightly different than those included in the DGEIS. A table comparing the delays and Level of Service for each intersection between the DGEIS and the latest Synchro analysis is attached in Table 1. The physical inventories are included in Appendix 2.

Our conclusions from the DGEIS remain the same with the exception of the intersection of Union Turnpike and Lakeville Avenue. A significant impact on the southbound approach during the p.m. peak hour is no longer expected. A LOS D is expected on both the No-Build and Build conditions. Significant impacts are still anticipated at the intersections of Marcus Avenue and Lakeville Road and the 400 Lakeville Road rear entrance to Marcus Avenue.

Reference: NYCDOT Information Request – LIJMC DGEIS

LOS & DELAY BY APPROACH	AM Peak Hour 2011 No Build				AM Peak Hour 2011 Build				PM Peak Hour 2011 No Build				PM Peak Hour 2011 Build			
Signalized Intersections	LOS	Delay	LOS	Delay	LOS	Delay	LOS	Delay	LOS	Delay	LOS	Delay	LOS	Delay	LOS	Delay
Marcus Ave at Lakeville Rd																
Overall	E	58.7	E	68.4	E	61.5	E	72.0	D	38.9	D	37.1	D	41.6	D	40.0
EB approach	D	43.9	D	44.8	D	44.7	D	45.5	D	43.4	D	42.5	D	44.0	D	43.2
WB Approach	C	20.3	B	19.6	C	20.6	B	20.0	C	26.7	C	21.3	C	25.7	C	21.0
NB Approach	D	46.4	D	48.4	D	48.0	D	50.6	D	44.9	D	44.4	D	51.1	D	50.6
SB Approach	F	89.7	F	112.7	F*	95.0	F	119.7	D	44.5	D	45.4	D	48.5	D	49.2
Marcus Ave at NSP Ramps																
Overall	B	18.1	B	17.6	C	25.6	B	17.7	C	32.6	C	28.8	C	25.5	C	30.0
EB approach	B	15.7	B	12.7	B	20.0	B	12.8	C	22.1	C	23.5	B	14.3	C	25.0
WB Approach	C	20.2	B	19.4	C	28.9	B	19.6	D	41.9	C	33.1	C	31.1	C	34.5
SB Approach	C	20.7	C	26.8	C	32.4	C	26.8	C	26.5	C	26.8	D	37.7	C	26.8
400 Driveway at Lakeville Rd																
Overall	A	9.8	B	13.1	B	12.8	B	13.8	B	17.7	B	13.8	B	16.7	B	14.5
EB approach	C	21.0	C	23.3	C	21.0	C	23.3	C	27.5	C	28.1	C	27.8	C	28.1
WB Approach	B	14.3	D	37.3	B	13.9	A	21.0	B	17.5	C	29.4	B	18.1	A	10.0
NB Approach	B	10.4	B	15.0	B	15.8	B	15.8	B	15.7	B	12.1	B	12.8	B	13.3
SB Approach	A	8.5	B	10.4	A	9.2	B	11.8	B	18.0	B	13.3	B	18.4	B	13.7
LIJ Driveway at Lakeville Rd																
Overall	C	20.6	C	21.1	C	26.4	D	44.3	D	42.0	D	44.2	D	40.7	D	44.8
EB approach	D	52.0	D	49.0	C	23.7	C	32.5	E	56.5	D	52.9	C	34.6	D	43.2
WB Approach	C	32.7	C	32.3	C	32.7	B	14.4	D	40.2	D	39.6	C	25.0	C	26.8
NB Approach	B	17.0	B	17.2	C	24.2	D	50.6	C	29.9	C	27.6	C	34.8	D	51.3
SB Approach	B	16.3	B	19.0	C	23.8	D	41.1	D	37.8	D	48.8	D	49.7	D	43.8
Union Tpke at Lakeville Rd																
Overall	D	38.1	D	41.1	D	40.0	D	43.4	D	45.7	D	43.8	D	49.8	D	47.8
EB approach	D	44.4	D	48.1	D	44.8	D	48.6	D	48.4	D	48.0	D	50.7	D	48.8
WB Approach	D	35.4	D	35.1	D	35.1	C	34.8	D	43.1	D	43.0	D	44.7	D	43.6
NB Approach	D	40.5	D	44.5	D	45.5	D	51.8	D	38.1	D	38.4	D	39.5	D	39.6
SB Approach	C	24.2	C	26.0	C	24.6	C	25	D	49.9	D	44.3	**E***	**58.2**	**D**	**54.6**
Union Turnpike at 267th St																
Overall	A	8.5	A	9.9	A	7.6	A	9.9	A	8.3	B	10.5	A	8.3	B	10.4
EB approach	A	7.6	A	9.6	A	6.2	A	9.6	A	5.6	A	8.0	A	5.6	A	8.0
WB Approach	A	6.2	A	6.9	A	6.2	A	6.9	A	7.7	B	10.0	A	7.7	A	9.8
NB Approach	C	30.1	C	29.4	C	30.1	C	29.4	C	35.0	C	34.2	C	35.0	C	34.2
SB Approach	C	33.6	C	33.2	C	33.6	C	33.2	C	31.5	C	31.4	C	31.5	C	31.4
Union Turnpike at 263rd St																
Overall	B	18.8	C	20.3	B	19.4	C	20.7	B	15.8	C	22.5	B	14.9	B	16.0
EB approach	B	17.6	C	21.1	B	18.8	C	21.7	B	13.1	B	13.7	B	13.6	B	14.1
WB Approach	A	7.9	A	8.0	A	6.8	A	8.0	B	12.2	B	12.0	A	9.7	B	12.1
NB Approach	D	46.8	D	42.8	D	48.1	D	43.2	D	37.1	D	35.2	D	37.8	D	35.8
SB Approach	C	25.3	C	25.3	C	26.0	C	25.4	C	31.4	C	29.2	C	31.9	C	29.8

Table 1: Timing and LOS Changes to Signalized Intersections.
Highlighted columns are the updated numbers from re-run of traffic analysis in March 2009 with confirmed lane and street widths

*Significant Impact

Reference: NYCDOT Information Request – LIJMC DGEIS

Our responses to all comments are below:

1) *Traffic count data (Manual traffic counts, ATRs, vehicle classification counts, number of current truck trips);*

   Traffic counts were most recently completed in October 2006. Please refer to Appendices 1 and 1A for count summaries and raw data. Current truck trips and truck trip generation rates were derived from these counts. Also included in Appendix 1B are weekend counts, which were completed in May 2004.

2) *Physical inventories;*

   Included in Appendix 2.

3) *Official signal timing;*

   Official signal timings received by Nassau Department of County Works are included in Appendix 3. Signal timings in Queens County were field measured.

4) *Survey of the existing facility mentioned on Page 10-10 (locations counted, number of vehicles counted entering and exiting, etc. Also need explanation of how the volumes associated with the LIJH and SCH were isolated from volumes associated with PJGI.);*

   These surveys can be found in the count data provided in Appendix 1. Volumes associated with the LIJH and SCH hospitals were isolated from PJGI from the internal campus count data. Trips making eastbound lefts and westbound rights at the intersection of the PJGI parking lot and the visitor parking garage entrance were considered PJGI trips.

5) *Existing, No-Build, and Build traffic volume maps; Trip assignment maps for the proposed project;*

   Traffic volume maps and trip assignment maps are included in Appendix 4. Trip assignment maps for the Proposed Project are also included in Appendix 4.

6) *Justification for the peak hours analyzed (provide peak hours for the background traffic and peak hours for the trips generated by the proposed project);*

   In accordance with the count data included in Appendix 1 and 1A, the highest traffic volumes recorded occurred between the hours of 8:00-9:00 a.m. and

4:30-5:30 p.m. As the Proposed Project would be an expansion of existing facilities with no change to the type of use, the usage patterns and peak hours are not anticipated to change. Therefore, 8:00-9:00 a.m. and 4:30-5:30 p.m. were used for the a.m. and p.m. peak periods respectively.

7) *Provide the travel demand assumptions and trip generation for a weekend peak hour to determine whether a weekend analysis is necessary;*

   Several counts have been conducted over the past few years. Machine counts collected along Lakeville Road on the weekend show that the peak traffic volume is less than both the AM and PM weekday peak traffic volumes. Furthermore, machine counts of the LIJ main entrance at Lakeville Road show that "ins and outs" on the weekend are less than that on the weekdays. As such, it is not necessary to analyze weekend traffic. Weekend traffic counts are included in Appendix 1B.

8) *Synchro printouts;*

   HCM signalized and unsignalized reports from Synchro are provided in Appendix 5.

9) *HCM summary sheets (we recommend utilizing the latest version of HCS [Version 5.3]. Synchro Version 7 has additional features that do not produce the same results as calculated by HCS);*

   HCS reports are provided in Appendix 6. HSC version 4.1f was used.

10) *LOS tables that include v/c ratios, as well as the v/c, delay and level of service of each lane group, not approach;*

    LOS tables will be included with a subsequent package in response to the comments memo received on March 25, 2008.

11) *Trip assignment maps for the No-Build soft sites;*

    Trip assignment maps for I-Park are included in Appendix 4 with the other trip assignment maps.

12) *Additional information related to the Hearing and Speech Center Addition and Neonatal Services Improvement Project (square footage, types of improvements, why these projects are not anticipated to generate additional traffic, etc.)*

Hearing and Speech Center Addition: This project involves one new addition to the existing two-story Hearing and Speech building. The expansion entails the addition of 3,360sf on each floor for a total of approximately 7,260 SF. The use of the newly constructed additions will be the cochlear implantation, newborn hearing and screening, otology and voice and laryngeal facility. Expansion of the ground floor will result in the addition of a new examination room, electrical room, four staff offices, dedicated office space for a screening coordinator and speech pathologist, a lounge, a newborn screening room and newborn screening coordinator's office, a cochlear implant storage room and another general storage area, two ADA compliant toilets, a laboratory, conference room, pantry, copy room and file room. On the first floor an ABR testing area will be created along with a sub waiting area adjacent to the main waiting. A copy of DASNY's SEQR Negative Declaration and Environmental Assessment Form is included in Appendix 9.

This project entails a modernization and relocation of existing facilities and no additional staff are anticipated. Therefore, no additional trips from visitors or staff are anticipated.

Neonatal Services Improvement Project: This project includes an approximately 5,500 square feet addition to the third floor of Schneider Children's Hospital for expansion of Neonatal Services; an approximately 4,800 square feet addition to the fourth floor of Schneider Children's Hospital for supporting office space; and the full enclosure of the adjacent existing courtyard with a skylight, including associated interior renovations. This expansion will provide space for 13 new beds. In conjunction with this expansion, a portion of the third floor, to the south of this unit, will be renovated to provide additional Neonatal Services support spaces. The new office space will allow existing offices on the third floor to be relocated to provide space for the Neonatal Services support spaces. Existing Critical Care and Hematology/Oncology offices will also be relocated into this area.

Trips generated with this project were included in the background growth on the traffic network and will be clarified in the DGEIS text.

13) *Hourly parking accumulation tables showing the number of vehicles entering and exiting under the Existing, No-Build and Build conditions (both weekday and weekend);*

Hourly parking accumulation tables for the visitor parking garage are attached in Appendix 6. In addition, hourly parking lot observations are also attached. No-

Build and Build conditions were assumed to follow the same hourly distribution as the Existing condition.

14) *On-street parking survey (the number of legal parking spaces and their utilization within a quarter mile of the site);*

Parking surveys are attached in Appendix 7.

15) *Parking surveys referenced in footnotes 2 and 3 below Table 10-6;*

These parking surveys are also attached in Appendix 7.

16) *Explain how the information in footnote 3 below Table 10-6 was derived (80 percent of on-street parking is related to activity on the project site); and*

Field observations were made during street parking counts. LIJ tags on vehicles were noted. In addition, drivers were observed as they parked their cars to determine if they were visitors, employees or local resident.

17) *Map showing the location of the off-street parking facilities.*

A parking facility map is included in Appendix 8.

Please feel free to contact us if any other information is required.

Mike Brinjak
Transportation Planner
Michael.brinjak@stantec.com

Dormitory Authority
State of New York

***Gail H. Gordon**, Chair*
***Paul T. Williams, Jr.**, Executive Director*

April 7, 2009

Mr. Naim Rasheed
Director
Office of Project Analysis/CEQR
New York City Department of Transportation
40 Worth Street, Room 928
New York, New York 10013

Re: Dormitory Authority of the State of New York *State Environmental Quality Review (SEQR)* for the North Shore – Long Island Jewish Health System Obligated Group *Long Island Jewish Medical Center Modernization Program* New Hyde Park, Queens County, New York

Dear Mr. Rasheed:

The Dormitory Authority of the State of New York ("DASNY" or the "Dormitory Authority") is in receipt of your comment memo of March 25, 2009 (attached), concerning the traffic analysis for the *Draft Generic Environmental Impact Statement* for the North Shore – Long Island Jewish Health System Obligated Group *Long Island Jewish Medical Center Modernization Program.* The enclosed memo contains DASNY's response to your comments.

Should you have any questions or comments, please submit them to me at: ***Mr. Matthew A. Stanley, AICP, Senior Environmental Manager, Office of Environmental Affairs, Dormitory Authority of the State of New York, One Penn Plaza, 52nd Floor, New York, New York 10119-0098*** or telephone at ***(212) 273-5097***.

Sincerely,

Matthew A. Stanley, AICP
Senior Environmental Manager
Office of Environmental Affairs

Enclosures

cc: Martin Baker (Salans) (w/o enc.), Brian O'Donnell (Stantec) (w/o enc.), Edward Yau (Stantec) (w/o enc.), Jack D. Homkow (DASNY) (w/o enc.), Sara P. Richards, Esq. (DASNY) (w/o enc.), *SEQR* File

Memo

Stantec

To:	Matthew Stanley, AICP Senior Environmental Manager Dormitory Authority of the State of New York	From:	Mike Brinjak Stantec
File:		Date:	April 3, 2009

Reference: NYCDOT Information Request – LIJMC DGEIS

This memo is in regards to the New York City Department of Transportation (NYCDOT) information request received on March 25, 2009 via fax from DASNY regarding the Long Island Jewish Medical Center Draft Generic Environmental Impact Statement (LIJMC DGEIS). Submitted herewith are our responses to questions and documentation requested by NYCDOT. In addition, replacement HCS printouts for our last transmittal dated March 26, 2009 are included in Appendix 9. Traffic distribution parameters were updated for two intersections: Marcus Avenue at Northern State Parkway Ramps (Intersection #3, vehicles per lane distribution was updated, the volumes were not changed) and 400 Driveway at Lakeville Road (Intersection #4, left-hand turn factor was adjusted). Both of these intersections are located in Nassau County and their respective Synchro files are unchanged.

Our responses to all comments are below:

1) *Please have the consultant provide a copy of the Master Plan showing the locations of the buildings identified in "Project Summary Table" (Table ES-l).*

   The locations of the proposed buildings are included in Figured ES-4 in the DGEIS. We have attached a copy for your reference in Appendix 4. A site plan showing the existing buildings listed in the Project Summary Table as well as other buildings throughout the Project Site is also included in Appendix 4.

2) *Please have the consultant provide the background material (manual traffic counts, ATRs, vehicle classification counts, number of current truck trips, physical inventories, official signal timing, etc)*

   The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

Reference: NYCDOT Information Request – LIJMC DGEIS – March 25, 2009

3) *Please have the consultant provide the survey of the existing facility mentioned on Page 10-10 (locations counted, number of vehicles counted entering and exiting, etc). Also, please explain how the volumes associated with the "Long Island Jewish Hospital" (LIJH) and "Schneider Children's Hospital" (SCH) were isolated from volumes associated with all activity at "Zucker Hillside Hospital" (ZHH) and "Parker Jewish Geriatric Institute" (PJGI) to develop the trip generation rates identified in "Entry and Exit Volumes for LDH and SCH" (Table 10-4).;*

   The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

   Volumes associated with the LIJH and SCH hospitals were isolated from PJGI based on the internal campus count data during the counting program during which turning movement counts were performed. Trips making eastbound lefts and westbound rights at the intersection of the PJGI parking lot and the visitor parking garage entrance were considered PJGI trips.

4) *Page 10-14 states that overall bus ridership is less than 100 persons per peak hour and that patronage from Long Island Jewish Medical Center (LUMC) employees, patients and visitors is limited. Please have the consultant explain how the patronage associated with the LUMC was determined. Were bus passengers counts and/or interviews performed?*

   In the Existing Conditions section under the heading *Transit* in *Chapter 10 – Traffic and Transportation*, overall usage was observed to be 64 passengers in the a.m. peak hour and 66 in the p.m. peak hour. This was determined by counting boarding and alighting passengers at the bus stops accessing the LIJMC campus. Passengers were not interviewed.

   In the a.m. peak hour, 1200 vehicles were observed entering or exiting the LIJMC campus. The 64 bus trips represent about 6% of all trips. Bus passenger counts were performed in March 2006. The survey results can be found in Appendix 5.

5) *Please have the consultant provide Existing, No-Build, and Build traffic volume maps. Please note that volume maps should be included in the Final Generic Environmental Impact Statement (FGEIS).*

   The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request

dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1. The volume maps will also be included in the FGEIS.

6) *Page 10-4 states that the data collection program was performed in 2006; however, page 10-5 states that 2007 is the Existing Condition. Page 10-21 states that a five percent background growth (one percent per year with a 2011 Build Year) was utilized. Please have the consultant clarify the discrepancies. If counts were performed in 2006, then the existing conditions should be 2006 and the analyses should be revised accordingly.*

   The DGEIS uses 2007 as the Existing Conditions. At that time, physical improvements on the campus which were previously under construction were completed: The Emergency Department ("ED") Expansion and Renovation, New Cardiac Care Unit, New Surgical ("SICU") and Cardio-Thoracic Intensive Care Unit ("CTICU"). Please refer to page ES-13, *Project History* for additional details. The traffic counts, which were done in October 2006, were taken while those projects were under construction. The counts were adjusted to represent the year 2007 Existing Conditions by including the trips projected for those three projects plus a 1% background growth per year (2006-2007) applied to the existing 2006 count. From 2007-2011, a 1% background growth per year was applied to the adjusted 2006 counts. Using the year 2007 as the Existing Conditions year was coordinated with DASNY during the scoping and analyses phases of the project.

7) *Please have the consultant provide trip assignment maps for the No-Build soft sites. Please provide Appendix B referenced on Page 10-14. Also, please contact the New York City Department of City Planning to determine whether there are any additional No-Build soft sites within the area*

   Trip assignment maps for the No-Build soft sites were provided to NYCDOT where available by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1. Appendix B of the John Collins Engineers P.C. *i-Park Traffic and Parking Evaluation* referenced on page 10-14 is also provided in Appendix 2.

   Ms. Liz Errico from NYCDCP was contacted in September 2008 by Brian Kintish of Stantec and again on April 1, 2009 by Edward Yau of Stantec by telephone. NYCDCP indicated that the existing Glen Oaks Library, which is within the study area of the DGEIS, is undergoing a renovation. As this project is a renovation and not an expansion of an existing facility, no impacts are anticipated on the findings of the DGEIS.

8) *Please note that estimating the i-Park's occupancy level based upon the number of cars parked in the parking lot is unacceptable. Please have the consultant provide the square feet of the existing occupied space at i-Park, as well as a survey providing the number of person and vehicular trips associated with this development.*

   The occupancy level of i-Park, at the time we performed our traffic counts in October 2006 is not available. Table 10-11 provides an estimate of the 1.3 million sf i-Park development plan as well as the use and estimate of developed and undeveloped space. As indicated, we estimate that 720,000 sf of the 1.3 million sf program was occupied in October 2006 and therefore trips from that space were included in our traffic counts. The remaining 580,000 sf of space was calculated using the referenced trip generation rates, added to the adjusted existing trips grown by 1% per year from 2006 to establish our No-Build traffic network.

9) *Please have the consultant justify utilizing the ITE Trip Generation for Business Park (Land Use 770) for the 438,000 square feet of space at i-Park that is proposed for occupancy by the North Shore Long Island Jewish Heath System (NSLIJHS) facilities in the No-Build condition. Please provide the type of operation at this facility. Utilizing travel demand assumptions for hospital or other related health care facilities may be more appropriate. Also, please explain why the additional space is added to the No-Build condition. Are these existing uses within the LIJMC campus that are being relocated due to the proposed expansion of medical services at the project site?*

   Table 10-11 summarizes the trips generated by the i-Park Project. As indicated therein, trips generated by the 438,000 sf area leased to LIJ were calculated as a Medical Use, rather than a Business Park use.

   At the time we performed our traffic surveys in October 2006, approximately 158,000 sf of the 438,000 sf of area was used by LIJ for ambulatory care, administration, warehouse, etc. Trips from that occupied space were therefore included as existing trips in the counting program. Trips from the remaining 280,000 sf leased to LIJ were calculated using the Medical Use trip generation rates to establish the No-Build traffic network.

   The uses proposed within i-Park compliment those at the LIJMC Campus. They are not being relocated from the LIJMC Campus due to the proposed modernization program.

Reference: NYCDOT Information Request – LIJMC DGEIS – March 25, 2009

10) *Please have the consultant provide trip assignment maps for the proposed project. Please note that trip assignment maps should be included in the FGEIS.*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1. The trip assignment maps will also be included in the FGEIS.

11) *Please have the consultant provide justification for the peak hours analyzed by providing a comparison of the background traffic and trips generated by the proposed project.*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

In accordance with the count data provided in the transmittal by DASNY dated March 26, 2009, the highest traffic volumes recorded occurred between the hours of 8:00-9:00 a.m. and 4:30-5:30 p.m. As the Proposed Project would be an expansion of existing facilities with no change to the type of use, the usage patterns and peak hours are not anticipated to change. Therefore, 8:00-9:00 a.m. and 4:30-5:30 p.m. were used for the a.m. and p.m. peak periods respectively.

12) *Please have the consultant provide the travel demand assumptions and trip generation for a weekend peak hour to determine whether a weekend analysis is necessary.)*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

Several counts have been conducted over the past few years. Machine counts collected along Lakeville Road on the weekend show that the peak traffic volume is less than both the AM and PM weekday peak traffic volumes. Furthermore, machine counts of the LIJ main entrance at Lakeville Road show that "ins and outs" on the weekend are less than that on the weekdays. As such, it is not necessary to analyze weekend traffic.

Reference: NYCDOT Information Request – LIJMC DGEIS – March 25, 2009

13) *Please have the consultant provide a copy of the Synchro printouts, as well as executable files on CD. Also, please provide a copy of HCM summary sheets, as well as executable files on CD. We recommend utilizing the latest version of HCS [Version 5.3]. Synchro Version 7 has additional features that do not produce the same results as calculated by HCS*

The Synchro and HCS printouts requested were transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1. A CD with executable files is included with this transmittal.

14) *Please have the consultant provide level-of-service (LOS) tables that include the v/c ratio, delay and LOS for each lane group. Please note that at intersections within New York City LOS tables should report the v/c ratio, delay and LOS calculated by HCS. Furthermore, the guidelines provided in the CEQR Technical Manual should be utilized at those intersections within New York City, including significant impact criteria. Please contact Nassau County regarding the methodology utilized under their jurisdiction.*

The LOS summary tables using HCS are attached for the 12 intersections in the study area. Only six of these intersections (two signalized and four unsignalized) are located within New York City. The data presented in the attached summary table indicate that significant impacts do not occur at intersections in NYC. Therefore, mitigation is not required. LOS tables are included in Appendix 3.

15) *Please have the consultant provide additional information related to the Hearing and Speech Center Addition and Neonatal Services Improvement Project (square footage, types of improvements, etc.) and why these projects are not anticipated to generate additional traffic.*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

16) *Please have the consultant explain how the modal split provided in "Mode Splits for Project Generated Vehicle Trips" (Table 10-16) were derived. Also, please clarify what the bus category represents. According to Table 10-16 and "Summary of Peak Hour Vehicle Trips Generated by the Proposed Project" (Table 10-15) the bus trips generated are vehicle trips, not person trips. However, on page 10-31 states that the usage of transit is expected to grow*

based on the modal split presented in Table 10-16, Please have the consultant clarify whether the trips generated are vehicle trips or person trips, and revise the text and/or analyses accordingly.

The mode splits were derived based on either traffic counts or passenger counts. The traffic counts tabulated cars and trucks and classification counts were performed with the traffic counts. The bus passenger counts were made at the bus stops within the study area. Bus trips generated are considered passenger trips, not vehicle trips. The DGEIS text will be updated to clarify Table 10-16.

17) *Please have the consultant provide scaled schematic drawings showing the existing and proposed parking regulations along 76th Avenue. Also, Page ES-7 states that removal of parking on 76th Street will facilitate the new through movement. Please have the consultant explain whether any restriping is proposed along 76th Avenue to accommodate the new through movement. If so, the requested scaled schematic drawings should reflect the proposed modifications. Please have the consultant explain when the proposed modifications are needed. On page ES-3 the proposed modernization program is described as a multi-year effort.*

Restriping of 76th Avenue is not proposed. The parking along the north curb lane would be removed to provide sight distance for vehicles and pedestrians accessing the LIJMC Campus. The proposed parking modifications would be implemented in advance of the completion of any of the building, campus utility or campus roadway projects. We propose eliminating the parking in the 3rd quarter of 2009. A scaled schematic drawing of the parking regulations along 76th Avenue in the vicinity is included in Appendix 4.

18) *Page ES-7 mentions several campus roadway improvements: a new north to south roadway along the eastern frontage of the project site from the Emergency Department to 76th Avenue; and a new east to west roadway along the southern frontage of the project site between 268th Street and 271st Street. Please have the consultant provide scaled schematic drawings detailing the campus. Roadway improvements, as well as their distance from the nearest intersection. Also, please provide volume maps showing the reassignment of vehicles as a result of the modifications to site access, as well as traffic analyses for any new access points and existing access points which will be affected by the campus roadway· improvements.*

A scaled drawing illustrating the proposed campus roadway improvements .has been provided in Appendix 4. A master plan map of these improvements is provided in Figure ES-4 of the DGEIS.

Volume maps showing the reassignment of vehicles as a result of the campus roadways has been provided to NYCDOT and included in Appendix 6. No new access points to the site are proposed. The Campus Roadway project as described in the DGEIS is the construction of new on-site access and the widening of the existing LIJMC Campus driveway on Lakeville Road from two to three exit lanes.

19) *Please have the consultant provide hourly parking accumulation tables showing the number of vehicles entering and exiting under the Existing, No-Build and Build conditions (both weekday and weekend) for the LIJMC parking lots.*

The hourly distribution of vehicles accumulating in the visitor parking garage for both weekend and weekday has been attached as Appendix 7.

20) *Please have the consultant provide an on-street parking survey (the number of legal parking spaces and their utilization within a quarter mile of the site), as per the CEQR Technical Manual*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

21) *Please have the consultant provide the parking surveys referenced in footnotes 2 and 3 of LIJMC Existing Parking Facility Capacity and Observed Occupancy" (Table 10-6).*

Additional raw data for the visitor parking garage has been included in Appendix 7 to supplement data previously submitted by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

22) *Footnote 1 of Table 10-6 states that LIJMC users previously parking at i-Park now park at the completed Staff Parking Garage; however occupancy rates are not provided for the Staff Parking Garage. Please have the consultant explain where the LIJMC staff is parking under existing conditions, as well as justify the assumption that LIJMC staff does not park in i-Park. The Long Island Jewish Medical Center New Parking Garage Environmental Assessment Statement (EAS-CEQR No.: 03BSA-114Q) states that LIJMC will continue to lease 450 parking spaces at the i-Park facility for LIJ employees. Please note that our office was not involved in the review of the EAS.*

The Staff Parking Garage was completed and opened for parking in the summer of 2008. Prior to operation of that garage, LIJMC staff parked in on-site at-grade lots, at-grade lots leased from i-Park (450 spaces), within the garage now referred to as the Visitors Garage and on the public streets adjacent to the project.

With the completion of the Staff Garage, LIJMC employees were relocated from i-Park and on-street parking to the Staff Garage, thereby reducing employee parking at i-Park. LIJ continues to lease parking spaces at i-Park for use by construction workers who drive to the site.

23) *Please have the consultant explain how the information in footnote 3 of Table 10-6 was derived (80 percent of on-street parking is related to the project site).*

At the time of the parking surveys, it was observed that many of the users had an LIJ identification tag on their vehicles. Additionally, approximately 80% of the parking spaces would fill before 8:00 a.m. Since the majority of on-street parking fills and does not turn-over throughout the day it was determined the uses of the on-street parking were destined to the Project Site.

24) *Please have the consultant explain how the existing demand of 2,853 parking spaces associated with LIJ and SCH was determined.*

Table 10-14 "Future No-Build Parking Facility Capacity and Estimated Occupancy (2011)" provides the capacity, estimated accumulation and percent occupied for the on-site parking lots, garages and on-street parking. The portions of those lots that are projected to be used by LIJ/SCH parking are 2,853 spaces as referenced on page 10-30. A summary of projected spaces by lot is provided below:

Lot	Spaces
Queens Surface Lots	518
Visitors Garage	755
LIJ/Parker/400 Buildings	100
On-street Parking	434
Staff Garage	1,046
Total	2,853

25) *Please have the consultant provide a map showing the location of the off-street parking facilities.*

The information requested was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

26) *Please have the consultant provide a safety assessment~ as per the CEQR Technical Manual. A safety assessment is necessary because the LIJMC is a sensitive land use.*

Accident data for intersections within the study area and Queens County was requested from NYCDOT on April 1, 2009. However, with the exception of the widening of the Lakeville Road Main Entrance, there are no proposed changes to any of the site access points from the adjacent streets. No changes to turning movements are proposed and no significant increases to pedestrian or bike traffic are anticipated within the study area. Therefore, significant impacts to existing motorists and pedestrian safety would not be expected with the Proposed Project.

27) *Please have the consultant verify the 2011 Build year. As indicated on pages ES-8 and 17-1, the proposed project will be constructed over a four-year period.*

The Existing Conditions year has been established as 2007. The proposed Build Year is four years later and established at 2011. Please refer to our response to question 6.

28) *Page 17-1 states that construction on the SCH building would begin in the third quarter of 2008; however, the DGEIS was issued in first quarter 2009. Please have the consultant update the construction schedule and revise the DGEIS text and analyses accordingly.*

The Schneider Children's Hospital Inpatient Building project would start construction in the first quarter of 2009. The text in the DGEIS will be corrected. No analyses revisions are required as.

29) *Please contact the Nassau County Department of Public Works regarding the proposed signal timing modifications at the intersections of Marcus Avenue and Lakeville Road, and Union Turnpike and Lakeville Road. The traffic signals at both intersections are not under NYCDOT jurisdiction.*

The Nassau County Department of Public Works was previously contacted for signal timing information and that information was transmitted to NYCDOT by DASNY via a transmittal dated March 26, 2009 in response to NYCDOT's

information request dated March 11, 2009. A copy of the transmittal memorandum is included in Appendix 1.

30) *Please have the consultant provide the source of the vehicle occupancy factor of 1.2 for construction workers.*

The 1.2 vehicle occupancy is an estimate developed based on observations made during previous construction projects on the LIJMC Campus and the consideration of the availability of parking provided for construction workers. It should be noted that construction workers do not arrive or depart during the park traffic hours.

31) *Page ES-48 mentions temporary traffic measures for the maintenance and protection traffic (MPT) during the construction of two new site sewer connections. Please have the consultant provide the MPT for NYCDOT review and approval.*

MPT plans of construction within the City Right-of-Way would be prepared and submitted to NYCDOT for approval as the design progresses.

32) *Page ES-48 states that parking for construction workers would be provided within the project site in either the new staff parking garage or temporary at-grade lots; however, "Parking Conditions During Construction" (Table 17-3) reflects construction workers utilizing the on-street parking. Please have the consultant clarify the discrepancy.*

LIJ is currently leasing parking spaces from i-Park for use by construction workers. At-grade parking would also be provided on the Project Site within construction areas wherever possible. The DGEIS will be revised to reflect construction workers using the i-Park facility rather then on-street parking or in the staff garage.

33) *Please have the consultant provide the traffic analyses performed for the Site Access Alternative, as well as assignment maps for this alternative.*

Implementation of the Site Access Alternative would result in a shift of traffic from the Lakeville Road Main Entrance to the new access driveway to Marcus Avenue. Approximately 250 additional vehicles in the a.m. peak hour and an additional 250 vehicles in the p.m. peak hour would be projected to use the Marcus Avenue exit. The assignment map of traffic at the intersection at Marcus Avenue and Lakeville Road as well as the traffic analyses at that intersection are included in Appendix 8. Since the alternative was not considered feasible due to

property acquisition and the loss of on-site parking, further traffic analyses were not performed.

Please feel free to contact us if any other information is required.

Mike Brinjak
Transportation Planner
Michael.brinjak@stantec.com

The City of New York

Department of Environmental Protection

59-17 Junction Boulevard
Flushing, New York
11373-5108

Christopher O. Ward
Commissioner

Douglas S. Greeley, P.E.
Deputy Commissioner

Bureau of Water and Sewer Operations

Tel. (718) 595-5330
Fax. (718) 595-5342
dgreeley@nysnet.net

September 10, 2003

Mikiko Kitani
Vollmer & Associates, LLP
50 West 23rd Street
New York, NY 10010-5205

Re: SCQ-050/03 (Master Plan); proposed storm and sanitary connections to serve Long Island Jewish Hospital: Borough of Queens

Dear Ms. Kitani:

This is in response to your submittal of a master site plan for the above referenced project with your letters dated September 9, September 2 and August 25, 2003 in which you established the site storm and sanitary flows and approximate point of discharge to the existing sewer system.

We have reviewed your submittal and have found it to be acceptable. *This approval should not be considered a site connection proposal certification for building permits or sewer connection permits.* In order to obtain certification for each phase of the project, you must submit a site connection proposal application for the corresponding phase. All site connection proposal applications submitted for this project shall be in conformance with the approved master plan.

In all future submissions for this project, please refer to application number SCQ-050/03 (Master Plan) and note the same on both the site connection proposal application forms and site plans.

Very truly yours,

Vincent Malveaux
Engineer - in - Charge
Site Connection Review Unit

ENERGY CENTER:

PHASE 1 STORM FLOW
ON-SITE LEACHING

SITE AREA = 37,446 SF = 0.86 AC

Qall = 0 CFS

PHASE 1 SANITARY FLOW

RESIDENTIAL ZONING R3-2 = 50 PERS./AC

Qavg = AVERAGE DOMESTIC FLOW
= (POP. DENSITY x A x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= (50 PERS./AC x 0.86 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.010 CFS

Qpk = PEAK DOMESTIC FLOW
= Qavg x PEAK FACTOR
= 0.010 CFS x 4 = 0.040 CFS

HILLSIDE ACTIVITIES THERAPY BUILDING:

PHASE 2 STORM FLOW
ON-SITE LEACHING

SITE AREA = 40,917 SF = 0.94 AC

Qall = 0 CFS

PHASE 2 SANITARY FLOW

Qavg = (50 PERS./AC. x 0.94 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.011 CFS

Qpk = 0.011 CFS x 4
Qpk = 0.044 CFS

HILLSIDE IN-PATIENT BUILDING:

PHASE 3 STORM FLOW
CONNECTION TO 76TH AVENUE (AT 268TH ST)

SITE AREA = 151,381 SF = 3.48 AC

Qall = C(drain.map) x R(drain.map) X A
= 0.40 x 4.80 IN/HR x 3.48 AC
Qall = 6.68 CFS

PHASE 3 SANITARY FLOW

Qavg = (50 PERS./AC. x 3.48 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.040 CFS

Qpk = 0.040 CFS x 4
Qpk = 0.16 CFS

GARAGE - 1st PHASE:

PHASE 4A STORM FLOW
CONNECTION TO 76TH AVENUE (AT 268TH ST)

SITE AREA = 68,553 SF = 1.57 AC

Qall = 0.40 x 4.80 IN/HR x 1.57 AC
Qall = 3.01 CFS

PHASE 4A SANITARY FLOW

Qavg = (50 PERS./AC. x 1.57 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.018 CFS

Qpk = 0.018 CFS x 4
Qpk = 0.073 CFS

GARAGE - 2nd PHASE:

PHASE 4B STORM FLOW
CONNECTION TO 74TH AVENUE

SITE AREA = 56,122 SF = 1.29 AC

Qall = 0.40 x 4.80 IN/HR x 1.29 AC
Qall = 2.48 CFS

PHASE 4B SANITARY FLOW

Qavg = (50 PERS./AC. x 1.29 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.015 CFS

Qpk = 0.015 CFS x 4
Qpk = 0.060 CFS

EMERGENCY DEPARTMENT:

PHASE 5 STORM FLOW
CONNECTION TO 74TH AVENUE

SITE AREA = 71,617 SF = 1.64 AC

Qall = 0.40 x 4.80 IN/HR x 1.64 AC
Qall = 3.15 CFS

PHASE 5 SANITARY FLOW

Qavg = (50 PERS./AC. x 1.64 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.018 CFS

Qpk = 0.018 CFS x 4
Qpk = 0.076 CFS

SCHNEIDER CHILDREN'S HOSPITAL:

PHASE 6 STORM FLOW
CONNECTION TO 76TH AVENUE (AT 268TH ST)

SITE AREA = 138,558 SF = 3.18 AC

Qall = 0.40 x 4.80 IN/HR x 3.18 AC
Qall = 6.10 CFS

PHASE 6 SANITARY FLOW

Qavg = (50 PERS./AC. x 3.18 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.037 CFS

Qpk = 0.037 CFS x 4
Qpk = 0.15 CFS

BED TOWER & LAKEVILLE ROAD ACCESS:

PHASE 7 STORM FLOW
CONNECTION TO 76TH AVENUE (AT 271ST ST)

SITE AREA = 294,030 SF = 6.75 AC

Qall = 0.40 x 4.80 IN/HR x 6.75 AC
Qall = 12.96 CFS

PHASE 7 SANITARY FLOW

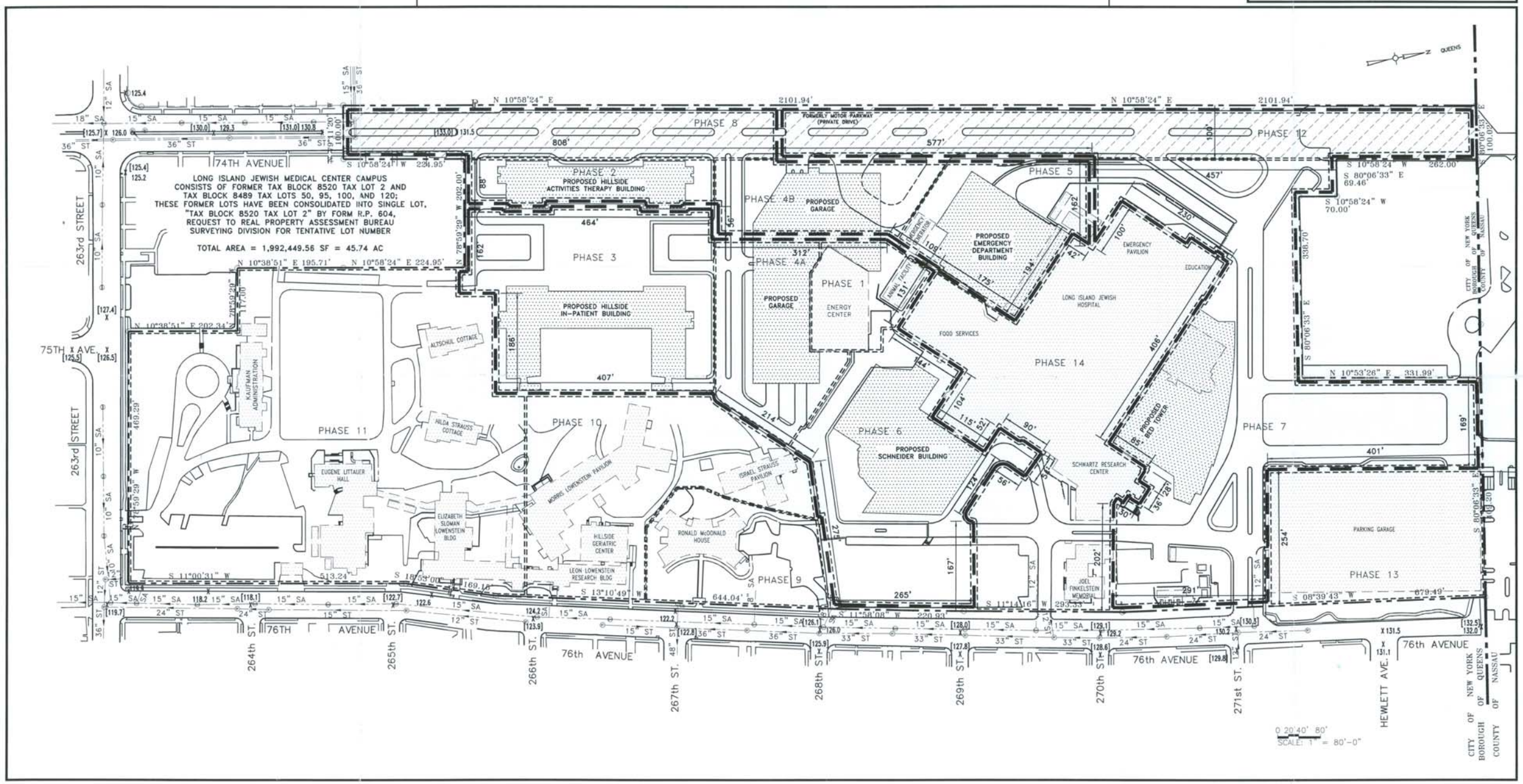
Qavg = (50 PERS./AC. x 6.75 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.078 CFS

Qpk = 0.078 CFS x 4
Qpk = 0.31 CFS

TOTAL STORM FLOW TO 74TH AVENUE WILL BE RESTRICTED TO 9.25 CFS.
TOTAL STORM FLOW TO 76TH AVENUE WILL BE RESTRICTED TO 78.57 CFS.

LEGEND:

- EXISTING SANITARY SEWER
- EXISTING STORM SEWER
- PROPERTY LINE
- COUNTY LINE
- PHASE BOUNDARY
- 100-FT FRONTAGE FOR MOTOR PARKWAY Qall
- TRIBUTARY AREA (MASTER PLAN PROJECTS)
- EXISTING BUILDING
- PROPOSED BUILDING
- EXISTING CURB LINE
- EXISTING LEGAL GRADE [132.5] X
- EXISTING LEGAL GRADE 132.5 X



MOTOR PARKWAY - SOUTH:

PHASE 8 STORM FLOW
CONNECTION TO 74TH AVENUE

SITE AREA = 80,788 SF = 1.85 AC

Qall = 0.40 x 4.80 IN/HR x 1.85 AC
Qall = 3.55 CFS

PHASE 8 SANITARY FLOW

Qavg = (50 PERS./AC. x 1.85 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.021 CFS

Qpk = 0.021 CFS x 4
Qpk = 0.086 CFS

RONALD McDONALD HOUSE:

PHASE 9 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 61,823 SF = 1.42 AC

Qall = 0.40 x 4.80 IN/HR x 1.42 AC
Qall = 2.73 CFS

PHASE 9 SANITARY FLOW

Qavg = (50 PERS./AC. x 1.42 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.016 CFS

Qpk = 0.016 CFS x 4
Qpk = 0.066 CFS

SOUTHERN AREA #1:

PHASE 10 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 135,760 SF = 3.12 AC

Qall = 0.40 x 4.80 IN/HR x 3.12 AC
Qall = 5.99 CFS

PHASE 10 SANITARY FLOW

Qavg = (50 PERS./AC. x 3.12 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.036 CFS

Qpk = 0.036 CFS x 4
Qpk = 0.14 CFS

SOUTHERN AREA #2:

PHASE 11 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 396,057 SF = 9.09 AC

Qall = 0.40 x 4.80 IN/HR x 9.09 AC
Qall = 17.45 CFS

PHASE 11 SANITARY FLOW

Qavg = (50 PERS./AC. x 9.09 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.10 CFS

Qpk = 0.10 CFS x 4
Qpk = 0.42 CFS

MOTOR PARKWAY - NORTH:

PHASE 12 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 129,471 SF = 2.97 AC

Qall = 0.40 x 4.80 IN/HR x 2.97 AC
Qall = 5.71 CFS

PHASE 12 SANITARY FLOW

Qavg = (50 PERS./AC. x 2.97 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.034 CFS

Qpk = 0.034 CFS x 4
Qpk = 0.14 CFS

EXISTING GARAGE:

PHASE 13 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 99,708 SF = 2.29 AC

Qall = 0.40 x 4.80 IN/HR x 2.29 AC
Qall = 4.40 CFS

PHASE 13 SANITARY FLOW

Qavg = (50 PERS./AC. x 2.29 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.026 CFS

Qpk = 0.026 CFS x 4
Qpk = 0.11 CFS

J. F. MEMORIAL BUILDING AREA:

PHASE 14 STORM FLOW
CONNECTION TO 76TH AVENUE

SITE AREA = 229,931 SF = 5.28 AC

Qall = 0.40 x 4.80 IN/HR x 5.28 AC
Qall = 10.14 CFS

PHASE 14 SANITARY FLOW

Qavg = (50 PERS./AC. x 5.28 AC x 150 GALS/ PERS./DAY) / (7.48 x 86,400)
= 0.061 CFS

Qpk = 0.061 CFS x 4
Qpk = 0.24 CFS

PHASE	TITLE	BUILDING APPLICATION #
1	ENERGY CENTER	401312593
2	HILLSIDE ACTIVITIES THERAPY	401530991
3	HILLSIDE IN-PATIENT	PENDING
4A	GARAGE - 1st PHASE	401573784
4B	GARAGE - 2nd PHASE	401573784
5	EMERGENCY DEPARTMENT	PENDING
6	SCHNEIDER CHILDREN'S HOSPITAL	PENDING
7	BED TOWER & LAKEVILLE ROAD ACCESS	401706150
8	MOTOR PARKWAY - SOUTH	PENDING
9	RONALD McDONALD HOUSE	401628155
10	SOUTHERN AREA #1	PENDING
11	SOUTHERN AREA #2	PENDING
12	MOTOR PARKWAY - NORTH	PENDING
13	GARAGE	401379156
14	J. F. MEMORIAL BUILDING	PENDING

TO 74th AVENUE:

PHASE 4B	2.48 CFS
PHASE 5	3.15 CFS
PHASE 8	3.55 CFS
Qall TO 74th AVENUE =	9.18 CFS < 9.25 CFS = Qall

TO 76th AVENUE:

PHASE 3	6.68 CFS
PHASE 4A	3.01 CFS
PHASE 6	6.10 CFS
PHASE 7	12.96 CFS
PHASE 9	2.73 CFS
PHASE 10	5.99 CFS
PHASE 11	17.45 CFS
PHASE 12	5.71 CFS
PHASE 13	4.40 CFS
PHASE 14	10.14 CFS
Qall TO 76th AVENUE =	75.17 CFS < 78.57 CFS = Qall

Long Island Jewish Medical Center
NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM
400 Lakeville Road
New Hyde Park, New York 11040
A Project of Facilities Design

Owner
North Shore / Long Island Jewish Health System
400 Lakeville Road
New Hyde Park, New York 11040
718.470.4700

Civil Engineer
VOLLMER ASSOCIATES LLP
50 West 23rd Street
New York, NY 10010-5205
Tel: 212.366.5600
Fax: 212.366.5629

BUREAU OF SEWER SURVEY AND MAINTENANCE COLLECTION DIVISION OF SEWERS, REGULATION AND CONTROL
SEWER INFORMATION CERTIFIED
2/10/03

NO.	DATE:	REVISION:
3	09/09/2003	REVISED MASTER PLAN SUBMISSION
2	08/22/2003	REVISED MASTER PLAN SUBMISSION
1	04/11/2003	ORIGINAL SUBMISSION

Key Plan:

KEY PLAN

BLOCK 8520, TAX LOT 2

SCQ - 050 / 03 (MASTER PLAN)

DESIGN NO.:	DATE:
———	04/11/2003
VOLLMER PROJECT NO.:	SCALE:
2001-019-00	1"=80'

PROJECT: LONG ISLAND JEWISH MEDICAL CENTER DRAINAGE MASTER PLAN
ADDRESS: NEW HYDE PARK, NY 11040

DRAWING TITLE:

MASTER DRAINAGE PLAN

STATE OF NEW YORK — TIMOTHY J. HINRICHS — LICENSED PROFESSIONAL ENGINEER

TIMOTHY J. HINRICHS, P.E.
NYS P.E. LICENSE NO. 070232-1

DRAWING NO.:

DP-1

SHEETS:
1 OF 1

Transportation
Land Development
Environmental
Services

VHB Engineering, Surveying and Landscape Architecture, P.C. | Affiliated with Vanasse Hangen Brustlin, Inc.

March 26, 2009

VIA ELECTRONIC MAIL AND OVERNIGHT CARRIER

Mr. Matthew A. Stanley, AICP
Senior Environmental Manager
Dormitory Authority of the State of New York
One Penn Plaza, 52nd Floor
New York, New York 10119-0090

Re: Draft Generic Environmental Impact Statement ("DGEIS")
Long Island Jewish Medical Center Modernization Program
270-05 76th Avenue
New Hyde Park, Borough of Queens
Queens County, New York

Dear Mr. Stanley:

We are serving as the environmental and planning consultant to the Incorporated Village of Lake Success (hereinafter the "Village," who received a copy of the above-referenced DGEIS. The Village Attorney, Peter Mineo, has requested that our office, along with the Village's traffic consultant, RMS Engineering, P.C., review the aforesaid DGEIS for the Long Island Jewish Medical Center Modernization Program (hereinafter the "LIJ Modernization Plan") and prepare comments for submission to you (presented below).

As you review the comments presented hererin, you should be aware that the Village Planning Board ("Planning Board") received an application from Winthrop Management, LP for the modification of a previously-approved site plan for the "unlandbanking," reconfiguration and construction of additional parking and the modification to site driveways, on the 93.51-acre property located at 1111 Marcus Avenue, situated within both the Village and the Town of North Hempstead. This application is referred to in the DGEIS as the "i-Park development." Specifically, the application includes the construction of 1,316 parking spaces to increase on-site parking from 3,471 spaces to 4,787 spaces. It is estimated that no less than approximately 7,300 parking spaces are required for the 1111 Marcus Avenue application and, therefore, the applicant has also applied for a parking variance from the Village Board of Appeals. In addition, Winthrop Management, LP has requested the modification of a prior approval (2002) from the Village Board of Trustees that limits the amount of existing building square footage that can be used for office purposes to 50 percent and the remaining 50 percent for telecommunications, studios, and/or warehouse/distribution space, as Winthrop Management, LP is seeking to convert currently vacant space within the existing building to

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email: info@vhb.com
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medical/office space for North Shore Long Island Jewish Hospital ("NSLIJ") and for other tenants. Accordingly, the Village is particularly concerned about potential adverse cumulative impacts because of the proximity of these sites.

Below are the technical comments on the aforesaid DGEIS:

Traffic and Parking

The traffic counts presented in the DGEIS were obtained in October 2006. However, traffic counts in November 2006 and in September 2008 were presented to the Village, in a Traffic Impact Study, Revised February 2009, as part of the applications pending before the Village. The data in the DGEIS and the data presented to the Village (which were prepared by Cameron Engineering & Associates, LLP ["Cameron"]) are not consistent. Given the potential cumulative impacts of these combined projects, the data must be reconciled.

1. The scope of the analyses performed in the DGEIS should be expanded to include the Lakeville Road at the Long Island Expressway ("LIE") North and South Service Road intersections.

2. There are differences between the Level of Service ("LOS") presented in the DGEIS and the Cameron report, which was submitted to the Village, for the same intersections. These differences must be reconciled and explained as the impacts of the proposed project, and the cumulative impacts of both projects, may be misstated or underestimated.

3. The description of the "i-Park development" and the traffic generated by the current proposal needs to be revised to include current information contained in the Cameron report.

4. The trip generation estimates for the proposed LIJ Modernization Plan rely on data collected at the existing facility, which is a commonly accepted practice. The traffic generation was computed on a per bed trip rate, based on a total of 606 beds. However, it is unknown if,at the time of the data collection, all of the beds were occupied. This needs to be thoroughly explained and documented, and as necessary, appropriate adjustments must be made to the analyses.

5. The DGEIS concludes that 96% of the 5,052 available off-street parking spaces will be occupied. As indicated above, it is unknown if all of the 606 beds were occupied at the time of the data collection. This information could affect the accuracy of the conclusions

that are based on the parking occupancy study, especially as it relates to parking impacts to the property at 1111 Marcus Avenue. This situation needs to be addressed.

Water Usage and Sanitary Waste Generation

6. There are no data to support the estimate that the proposed action would result in an additional 100,000 gallons per day of water usage and sanitary sewage generation. On page 13-3 of the DGEIS, there is reference to a "Master Drainage Plan SCQ 050/03," however, this document is not included in the DGEIS (it was not in the copy provided to the Village).

7. On page 13-2 of the DGEIS, under the "Water Supply" subsection, it states, "[a]ctual water usage at the Project Site for the year from August 2007 to August 2008 totaled approximately...178,000 gallons per day (gpd)." However, on the same page, under the "Sanitary Sewage" subsection, it states, "[b]ased on the estimated water usage, the estimated average sanitary sewage generated by the Project Site is approximately 178,000-gpd..." Is the 178,000 gpd volume provided an estimate or is it based on actual water usage data (e.g., water bills)?

On behalf of the Village, thank you for the opportunity to comment on this DGEIS. We look forward to the review of comprehensive responses in the Final Generic Environmental Impact Statement.

Should you have any questions, please do not hesitate to contact either of the undersigned at (631) 234-3444, or the traffic engineer, Wayne Muller, P.E. at (631) 271-0576.

Sincerely,

VHB Engineering, Surveying and Landscape Architecture, P.C.

Theresa Elkowitz
Principal

Kim A. Gennaro, AICP
Director, LI Environmental Division

TE/KAG/lm

cc: P. Mineo, Esq., Village Attorney
C. Pogrell, Village Clerk/Administrator
W. Muller, P.E., RMS Engineering

Transportation
Land Development
Environmental
Services

VHB Engineering, Surveying and Landscape Architecture, P.C. | Affiliated with Vanasse Hangen Brustlin, Inc.

March 27, 2009

VIA ELECTRONIC MAIL AND U.S. MAIL

Mr. Matthew A. Stanley, AICP
Senior Environmental Manager
Dormitory Authority of the State of New York
One Penn Plaza, 52nd Floor
New York, New York 10119-0090

Re: Draft Generic Environmental Impact Statement ("DGEIS")
Long Island Jewish Medical Center Modernization Program
270-05 76th Avenue
New Hyde Park, Borough of Queens
Queens County, New York

Dear Mr. Stanley:

As you are aware, we are the environmental and planning consultant to the Incorporated Village of Lake Success (hereinafter the "Village"). On March 26, 2009, on behalf of the Village, we transmitted comments on the above-referenced DGEIS for the Long Island Jewish Medical Center Modernization Program (hereinafter the "LIJ Modernization Plan"), primarily relating to the cumulative traffic and parking impacts of the LIJ Modernization Plan and pending applications at property located at 1111 Marcus Avenue.

While the Village is concerned about the issues identified in the traffic and parking analyses, the Village does not object to the implementation of the proposed LIJ Modernization Plan nor does the Village believe that the implementation of that plan would result in significant adverse impacts to the Village. Moreover, the Village is performing its own environmental review (in accordance with the State Environmental Quality Review Act ["SEQRA"]) of the pending applications at 1111 Marcus Avenue, and will be addressing the traffic and parking issues identified in the March 26, 2009 comment letter, as well as other specific issues, as part of its SEQRA review.

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Should you have any questions regarding the Village's position on this matter, please do not hesitate to contact me at 631-234-3444 or the Village Attorney, Peter Mineo, at 516-248-1700.

Sincerely,

VHB Engineering, Surveying and Landscape Architecture, P.C.

Theresa Elkowitz
Principal

TE/lm

cc: P. Mineo, Esq., Village Attorney
C. Pogrell, Village Clerk/Administrator
W. Muller, P.E., RMS Engineering

Appendix C: Written Comments on *DGEIS*

New York City Department of Transportation
Janette Sadik-Khan, Commissioner

Division of Traffic Planning
40 Worth Street, Room 928
New York, NY 10013
Tel: 212-676-1680 Fax: 212-442-7912
Web:www.nyc.gov/dot

FAX TRANSMITTAL SHEET

To: Matt Stanley Fax#: (212) 273-5121
From: Michele Southdsen-Tajwal
Sender's phone #: (212) 442-8053 Fax #: (212) 442-7912
Number of pages to follow: 4 Date: 3/26/09

ACTION TO BE TAKEN:

- ☐ URGENT/IMMEDIATE ATTENTION
- ☐ AWAITING YOUR COMMENTS
- ☐ PER YOUR REQUEST
- ☐ FOR YOUR INFORMATION
- ☐ PLEASE CALL UPON RECEIPT

Comments: Draft comments on the LTJMC

Operator:

To: Matthew A. Stanley, AICP, Senior Environmental Manager
Office of Environmental Affairs
Dormitory Authority of the State of New York

DRAFT

From: Naim Rasheed, Director

Re: Long Island Jewish Medical Center Modernization Program, Queens
Draft Generic Environmental Impact Statement

Date: March 25, 2009

We have reviewed the Draft Generic Environmental Impact Statement (DGEIS) for the above referenced project, and submit the following comments:

1. Please have the consultant provide a copy of the Master Plan showing the locations of the buildings identified in "Project Summary Table" (Table ES-1).

2. Please have the consultant provide the background material (manual traffic counts, ATRs, vehicle classification counts, number of current truck trips, physical inventories, official signal timing, etc.).

3. Please have the consultant provide the survey of the existing facility mentioned on Page 10-10 (locations counted, number of vehicles counted entering and exiting, etc). Also, please explain how the volumes associated with the "Long Island Jewish Hospital" (LIJH) and "Schneider Children's Hospital" (SCH) were isolated from volumes associated with all activity at "Zucker Hillside Hospital" (ZHH) and "Parker Jewish Geriatric Institute" (PJGI) to develop the trip generation rates identified in "Entry and Exit Volumes for LIJH and SCH" (Table 10-4).

4. Page 10-14 states that overall bus ridership is less than 100 persons per peak hour and that patronage from Long Island Jewish Medical Center (LIJMC) employees, patients and visitors is limited. Please have the consultant explain how the patronage associated with the LIJMC was determined. Were bus passengers counts and/or interviews performed?

5. Please have the consultant provide Existing, No-Build, and Build traffic volume maps. Please note that volume maps should be included in the Final Generic Environmental Impact Statement (FGEIS).

6. Page 10-4 states that the data collection program was performed in 2006; however, page 10-5 states that 2007 is the Existing condition. Page 10-21 states that a five percent background growth (one percent per year with a 2011 Build Year) was utilized. Please have the consultant clarify the discrepancies. If counts were performed in 2006, then the existing conditions should be 2006 and the analyses should be revised accordingly.

7. Please have the consultant provide trip assignment maps for the No-Build soft sites. Please provide Appendix B referenced on Page 10-14. Also, please contact the New

York City Department of City Planning to determine whether there are any additional No-Build soft sites within the area.

8. Please note that estimating the i-Park's occupancy level based upon the number of cars parked in the parking lot is unacceptable. Please have the consultant provide the square feet of the existing occupied space at i-Park, as well as a survey providing the number of person and vehicular trips associated with this development.

9. Please have the consultant justify utilizing the ITE Trip Generation for Business Park (Land Use 770) for the 438,000 square feet of space at i-Park that is proposed for occupancy by the North Shore Long Island Jewish Heath System (NSLIJHS) facilities in the No-Build condition. Please provide the type of operation at this facility. Utilizing travel demand assumptions for hospital or other related health care facilities may be more appropriate. Also, please explain why the additional space is added to the No-Build condition. Are these existing uses within the LIJMC campus that are being relocated due to the proposed expansion of medical services at the project site?

10. Please have the consultant provide trip assignment maps for the proposed project. Please note that trip assignment maps should be included in the FGEIS.

11. Please have the consultant provide justification for the peak hours analyzed by providing a comparison of the background traffic and trips generated by the proposed project.

12. Please have the consultant provide the travel demand assumptions and trip generation for a weekend peak hour to determine whether a weekend analysis is necessary.

13. Please have the consultant provide a copy of the Synchro printouts, as well as executable files on CD. Also, please provide a copy of HCM summary sheets, as well as executable files on CD. We recommend utilizing the latest version of HCS [Version 5.3]. Synchro Version 7 has additional features that do not produce the same results as calculated by HCS.

14. Please have the consultant provide level-of-service (LOS) tables that include the v/c ratio, delay and LOS for each lane group. Please note that at intersections within New York City LOS tables should report the v/c ratio, delay and LOS calculated by HCS. Furthermore, the guidelines provided in the CEQR Technical Manual should be utilized at those intersections within New York City, including significant impact criteria. Please contact Nassau County regarding the methodology utilized under their jurisdiction.

15. Please have the consultant provide additional information related to the Hearing and Speech Center Addition and Neonatal Services Improvement Project (square footage, types of improvements, etc.) and why these projects are not anticipated to generate additional traffic.

16. Please have the consultant explain how the modal split provided in "Mode Splits for Project Generated Vehicle Trips" (Table 10-16) were derived. Also, please clarify

what the bus category represents. According to Table 10-16 and "Summary of Peak Hour Vehicle Trips Generated by the proposed Project" (Table 10-15) the bus trips generated are vehicle trips, not person trips. However, on page 10-31 states that the usage of transit is expected to grow based on the modal split presented in Table 10-16. Please have the consultant clarify whether the trips generated are vehicle trips or person trips, and revise the text and/or analyses accordingly.

17. Please have the consultant provide scaled schematic drawings showing the existing and proposed parking regulations along 76th Avenue. Also, Page ES-7 states that removal of parking on 76th Street will facilitate the new through movement. Please have the consultant explain whether any restriping is proposed along 76th Avenue to accommodate the new through movement. If so, the requested scaled schematic drawings should reflect the proposed modifications. Please have the consultant explain when the proposed modifications are needed. On page ES-3 the proposed modernization program is described as a multi-year effort.

18. Page ES-7 mentions several campus roadway improvements: a new north to south roadway along the eastern frontage of the project site from the Emergency Department to 76th Avenue; and a new east to west roadway along the southern frontage of the project site between 268th Street and 271st Street. Please have the consultant provide scaled schematic drawings detailing the campus roadway improvements, as well as their distance from the nearest intersection. Also, please provide volume maps showing the reassignment of vehicles as a result of the modifications to site access, as well as traffic analyses for any new access points and existing access points which will be affected by the campus roadway improvements.

19. Please have the consultant provide hourly parking accumulation tables showing the number of vehicles entering and exiting under the Existing, No-Build and Build conditions (both weekday and weekend) for the LIJMC parking lots.

20. Please have the consultant provide an on-street parking survey (the number of legal parking spaces and their utilization within a quarter mile of the site), as per the CEQR Technical Manual.

21. Please have the consultant provide the parking surveys referenced in footnotes 2 and 3 of "LIJMC Existing Parking Facility Capacity and Observed Occupancy" (Table 10-6).

22. Footnote 1 of Table 10-6 states that LIJMC users previously parking at i-Park now park at the completed Staff Parking Garage; however occupancy rates are not provided for the Staff Parking Garage. Please have the consultant explain where the LIJMC staff is parking under existing conditions, as well as justify the assumption that LIJMC staff does not park in i-Park. The Long Island Jewish Medical Center New Parking Garage Environmental Assessment Statement (EAS- CEQR No.: 03-BSA-114Q) states that LIJMC will continue to lease 450 parking spaces at the i-Park facility for LIJ employees. Please note that our office was not involved in the review of the EAS.

23. Please have the consultant explain how the information in footnote 3 of Table 10-6 was derived (80 percent of on-street parking is related to the project site).

24. Please have the consultant explain how the existing demand of 2,853 parking spaces associated with LIJH and SCH was determined.

25. Please have the consultant provide a map showing the location of the off-street parking facilities.

26. Please have the consultant provide a safety assessment, as per the CEQR *Technical Manual*. A safety assessment is necessary because the LIJMC is a sensitive land use.

27. Please have the consultant verify the 2011 Build year. As indicated on pages ES-8 and 17-1, the proposed project will be constructed over a four-year period.

28. Page 17-1 states that construction on the SCH building would begin in the third quarter of 2008; however, the DGEIS was issued in first quarter 2009. Please have the consultant update the construction schedule and revise the DGEIS text and analyses accordingly.

29. Please contact the Nassau County Department of Public Works regarding the proposed signal timing modifications at the intersections of Marcus Avenue and Lakeville Road, and Union Turnpike and Lakeville Road. The traffic signals at both intersections are not under NYCDOT jurisdiction.

30. Please have the consultant the source of the vehicle occupancy factor of 1.2 for construction workers.

31. Page ES-48 mentions temporary traffic measures for the maintenance and protection of traffic (MPT) during the construction of two new site sewer connections. Please have the consultant provide the MPT for NYCDOT review and approval.

32. Page ES-48 states that parking for construction workers would be provided within the project site in either the new staff parking garage or temporary at-grade lots; however, "Parking Conditions During Construction" (Table 17-3) reflects construction workers utilizing the on-street parking. Please have the consultant clarify the discrepancy.

33. Please have the consultant provide the traffic analyses performed for the Site Access Alternative, as well as assignment maps for this alternative.

Once we receive the above requested materials, NYCDOT may have additional comments. If you have any questions or need additional information, please call me at (212) 676-1680 or Michele Samuelsen-Jaiswal at (212) 442-8053.

c: Acting A/C R. Russo, B/C M. McCarthy, J. Homkow (DASNY), R. Kulikowski (OEC), S. Ahmed, H. Colon, M. Samuelsen-Jaiswal, File

e:/Samuelsen/LIJModernization

From: Stanley, Matthew [MStanley@dasny.org]
Sent: Wednesday, March 11, 2009 9:54 AM
To: Martin S. Baker
Cc: Yau, Edward; O'Donnell, Brian
Subject: NYCDOT information request - LIJMC DGEIS

Marty,

I have received the following information request from NYCDOT on the LIJMC Modernization Program DGEIS. Please have Stantec compile the requested materials and forward them to my attention. I will then respond formally to NYCDOT. If you have any questions, please let me know. Thank you.

--MAS

From: Samuelsen, Michele [mailto:msamuelsen@dot.nyc.gov]
Sent: Tuesday, March 10, 2009 3:37 PM
To: Stanley, Matthew
Cc: Rasheed, Naim; Ahmed, Shakil; Colon, Henry
Subject: Long Island Jewish Medical Center Modernization Program

Matt,

The Long Island Jewish Medical Center Modernization Program Draft Generic Environmental Impact Statement is currently under review. In order to continue our review, the following materials are needed:

- Traffic count data (Manual traffic counts, ATRs, vehicle classification counts, number of current truck trips);
- Physical inventories;
- Official signal timing;
- Survey of the existing facility mentioned on Page 10-10 (locations counted, number of vehicles counted entering and exiting, etc. Also need explanation of how the volumes associated with the LIJH and SCH were isolated from volumes associated with PJGI.);
- Existing, No-Build, and Build traffic volume maps;
- Trip assignment maps for the proposed project;
- Justification for the peak hours analyzed (provide peak hours for the background traffic and peak hours for the trips generated by the proposed project);
- Provide the travel demand assumptions and trip generation for a weekend peak hour to determine whether a weekend analysis is necessary;
- Synchro printouts;
- HCM summary sheets (we recommend utilizing the latest version of HCS [Version 5.3]. Synchro Version 7 has additional features that do not produce the same results as calculated by HCS);
- LOS tables that include v/c ratios, as well as the v/c, delay and level of service of each lane group, not approach;
- Trip assignment maps for the No-Build soft sites;
- Additional information related to the Hearing and Speech Center Addition and Neonatal Services Improvement Project (square footage, types of improvements, why these projects are not anticipated to generate additional traffic, etc.)
- Hourly parking accumulation tables showing the number of vehicles entering and exiting under the Existing, No-Build and Build conditions (both weekday and weekend);
- On-street parking survey (the number of legal parking spaces and their utilization within a quarter mile of the site);
- Parking surveys referenced in footnotes 2 and 3 below Table 10-6;
- Explain how the information in footnote 3 below Table 10-6 was derived (80 percent of on-street parking is related to activity on the project site); and
- Map showing the location of the off-street parking facilities.

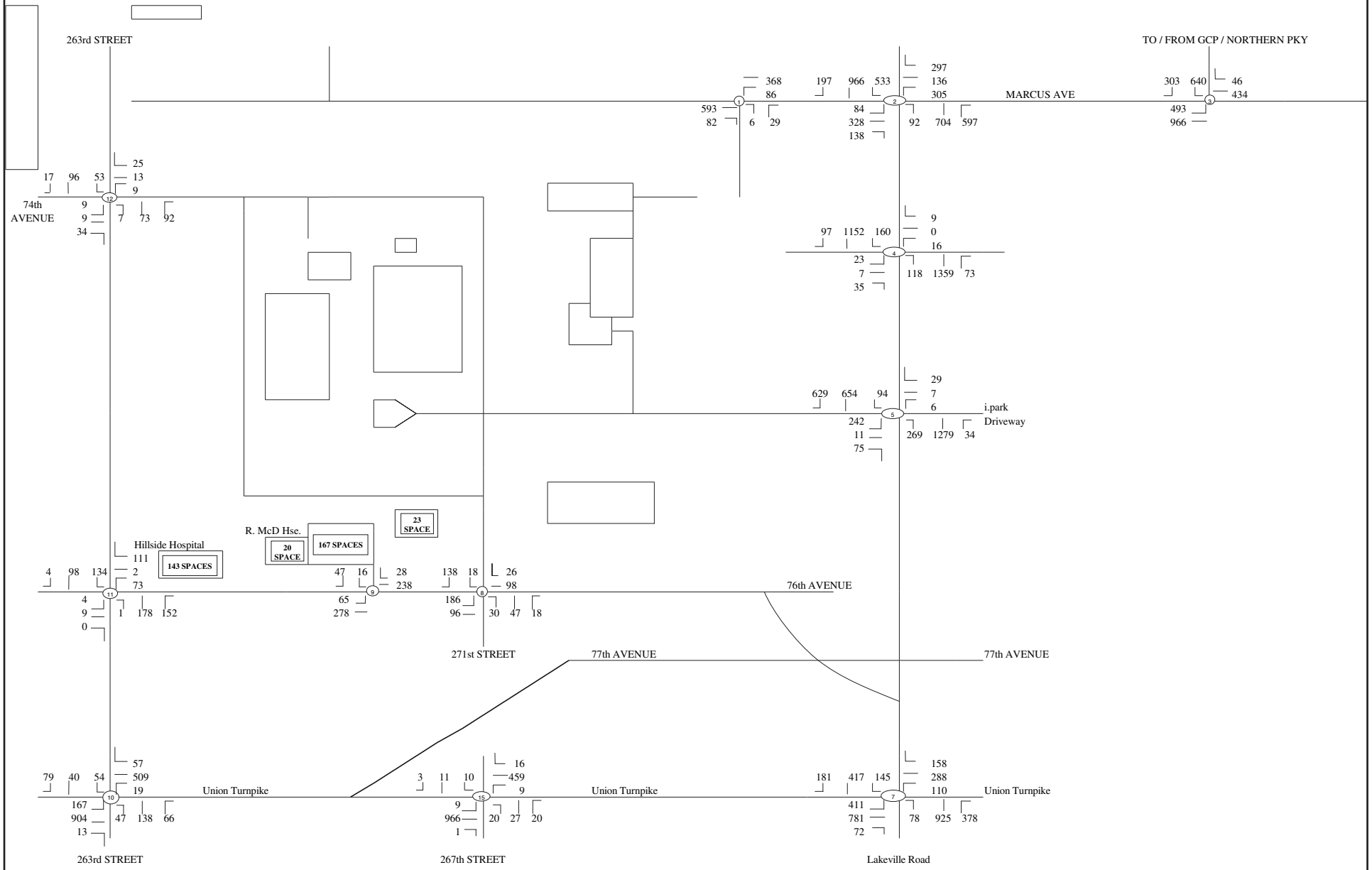
Thank you,

Michele Samuelsen-Jaiswal
New York City Department of Transportation
Office of Project Analysis/CEQR
40 Worth Street - Room 928

New York, NY 10013

Tel: 212/442-8053 Fax: 212/442-7912

Appendix D: Supplemental Traffic Data



North Shore-Long Island Jewish Health System

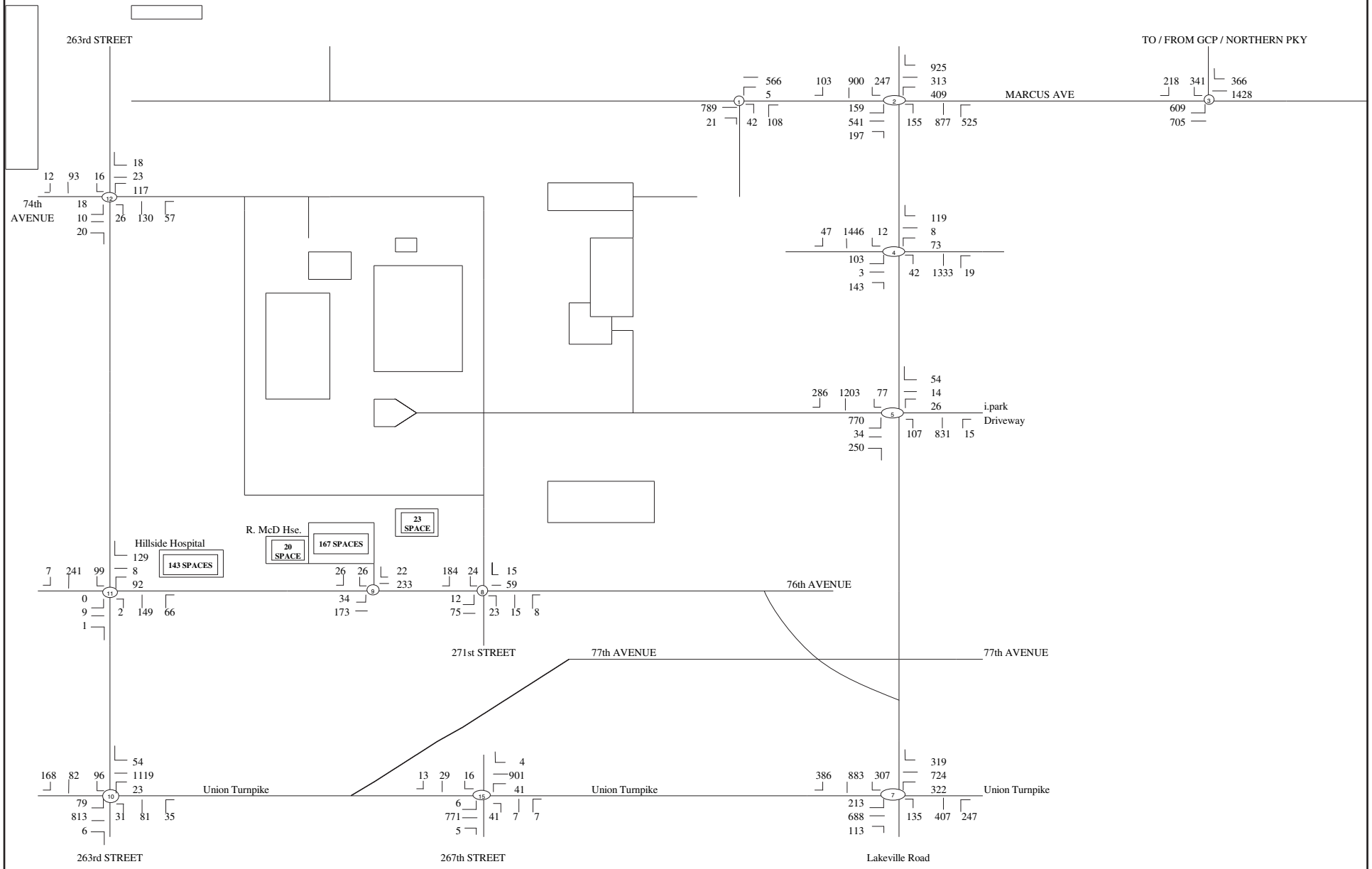
Dormitory Authority State of New York

N

Long Island Jewish Medical Center Modernization Program

A.M. Existing Volume Map

Figure T-1



North Shore-Long Island Jewish Health System

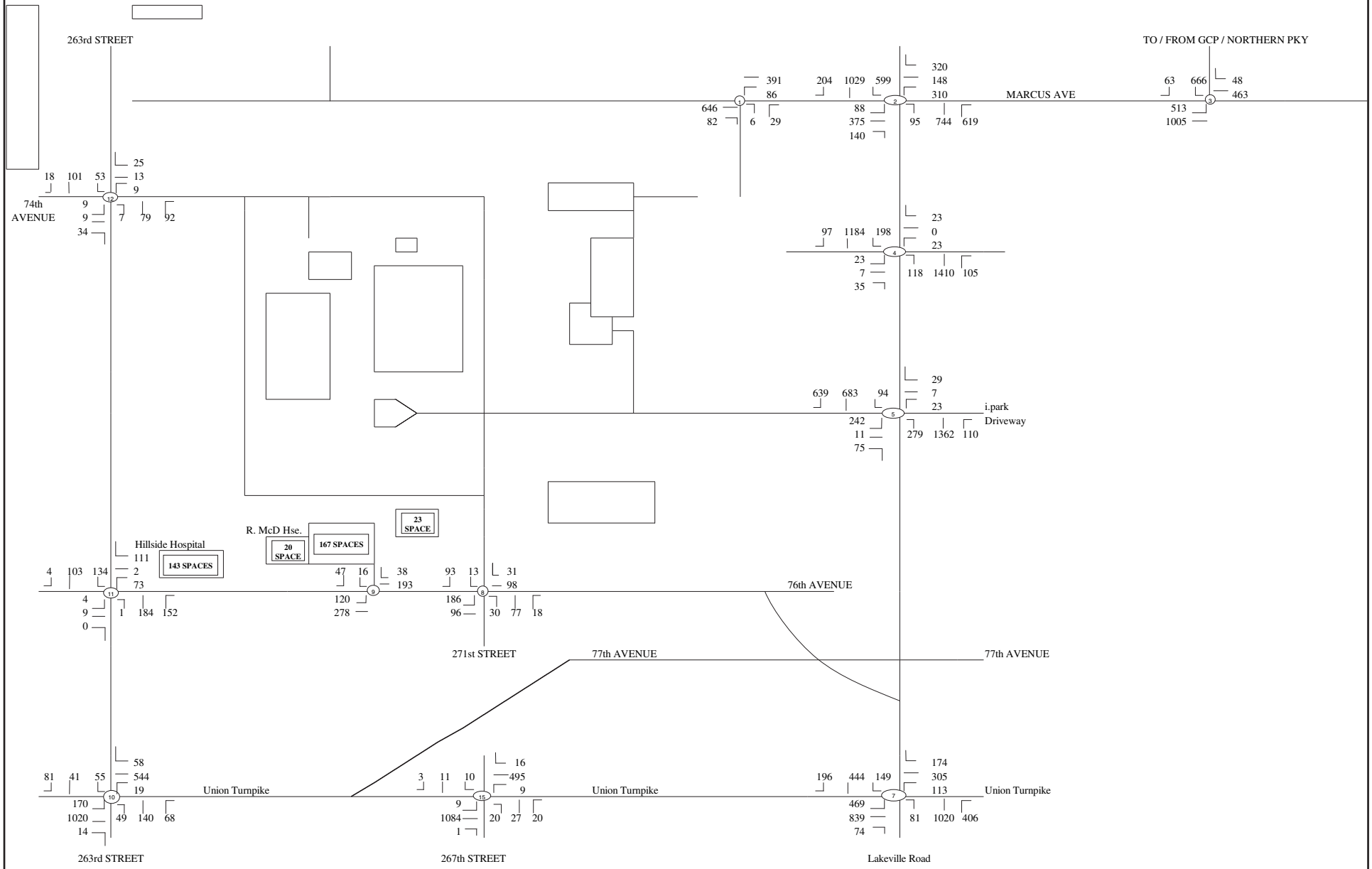
Dormitory Authority State of New York

N

Long Island Jewish Medical Center Modernization Program

P.M. Existing Volume Map

Figure T-2



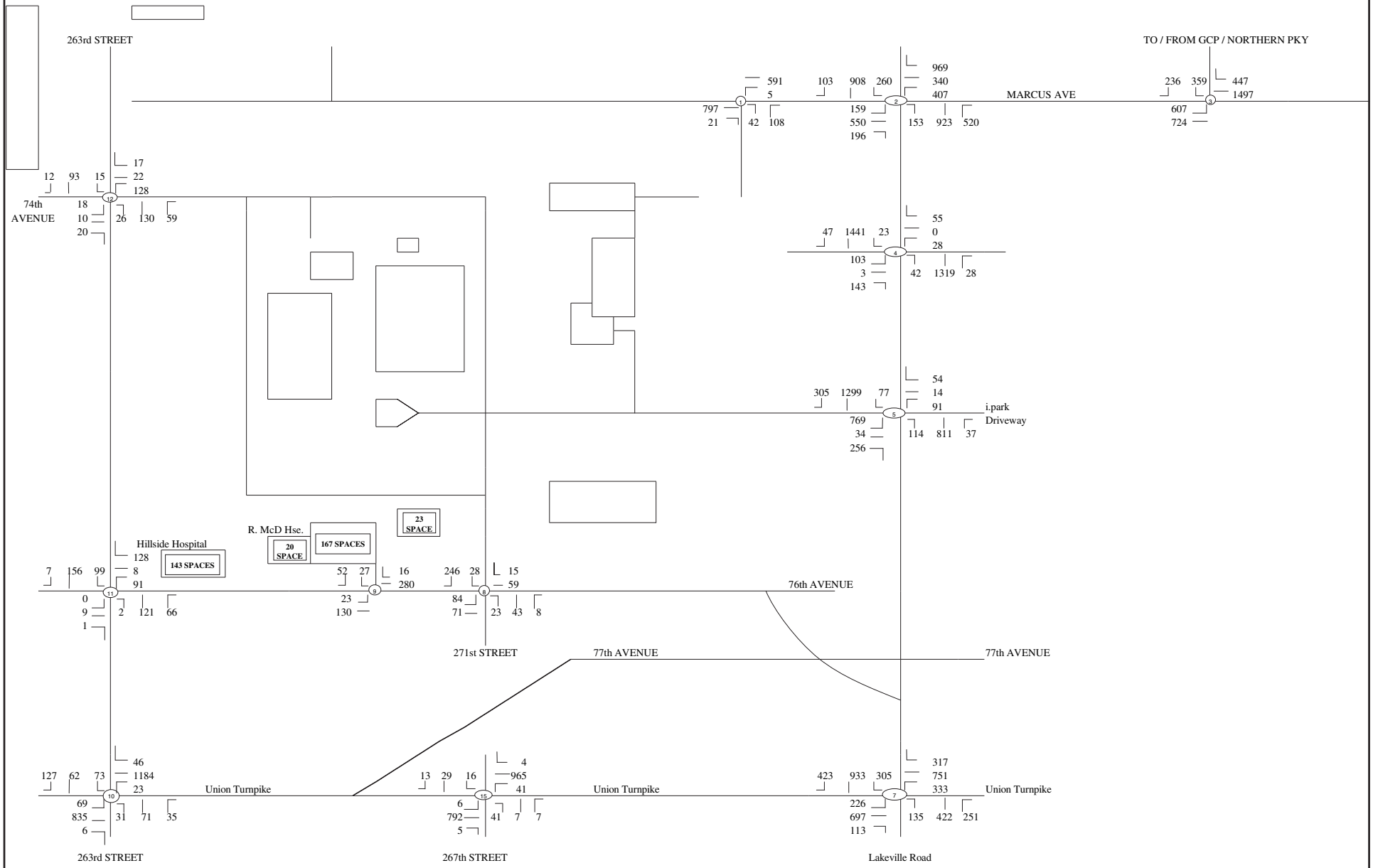
North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Long Island Jewish Medical Center Modernization Program

A.M. No-Build Volume Map

Figure T-3



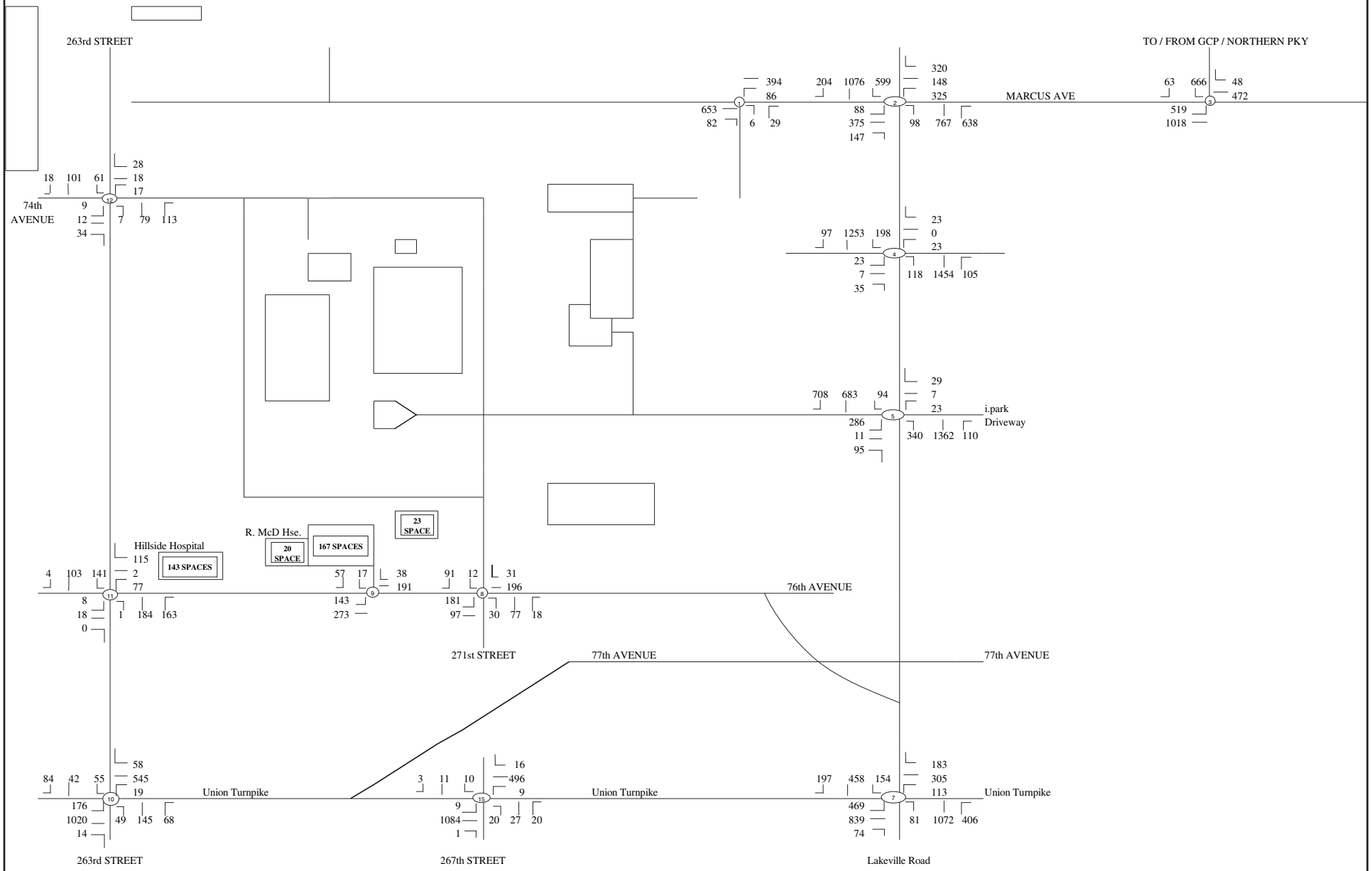
North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Long Island Jewish Medical Center Modernization Program

P.M. No-Build Volume Map

Figure T-4



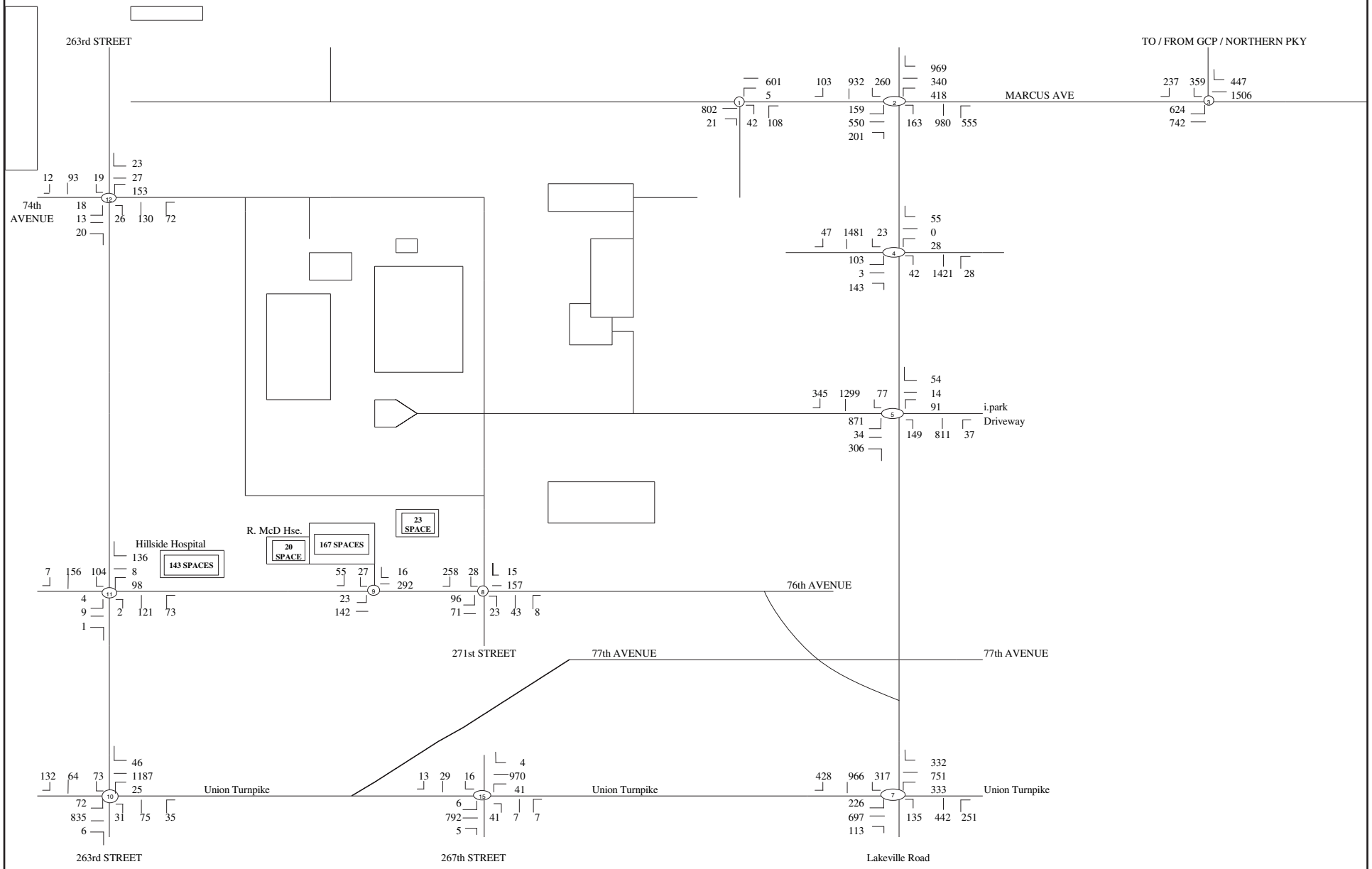
North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Long Island Jewish Medical Center Modernization Program

A.M. Build Volume Map

Figure T-5



North Shore-Long Island Jewish Health System

Dormitory Authority State of New York

Long Island Jewish Medical Center Modernization Program

P.M. Build Volume Map

Figure T-6