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April 8, 2020

VIA E-MAIL
TWOOLETT@SEQUIMWA.GOV

City of Sequim
Department of Community Development
c/o Tim Woolett
152 West Cedar Street
Sequim, WA 98382

Subject: MDNS for Jamestown S'Klallam Tribe Outpatient Clinic

Dear Mr. Woolett:

We submit these comments to the Mitigated Determination of Non-Significance (the "MDNS") for the Jamestown S'Klallam Tribe Outpatient Clinic (the "Clinic" or the "Project") on behalf of the applicant, the Jamestown S'Klallam Tribe. The Tribe has labored for years to bring this valuable service to the community. The Tribe has carefully planned the Project to provide exceptional care for those who need it most while also minimizing disruptions the services could cause to the community. The Tribe has succeeded. As planned, the Clinic will offer the gold-standard for treating Opioid Use Disorder ("OUD") without causing any significant adverse environmental impacts after construction is complete. While the March 23, 2020 Environmental Review and Threshold Determination acknowledges the only environmental impacts associated with the Project are construction related, the abundant conditions attached to the MDNS do not. We submit these comments to aid you in revising and striking those conditions, as appropriate.

With the exception of Conditions 1 and 2, all of the conditions purportedly mitigate the "potential for adverse environmental impact to public services due to the possibility of increased law enforcement and emergency services." The evidence before the City shows the Clinic will not cause any adverse impact to public services. Consequently, there is no

impact to mitigate, and none of the conditions relating to public services are allowed under SEPA.

A. Only "probable" significant adverse environmental impacts warrant mitigation under SEPA.

We note that the MDNS identifies only "potential" impacts, not any that are "probable." SEPA recognizes a distinction between those terms.

"Probable" means likely or reasonably likely to occur, as in "a reasonable probability of more than a moderate effect on the quality of the environment" (see WAC 197-11-794). Probable is used to distinguish likely impacts from those that merely have a possibility of occurring, but are remote or speculative.

WAC 197-11-782 (emphasis added). A purpose of the threshold determination process is to determine if the "proposal is likely to have a probable significant adverse environmental impact," and then evaluate whether those impacts can be mitigated. WAC 197-11-330(1)(b) (emphasis added); *see also* WAC 197-11-060(4)(a) (directing lead agencies to consider "impacts that are likely, not merely speculative."). If there are "no probable significant adverse environmental impacts from a proposal" then there are no impacts to mitigate, and SEPA compels the lead agency to issue a Determination of Nonsignificance. WAC 197-11-340(1).

For this MDNS, there are no "probable" environmental impacts. All the City identified are "potential" impacts, none of which are supported by evidence that shows "a reasonable probability of more than a moderate effect" to the environment. The "potential" impacts the City has identified are too remote and speculative to warrant mitigation under SEPA. WAC 197-11-660(1)(b) (requiring mitigation measures to relate to "specific, adverse environmental impacts").

B. There is no evidence the Clinic will cause significant probable adverse environmental impacts to public services.

Before an applicant is required to mitigate an impact, there must be actual evidence of an impact. *See* WAC 197-11-660(1)(d). There is none here. The review performed by the City of Sequim Police Department is the best evidence of this. The Police Department noted that the Tribe has provided OUD treatment at its existing clinic since 2017, which has resulted in no appreciable impact to public services. Specifically, the Police Department

concluded the Calls for Service to the existing clinic since it began offering OUD treatment "reflect such a de minimis volume of calls for service to even consider them an impact to our workload." This is evidence of no significant adverse environmental impact to public services.

The Police Department also acknowledged spending "considerable time and effort in researching possible public safety impacts" from the Clinic. They spoke with the Chiefs of Police for five cities with clinics that provide OUD treatment, and each Chief acknowledged the clinics did not cause negative impacts. The Chief of Police for Anacortes, which is home to the Swinomish Tribe's clinic that serves as a model for the Clinic, reported that the Swinomish Tribe's clinic resulted in a "benefit to their community." This is more evidence the Clinic will not cause significant adverse environmental impacts to public services, and will actually cause benefits.

Ultimately, the Police Department concluded "there will most likely be negligible impacts from the Jamestown clinic." Again, that is evidence of no significant adverse environmental impact to public services.

The evidence thus shows the Clinic will cause no probable, significant, adverse environmental impact to public services. All conditions purporting to mitigate that nonexistent impact are inappropriate and prohibited by SEPA. WAC 197-11-660(1)(d).

C. Community concern is not an environmental impact.

We presume the City imposed these conditions to appease the concerns of community members who oppose the Clinic. We understand why the City took this approach, but SEPA forbids it. It is settled law in Washington that community concern is an improper basis to impose conditions on a permit; conditions must mitigate an actual environmental impact. *Levine v. Jefferson Cty.*, 116 Wn.2d 575, 580, 807 P.2d 363 (1991); *Maranatha Min., Inc. v. Pierce Cty.*, 59 Wn. App. 795, 804, 801 P.2d 985 (1990) ("The only opposing evidence was generalized complaints from displeased citizens. Community displeasure cannot be the basis of a permit denial."). Mere comments, without evidence of how the Project would negatively impact the environment, cannot form the basis of any mitigating conditions.

Moreover, because the conditions relate to community concern, they are not based on adopted policies as SEPA requires. WAC 197-11-660(1)(a) (requiring mitigation measures to "be based on policies, plans, rules, or regulations formally designated by" the

appropriate legislative body "as a basis for the exercise of substantive authority and in effect when the DNS or DEIS is issued.").

D. The City's land use authority does not extend to clinic operations.

Many of the conditions impermissibly regulate clinic operations. Again, clinic operations have no impact on public services, so imposing these mitigating conditions is outside the City's authority under SEPA. While the City's staff is experienced in administering land use code, they are not clinical experts, and it is improper for them to use land use code to regulate medical services. For example, Condition 3 effectively freezes clinical operations in time, and the Clinic is not free to deviate from the "procedures and recommendations" in the Community Response Plan, even if a new treatment is scientifically proven as effective and desirable, but is not yet contemplated. The City should leave regulating clinics to those bodies with expertise in it.

Further, the MDNS does not account for the other laws that regulate clinic operations, and "whether local, state, or federal requirements and enforcement would mitigate an identified significant impact." WAC 197-11-660(1)(e). Moreover, the City's conditions do not take into account patient privacy. HIPAA prevents the Clinic from disclosing identifying patient information, which may occur if the Clinic has to notify the community navigator when a patient leaves the Clinic's program. The conditions regulating clinic operations are unworkable, unwise, and should be stricken.

E. Conditions targeting the Tribe's political status are improper.

Several of the conditions relate to processes that are uniquely available to federally recognized Indian tribes, like the Tribe, including sovereign immunity and the ability to put land into trust. But the Tribe is entitled to have its permits processed in the same manner as any other applicant. We are aware of no basis that allows a city to require a tribe to forfeit its sovereign immunity, even in a limited capacity, or reimburse a city for "lost tax revenue" in order to receive a permit, especially when the permit is for a project that is permitted outright and causes no probable adverse environmental impacts.

Related to those concerns, several conditions also relate to the fee-to-trust process and the Tribe's ability to take property off the County's tax rolls. The Tribe has no plans to take either action, so those conditions address speculative events, and are therefore improper under SEPA. WAC 197-11-060(4)(a). Those speculative events also are not part of the Project on review, so any conditions relating to them exceed the City's authority under SEPA. WAC 197-11-660(1)(d). Moreover, the federal statutes which govern the fee-

to-trust process specifically contemplate participation by neighboring local jurisdictions, so this is another purported "impact" that is subject to and mitigated by existing federal law. WAC 197-11-660(1)(e). Conditions seeking to regulate the Tribe's sovereign immunity, ability to put land into trust, or take property off the County tax roll should be stricken.

F. Miscellaneous comments to the MDNS

Several of the conditions have no sunset date and are unlikely to be permanently needed. For example, the conditions for funding a social navigator and requiring security to sweep through nearby neighborhoods should have an end date if Clinic operations show those services are not needed. Similarly, the Community Advisory Committee should be allowed to disband if the committee members decide in the future that the committee is no longer needed. The Tribe suggests a two-year period is reasonable, and, as discussed at the end of this letter, the Tribe can reevaluate in good faith negotiations with the City whether these services and practices should continue.

The condition requiring a \$250,000 bond for five years is excessive. The Tribe should not have to assume a cost for an impact the Clinic does not cause. Nevertheless, the Tribe is willing post a \$250,000 bond for two years.

Several terms in the MDNS are vague, and therefore not capable of being accomplished. WAC 197-11-660(1)(d). For example, it is unclear what portions of the Community Response Plan are "procedures and recommendations" and which portions are not. It is also unclear when a contingency plan "fully identifies courses of action and any corrective measures to be taken when monitoring or evaluation indicates expectation and standards are not being met." It is unclear what expectations or standards are at issue, and when a plan can "fully" identify "courses of action" or "corrective measures."

G. Good Neighbor Agreement

Last, the City has mandated the Tribe enter into a "Good Neighbor" agreement without identifying the terms of that agreement. Depriving the Tribe of its ability to negotiate is improper. As the Tribe has shown for generations, it has every intention of being a good neighbor to the residents of Sequim and the surrounding areas, and it is committed to operating its Clinic to meet the highest standards. But imposing conditions on an MDNS for impacts the Project does not cause is not the way to achieve that success.

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There are several conditions that SEPA prohibits being attached to the MDNS, but which the Tribe may agree to. The Tribe is willing to consider including those terms in a Good Neighbor agreement, and will negotiate with the City in good faith regarding those terms when the time comes. The Tribe looks forward to that process. But a necessary first step is removing the improper conditions from the MDNS, and giving the Tribe the fair treatment it is entitled to as an applicant seeking a building permit from the City.

Very truly yours,



Andy Murphy

Tim Woolett

From: Ann Marie Henninger <amhenninger@gmail.com>
Sent: Thursday, April 2, 2020 9:58 PM
To: Tim Woolett
Subject: SEPA comments

Hi Tim,

I fully support the proposed MAT clinic and affirm that the mitigation plan as presented will deal with any contingencies.

Thank you for all you do.

AM

Ann Marie Henninger BSN RN

Tim Woolett

From: charlieinseattle@yahoo.com
Sent: Wednesday, April 8, 2020 3:58 PM
To: Tim Woolett
Cc: Barry Berezowsky
Subject: M.A.T . Clinic S.E.P.A. comments

Community Advisory Committee

This committee needs a charter to keep the members focused and productive in a positive process flow.

Each committee member must sign a code of conduct for positive productive results.

Police reports of all documented criminal activity must be released to all committee members that make a written request in 24 hrs or less, by registered US. mail or encrypted email with delivery and read receipt.

Meetings are to be no less than (1) one per calendar month with the written agenda received by each member no less than (2) two business days prior to the scheduled meeting.

Navigator

This should be more than one person and more than one skill set.

The documented extreme need in this region for veterans with mental health, physical, and substance abuse disorders will require a person(s) trained as veteran service officer (s) to navigate thru the Veteran Administration ever changing process.

This is to assist veterans to receive all health care, housing, and disability benefits entitled by state and federal laws.

Female, male, single parents, dependents, etc..

The Wa State Dept of Social Services process is different and requires different training.

Tim Woolett

From: slowkat1 <slowkat1@att.net>
Sent: Tuesday, April 7, 2020 5:08 PM
To: Tim Woolett
Subject: No MAT clinic

I'm appalled at sequim city council!

I have never seen a city council make citizens sue to get representation. Where in America does that happen?

Citizens have said time after time that we dont want the MAT clinic in Sequim. Time after time the wishes of BIG BUSINESS trumps citizens. I'm saddened by the fact we have to appear time after time, picket, write letters, press city leaders ...to get a voice in the matter. Don't we count at all?

This is a BIG DEAL for our tiny town. This isn't Seattle. Doesnt our voice mean anything?

I feel, and I'm not alone, that somehow things have gone on behind our backs from the beginning, making shady deals & backroom meetings, emails between big businesses that are poised to make BIG MONEY if this goes thru. Cant citizens be included in the decision making? Wheres our voice?

The city council has brazenly said this MAT clinic is of no concern to the citizens so you've labeled it an A2 process. Has not the city council listened AT ALL to its citizens???

What have you thought we've been doing for the last 9 months, trying to get your attention?
Dont we matter?

We have said time after time after time that WE DONT WANT A MAT CLINIC IN OUR TINY TOWN! What have you said?
"But listen, look at all these benefits, look at helping addicts, look at all the money we'll be making"! Dont you think we're capable of deciding what's right for our town? Dont you think we matter at all?

A regional MAT clinic is NOT needed. P.A. has clinics there at a fraction of the cost that have many openings. Why should taxpayers fork out 455.00 per encounter when an addict can go to the facility in PA for 15.00???. AND theres openings. Doesnt make sense, so the only think I can think of is someone is set to make a whole lot of money. Cant you be good stewards on our behalf and use our tax dollars wisely??

They tout "we're only in it to help the addict"! Why cure an addict if you can get that kind of money and just string him along for the rest of his life? If the goal was to cure the addict, you would have a viable program to do that. This program substitutes one drug for another WITHOUT A REAL CURE! You are helping NO ONE with this scam. And we all know it.

We are ALL CONCERNED about this debacle, and to say the citizens aren't concerned is a LIE!

NO MAT CLINIC IN SEQUIM!

Mr Armand Sloper

Sent from my Verizon, Samsung Galaxy smartphone

Barb & Doug Diekfuss

192 Starry Rd.

Sequim, WA 98382

To: Barry Berezowsky

Important: Comments and Concerns regarding MDNS, File No. CRD 20-001

Barry Berezowsky;

I reviewed the Mitigated determination of Non significance (MDNS) prepared by the city of Sequim for the Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001)

My husband and I retired and moved here from Wisconsin a little over two and half years ago. Being fully aware that the moving expenses was going to cost us over \$20,000, and we would have to down size, because the houses here are much more expensive compared to Wisconsin. Our decision to move was easy, we fell in LOVE with Sequim and decided it was the place we wanted to live for the rest of our lives together. So After 6 months of trying to find a home to purchase in Sequim, packing up everything and have it moved all the way from Wisconsin to Sequim, we finally arrive at our new home. Once here we had an additional \$23,000 in expenses to bring our house to code and livable for us. Although it was costly for us being on a fixed income, we didn't mind it because after working all our lives we were happy to be retired in beautiful Sequim.

You can image how we felt the rug had just been pulled out from under us once we found out about the REGIONAL MAT facility being built in Sequim. Many questions came our mind; Why wasn't the community immediately aware of this development? Why was this location chosen???

Regarding Item 15 Public Services:

Why would the developers be so irresponsible by putting a Regional MAT facility in a small retirement/tourist town like Sequim surely, they know it is the wrong location since the town size is only 6.31 square miles as listed in Wikipedia? Plus Sequim has a predominantly older population according to the website, Sequim Washington datausa, the average median age is 58 and the median household income is only \$38,485 . Sequim poverty rate is 1.4% which is higher than the national average of 13.1% (source: Data USA). The population according to suburban stats.org is 6,606 and predominantly female. With this information, how can anyone justify building this Regional MAT facility knowing there will be addition services needed to support this development going forward? Sequim is not equipped to handle all the additional responsibilities that are needed to support the proposed

Regional MAT facility. The expenses for additional services will require additional taxes that will cause hardship to the elderly and lower income tax payers of Sequim?

Few examples concerning item 15 public services that should to be addressed;

There are not enough doctors in this area to accommodate the current population, nor does Sequim have a hospital. When we first moved to Sequim during the month of October, because of the shortage of doctors we couldn't find a local doctor that would take us a new patient. Matter of fact the Jamestown S'Klallam Clinic informed us they were not able to take any new patients nor were they allowing anyone to be put on a waiting list until January of the following year. We had to go to Poulsbo for a doctor which was 45.5 miles from Sequim. Eventually after 6 months we were able to get a local doctor to accept us a new patient.

Also, Fire Chief Ben Andrews reported the MAT facility will be open 6:00 until at least early afternoon, these calls for service occur during the Districts peak activity period, or the time of day where the demand for fire district responses is the most, The middle of the day has the greatest frequency of calls with the hours that begin at 077 and 1700 with approximately 66% of the calls in a 24 hour period occurring during those hours. During these hours the District is already strained to meet the demands for response. Daily, all four of the District Medic units are currently assigned to calls and are clearing one call in order to respond to another. The District does not have the ability meet an increase demand during this time of day without hiring additional units, which require additional staff. This was reported in by Fire Chief Ben Andrews in the Impact of the Jamestown S'Klallam Tribe's Opioid treatment Center on Clallam County Fire district No. 3.

Because of this Regional MAT facility, must our citizen's lives be put in jeopardy when they are not able to receive emergency services when needed?

Another concern is 79.4% of Sequim's population drives and 40% have two cars. How is the small town of Sequim going to handle this additional traffic? **What assurance do we have that the larger volume of daily traffic generate by this REGIONAL MAT Facility will not cause injury or death to our community residence because Sequim is not able to handle it?**

This Mega Regional MAT facility is wrong on so many levels, it is hard to list all the reasons in one letter.

I ask, how can you justify putting A MEGA REGIONAL MAT facility in Sequim when the facts show it is not the right location? Does it make sense to put lives in harm's way?

Last but not least had we known this REGIONAL MAT Facility was in the process of being finalized we would not have moved to Sequim!

Sincerely

Barb & Doug Diekfuss

Submitted To:

Barry A. Berezowsky
SEPA Responsible Official
City of Sequim

Tim Woolett
Senior Planner
Department of Community Development
City of Sequim

William Armacost
Mayor
City of Sequim

Subject: Comments on the Mitigated Determination of Nonsignificance (MDNS) - WAC 197-11-970, Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001)

Comments submitted by:

Bill Staeger
Bill.staeger@gmail.com

I reviewed the Mitigated Determination of Nonsignificance (MDNS) prepared by the City of Sequim for the Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001). As described below, it is clear that this document does not meet the Department of Ecology's SEPA requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project. The city prepared the MDNS based on the applicant's completed checklist which does not provide sufficient information to assess impacts and includes inconsistent and inaccurate information. At best, the MDNS presents a cursory review of potential adverse impacts, often simply states the city agrees with the information in the completed SEPA checklist, and provides no justification for its findings of no significant impacts.

My comments on the MDNS are presented as (1) my overall concerns regarding the MDNS in comparison to questions presented in the Department of Ecology's "Guide to commenting on SEPA documents" section of its SEPA Guidance web page, and (2) comments on the determinations the city reached on specific elements of the environment, particularly elements of the environment that were not accurately or adequately addressed in the SEPA checklist prepared by the applicant's contractor, yet were accepted as adequate by the city.

In addition, the city did not include a distribution list for the MDNS in its cover letter. As a result, it is not possible to determine if the city met its SEPA requirements to send the MDNS to the Department of Ecology, all agencies with jurisdiction (federal, state, and local), affected tribes, all local agencies or political subdivisions whose public services would be affected by the proposal, property owners within 300 feet of the subject property, and to all parties of record.

It is important that the city consult with agencies with expertise regarding the potential impacts of the proposed project and provide those agencies with a copy of the MDNS. It is also important that the public knows which agencies were consulted and received the document. For example, as described in more detail below, the applicant stated in its completed checklist that the Department of Ecology indicated the northern spotted owl inhabits the site. **This is a threatened and endangered species that could be affected by implementation of the proposed project.** However, it is apparent that neither the city nor the applicant consulted with the U.S. Fish and Wildlife Service (USFWS) regarding this species as required by the Endangered Species Act. Because the city did not provide a distribution list, it is not possible to determine whether or not the city sent the MDNS to the USFWS as required.

As described throughout this comment letter, to comply with SEPA requirements, the city should at a minimum prepare and issue a revised MDNS. However, because implementation of the proposed project could result in many impacts that are not identified in the MDNS and that meet the SEPA definition of “significant impacts,” the city should prepare and issue a draft environmental impact statement (EIS) that fully and accurately evaluates the potential impacts associated with implementation of the proposed project.

OVERALL CONCERNS REGARDING THE MDNS

Key Questions for the SEPA Review

The comments in this section address the Department of Ecology’s adequacy questions on its web page entitled “Guide to Commenting on SEPA Documents” located at <https://ecology.wa.gov/Regulations-Permits/SEPA/Environmental-review/SEPA-guidance/Review-commenting>. My more detailed comments on specific elements of the environment are included in the section below entitled “Comments on Environmental Elements.”

- *Are the SEPA documents complete and accurate?*

The completed SEPA checklist includes inaccurate statements that were not corrected by the city or identified as incorrect by the city. Neither the completed checklist nor the MDNS provide sufficient project-related information needed to fully and accurately evaluate the potential for adverse impacts due to implementation of the proposed project.

- *Do they provide enough information to analyze likely environmental impacts?*

Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts. In addition, the potential impacts to many elements of the environment are not addressed at all in the MDNS.

- *Do they identify mitigation measures to avoid adverse impacts?*

The MDNS does not include mitigation measures for several elements of the environment that could experience significant impacts.

- *Is the evaluation and Determination of Significance supported by findings and conclusions?*

The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment. Further, for most elements of the environment, the Determination of Significance does not describe the city's analyses of the information presented in the completed SEPA checklist. Instead, the MDNS simply states "Staff concurs with the checklist description," even where there is missing information, contradictory information, and/or no environmental impact evaluation in the checklist.

- *Are there alternatives that address the proposal's purpose and need?*

The first page of the MDNS includes the following statement:

"Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document **or the merits of the alternatives discussed** (*emphasis mine*) or both."

However, **the MDNS does not even mention alternatives** (or the purpose of and need for the proposed project), nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed, and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

Need for a Revised MDNS or a Draft Environmental Impact Statement

As a result of these shortcomings and the major issues described below, the MDNS falls short of the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. The MDNS appears to have been prepared by staff members without environmental expertise and without awareness of the applicable environmental regulations. For example, the MDNS assumes that: (1) wetland species are not present on the proposed site although a wetland survey was not conducted, (2) threatened and endangered plant species are not present on the proposed site although a T&E plant survey was not conducted, and (3) implementation of the proposed project would not have an impact on the threatened and endangered northern spotted owl, which the checklist states inhabits the site, without consulting with the USFWS.

As the city well knows, this is a highly controversial project. As such, preparing an MDNS that relies only on the items in the SEPA checklist means that the environmental review does not address several key concerns:

- Purpose and Need for the Project,
- Alternatives to the Proposed Project, and
- Socioeconomic Impacts (an area of major concern to the public).

Without addressing these issues, and without an accurate description of the environment and a detailed analysis of potential impacts, it is not possible to determine whether or not implementation of the project would result in significant adverse impacts. As a result of the deficiencies noted above and the deficiencies described in the remainder of this comment letter, the city should conduct a more thorough environmental review and present the results in a draft EIS that fully and accurately evaluates the potential impacts of implementation of the proposed project.

COMMENTS ON ENVIRONMENTAL ELEMENTS

My comments on the MDNS are presented below for specific elements of the environment which I believe require (1) corrections due to inaccuracies or lack of sufficient information in the completed SPEA checklist, (2) additional information to fully understand the potential for adverse impacts, and (3) additional environmental analysis to fully and accurately assess the potential adverse impacts. These comments are organized by element of the environment using the numbering system presented in Section III of the MDNS.

2. Air

The checklist question asks that the applicant “generally describe [types of emissions to the air] and give approximate quantities if known.” The applicant’s response is simply that “Air emissions are limited to minimal dust and automobile emissions from equipment during construction.” The MDNS provides an adequate mitigation for minimization of the impact of construction dust. However, it does not address emissions from construction equipment. Those emissions should be calculated from manufacturers emissions information for the construction equipment to be used for the project to determine whether or not the impacts to air quality would be significant.

3. Water

Sections 3a (Surface Water) and 3c (Water Runoff)

In these sections of the MDNS, the city states “Staff concurs with the checklist description.” However, the checklist does not address potential impacts, which means the city has not provided an environmental review for surface water and water runoff. Under SEPA, the city is tasked with using information in the checklist and other relevant information to evaluate the potential for adverse impacts and report the findings in the MDNS. Unfortunately, the MDNS does not include those evaluations and there is not sufficient information in the checklist to evaluate the potential impacts to surface or water runoff.

To conduct a full evaluation, the city needs additional information from the applicant to assess the surface flows across the developed property. The analysis should consider the proposed type of surface of the driveway and parking area (e.g., gravel, asphalt, or concrete), the calculated volume of runoff/infiltration, the capacity of “filter strips,” and other key data. With 84 parking spaces and a driveway that will experience an estimated 370 trips per day, there would be a

potential for petrochemical contaminants in the runoff. The city should include its analysis of how effective the proposed treatment methods would be based on the calculated increase in surface water flows from the proposed project and the anticipated contaminants in the runoff.

Section 3c of the checklist states the following:

“The downstream irrigation ditch will only be used for runoff in the event of an emergency overflow, in which case the water will eventually flow into the Dungeness River.”

Section 3.c3) of the checklist includes the following statement:

“Stormwater will be treated onsite, and emergency overflow will flow into the existing irrigation ditch, which eventually flows into the Dungeness River.”

The draft EIS should describe what is meant by “emergency flow.” The document should state what the flow rate of an “emergency flow” would be and identify the origin of the flow (For example, is the applicant referring to an emergency in the facility that results in an unanticipated release from the facility? Is it from the rainfall of the 100-year storm?).

Equally import, the document should describe how the “emergency flow” would be directed to the downstream and offsite irrigation ditch since the entire ditch on the proposed site would be piped (as presented in drawing C3.0 in the “Technical Information Report, Jamestown S’SKallam Tribe, Outpatient Clinic” dated January 10, 2020, prepared by Coffman Engineers, Inc). The draft EIS should describe whatever treatment methods would be used for the “emergency flow” before it is introduced into the downstream irrigation ditch. Further, the environmental document should address the potential impacts of contaminants in the “emergency flow” that could reach the downstream irrigation ditch and may reach the Dungeness River during and after an emergency flow condition.

The draft EIS should also address the potential impacts to the property owner adjacent to and downstream of the release point of the emergency flow of surface water. Without knowing anything about the potential volume or constituents of the discharge of the “emergency flow,” it is not possible to evaluate the legality of releasing the flow directly to the adjacent property.

Section 3b (Groundwater)

If groundwater is to be withdrawn from a well, Section 3b of the checklist asks the applicant to provide “a general description of the well, proposed uses and approximate quantities withdrawn from the well. Will water be discharged to groundwater? Give general description, purpose, and approximate quantities if known.” In response, the applicant stated that “Irrigation quantities will be approximately 420,000 gallons from April-October, assuming medium water use plants.”

That answer is not responsive to the question in the checklist. The city should determine the source of the water (for example, would it be a new or existing groundwater well, or water from the irrigation district?) and determine what the impact of water withdrawal would be to existing users of the proposed source and what legal limitations there are on using the proposed source. The checklist answer is inadequate, and therefore the city’s statement in the MDNS (“Staff

concur with the checklist description.”) is inadequate and does not address the potential adverse impacts of withdrawing water (which may or may not be groundwater) for irrigation purposes.

4. Plants

Wetlands

Section 4.a of the completed checklist indicates that the proposed site does not have any “wet soil plants.” However, there is no indication in the MDNS or in the checklist that a wetland survey was conducted. Simply looking at the site and not seeing a swamp is not an acceptable method of evaluating whether or not hydric soils or wetland species are present. Since an irrigation ditch extends through the entire site and has presumably been functioning for many years, it is quite possible that both hydric soils and wetland species are present on the site.

By stating “Staff concurs with the checklist description” without referring to a wetland survey, the city is not fulfilling its SEPA obligations and the MDNS is substantially deficient. The city should require a wetland survey of the site and include the results of the survey in a draft EIS along with the potential impacts identified and mitigation measures to eliminate or minimize potential wetland impacts. If hydric soils or wetland species are present, the applicant would have to comply with the requirements of Section 404 of the Clean Water Act or the requirements of the Department of Ecology. That would require initially consulting with the U.S. Army Corps of Engineers to determine whether or not the wetlands are jurisdictional under federal regulations. If a wetland is present and is not federally regulated, the applicant would have to consult with the Department of Ecology to obtain an Administrative Order under the state Water Pollution Control Act (Chapter 90.48 RCW) if implementation of the proposed project would modify the wetland.

Threatened and Endangered Plant Species

Section 4.c of the completed checklist states that there are no known threatened and endangered (T&E) plant species on or near the site. The city has again simply stated in the MDNS “Staff concurs with the checklist description” without questioning whether or not a T&E species survey was conducted. As noted above for wetland issues, it is not possible to casually look across the site and decree that T&E plant species are not present. The city should require that the applicant conduct a T&E plant survey and include the results of the survey, reports of consultation with the USFWS and other agencies, potential effects on the species, and mitigation measures designed to eliminate or minimize effects as directed by USFS.

5. Animals

The city needs to resolve the issue of the following diametrically opposed statements in the completed checklist:

- Section 5a of the completed checklist states the following:

“Per the DOE, Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.”

- Section 5c of the completed checklist states the following:

“The site is part of the migration route for the winter steelhead, coho, and pink salmon odd year.”

The MDNS does not call the polar opposite statements into question and simply states that “Staff concurs with the checklist description.” If the site is part of migration routes of the winter steelhead, coho, and pink salmon, the city should consult with the Department of Fish and Wildlife and address potential adverse impacts that implementation of the proposed project would have on these fish species in a more detailed analysis. If there are potential impacts, the city needs to require mitigation measures that would avoid or minimize impacts to those species. Impacts on the winter steelhead, coho, or pink salmon have the potential for being significant and therefore would require issuance of a draft EIS.

More importantly, the checklist states that the Department of Ecology identified the site as part of the habitat of the northern spotted owl. However, the city has not required any mitigation measures for this T&E species. That is a major deficiency in the environmental review. Further, **there is no evidence in the checklist or the MDNS that either the city or the applicant consulted with USFWS regarding this T&E species as required by the Endangered Species Act.** If the northern spotted owl uses the habitat of the site, the city and the applicant are required to consult with USFWS to determine the effect of implementation of the proposed project and any applicable mitigation measures to avoid or minimize the effect. That information should be incorporated into a draft EIS to comply with SEPA requirements. If the proposed project is implemented without such consultation, both the applicant and the city would violate the requirements of the Endangered Species Act.

The city has not complied with SEPA requirements for the species discussed above. If the city determines that the three fish species do not migrate through the site and the northern spotted owl does not use the habitat of the site, the city should state in a draft EIS that the checklist was inaccurate and that the species would not be affected by implementation of the proposed project.

In summary, the simple statement in the MDNS that “Staff concurs with the checklist description” is wholly inadequate for a full and accurate assessment of impacts to animals.

6. Energy and Natural Resources

In the completed checklist, the applicant did not answer the question of “what kinds of energy would be used to meet the completed project’s energy needs” and did not “Describe whether it will be used for heating, manufacturing, etc.” The response only addressed backup power generation. It is not clear why the city stated the usual “Staff concurs with the checklist description” since the response is clearly deficient.

The environmental review should consider whether or not solar panels would help to reduce the need for electric power generated by fossil fuel plants as a means of reducing greenhouse gas emissions. If only electrical power from the PUD is to be used, **it is likely that the provision of electrical power and the associated improvements and modifications to the distribution system would be a connected action under SEPA rules.** As a result, the city should determine what improvements or modifications the PUD would have to make to its system to provide the required power. This could include installation of new power poles and/or expansion of a

substation. As a part of the environmental review, the city should identify the route of new power lines to the facility from a starting point identified by the PUD and address the associated potential impacts of installing those and other new or modified facilities required to provide electrical power to the proposed project.

I also address this issue in my comments on Section 16 (Utilities).

7. Environmental Health

Section 7a.1) of the completed checklist states that there is no known or possible contamination at the site from present or past uses. However, there is no indication in the MDNS or in the checklist that historical records were checked for possible sources of contamination or that soil contamination surveys were conducted. Although the applicant contracted with Krazan & Associates, Inc. to conduct geotechnical studies, the contracted scope of work apparently did not include a soil contamination survey since there is no mention of contaminated soils in the Krazan report that is appended to the MDNS (“Geotechnical Engineering Investigation Proposed Medical Addiction Treatment (MAT) Facility Apns: 03301933000 And 033019339010, Sequim, Washington” dated October 24, 2019). Again, the city’s standard “Staff concurs with the checklist description” is insufficient for a full and accurate environmental evaluation.

To ensure the health and safety of workers during construction and to ensure that soil contaminants are not released into the groundwater or surface water during or after construction, the city should require that the applicant conduct a contaminated soil survey. The results of the survey should be included in a draft EIS along with an evaluation of potential impacts and mitigation measures if contaminated soil is present on the proposed site.

Section 7.a.4) of the completed checklist asks to the applicant to “Describe special emergency services that might be required.” In response, the applicant stated “none.” This is not a defensible response since it is likely that there will be occasional needs for services from the police and fire departments. However, the mitigation presented in the MDNS for public services appears to be adequate to avoid or minimize the potential adverse impacts to the city’s public services.

14. Transportation

As stated by the city in the MDNS, potential transportation impacts are addressed in the Traffic Impact Analysis (TIA) dated January 9, 2021 (sic) and prepared by Transportation Engineering NorthWest. However, the analysis presented in the Project Trip Generation Summary (Appendix C of the TIA) needs clarification to fully understand the potential impacts of implementation of the proposed project.

The TIA does not provide information on the *basis* for the selected number of vehicle trips other than stating that “Based on information provided by the applicant, the proposed Jamestown Clinic is estimated to generate a total of 370 daily trips” There is no information regarding how many employees or patients were assumed to be in each type of vehicle to determine whether or not the analysis examined the worst-case traffic condition (that is, the maximum number of vehicles that would be used to transport vehicles and employees).

The worst-case analysis for employee and patient vehicle trips would be having only 1 person per vehicle trips (see the columns for the employee and patient categories in the TIA Appendix C

table, Trip Generation Estimate – Average Weekday). This would provide transportation for 161 people out of the maximum total of 290 people (40 employees and a maximum of 250 patients per day for Phase I of the project (Section 8i of the checklist states there would be 200 to 250 patients during Phase I of the proposed project, with 250 used here for the worst-case analysis). That would leave 129 patients to be transported in the minivans each day, or an average of 5.4 people per van per day (24 minivans arriving and departing the facility according to the estimates in Appendix C of the TIA). However, in Section 14h of the checklist, the applicant states the following: “The shuttles will produce about 24 round trips daily, serving approximately 100 patients.” (Presumably the “shuttles” referred to in that statement and the “Minivan” column in Appendix C of the TIA are identical.) The city should clarify the assumptions made in the analysis to determine if a worst-cast analysis was conducted.

The data in the column for “Patient Trips - Jamestown Minivan” in the Trip Generation Estimate – Average Weekday table indicates that there would be multiple minivan trips within some of the one-half hour periods. For example, the table lists three minivan “entries” to the facility between 8:00 and 8:30 am. The city should determine whether or not the applicant has a fleet of minivans that would provide this level of service to the patients. If the applicant would not have sufficient vehicles to have three minivans arrive at the facility within the period of time listed in the table, the number of trips in the table will need to be revised along with the impact analysis in the TIA and in the city’s environmental document. In addition, if three minivans with an average of 5 patients arrive between 8:30 and 9:00, along with 5 patient vehicle trips, it is possible that the clinic would be able to accommodate 20 patients arriving during that time period. This is further evidence that the city should evaluate the premises of the transportation study to determine if the results are reasonable.

16. Utilities

The SEPA checklist question regarding utilities asks the applicant to “Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.” The applicant did not provide the information required beyond stating which utilities would be used during operation. Without knowing what the specific utility improvements would be required for the proposed project or the general construction activities and their locations, it is not possible for the city to evaluate the potential impacts of the improvements and modifications. As a result, the city’s statement that in the MDNS that “The checklist adequately addresses the issues of this section” is inadequate and does not provide a full and accurate assessment of potential impacts on many elements of the environment that could be affected by these construction activities.

Substantial construction of utilities required to provide service to the facility and any associated improvements and modifications to the utility systems would be connected actions under SEPA rules. The environmental review should identify the planned locations of new utilities, the general construction activities required to install the utilities, the potential environmental impacts associated with construction and operation of these connected actions, and mitigation measures designed to eliminate or minimize adverse environmental impacts. This information should be included in a draft EIS.

Tim Woolett

From: Bob Travis <armybob@sequimbay.net>
Sent: Saturday, March 28, 2020 12:12 PM
To: Tim Woolett
Cc: Save Our Sequim
Subject: MAT SEPA Evaluation

The following comments are for the Sequim City Council in regards to the use of the State Environmental Policy Act (SEPA) evaluation to approve the the MAT's Sequim location.

It appears that two primary areas were used by the council in their decision:

1. The possible impacts of the tribe's drug distribution facility can be easily mitigated.
2. Also, the potential impacts will be insignificant.

As a subservient action arm of the tribe, the council has from the beginning of this approval process, turned a blind eye to the major issues and risks associated with this tribal scheme. The council has ignored the opposition of over 2600 Sequim residents, as represented in our petition. The location of a MAT serving up to 400 drug addicts (many of them homeless) will overwhelm and drain our support resources. Although the council has been made aware of the major impacts, they have continually done the tribe's bidding. Our small economic development zone was designed to attract businesses and retail outlets allowing for the necessary financial growth of our community. The drug facility will destroy this zone for any future business growth and could lead to existing businesses leaving. As an example; I was on a survey team to locate a site for a business field office in Miami Florida. One of the sites reviewed was a small business center next to a residential community. The center had recently added a Methadone clinic. Within the 6 months that the clinic was opened, the majority of the other businesses had closed, the crime rate in the nearby residential community had more than tripled and the parking lot had become a drug infested homeless camp. This example can certainly apply to the proposed drug distribution site in Sequim. To say that the impacts will be insignificant is ludicrous and shows a total lack of common sense by the council.

The influx of 400 drug addicts to Sequim will bring impacts that will not be easily mitigated. How the council came to this conclusion is mystifying and reprehensible. Our medical and law enforcement resources are designed to support our small community. The establishment of the tribe's drug distribution facility will overwhelm our police force and our medical response services. In addition, the nearest hospital and emergency facility are 20 miles away. Again, our council knows these facts, yet continues to either downplay or totally ignore them in an effort to do the tribe's bidding.

Our small community is at great risk with the introduction of the drug distribution facility in our economic development zone. The major negative impacts cannot be easily mitigated. These impacts are certainly not insignificant.

The council's use of SEPA to approve the tribe's facility shows a total lack of understanding of the impacts. It shows the continued lack of common sense and lack of supporting public safety. It shows a total subservience to the will of the tribe.

The council's actions are repugnant and shameful.

Bob and Carole Travis

Tim Woolett

From: Bob Travis <armybob@sequimbay.net>
Sent: Monday, April 6, 2020 4:20 PM
To: Tim Woolett
Subject: SEPA Comments For Barry Berezowsky

Dear Mr. Berezowsky,

After a review of the SEPA document and the Mitigated Determination of Nonsignificance (MDNS), we find fault with several issues, but one stands out as highly significant. The fact that the need for the MAT facility has not been established. Existing treatment capacity for both Jefferson and Clallum counties meets and even exceeds current needs. Facilities in both counties are advertising their ability to accept and treat addicts. A data search has revealed that 2,900 patient slots are available and that existing facilities have the ability to expand patient capacity.

It appears that a detailed analysis was not accomplished concerning viable alternatives for the MAT facility. These viable alternatives consist of the identification of highly adequate existing patient treatment capabilities now available in each county.

The MAT is not necessary or needed to handle current patient needs, and the ability of existing sites to expand, makes the need for the MAT not necessary for future patient projections.

Bob and Carole Travis
Sequim

Tim Woolett

From: Bobbie <bobbiep89@gmail.com>
Sent: Wednesday, April 1, 2020 2:27 PM
To: Tim Woolett
Cc: Troy Tenneson; csmith@sequimwa.gov; William Armacost; Ted Miller; Tom Ferrell; Brandon Janisse
Subject: MAT Clinic does not belong in Sequim

Dear Mr. Woolett,

I see you and the Sequim City Council as doing everything they legally (and possibly illegally) can to thwart the wishes of the PEOPLE of Sequim.

This project, with its HUGE potential for unwanted side effects of vagrancy, panhandling, and crime, threaten to RUIN Sequim for tourism and retirement. As such, it MUST be put to the citizen of Sequim and not be railroaded through whether we want it or not.

It is imperative that this NOT be rubber-stamped, but thoroughly analyzed for the widespread impact on this community, and put to the voters to decide.

Thank you in advance for your consideration,

Bobbie Piety, Sequim, WA

Tim Woolett

From: Bobbie <bobbiep89@gmail.com>
Sent: Tuesday, April 7, 2020 4:52 PM
To: Tim Woolett; Barry Berezowsky
Subject: MAT Project

Gentlemen,

These are challenging times, given the Covid-19 pandemic, and the situation imposes difficulties on people who wish to make comments on the project. I therefore request that you extend the comment period for an additional 2-3 weeks to allow the public more time to evaluate and respond. People are unable to reach experts for additional input in a controversial project like this one clearly is. The documentation, alone, is daunting for most of us to digest, and despite the stay-at-home time we have, it still requires discussions, clarification, questions to be answered, and more that the virus make difficult to do in the allotted time. Your own office is not available right now. Shouldn't the entire project be put on hold until the viral pandemic is over?

Further, we are finding errors in the SEPA checklist and other omissions. This may bring costly lawsuits against Sequim as well as the Tribe if the project is rushed through with lackadaisical effort for accuracy and completeness, which would not be in anyone's best interest. Our review shows gaps, omissions, conflicts, and lack of full candor in this report that must be addressed.

Please put a temporary hold on the project to allow for people to comprehend it all and make comment. This is too controversial a project to stifle public input. The public's inputs are paramount, and in these extraordinary times, we need additional time for this.

Thank you in advance for your consideration of my request.

Sincerely,
Bobbie Piety

Comment on MDNS, CDR20-001

To Tim Woollett, City of Sequim and Barry A Berezowsky

From Cindi McNabb, 973 New Meadows Loop, Sequim

4/7/2020

The SEPA documents are NOT COMPLETE NOR ACCURATE. The complete omission of of SEPA checklist item 15, PUBLIC IMPUT, has been ignored. This deficiency fails the requirement of the "Instructions for Lead agencies and SMC 20-01-030.

Deficiencies found in the project proposal and checklist of MITIGATED DETERMINATION OF NONSIGNIFICANCE (MDNSI-WAC 197-1L-970

Deficiencies found within the Mitigation:

Page 7, 4C, The \$250,000 bond is not enough, it should be doubled and cannot be enacted in time of emergency. The bond should be for the life of the clinic, not just the first 5 years to be vetoed at that time by the Tribe.

Page 7, 4E, Good Neighbor Agreement are words only. Nothing can be enforced. No Loitering on the Clinic property means the patients must leave. So that means that Sequim must enact and enforce a NO LOITERING law for the entire city. When those patients leave the clinic, they will go to the Costco parking lot, the liquor store close by, or go panhandle in front of the grocery store.

Page 8 R, No camping or overnight parking on the Clinic property is not sufficient. That means all of Sequim would have to enact a no camping or overnight parking law to protect the citizens. There is already a tent camp forming behind the Home Depot in anticipation of the drug clinic. We could expect that to grow and the human waste issue to increase, along with the needles and debris. We do not have to look far to see how difficult the tent encampments are to clear, reference Peninsula Daily News, Feds clearing tent encampments twice! There is no mitigation even suggested for the homeless and jobless who come to Sequim and choose to stay here and have nothing to return to.

Page 8 No Grafitti on the clinic protects the clinic, not the surrounding

businesses and residences.

Deficiencies found within the Checklist:

Page 2, #7. Asks the question if you know of any other plans for the property. What about the psychiatric ward that was touted by the Tribe? Is that now off the table or is this another omission? What about the 101 overpass for access? This answer contradicts comments made elsewhere in the document.

Page 2, 9. What about the Hammond/Prairie St overpass access from hwy101. That is a clear omission. This contradicts with the discussion later made of the construction of Hammond street.

Page 4, 2.Air - Does not even acknowledge the increased air pollution caused by the ferrying of patients back and forth, the additional buses run by the Clinic. This is a recurring theme. The area by the Costco roundabout is already a congested area, it does not need more congestion provided by the ferrying of patients. This is an Environmental Impact that is clearly overlooked and not mitigated in any way.

Page 5, 3b Water - Dungeness Water Rules apply. Developer avoids the withdrawing groundwater question. Water runoff, any hazardous petrochemicals, medical/pharmaceutical waste has purposefully not been acknowledged in this proposal. Please reference: <http://wcponline.com/2015/10/21/methadone-creates-harmful-byproducts-in-treated-drinking-water/> If there is ANY runoff that makes its way to irrigation ditch, and then to Dungeness river it endangers the salmon population. No water may be taken from the irrigation ditch without a permit or measurement of water and this is not acknowledged in document.

Page 7, Spotted Owl is a protected species and an Environmental Impact Study should be done. Fish and Game and Dept of Ecology should be notified of their existence. Is this a local elk migratory locale? That question has been purposefully omitted. Salmon endangerment is covered above.

Page 7 6a, Developer does not acknowledge how much electrical services will be needed. Only mentions a propane backup.

Page 8 Environmental Health 7a does not specify the disposal of toxic and hazardous wastes, blood, urine, Please reference <https://www.ncbi.nlm.nih.gov/pubmed/14516485> specifically that laced with the drugs they are administering. Any Class II or III drugs, any dental or medical waste, needles. None of this is acknowledged or addressed.

Page 10 i - Does developer mean to say 250 patients a DAY??? a month? A year? BE SPECIFIC.

Page 10, L This Mat facility is not compatible with the Economic Opportunity Zone that has been designated for this area for the benefit of the Sequim Residents. Developer has failed to acknowledge this.

THIS FACILITY IS NOT CONCURRENT WITH THE ZONING OF THE PROPERTY.

After thorough and extensive study of the Proposal, SEPA document and checklist, I find so many deficiencies that I think the best thing would be to withdraw it due to inaccuracies, omissions and contradictions. I have highlighted some of those items here but truthfully there are so many that time and space does not allow all to be listed. For example, just look at the numbering of the pages for starters, completely confusing and incorrect. I believe applicant is trying to rush the approval of this project and I think the Dept of Ecology and Fish and Game should be called in on this one. Where is the EIS, Environmental Impact Study particularly in regards to the spotted owl and salmon populations.

One of the grossly overlooked and omitted items is the ALTERNATIVES that are not even addressed or discussed in the checklist. These alternatives could include, but not limited to, the location of the clinic OUTSIDE CITY LIMITS. This would help to avoid the complicated matter of having a sovereign tribal land inside Sequim. The example provided of Didgwalic clinic shows that the example clinic is located 4 miles outside the city in an industrial center. Sequim has 75 residences within 1500 feet of the clinic not 3 as in the example clinic. The Island Crossing example provided is three miles from the City center. Other Alternatives may include giving treatment at the existing Jamestown Health Clinic which is a possibility, locating the

clinic on tribal lands that the JKT currently owns outside of Sequim.

And where is the “Purpose and Need” study? There is already 2900 treatment seats in the two counties which begs the question, is there a need?https://static.wixstatic.com/media/8f2579_d53596260f82445cbfff13753ee464df~mv2.png What this developer needs to do is provide specific elements of environment, not just generalities. Specific plans on mitigation not just promises. What is needed is a baseline for Police action throughout the community, a “baseline” of data that provides a way to measure the increased crime and need for police response throughout the city of Sequim not just at the clinic. The applicant's focus is on the clinic with no regard for the impact on the citizens of Sequim.

I believe the Tribal Trust and Sovereign Immunity cannot, and should not, be done in City limits on city land. We have laws and rules for Sequim and sovereign state decides which rules and laws they will follow.

And these meetings should be held in the public forum as specified in the SEPA handbook.

I find that the applicant is not familiar with nor understands the existing conditions of the property and the specific elements of the environment. I find this proposal and checklist general in nature, not forthcoming with all the facts and needs to be withdrawn and begun again.

Tim Woolett

From: C Ray <docoray@gmail.com>
Sent: Sunday, April 5, 2020 1:31 PM
To: Barry Berezowsky
Cc: William Armacost; Tom Ferrell; ttenneson@sequim.gov; Tim Woolett; Brandon Janisse; Ted Miller
Subject: SEPA comments

WAC 197-11-444 addresses Environmental Health, Transportation, Traffic Hazards, Public Services and Utilities, etc.

I did not find the developers addressed these areas adequately.

CONCERNS

1. Increased traffic and traffic accidents on narrow and windy roads. Overburdening police, fire, medical, and emergency services that are already inadequate.
2. Inviting an at-risk populations without hospital or emergency room services. Existing services will be overburdened and not available for Sequim citizens.
3. The plan identified in developer's referral system to direct individuals to food, housing, services etc. directs MAT customers to use Sequim's limited resources.
4. What plan is in place to mitigate increase in demand for Sequim services?
5. With very real danger of pandemic outbreaks, 300 people entering Sequim's busy shopping and residential area daily is not addressing the Environmental Impact to the city of Sequim and residents.

Sincerely,
Colleen Rayburn
docoray@gmail.com
360-504-3738
Sequim1

Tim Woolett

From: C Ray <docoray@gmail.com>
Sent: Tuesday, April 7, 2020 11:41 AM
To: Barry Berezowsky; Tim Woolett; Tom Ferrell; Troy Tenneson; Ted Miller; Brandon Janisse; William Armacost; Charlie Bush
Cc: Jodi Wilke; Robin Pangborn; Rose Marschall; Gayle Baker; Barb Diezfuss
Subject: SEPA Violations

As a Sequim Resident, I have serious concerns about several areas of the Jamestown S'Kallum Tribe and Sequim City Employee's misinformation, errors, and inadequate information in their SEPA document.

City policies which address the aforementioned probable impacts are contained in the specific policies outlined in the City of Sequim SEPA Ordinance under Section

16.04.180 C.1. a- g SMC are as follows:

a. Fulfill the responsibilities of 'each generation as trustee of the environment for succeeding generations;

b. Assure for all people of Washington a safe, healthful, productive, and aesthetically and culturally pleasing surroundings;

c. Attain the widest range of beneficial uses of the environment without degradation, risk to health or safety, or other undesirable and unintended consequences.

2. Specific goals and policies which address the aforementioned probable impacts are contained in the City Comprehensive Plan are as follows:

a. **CFU GOAL 5.7** Safe Community: Protect and serve the community and the urban growth area through quality public safety initiatives and partnerships.

b. **CFU 5.7.1** Coordinated Protection Services: Deliver high-quality public safety services to city residents and businesses by maintaining coordination among the three public safety entities that protect city residents, properties and businesses.

c. **CFU 5.7.2 Police Level of Service:** Provide emergency response times within the total city for high priority calls for service within four minutes or less response time; maintain responsiveness for all other services provided at a level consistent with the mandates of the comprehensive plan to meet the goals of contributing to our community being "friendly, lifestyles, "small-town" convenience, and overall,

high quality of life." **How do they propose providing four-minute Emergency Response Times or continue friendly, lifestyles, small time convenience, and overall high quality of life when public discussion is already contentious and dividing the community?**

page 2 of checklist tribe Developers submitted

7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

This project is a standalone development, although in the future facility expansion or additional services may be added to the residual site, if the needs arise. Currently, there are no plans to expand or seek future facilities.

This contradicts phase 2 that identified a 16 inpatient Behavioral Health Facility

14. Transportation [help]

a. Identify public streets and highways serving the site or affected geographic area and describe proposed access to the existing street system. Show on site plans, if any.

The site is served by South 9th Avenue. State Highway US-101 runs adjacent to the south side of the site, but there is an existing berm to separate the sight visually and dampen noise.

The project also includes an extension of South 9th Avenue to the project driveway and a new section of West Hammond Street along the north side of the property. Currently, there are no plans to connect the new portion of West Hammond Street with the existing portion, east of the site. Any future connection will be at the discretion of the City of Sequim.

b. Is the site or affected geographic area currently served by public transit? If so, generally describe. If not, what is the approximate distance to the nearest transit stop?

The affected geographic area is currently served by public transit. The closest bus stop is located approximately 2000 feet from the site, and services the 30 and 40 bus routes.

The project does propose to extend South 9th Avenue to the project driveway and build a full right-of-way along the northern portion of the site to access the back-of-house services.

Increased traffic burdens our streets and services

Thank you in advance for your consideration. **Please reply to confirm you received and read this document.**

Sincerely;

C Rayburn

Sequim, WA 98382

docoray@gmail.com

360-504-3738

Tim Woolett

From: C Ray <docoray@gmail.com>
Sent: Sunday, April 5, 2020 12:01 PM
To: Barry Berezowsky
Cc: William Armacost; Ted Miller; Brandon Janisse; Troy Tenneson; Tom Ferrell; Tim Woolett
Subject: SEPA Response

Responsible Officials, City of Sequim

I have serious concerns regarding the Jamestown S'Klallum Tribe's application and review process for the Regional MAT Clinic proposed location in the busy Sequim shopping area and a short walk to Senior Housing.

I fail to understand how the Tribe, Barry Berezowsky, and City Attorney Kristina Nelson Gross can continue to push development of the Regional MAT facility in spite of broad public concern that would require a C2 Review. It is even more questionable that they continue to push forward while the A2 process is under appeal.

SEPA requires review of community concerns such as: increased traffic on inadequate roads, environmental issues that impact our water systems, irrigation, and sewage, the human cost of inviting a medically at-risk population to Sequim when we do not even have an emergency room, an after-hours / weekend clinic, or enough doctors to serve the population now.

The Tribe stated phase 2 of the MAT Clinic is an Inpatient Behavior Health Clinic. Why is the inpatient facility not being addressed?

It is outrageous that this project pushes forward in private when Councilman Tenneson moved that all projects other than single family, be delayed for 90 days due to the quarantine. The motion was seconded but Nelson -Gross insisted it go to Executive Session excluding the public. Once again, the public is illegally excluded and city employees are misdirecting and misinforming our elected Council members.

Moving forward with MAT, behind closed doors, is questionable, if not illegal.

There is absolutely no excuse to ignore the dangerous impact that a Regional MAT facility, at this location, brings to Sequim especially when treatment is readily available nearby.

I would appreciate a response in a timely manner.

Sincerely,

Colleen Rayburn
Sequim

Tim Woolett

From: CYNTHIA & BRUCE SMITH <cyndeers@comcast.net>
Sent: Wednesday, April 8, 2020 2:11 PM
To: Barry Berezowsky
Cc: William Armacost; Ted Miller; Brandon Janisse; Troy Tenneson; Tom Ferrell; Tim Woolett
Subject: Jamestown S'Klallam Tribe Outpatient Clinic Application

Mr. Barry Berezowsky:

I reviewed the Mitigated Determination of Nonsignificance (MDNS) prepared by the City of Sequim for the Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001). This document does not meet the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project. I have provided (1) my overall concerns regarding the MDNS in comparison to questions presented in the Department of Ecology's "Guide to commenting on SEPA documents" section of its SEPA Guidance web page, and (2) comments on the determinations the city reached on specific elements of the environment, particularly elements of the environment that were not accurately or adequately addressed in the SEPA checklist prepared by the applicant's contractor.

OVERALL CONCERNS

- **Are the SEPA documents complete and accurate?**

The completed SEPA checklist includes inaccurate statements that were not corrected by the city or identified by the city and is lacking in the details needed to understand the proposed project details as they relate to potential impacts.

- **Do they provide enough information to analyze likely environmental impacts?**

Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts.

- **Do they identify mitigation measures to avoid adverse impacts?**

Mitigation measures were not required for several elements of the environment that could experience significant impacts.

- **Is the evaluation and Determination of Significance supported by findings and conclusions?**

The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment and therefore the Determination of Significance is not supported by analysis of the information presented in the completed SEPA checklist or in the information included in the MDNS.

- **Are there alternatives that address the proposal's purpose and need?**

In the “Lead Agency: City of Sequim” section of the MDNS, the city made the following statement:

“Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document or the merits of the alternatives discussed or both.”.

However, ***the MDNS does not even mention alternatives or purpose and need***, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

As a result of these shortcomings and the major issues described below, the MDNS falls short of the Department of Ecology’s requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. Without an accurate description of the environment and a more detailed analysis of potential impacts, it is not possible to determine whether or not implementation of the project would result in significant adverse impacts. As a result, the city should conduct a more thorough environmental review in a draft environmental impact statement for the proposed project.

COMMENTS ON ELEMENTS OF THE ENVIRONMENT

My comments on the MDNS are presented below for specific elements of the environment which I believe require correction due to inaccuracies in the completed SPEA checklist, additional information to fully understand the potential for adverse impacts, and additional analysis to fully and accurately assess the potential adverse impacts. These comments are organized using the numbering system presented in the MDNS.

5. Animals

Comment: There are conflicting statements in the completed SEPA checklist regarding the “animals” element of the existing environment. However, the MDNS does not recognize that there are polar opposite statements in the completed checklist and simply states that “Staff concurs with the checklist description.”

The city needs to resolve the issue of the following diametrically opposed statements in the completed checklist:

- Section 5a of the completed checklist states the following:

“Per the DOE, Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.”

- Section 5c of the completed checklist states the following:

“The site is part of the migration route for the winter steelhead, coho, and pink salmon odd year.”

If the site is part of migration routes of the northern spotted owl, winter steelhead, coho, and pink salmon, or if these species inhabit the site, the MDNS should address potential adverse impacts that implementation of the proposed project would have on these species in a more detailed analysis. If there are potential impacts, the city needs to require mitigation measures that would avoid or minimize impacts to those species. Impacts on the northern spotted owl, winter steelhead, coho, or pink salmon have the potential for being significant and therefore would require issuance of a draft EIS.

By having polar opposite responses regarding fish species within Section 5 of the completed checklist, the city needs to question the accuracy of the responses. More importantly, the statement in Section 5c does not address the Northern Spotted Owl, which the Department of Ecology identified as inhabiting the site. The city has not required any mitigation measures for the northern spotted owl even though this threatened and endangered species has been identified as inhabiting the site. These are major deficiencies in the environmental review.

To more accurately assess the potential impacts of implementation of the project on these species, the city would have to conduct either agency consultations to determine the presence or absence of the species or conduct research to determine which statement in the completed checklist is accurate. If those efforts determine that all or some of these species do use the site, to comply with SEPA requirements, the city would have to prepare and circulate a draft EIS to address the potential impacts. If the species do not use the site, to comply with SEPA requirements, the city would have to prepare a revised MDNS that states it has verified that none of the species use the site and that is the reason for its determination of no significant impacts to the species.

The simple statement in the MDNS that "Staff concurs with the checklist description" is wholly inadequate for a full and accurate assessment of impacts to animals.

I respectfully request a comprehensive environmental study be conducted at the earliest possible opportunity to prevent future negative impact on the wildlife.

Cyndee Rayburn-Smith

190 Milky Way
Sequim, WA 98382
253-208-9193

April 7th, 2020

To the "Responsible Official"

Barry A. Berezowsky

Tim Woolett

c/o City of Sequim,

152 W. Cedar Street

Sequim, WA 98382

VIA Email:

bberezowsky@sequimwa.gov

twoolett@sequimwa.gov

Mr. Barry Berezowsky:

I reviewed the Mitigated Determination of Nonsignificance (MDNS) prepared by the City of Sequim for the Jamestown S’Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001). This document does not meet the Department of Ecology’s requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project. I have provided (1) my overall concerns regarding the MDNS in comparison to questions presented in the Department of Ecology’s “Guide to commenting on SEPA documents” section of its SEPA Guidance web page, and (2) comments on the determinations the city reached on specific elements of the environment, particularly elements of the environment that were not accurately or adequately addressed in the SEPA checklist prepared by the applicant’s contractor, and (3) I comment on the “Proposed Mitigations Measures”.

OVERALL CONCERNS

- **Are the SEPA documents complete and accurate?**

The completed SEPA checklist includes inaccurate statements that were not corrected by

the city or identified by the city and is lacking in the details needed to understand the proposed project details as they relate to potential impacts.

- **Do they provide enough information to analyze likely environmental impacts?**

Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts.

- **Do they identify mitigation measures to avoid adverse impacts?**

Mitigation measures were not required for several elements of the environment that could experience significant impact

- **Is the evaluation and Determination of Significance supported by findings and Conclusions?**

The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment and therefore the Determination of Significance is not supported by analysis of the information presented in the completed SEPA checklist or in the information included in the MDNS.

- **Are there alternatives that address the proposal's purpose and need?**

In the "Lead Agency: City of Sequim" section of the MDNS, the city made the following statement:

"Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document **or the merits of the alternatives discussed** (emphasis is mine) or both."

However, **the MDNS does not even mention alternatives or purpose and**

need, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is **not needed** and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

As a result of these shortcomings and the major issues described below, the MDNS falls short of

the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. Without an accurate description of the environment and a more detailed analysis of potential impacts, it is not possible to determine whether or not implementation of the project would result in significant adverse impacts. As a result, the city should conduct a more thorough environmental review in a draft environmental impact statement for the proposed project.

COMMENTS ON ELEMENTS OF THE ENVIRONMENT

My comments on the MDNS are presented below for specific elements of the environment which I believe require correction due to inaccuracies in the completed SPEA checklist, additional information to fully understand the potential for adverse impacts, and additional analysis to fully and accurately assess the potential adverse impacts. These comments are organized using the numbering system presented in the MDNS.

5. Animals

Comment: There are conflicting statements in the completed SEPA checklist regarding the "animals" element of the existing environment. However, the MDNS does not recognize that there are polar opposite statements in the completed checklist and simply states that "Staff concurs with the checklist description."

The city needs to resolve the issue of the following diametrically opposed statements in the completed checklist:

- **Section 5a of the completed checklist states the following:**

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If the site is part of migration routes of the northern spotted owl, winter steelhead, Coho, and pink salmon, or if these species inhabit the site, the MDNS should address potential adverse impacts that implementation of the proposed project would have on these species in a more detailed analysis. If there are potential impacts, the city needs to require mitigation measures that would avoid or minimize impacts to those species. Impacts on the northern spotted owl, winter steelhead, Coho, or pink salmon have the potential for being significant and therefore would require issuance of a draft **EIS**.

By having polar opposite responses regarding fish species within Section 5 of the completed checklist, the city needs to question the accuracy of the responses. More importantly, the statement in Section 5c does not address the Northern Spotted Owl, which the Department of Ecology identified as inhabiting the site. The city has not required any mitigation measures for the northern spotted owl even though this threatened and endangered species has been identified as inhabiting the site. When in fact in July 2019 the City approved a demolition Permit# CBP-19-028 for a historical barn on said property where the spotted owl had been known to inhabit. These are major deficiencies in the environmental review.

To more accurately assess the potential impacts of implementation of the project on these species, the city would have to conduct either agency consultations to determine the presence or absence of the species or conduct research to determine which statement in the completed checklist is accurate. If those efforts determine that all or some of these species do use the site, to comply with SEPA requirements, the city would have to prepare and circulate a draft **EIS** to address the potential impacts. If the species do not use the site, to comply with SEPA requirements, the city would have to prepare a revised MDNS that states it has verified that none of the species use the site and that is the reason for its determination of no significant impacts to the species.

The simple statement in the MDNS that "Staff concurs with the checklist description" is wholly inadequate for a full and accurate assessment of impacts to animals.

COMMENTS ON THE “PROPOSED MITIGATIONS MEASURES”

“The following mitigation measures have been proposed by Development Review Division staff for consideration by the “Responsible Official”. They are intended to address and mitigate to a point of non-significance the environmental impacts listed above”.

K.” The Tribe agrees to execute & file with city **limited waiver of sovereign immunity** to allow enforcement of the City's nuisance ordinance if any portion of the subject property is placed into Tribal Trust”.

Comment:

Absolute immunity was established for recognized Tribes by the United States Supreme Court decision **Kiowa Tribe of Oklahoma v. Manufacturing Technologies, Inc., 523 U.S. 751 (1998)**, wherein the Court stated:

“Indian Tribes enjoy sovereign immunity from civil suits on contracts, whether those contracts involve governmental or commercial activities and whether they were made on or off the reservation. As a matter of federal law, a tribe is subject to suit only where Congress has authorized the suit or the tribe has waived it immunity”

If the MAT clinic is approved without an express waiver of sovereign immunity, **the City cannot proceed into any Court** to enforce anything whatsoever the Tribe might do with the Clinic. Thus, rendering the City and its Citizens hostage to the chaos that will ensue.

Respectfully,

Debbie Dezell

100 Victoria View Street

Sequim, WA 98382

(208)290-6189

trapdezell@gmail.com

cc: Department of Ecology State of Washington, Southwest Regional Office

PO Box 47775, Olympia, WA 98504-7775



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300
711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

April 8, 2020

Tim Woolett, SEPA Contact
City of Sequim
Department of Community Development
152 West Cedar Street
Sequim, WA 98382-3317

Dear Tim Woolett:

Thank you for the opportunity to comment on the mitigated determination of nonsignificance for the Jamestown S'Klallam Tribe Outpatient Clinic (CDR 20-001) as proposed by Jamestown S'Klallam Tribe. The Department of Ecology (Ecology) reviewed the environmental checklist and information provided. Ecology's previous comments submitted February 24, 2020 on the prethreshold consultation, still apply to the project described (see enclosure). After further review, Ecology has the following additional comment(s):

**WATER QUALITY/WATERSHED RESOURCES UNIT:
Sheila Marcoe (360) 407-6329**

Ecology's Water Quality Program (WQ) comments have been updated from the previous comments submitted February 24, 2020 on the prethreshold consultation (see enclosure).

Erosion control measures must be in place prior to any clearing, grading, or construction. These control measures must be effective to prevent stormwater runoff from carrying soil and other pollutants into surface water or stormdrains that lead to waters of the state. Sand, silt, clay particles, and soil will damage aquatic habitat and are considered to be pollutants.

Any discharge of sediment-laden runoff or other pollutants to waters of the state is in violation of Chapter 90.48 RCW, Water Pollution Control, and WAC 173-201A, Water Quality Standards for Surface Waters of the State of Washington, and is subject to enforcement action.

Construction Stormwater General Permit:

The following construction activities require coverage under the Construction Stormwater General Permit:

1. Clearing, grading and/or excavation that results in the disturbance of one or more acres **and** discharges stormwater to surface waters of the State; and

2. Clearing, grading and/or excavation on sites smaller than one acre that are part of a larger common plan of development or sale, if the common plan of development or sale will ultimately disturb one acre or more **and** discharge stormwater to surface waters of the State.
 - a) This includes forest practices (including, but not limited to, class IV conversions) that are part of a construction activity that will result in the disturbance of one or more acres, **and** discharge to surface waters of the State; and
3. Any size construction activity discharging stormwater to waters of the State that Ecology:
 - a) Determines to be a significant contributor of pollutants to waters of the State of Washington.
 - b) Reasonably expects to cause a violation of any water quality standard.

If there are known soil/ground water contaminants present on-site, additional information (including, but not limited to: temporary erosion and sediment control plans; stormwater pollution prevention plan; list of known contaminants with concentrations and depths found; a site map depicting the sample location(s); and additional studies/reports regarding contaminant(s)) will be required to be submitted.

Additionally, sites that discharge to segments of waterbodies listed as impaired by the State of Washington under Section 303(d) of the Clean Water Act for turbidity, fine sediment, high pH, or phosphorous, or to waterbodies covered by a TMDL may need to meet additional sampling and record keeping requirements. See condition S8 of the Construction Stormwater General Permit for a description of these requirements. To see if your site discharges to a TMDL or 303(d)-listed waterbody, use Ecology's Water Quality Atlas at: <https://fortress.wa.gov/ecy/waterqualityatlas/StartPage.aspx>.

The applicant may apply online or obtain an application from Ecology's website at: <http://www.ecy.wa.gov/programs/wq/stormwater/construction/ - Application>. Construction site operators must apply for a permit at least 60 days prior to discharging stormwater from construction activities and must submit it on or before the date of the first public notice.

Ecology's comments are based upon information provided by the lead agency. As such, they may not constitute an exhaustive list of the various authorizations that must be obtained or legal requirements that must be fulfilled in order to carry out the proposed action.

If you have any questions or would like to respond to these comments, please contact the appropriate reviewing staff listed above.

Department of Ecology
Southwest Regional Office

(MLD: 202001643)
Enclosure

cc: Sheila Marcoe, WQ



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300
711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

February 24, 2020

Tim Woolett, SEPA Contact
City of Sequim
Department of Community Development
152 West Cedar Street
Sequim, WA 98382-3317

Dear Tim Woolett:

Thank you for the opportunity to comment on the Jamestown S'Klallam Tribe Outpatient Clinic Project (CDR 20-001) as proposed by Jamestown S'Klallam Tribe. The Department of Ecology (Ecology) reviewed the environmental checklist and has the following comment(s):

SOLID WASTE MANAGEMENT: Derek Rockett (360) 407-6287

All grading and filling of land must utilize only clean fill. All other materials may be considered solid waste and permit approval may be required from the local jurisdictional health department prior to filling. All removed debris resulting from this project must be disposed of at an approved site. Contact the local jurisdictional health department for proper management of these materials.

**WATER QUALITY/WATERSHED RESOURCES UNIT:
Chris Montague-Breakwell (360) 407-6364**

Erosion control measures must be in place prior to any clearing, grading, or construction. These control measures must be effective to prevent stormwater runoff from carrying soil and other pollutants into surface water or stormdrains that lead to waters of the state. Sand, silt, clay particles, and soil will damage aquatic habitat and are considered to be pollutants.

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Ecology's comments are based upon information provided by the lead agency. As such, they may not constitute an exhaustive list of the various authorizations that must be obtained or legal requirements that must be fulfilled in order to carry out the proposed action.

If you have any questions or would like to respond to these comments, please contact the appropriate reviewing staff listed above.

Department of Ecology
Southwest Regional Office

(GMP:202000622)

cc: Derek Rockett, SWM
Chris Montague-Breakwell, WQ

Tim Woolett

From: GARY & DIANNE SALYER <dgsalyer@wavecable.com>
Sent: Wednesday, April 1, 2020 10:28 AM
To: Tim Woolett
Subject: MAT Clinic

Hello, Mr. Woolett,

I'd just like to say that my husband, Gary, and I are really excited and pleased to have the Tribe build the Healing Clinic. Despite all the loud noise from SOS, this is a wonderful opportunity for opioid-dependent people to become whole again. Whereas most people, including SOS, go to our medical clinics for their health, THIS clinic allows the drug-dependent residents a place to go for THEIR health and welfare. So again, we are in great favor of the Tribe's Healing Clinic.

Sincerely,

Dianne and Gary Salyer
663 Brigadoon Blvd.
Sequim, WA 98382

Tim Woolett

From: Donald Lundine <Tahuya@mail.com>
Sent: Sunday, April 5, 2020 2:32 PM
To: Tim Woolett
Subject: SEPA comment

Dear Mr. Woolett,

This is addressing the MAT and my SEPA commentary:

The MAT issue is all about location and numbers of patients in a small town. During this time of our world being ravaged by the COVID-19 pandemic, my opposition to MAT is even stronger than before. We absolutely cannot endanger our citizens any more than they already are. Bringing in patients by the hundreds from outlying areas will, without doubt, expose us unnecessarily. Our predominantly senior demographic will be the most vulnerable to morbidity. It is unthinkable that our leadership would allow one death to appease a group which is looking at this as nothing other than an enterprise, and access to grant funding.

Placing a large tri-county regional MAT facility within any part of sequim which is active with residents, especially families with children, elderly, and the shopping public, is not a wise decision. The reasons for that have already been addressed.

The proposed clinic distracts from our CORE VALUES (which the city wrote and should heed), which this town thrives on, and the known negatives that follow MAT facilities will destroy the practice of core values, place our health and safety in jeopardy, hurt our thriving tourism, depreciate home and business values which reduces city and county tax coffers, and turn our overall standard of living into a more negative experience than a positive one. People should realize that a patient count of only a modest 300 per year, equals 300 patients per day, since one dose per day for each person will be administered, and usually for a period of many years.

Move the facility completely out of town, preferably on the tribal reservation, or to an area where it is out of sight, many miles from housing, and will have no negative impact on our people, environment, way of life, security, and reputation. This is a task which can be accomplished.

In closing, I also recommend that Sequim builds a MAT facility for Sequim only, not a tri-county facility. Each county should manage their own.

I want Sequim to continue to be known for the rain shadow, lavender, and its many other positives.

Thank you.

Regards,
Don Lundine
Sequim, WA

Tim Woolett

From: COLLEEN S RAYBURN <docora1@comcast.net>
Sent: Monday, April 6, 2020 11:47 AM
To: William Armacost; Ted Miller; Troy Tenneson; Barry Berezowsky; Tom Ferrell; Brandon Janisse; Tim Woolett
Subject: SEPA Review Regional MAT

Gentlemen:

I am concerned with the adverse impact of a Regional MAT facility proposed to be located in Sequim and feel that issues impacting the citizens are not being addressed.

Sequim median income is 19% lower than Clallam County and 48% lower than Washington state. In addition, the average age in Sequim is 58 years of age, which is a clear indication of an older population at or in retirement. Combined, these clearly point to a vulnerable population in need of local government services such as emergency, fire and police.

It is unfair to burden these elderly, lower income citizens with taxes supporting these services for a region which is clearly more able to accomodate this activity outside Sequim.

I feel this is clearly a significant human factor in the environmental impact statement which has not been adequately addressed.

Respectfully,

Douglas Rayburn
101 Charles Way
Sequim

TO: Tim Woolett, City of Sequim
Barry A. Berezowsky

FROM: Elaine Miyabara
931 E Cedar Street
Sequim, WA 98382

DATE: April 7, 2020

RE: Comment on Deficiencies found in MDNS
WAC 197-1L-970
File No. CDR 20-001

Page 6, Proposed Mitigation Measures: This entire paragraph is an admission that there will be mitigation measures necessary for conditions that do not currently exist, especially regarding additional security and other law-breaking deterrents and expenses imposed upon the citizens of Sequim. There must be much stronger language to guarantee that there will be no crime or other threats to the citizens of Sequim as a result of the clinic being constructed and that if there is even the smallest spike in our crime rate that can be proven to result directly to the clinic that the City will have the authority to permanently close the Clinic.

Date: April 8, 2020

Via E-Mail

Mr Barry Berezowsky
Mr Tim Woolet
City of Sequim
152 W. Cedar Street
Sequim, WA 98382

RE: Concerns Regarding MDNS – Jamestown S’Klallam Tribe Outpatient Clinic

I reviewed the Mitigated Determination of Nonsignificance (MDNS) prepared by the City of Sequim for the Jamestown S’Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001). I believe this document does not meet the Department of Ecology’s requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project. I have provided (1) my overall concerns regarding the MDNS in comparison to questions presented in the Department of Ecology’s “Guide to commenting on SEPA documents” section of its SEPA Guidance web page, and (2) comments on the determinations the city reached on specific elements of the environment, particularly elements of the environment that were not accurately or adequately addressed in the SEPA checklist prepared by the applicant’s contractor.

Given the issues with the SEPA checklist and MDNS which have been identified below, and the lack of sufficient coordination due to the COVID-19 quarantine, I recommend a public hearing to review the checklist and MDNS in their entirety to obtain all input and meet the Department of Ecology’s requirements. At a minimum, the checklist and MDNS need to be revised.

OVERALL CONCERNS

- ✓ *Are the SEPA documents complete and accurate?*
The completed SEPA checklist includes inaccurate statements that were not corrected by the city or identified by the city and is lacking in the details needed to understand the proposed project details as they relate to potential impacts.
- ✓ *Do they provide enough information to analyze likely environmental impacts?*
Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts.
- ✓ *Do they identify mitigation measures to avoid adverse impacts?*
Mitigation measures were not required for several elements of the environment that could experience significant impacts
- ✓ *Is the evaluation and Determination of Significance supported by findings and conclusions?*
The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment and therefore the Determination of Significance is not supported by analysis of the information presented in the completed SEPA checklist or in the information included in the MDNS.

- ✓ *Are there alternatives that address the proposal's purpose and need?*

In the "Lead Agency: City of Sequim" section of the MDNS, the city made the following statement:

"Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document **or the merits of the alternatives discussed** (*emphasis is mine*) or both."

However, **the MDNS does not even mention alternatives or purpose and need**, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

As a result of these shortcomings and the major issues described below, the MDNS falls short of the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. Without an accurate description of the environment and a more detailed analysis of potential impacts, it is not possible to determine whether or not implementation of the project would result in significant adverse impacts. As a result, the city should conduct a more thorough environmental review in a draft environmental impact statement for the proposed project.

COMMENTS ON ELEMENTS OF THE ENVIRONMENT

My comments on the MDNS are presented below for specific elements of the environment which I believe require correction due to inaccuracies in the completed SEPA checklist, additional information to fully understand the potential for adverse impacts, and additional analysis to fully and accurately assess the potential adverse impacts. I have based my comments and concerns on the same Department of Ecology's guide referenced above.

Description

- *Is the proposal clearly described?*

The project description in the checklist is vague in that it does not include who the patients are, where they come from, how they get there, and what purpose the clinic serves to the Sequim community.

- *Is a purpose and need statement included?*

There is no purpose or need statement included. Likewise, there are no alternatives listed. The need statement should include, but not be limited to, number of similar facilities within area, current occupancy rates, estimates on number of potential patients in area, etc. These need to be clearly stated and added to the checklist.

- *Is the proposal properly defined, including its related or interdependent parts?*

No consideration has been provided for potential impact on existing medical facilities in Sequim area. The clinic will knowingly bring patients into the area with illnesses for certain treatments. The clinic will not be staffed, resourced, or licensed for all medical issues which can and will occur (e.g. heart attack, overdose, virus, etc.). Dependence on existing medical infrastructure needs to be identified, alternatives need to be provided, and mitigation plan needs to be included in checklist.

EIS elements

- *Does the scoping notice identify all the environmental elements that will be significantly impacted and addressed in the EIS?*

The following environmental elements are either missing or not addressed fully in the checklist:

- ✓ **Air quality** – Vehicle emissions (see comment on Air below)
- ✓ **Releases or potential releases to the environment affecting public health, such as toxic or hazardous materials** – Biohazard waste (see comments on Environmental Impacts below)

Alternatives

- *Is a range of alternatives included?*

None of the checklist items list items include alternatives

- *Are there other alternatives that meet the proposal's objective that should be considered?*

Yes, the need for the clinic to be built from a greenfield site. Since no alternatives have been included, it is not clear if existing structures which may currently be empty or underutilized were considered. In addition, the alternative of building the facility in phases has not been considered or listed (e.g. start smaller and expand as patient load justifies).

Environmental impacts

- *Are there specific issues needing to be addressed?*

Checklist only includes statements on air and water emissions, but does not include biowaste emissions and specifically how they will be mitigated. This is an important issue for any healthcare facility.

- *Have they been identified in the scoping notice?*

2) **Air** (Air Quality)

Comment - The completed SEPA checklist only includes some level of detail regarding mitigation of air impact during construction, but nothing constructive after operations start. The project description makes reference to 84 parking spaces and daily trips are estimated at 369 (a combination of various vehicle types). No alternatives or emissions offsets are included to mitigate the air quality impact during operation, primarily transportation of patients (i.e. increased Oxides of Nitrogen, Carbon Monoxide, Hydrocarbon, and Fine Particulate Matter) as well as Greenhouse Gas Emissions (i.e. increased Carbon Dioxide). Alternatives and a mitigation plan should be included.

5) **Animals**

Comment: There are conflicting statements in the completed SEPA checklist regarding the “animals” element of the existing environment. However, the MDNS does not recognize that there are polar opposite statements in the completed checklist and simply states that “Staff concurs with the checklist description.”

The city needs to resolve the issue of the following diametrically opposed statements in the completed checklist:

✓ Section 5a of the completed checklist states the following:
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If the site is part of migration routes of the northern spotted owl, winter steelhead, coho, and pink salmon, or if these species inhabit the site, the MDNS should address potential adverse impacts that implementation of the proposed project would have on these species in a more detailed analysis. If there are potential impacts, the city needs to require mitigation measures that would avoid or minimize impacts to those species. Impacts on the northern spotted owl, winter steelhead, coho, or pink salmon have the potential for being significant and therefore would require issuance of a draft EIS.

By having polar opposite responses regarding fish species within Section 5 of the completed checklist, the city needs to question the accuracy of the responses. More importantly, the statement in Section 5c does not address the Northern Spotted Owl, which the Department of Ecology identified as inhabiting the site. The city has not required any mitigation measures for the northern spotted owl even though this threatened and endangered species has been identified as inhabiting the site. These are major deficiencies in the environmental review.

To more accurately assess the potential impacts of implementation of the project on these species, the city would have to conduct either agency consultations to determine the presence or absence of the species or conduct research to determine which statement in the completed

checklist is accurate. If those efforts determine that all or some of these species do use the site, to comply with SEPA requirements, the city would have to prepare and circulate a draft EIS to address the potential impacts. If the species do not use the site, to comply with SEPA requirements, the city would have to prepare a revised MDNS that states it has verified that none of the species use the site and that is the reason for its determination of no significant impacts to the species.

The simple statement in the MDNS that “Staff concurs with the checklist description” is wholly inadequate for a full and accurate assessment of impacts to animals.

6) Energy and Natural Resources

Comment - In part a) only backup generator energy is described. This is incomplete and does not include source(s) and energy demands for continuous (non-emergency) operations. Also, alternatives such as solar energy or other forms of renewables are not considered or included.

7) Environmental Health

Comment – The checklist is incomplete. Only gaseous materials/chemicals are included in the checklist. There is no mention of disinfectants, cleaning materials, and other gases and liquids which will be in and around the facility. Likewise, many medications are considered as toxic materials and none of them are included in the checklist.

In the case of all the toxic and hazardous materials, containment methods needs to be included in case of spills. This needs to be included as part of mitigation.

14) Transportation

Comment – See comment under “Air” regarding impact of transportation on emissions and air. No alternatives, offsets, or mitigation are provided in the checklist.

15) Public Services

Comment - Public Health - The mitigation plan only addresses potential impact to law enforcement. Given the current situation in Seattle and around the globe, the absence of a mitigation plan regarding the control of infectious diseases and the potential impact on public services is incomplete. The impact on public health services is absent. The operators of the clinic would be transporting people into Sequim with unknown medical histories and most likely compromised immune systems due to drug and alcohol abuse. Due to the lack of hygiene, communal living in many cases, and lack of formal medical records, transporting these individuals into a relatively remote area such as Sequim is an ideal way to introduce and spread infectious disease in the community. Furthermore, the clinic will not likely have the proper equipment and staff to detect and handle someone with an infectious disease once they have entered the facility (including, but not limited to, proper Personal Protective Equipment for staff, patients, and visitors). Based on recent experience with COVID-19, many with compromised immune systems will need hospitalization and specialized equipment such as ventilators. The possibility of infectious disease being introduced into Sequim through operation of the clinic needs to be studied and an acceptable mitigation plan based on CDC and/or WHO requirements needs to be included, resourced, and funded. Without it, the Sequim and the surrounding

communities will be put at significant risk. A review of local hospital's capabilities to handle the added burden of treating clinic patients' needs to be conducted and the mitigation plan needs to include the operator of the clinic providing local hospitals with the needed equipment and resources to handle the added burden.

Other comments I have regarding the checklist are listed below. As you will note, in most cases the existing checklist does not provide sufficient detail, list alternatives, and clearly articulate mitigation.

- 1) Mitigation a) – The members of the Community Advisory Committee should not be determined solely by mutual agreement between the City and Tribal representatives. That will not provide fair representation and levels of diversity which are required of others operating in the state of Washington. At least one position should be open for public vote or some other means to assure a broad spectrum of input.
- 2) Mitigation c) – Is \$250,000 sufficient to guarantee public safety. If the bond is used, will another one be issued by the tribe? What is their total exposure as compared to the city of Sequim? More specifics needed.
- 3) Mitigation d) – Tribe agrees to reimburse City for lost tax revenue This statement needs more clarification. Does it mean at today's property tax level based on undeveloped land? It should not be based as if the tribe didn't develop the land. A commercial establishment could be built on that land which would increase tax revenue based on land improvements. At a minimum, if the clinic is built, the property tax rate needs to reflect the new value of the land with improvements. In other words, a much higher property tax than what is currently being paid.
- 4) Mitigation e) – It stated that "some" of the Good Neighbor provisions from an example would be included in the agreement with the City. Which provisions will be included and which will not? Why? It needs to be more specific. All terms need to be clearly spelled out in advance of approval, not after.
- 5) Mitigation g) – Again, not specific enough. What is meant by "slowly" brought on-line? What will determine the rate and will there be a pause if unforeseen circumstances arise?
- 6) Mitigation h/i – What if patients refuse transportation out of Sequim and/or claim they spent the previous evening in Sequim and are therefore entitled to stay per the agreement? What rights of enforcement does the clinic or city have in this respect? What are the roles and responsibilities of each?
- 7) Mitigation l) – What's included in the pre-treatment screening process? Is it entirely up to the Tribe to decide or based upon state regulations or some other governing body? Without specifics, it's impossible to know how rigorous the screening process is. If not rigorous enough, the Tribe could be transporting disease (see item 1 above) or patients who are likely to require immediate medical attention once they arrive in Sequim. In either case, this could result in a shortage of medical care in Sequim for everyone, including residents.
- 8) Mitigation o) – I appreciate the offer of neighborhood sweeps, but this seems to indicate that even the Tribe does not have confidence in their abilities to contain the patients to the designated areas in their clinic or on the clinic grounds. What do they do if they catch someone in one of the sweeps? Based on operation of other clinics, how many of these situations do they anticipate in a given year?
- 9) Mitigation p) – The Tribe will distribute direct access information/complaint line . What are the metrics regarding measurement and reporting of complaints, time to respond, closure of complaints, etc. Just having a complaint line is only a start. Again, more specifics required.

I appreciate your due diligence in the best interests of the residents of Sequim. It is a special place and we intend to keep it that way.

Gary M Parsons
gmpars58@gmail.com

Tim Woolett

From: gary miller <gmelectrician49@gmail.com>
Sent: Monday, April 6, 2020 7:34 PM
To: Tim Woolett
Subject: SEPA:Letter of Record

Dear Sir;

Many Sequim residents, including myself, have severe reservations as to the need for this clinic within our small city! I would also make a statement regarding our city council being not allowed to represent myself as a taxpayer who would not be comfortable with a lack of oversight and transparency!

As environmental concerns are narrowly defined for our commentary, I would like to know if and what impact the location has and will make regarding wildlife habitat. I would like to see a complete study as I am an environmentally minded individual who loves all wild creatures and am reminded by Psalm 8.8 of our responsibilities to our wildlife.

Were there barn owls or eagle nest's in the area of planned construction for the clinic?

If so, how was it properly mitigated to protect the habitat as well as any wildlife that were utilizing the old barn that was torn down?

Was a federally licensed biologist as well as a member of the federal wildlife enforcement contacted prior to removal of the old barn or other habitat for proper assessment and documentation?

Please make these documents available to the public and answer my questions either to me personally or by public notifications before a SEPA ruling is finalized.

Respectfully,

Gary Miller Sequim

Sent from my iPhone

Tim Woolett

From: gary miller <gmelectrician49@gmail.com>
Sent: Saturday, March 28, 2020 9:55 AM
To: Tim Woolett
Subject: SEPA, letter of record

Environmental concerns more than an impact to the seven acre parcel and existing development within 100 yards of the property's boundary lines.

This business and it's impact will be felt throughout the city and surrounding community.

Patients from who knows where bringing their problems to our once safe and clean "environment". A true environmental concern!

Today the Covad-19 pandemic would be a much greater threat to our community if we had numerous people from Seattle and other communities being shipped in for addiction treatment! I'm sure happy we don't have that to worry about on top of every other problem we are facing today.

A recession is on the way and Sequim will not escape it's economic wrath!

How will a native 8a corporate business that is tax exempt help mitigate the downturn and subsequent loss of revenue? I believe an economic impact statement would be more useful as a study to evaluate the cost and asses the need for this business in Sequim.

Respectfully, Gary Miller

A Sequim property owner and taxpayer

Sent from my iPhone

Date: April 7, 2020

Barry Berezowsky, City of Sequim, WA Community Development Director:
C/O Tim Woolett
152 West Cedar Avenue
Sequim. WA 98382



HAND DELIVERED

Re: Response to the SEPA report of the proposed Jamestown S'Klallam Outpatient Clinic.

Dear Mr. Woolett

I am writing to express my concerns about the SEPA report of the proposed MAT Opioid Treatment Clinic located at the southeast corner of 9th Avenue and Hammond Street.

I normally do not get involved in governmental affairs, but in this case I have to step up and say my peace. The proposed project will not be good for the City in my opinion. After reviewing the SEPA report I have questions and comments on its content and has not changed my mind concerning the proposed project to be constructed.

Let me introduce myself. I am a retired real estate appraiser of 40+ years. I was both accredited and a licensed General Certified real estate appraiser. I have completed real estate appraisals, completed real estate consultation assignments, testified as an expert witness, worked on feasibility studies, and taught appraisal courses at the professional and college level. I have completed assignments for many reasons and of many types of real property. **My experience and training tells me the MAT facility should not be located at its proposed location. It is too close to the Sequim's business district and residential areas and the SEPA did little to change my mind.**

First, The SEPA report states it's a stand-alone development.

- a. The project was previously reported to be Phase I, a MAT facility and Phase II, a 16 bed inpatient facility.
- b. On the Krazan Engineering report there are three buildings, the MAT (Phase 1), MAT (Phase 2), and a 16 bed Behavioral Health facility.
- c. My understanding is the State Grant of +/- \$7 million included the infrastructure for Phase 1, the MAT and Phase 2, the 16 bed Behavioral Health facility of a total \$15 million committed by the State to build Phase 1 and 2. In the newspapers and comments made by the Developer this was a two phase project. What happened to Phase 2?. There are no comments pertaining to changes to the proposed MAT clinic project.

Question:

First, I'm conflicted as to what is to be built. If Phase 1 and 2 are intertwined in the financing from the State has the State changed their commitment.

Second, I am also conflicted as to the proposed use. Is an "Opioid Substitution Treatment Clinic which is what is proposed considered the same as a doctor's or

dental office? I would differ with you they are not the same or at least equivalent. The subject has multiple uses including a MAT, dental, primary care, mental health consulting, and child care. Typically the use that is observed by planners is the most restrictive use, which is child care. Child care is not allowed in the zoning and would require the project be reviewed under a C-2 review with possibly a conditional permit required.

Third, The applicant is a Sovereign Nation as a recognized Indian Tribe. This brings up many questions.

Other Issues:

First, Who's responsible – Who will pay for road, water and sewer maintenance, police, fire, and EMT services, bus service, and other City costs of operation.

Second, Who will own/be responsible for 9th Avenue and Hammond Street maintenance. Will the developer be improving 9th Avenue from the Washington Street roundabout to the proposed facility?

Three, Legal Issues, Also there can be legal issues develop between the City and the Tribe. How will they be resolved, U.S. Courts or Tribal Courts. This issue must be addressed. My opinion is the Tribe should wave their Sovereign status as it relates to the proposed MAT facility. The Tribe should pay their fair share of doing business in the City just like all the other businesses do.

Forth, Errors and Omissions,

A, I observed errors and omissions in the SEPA report that puts the whole report in question as to its accuracy and reliability, like the Energy Usage section which only states a propane powered generator.

B. The Developer already denigrated the Historical Value/Significance of the subject site by demolishing a historic barn since their purchase, which was older than 45 years old. There was no mention of its removal in the report.

C. The report mentions the adjacent properties are commercial uses, when in fact they are not. The actual uses are developed to rural properties with agricultural improvements, such as grazing of farm animals and crop production.

D. No historical research mentioned in the report other than the Jamestown Tribal input to measure cultural significance.

Fifth, Security Issues. The developer has put a lot of emphasis in on-site security. My observation is that the security off-site is lacking because of Court decisions relating to the homeless encampments, beggars, and street people in general that tie the hands of law enforcement. Those decisions have made it very difficult to move or remove the homeless from public property. Also their personal belongings are protected and require due process to move or removed their belongings no matter how trivial they are.

There are no comments pertaining to the distance to schools, convalescent homes, or senior citizens housing. How will the proposed facility impact them?

There are also no comments pertaining to local business on how the facility will impact them.

Sixth, Traffic. It seems improbable that 369 trips per day will not have an impact on air quality.

Seventh. Patients Travel, The closest transit stop is ½ mile from the MAT, the facility will have no legal control when the patients are commuting to and from the facility. Fallout patients are to be returned to where they stayed the previous night?

What if the patients last night was on a park bench or behind a business. What happens then?

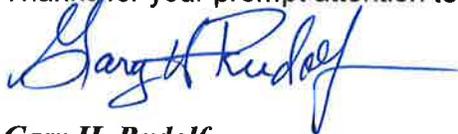
Eighth, Sewage Requirement, No comments on sewage treatment requirements were made. Could Sequim Bay and the Dungeness River be polluted from the facility, because of the medical supplies and medicines used at the facility..

Ninth, Police Chief's Comments, I cannot judge the comparability of the facilities from the comments made. There is no information on the size, location, patient load, available transportation, access, etc. to compare the subject and the facilities discussed. I can't judge how reliable there observations are. The Didgwalic facility for example may be similar to the proposed but it is located 2.5 miles from the City of Anacortes City Center in an industrial area near two oil refineries not a commercial business area. Its location is not even close to being similar to the subject's proposed location.

Tenth, There was no mention of how the facility will benefit the City of Sequim and its residents. So why is the developer and the City staff so set on its location in the City. Is it merely that Sequim will provide all these amenities like water and sewer, roads, etc. at no or low cost. There have been alternate locations presented to the Tribe and the facility could be built just about anywhere, even at the Tribes headquarters area where there is plenty of land suitable for its construction. None of these issues were mentioned in the SEPA report.

It's my opinion the SEPA report of the proposed MAT facility is a flawed and incomplete document and the SEPA report should be meticulously reviewed for accuracy and omissions.

Thanks for your prompt attention to my comments.



Gary H. Rudolf

P O Box 1528

Sequim, WA 98382

grudolf625@gmail.com

Gayle M. Baker

VIA EMAIL & U.S. Mail

RECEIVED

APR 08 2020

City of Sequim, DCD/PW

April 7, 2020

City of Sequim
152 West Cedar St.
Sequim, WA 98382

Attn: Barry Berezowsky, SEPA Responsible Official
Tim Woolett, Senior Planner

RE: Mitigated Determination of Non-Significance (MDNS)
SEPA File No. CDR 20-001

Mr. Woolett:

I reviewed the Mitigated Determination of Non-Significance (MDNS) prepared by the City of Sequim for the Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20-001) **This document does not meet the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project.**

In addition to my comments on the MDNS, I also have commented in detail on the SEPA checklist. This is because I found many of the questions on the SEPA checklist inaccurate or not fully addressed, and those deficiencies were ignored by the City in their review. Based on the SEPA checklist as presented, it should not have been possible to issue a Determination of Non-Significance. And yet...

My comments are based on research and personal experience with environmental compliance as the Project Administrator and owner site-rep for a Cogeneration Power Plant in Kapolei, HI. I was responsible for all environmental contracts and compliance with State Department of Health and Federal EPA. I ask that you genuinely consider my comments to the MDNS and SEPA Environmental Checklist for the proposed Regional MAT Clinic, signed March 23, 2020, by Tim Woolett for Barry Berezowsky, SEPA Responsible Official.

Sincerely,



Gayle M. Baker
gaylebaker7458@gmail.com

7458 Old Olympic Highway
Sequim, WA 98382

Comments to
Mitigated Determination of Non-Significance

OVERALL CONCERNS

- *Are the SEPA documents complete and accurate?*

The completed SEPA checklist includes inaccurate statements that were not corrected by the city or identified by the city and is lacking in the details needed to understand the proposed project details as they relate to potential impacts.

- *Do they provide enough information to analyze likely environmental impacts?*

Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts.

- *Do they identify mitigation measures to avoid adverse impacts?*

Mitigation measures were not required for several elements of the environment that could experience significant impacts

- *Is the evaluation and Determination of Significance supported by findings and conclusions?*

The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment and therefore the Determination of Significance is not supported by analysis of the information presented in the completed SEPA checklist or in the information included in the MDNS.

- *Are there alternatives that address the proposal's purpose and need?*

In the "Lead Agency: City of Sequim" section of the MDNS, the city made the following statement:

"Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document or the merits of the alternatives discussed (emphasis is mine) or both."

However, **the MDNS does not even mention alternatives or purpose and need**, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

As a result of these shortcomings and the major issues described below, the MDNS falls short of the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. Without an accurate description of the environment and a more detailed analysis of potential impacts, it is not possible to determine whether implementation of the project would result in significant adverse impacts. As a result, the city should conduct a more thorough environmental review in a draft environmental impact statement for the proposed project.

Comments to
SEPA Environmental Checklist

A. Background

7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain. *"This project is a standalone development, although in the future facility expansion or additional services may be added to the residual site, if the needs arise. Currently, there are no plans to expand or seek future facilities."*

Comment to A.7:

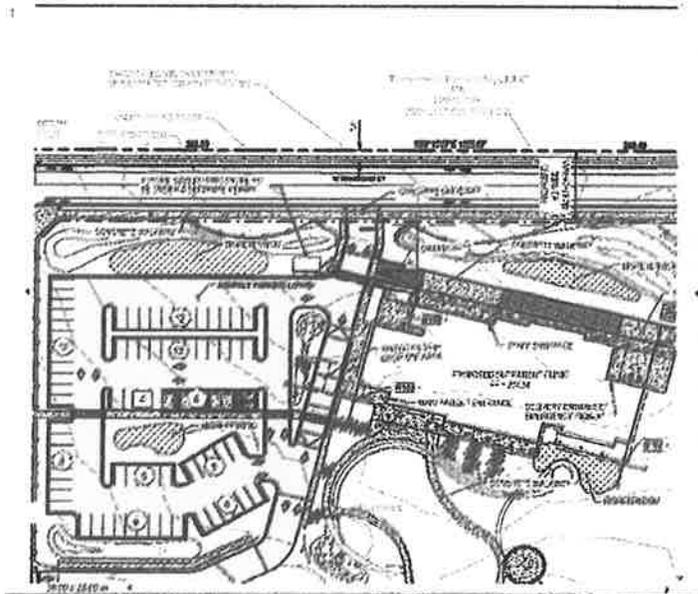
The Applicant/Developer's response to this question is ambiguous. First it states: "...although in the future facility expansion or additional services may be added...". Same question, different answer: *"Currently, there are no plans to expand or seek future facilities."* (emphasis mine). Additionally, in the Applicant/Developer's "Healing Campus Fact Sheet", which was disseminated on August 8, 2019, at the Guy Cole Event Center, it states: *"The Tribe also plans to build a 16-bed psychiatric treatment (E&T) hospital that will open in 2022..."* (emphasis theirs). Krazan & Associates Geotechnical Engineering Investigation, October 24, 2019) clearly shows Phase 1, Phase 2 and the 16-bed Psychiatric (E&T) unit on the Map (Figure 1) submitted with the SEPA Environmental Checklist.

9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain. *"None known"*

Comment to A.9:

Drawing to the right shows the street running east to west as the "PROPOSED 60' WIDE RIGHT-OF-WAY" with "W. Hammond St" identified.

(Drawing C1.0 from JTSK Architect Rice Ferus Miller-SEPA Attachment)



The Hammond/Prairie Streets, Highway 101 bypass which, although not "pending" with the city, is included with this project being planned by the Applicant/Developer (see above): *"The project is planning to extend the existing 9th Ave right-of-way south to the project main entrance as shown in the preliminary site plan is provided in Figure 2. The project will also construct a new road (West Hammond Street) along the north side of our property that will consist of two 11' traffic lanes and a 6' bike lane on each side."*

(emphasis mine) (Transportation Engineering Northwest-Traffic Impact Analysis, 1/10/2020). Who will pay for the construction? Who will own and maintain the streets constructed for the purpose of accessing the MAT clinic? There are unverified reports that a 9th Ave exit/entrance direct to Hwy 101 from the project property is the end goal. Who pays for that? None of the construction nor maintenance of future streets used for this project's purpose should be at taxpayer expense in building and maintenance nor, however, should the Applicant/Developer be able to pick and choose which streets are built to further their project.

10. List any government approvals or permits that will be needed for your proposal, if known. *"City of Sequim Design Review, City of Sequim Building Permits, City of Sequim Public Works Permits."*

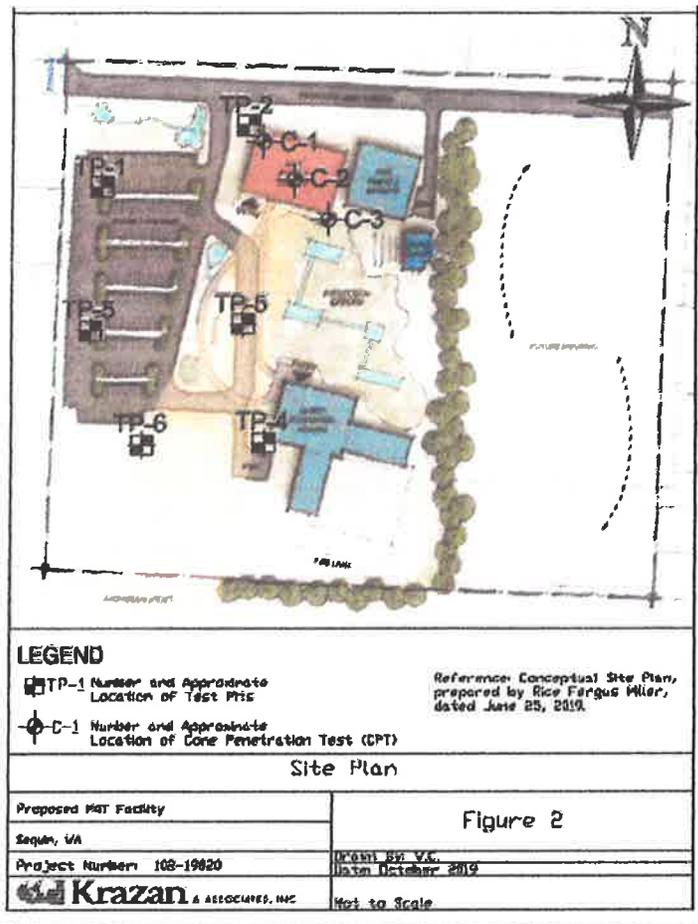
Comment to A 10:

- The Applicant/Developer cites childcare as a service at the proposed clinic. Is a permit required? Does this move the application to a C2 process?
- The Applicant/Developer includes the 9th Ave and Hammond Streets' bypasses in the application documents. Who owns the land where the bypasses will be installed? Is this public land or private? Is the Developer/Applicant planning on using right of ways to develop roads for its project?
- Is a permit or approval from the Sequim Prairie Tri-Irrigation Association required to withdraw water from the irrigation ditch located on the property? ([www.clallam.net › W18d1_Appendix1-C-WUA-RulesRegulations](http://www.clallam.net/W18d1_Appendix1-C-WUA-RulesRegulations))
- Will the Applicant/Developer be using well water? If so, WAC 173-518 applies. (<http://www.clallam.net/permits/WaterRule.html>)

11. Give brief, complete description of your proposal, including the proposed uses and the size of the project and site. *"The project includes the construction of a 16,720 SF medical clinic that will be made up of medication assisted treatment program which offers FDA approved dosing, primary care services, consulting services, dental health services and childcare services while clients are seen."*

Comment to A. 11:

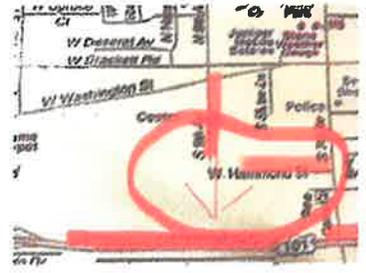
- The proposed use includes childcare, however, no mention of permit or licensing for childcare is included in the Application.
- The Applicant/Developer previously cites Phase 1 and Phase 2 plans, **"The Tribe also plans to build a 16-bed psychiatric treatment (E&T) hospital that will open in 2022..."** (emphasis theirs). The Applicant/Developer has since denied that Phase 2 is part of this application. The \$7.2 million grant includes infrastructure for phase 2. The map below (Krazan & Associates Geotechnical Engineering Investigation, October 24, 2019, Figure 2) clearly shows the 16-bed Psychiatric (E&T) unit as part and parcel to Phase 2. Also included with these plans in this document, but not addressed in this application: housing. Shown as "FUTURE HOUSING" (Figure 2, below).



- PHASE 1
- PHASE 2
- 16 BED BEHAVIORAL HEALTH (psych)
- Housing

12. Give enough information for a person to understand the precise location of your proposed project, including a street address, if any, and section, township, and range, if known. *The site is located between South 7th Avenue and South 9th Avenue, immediately east of the proposed South 9th Avenue extension in Sequim, Washington. (Emphasis added.) "...the ditch is regulated by the Sequim Prairie Tri-Irrigation District."*

Comment to A.12:



The South 9th Ave/Hammond extension to Hwy 101 should not be for the benefit of the Applicant/Developer at taxpayer expense. That the Applicant/Developer continues to mention this in the application and has drawings supporting their supposition (see comment to A.9), gives the public the assumption that they intend for it go from "proposed" to "pending" to approved. *"The project is planning to extend the existing 9th Ave right-of-way south to the project main entrance as shown in the preliminary site plan is provided in Figure 2. The project will also construct*

a new road (West Hammond Street) along the north side of our property that will consist of two 11' traffic lanes and a 6' bike lane on each side." (Transportation Engineering Northwest-Traffic Impact Analysis, 1/10/2020).

It should be noted that in the same study, TENW cites the following: *"Based on a review of the current Sequim 2020-2025 Transportation Improvement Program, there are no planned improvements identified at the study intersections or roadways adjacent to the site."* (emphasis mine) If the Applicant/Developer is proposing to make adjustments and additions to city streets as part of this current

Phase 1 and Phase 2 project and applicable to their future plans for housing at this site, that pushes it into a C2 review.

B. Environmental Elements

2. Air

- a. What types of emissions to the air would result from the proposal during construction, operation, and maintenance when the project is completed? If any, generally describe and give approximate quantities if known. *"Excessive emissions are not anticipated during the operation and maintenance of the project in the long term."*

Comment to B.2.a:

By dictionary definition "excessive" means: **More than necessary, normal or desirable**. Construction on such a large project during the dry months will invariably stir up **more than normal or desirable** dust from the dirt and grasses disturbed, and **more than normal** air pollution from emissions—diesel and gasoline.

Following construction into operation, 370 trips to and from daily are anything but normal for an area already overburdened with traffic, and **more than normal or desirable** at the roundabouts by Costco and Walmart. This is a small town with small town infrastructure. This is not the right location for such a large facility.

3. Water

a. Surface Water

- 1) **Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.** *"There is a small irrigation ditch on the site. This ditch eventually flows into the Dungeness River after meandering through the City of Sequim."*

Comment to B.3.a. (1):

What will the Applicant/Developer do to mitigate incursion into the irrigation ditch (downstream and off property) from the piping to be installed, of sediment and waste materials (sand, gravel, oils, solvents, etc.) during construction?

b. Ground Water

- 1) **Will groundwater be withdrawn from a well for drinking water or other purposes? If so, give a general description of the well, proposed uses and approximate quantities withdrawn from the well. Will water be discharged to groundwater? Give general description, purpose, and approximate quantities if known.** *"MP rotator type irrigation will be used. Irrigation quantities will be approximately 420,000 gallons from April-October, assuming medium water use plants."*

Comment to B.3. b (1):

The Applicant/Developer is proposing to draw 420,000 gallons of water from somewhere. We don't know from what resource (city, well, or irrigation ditch) because the question isn't answered. Applicant should answer the question in detail. To clarify, it is my understanding that the following rules apply for:

- ✓ **Groundwater:** The Applicant/Developer does not list on this application a permit submission to Clallam County under the Dungeness Water Rule WAC 173-518. Specifically for metering and reporting water use (WAC 173-518-060) (<http://www.clallam.net/permits/WaterRule.html>) for the use of groundwater for irrigation purposes:

"The Dungeness water management rule was adopted in late 2012 to protect flows in a critical basin for endangered fish. Elements of the [Dungeness water management](#) rule include:

- *Setting instream flow levels for the Dungeness River mainstream, tributaries, and independent drainages.*
- *Requiring mitigation for any new groundwater withdrawals, including permit-exempt wells, and providing for a water exchange to facilitate mitigation.*
- *Closing streams year-round or seasonally.*
- *Establishing reserves for in-house domestic uses."*

(<http://www.clallam.net/permits/WaterRule.html>)

Will the Applicant/Developer qualify for a well-water permit under the new Water Rules (<http://www.clallam.net/permits/WaterRule.html>)? What would the well water be used for, other than landscaping?

- ✓ **Irrigation Water:** If the Applicant/Developer is instead depending on drawing water from the irrigation ditch traversing the property, the Applicant/Developer must secure irrigation rights from the Sequim Prairie Tri-Irrigation District, as so noted in A.12 by the Applicant/Developer: *"The ditch is regulated by the Sequim Prairie Tri-Irrigation District."* Irrigation Rules further restrict the possibility of the Applicant/Developer drawing from the irrigation ditch. The following rules apply:

- *Do not allow for water to be drawn without approval from the applicable Irrigation District*
- *The irrigation season runs from April 15-September 15*
- *Quantity shall be limited to .02 c.f.s (8.98 gallons per minute)*
- *"Water may only be put to "beneficial use" and shall not be wasted."*

(Appendix 1-C: Sequim-Dungeness Valley Agricultural Water Users Association Rules and Regulations.)

"The water rights were for irrigation, not to take water from the river and put it in the ground," Holtrop said. "Now we're getting back to how things were naturally." Peninsula Daily News, May 11, 2014. (<https://www.peninsuladailynews.com/news/irrigation-central-to-growth-of-dungeness-valley-now-changing-for-farms-with-recent-water-rule/>)

Even if the Applicant were to obtain irrigation water rights, the gallons they propose to use and the months when they propose to use the water are not in alliance with the rules as noted above. In addition, there is no record on Clallam county tax records that water has been drawn from this site for the previous year, so water rights may not be "grandfathered" and available without review.

- ✓ **Discharge Water:** Applicant/Developer fails to answer the question: **Will water be discharged to groundwater?** Using irrigation or well-water would negatively affect an already depleted river system (by removing, but not recharging Dungeness river water). This must be made clear in the application. If the Applicant/Developer is intending to use irrigation water for "medium water use plants" then that water will be discharged into the ground and not to the river by way of the irrigation ditch. This should be addressed.

One can hope that as stewards of the land, and as a Water Conservation Partner, the Applicant/Developer would not impose such a load on an already stressed river system, in light that irrigation water is intended to be for “beneficial use.” One would also hope that this Applicant/Developer will not take advantage of their position of trust in the community, nor their partnership with the following water trustees, to use water resources which they otherwise would not be entitled to use—regardless of their tribal status.

Water Conservation Partners

- o Washington Department of Ecology
- o Clallam Conservation District
- o Clallam County PUD
- o Clallam County Built Green
- o City of Port Angeles
- o City of Sequim
- o Jamestown S’Klallam Tribe
- o Lower Elwha Klallam Tribe
- o WSH Extension-Clallam County Extension
- o North Olympic Peninsula RC&D
- o North Olympic Land Trust
- o Dungeness River Audubon Center
- o Dry Creek Water Association
- o Sunland Water District

c. Water Runoff

- 1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other waters? If so, describe. *“Bioswales, filter strips, and onsite infiltration will be used to collect and dispose of runoff. Runoff will be treated on site and will not flow offsite. The downstream irrigation ditch will only be used for runoff in the event of an emergency overflow, in which case the water will eventually flow into the Dungeness River.”*

Comment to B.3.c (1):

What constitutes an “emergency overflow”? What practices and equipment are to be put into place to prevent an overflow?

- d. Proposed measures to reduce or control surface, ground, and runoff water, and drainage pattern impacts, if any: *“Proposed measures to reduce surface, ground, and runoff water, and drainage pattern impacts are the use of bioswales and filter strips.”*

Comment to B.3.d:

What type of filters? What other practices are to be implemented to mitigate impact to the Dungeness River?

5. Animals

- a. List any birds and other animals which have been observed on or near the site or are known to be on or near the site. *"Per the DOE, Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish."*

Comment to B. 5.a:

Northern Spotted Owl and Coho salmon are protected. The Applicant/Developer listed both species as being present, and the City signed off that this is accurate information and issued a **"DETERMINATION OF NON-SIGNIFICANCE."** If there are Northern Spotted Owls present, then that is significant and requires further review through the C2 process to determine if they are present on this property.

- b. List any threatened and endangered species known to be on or near the site. *"Northern Spotted Owl, Coho"*

Comment to B. 5.b:

If either of these species are present on the site, then the site needs to be mitigated to determine if this project can proceed without harming an endangered species. If the Applicant/Developer listed these species even though they are not present on this property, the application needs to be corrected.

- c. Is the site part of a migration route? If so, explain. *The site is part of the migration route for the winter steelhead, coho, and pink salmon odd year.*

Comment to B. 5.c:

The City was remiss in approving the SEPA Checklist without first editing it for errors and omissions. At one point in the checklist the site has no fish and at another point they are part of a migration route. It appears the Applicant/Developer and City anticipated the application to slide through without review.

6. Energy and Natural Resources

- a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc. *"A propane powered backup generator will be used. It will be powered by an underground propane unit."*

Comment to B. 6.a:

Question is not answered. What will be used as the main source of energy? What is it to be used for?

7. Environmental Health

a. Environmental Health Hazards

- 3) Describe any toxic or hazardous chemicals that might be stored, used, or produced during the project's development or construction, or at any time during the operating life of the project. *"There will be a medical storage room sized at approximately 23 square feet containing medical gas tanks. For dental use, there will be three Nitro Size J tanks and four Oxygen Size J tanks. Two of each tank type will be hooked up, and the rest will serve as backups. For medical use, it is anticipated that there will be one to two mobile oxygen 10-liter bottles and one small Nitro bottle less than ten liters."*

Comment to B. 7. a. 3):

Toxic & Hazardous Chemicals that are not listed, but should be:

biohazard blood & urine
medical waste
dental waste
used needles & syringes
class II & III drugs and
any other medication prescribed

4) Describe special emergency services that might be required. *"None."*

Comment to B. 7. a. 4):

One of the biggest issues for those citizens of Sequim who are opposed to the MAT clinic, is the lack of services in Sequim to address the needs that a 250-patient clinic and a sixteen bed psych facility will bring to such a small town. The Applicant/Developer describes state-of-the-art measures taking place INSIDE the clinic, but there is nothing they or anyone else can do once the patients walk off the clinic property. The problem(s) then become the city's to deal with: homelessness, mental illness, drug addiction, drug dealers, panhandling, garbage, human waste, needles, thefts, etc.

5) Proposed measures to reduce or control environmental health hazards, if any: *"None known."*

Comment to B. 7. a. 5):

There appears to be no concern on the part of the Applicant/Developer for the consequences of homeless addicts on the streets of Sequim. We citizens of Sequim, whether for MAT or against, are well aware of the plastic bags of human waste left outside the post office and next to or behind businesses in the downtown area. We are all aware of the needles found in parks, under bridges and along the roads of Sequim. The past summer citizens complained about the large number of panhandlers hanging around the shopping centers of Sequim. The Applicant/Developer may be able to control what happens on their property, but they can't and won't control what happens outside their property. They won't be picking up the human waste, the needles or the garbage. Stating "none known" is not correct.

b. Noise

1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)? *"No adverse noise is anticipated as a result of this project."*

Comment to B. 7. b. 1):

Why is this question on the application? At this point one should not be concerned with any noise that may affect the Applicant/Developer's project. We care how their project will affect the neighbors. The answer should have been: Not Applicable.

2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)? Indicate what hours noise would come from the site. *"No adverse noise is anticipated in the long term. Noise common for construction can be anticipated in the short term with hours of construction Sequim requirements as determined during the preconstruction meeting."*

Comment to B. 7. b. 2):

There will be an increase in traffic, noise and pollution and gridlock at the roundabouts: *“Based on information provided by the applicant, the proposed Jamestown Clinic is estimated to generate a total of 370 daily trips with 29 trips occurring during the AM peak hour (8:30–9:30 a.m.), and 22 trips occurring during the Midday peak hour (12:30–1:30 p.m.). During Afternoon peak hour from 2:00–3:00 p.m. the project is estimated to generate 48 trips.” All traffic generated by the project will use 9th Ave and the existing roundabout intersection at Washington Street, and is estimated have a split of 60% to/from the West and 40% to/from the East. (Transportation Engineering Northwest, 1/10/2020)*

Tim Woolett

From: Heidi Hackett <pompandpedestal@gmail.com>
Sent: Wednesday, April 8, 2020 8:42 AM
To: Tim Woolett
Subject: SEPA Determination of MDNS Comment public record

4/4/2020

Dear Mr. Woolett and Mr. Berezowsky,

I am writing in response to the Environmental Review and Threshold determination of MDNS for the Jamestown S'klallam Tribe Outpatient Clinic. This document does not meet the Department of Ecology requirements to accurately and fully address the potential significant adverse environmental impact to this proposed project to the City of Sequim and surrounding community. The SEPA review mitigations are inadequate or completely non-responsive for the scope and location of this large Regional facility in the main shopping core, residential and economic opportunity zoning area of Sequim, WA.

In SEPA documents do not provide enough information to analyze likely environmental impacts. The environmental elements of Public Health and Utilities, Built Environment and Environmental Health are incomplete.

The developer and city staff decisively fail to anticipate and mitigate the documented fact based on the Didgwalic Model that over 50% of the patients served are homeless which under the governing WAC-197-1160 could potentially with appropriate EI studies result in a SEPA denial of the project.

(f) To deny a proposal under SEPA, an agency must find that:

(i) The proposal would be likely to result in significant adverse environmental impacts identified in a final or supplemental environmental impact statement prepared under this chapter; and

(ii) *Reasonable mitigation measures are insufficient to mitigate the identified impact*

A Withdrawl of the Determination of Nonsignificance should be obligatory due to the failure of the city staff to modify the SEPA template to address the known socio-economic and environmental impacts of the homeless population. Obvious oversight of the city and developer are demonstrated in the fact that no additional information was offered or requested in the SEPA checklist. There are documented impacts of a relevant patient demographic that require acknowledgement and process to allow for the appropriate SEPA determination. It is my preface that true environmental, social and human impacts to the community have not been identified or addressed and are NOT MITIGABLE. The impacts will be directly on the community and public services as an anticipated 100+ homeless individuals occupy city space and growing exponentially as the clinic accepts new clients and expands. The reference below is just one of many bodies of information available that discuss the socio-economic and environmental impacts that are "inclusive" to the proposed project and must be addressed given the anticipated patient demographic as based on the "model" treatment facility.

<https://sites.evergreen.edu/environmentalhealth/wp-content/uploads/sites/174/2016/03/socioeconrd-1.pdf>

There are no reports or acknowledgement of the well known difficulties experienced in the "model" clinic. As per specific instructions "all interrelated aspects" must be addressed and "once a threshold determination is made the lead agency is responsible for the completeness". The following articles and news feed confirm the difficulties and greater than 50% homeless patient base along with an anticipated 51% drop out rate from a MAT program.

https://www.goskagit.com/news/local_news/swinomish-wellness-center-shares-successes-challenges/article_ed1469ae-f730-542e-bfd0-8d1db2db66b0.html?fbclid=IwAR2eWrntAVNAkuainHeFQU3y2dlcjX00ryQBjaWc7oF3t6erATAbfILCwOo

<https://www.king5.com/article/news/local/swinomish-tribe-addiction-recovery-affordable-housing/281-f6a4220b-4ea1-4545-ad5b-431959f645f4>

<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf>

Your office has had access to or the ability to obtain all significant data. A request for additional information from the developer to address this significant issue as it pertains to their project and environmental impact of Sequim is indicated to make a SEPA determination. Anticipation of more than 1 out of 2 patients being defined as homeless is a remarkable statistic with many socio-economic and environmental impacts. I maintain the stance that the document is incomplete as accepted by the city.

I will outline the inadequacies in the current SEPA checklist and the MDNS conditions below as they pertain to the potential for significant environmental impact on Public Facilities due to the possibility of increased law enforcement and emergency services. I maintain that the application is not complete without acknowledgement and request for additional information or a modification of the SEPA template to include "all inter-related aspects" as instructed and can be construed as a bias toward the developer.

Inadequate response from public and service entities to sufficiently develop a mitigatory response:

The City forwarded the proposal to the Sequim Police Department, Clallam County Sheriff's Department, and Clallam County Fire District #3 for comment. No response or comment was received from the Sheriff's Department or Fire District #3.

Two out of the three major emergency service agencies refused comment. The one comment by the Sequim Police Department was based on an irrelevant comparable of calls to the Jamestown Health Clinic. Paraphrased Police Comment "A review of calls for service for the current Jamestown Medical Clinic located on 5th Avenue was completed. The Jamestown clinic has provided OUD, (Opioid Use Disorder) treatment services at that location since 2017. They have averaged around 130 patients per year since 2017. Patient visits at their current Clinic appear to average between 60 and 100 visits per month".

HOW DOES 60 TO 100 PATIENTS PER MONTH COMPARE TO 250 PATIENTS PER DAY?

Didgwalic Wellness Center/Anacortes site visit: Paraphrased Police comment "Their operations seem to run similar to how the Jamestown application has outlined in their Community Response Plan. Their methodology seems conducive to result in low impacts to the surrounding neighbors.

Comment: The Didgwalic Model and operation offer no true comparisons in anticipated impacts given that the Didgwalic clinic is located 5 miles out of the town of Anacortes so neighboring businesses, residences and shopping areas are not at risk for increase in criminal activity, vagrancy, drug dealing and homeless encampments unlike the real life situation with the location of the Jamestown S'klallam clinic. Additionally, comment was obtained before true demographics of the patient population were realized.

East Wenatchee, Arlington and Kelso are not designated Regional MAT facilities but local scale treatment options offered through corporate entities and tribes similar to Jamestown Health Clinic. Hoquiam was closed due to finances so obviously underutilized. Police chief statements provided are only antidotal personal perspectives of impacts and offered no data or reports for substantiation. Additionally, interviews focused only on increased crime and calls within the facility proper and not the surrounding areas. The developer has not provided an acceptable level of research and documentation for SEPA approval given the lack of documentation and disparity in clinic comparisons.

Relevant studies show that there is actually an increase in criminal activity around MAT. Research demonstrates that within a 650 foot radius of an outpatient MAT facility there is a significant decrease in property and total crime, but a *significant increase in drug and violent crime*. Many cities with MAT clinics have experienced damaging impacts from addicts attracted by MAT facilities. Attached SEPA checklist reports are inadequate to assess the environmental impact to public services.

<https://baltimorepostexaminer.com/opioid-treatment-research-shows-saturation-treatment-centers-increases-crime/2015/02/25>

<https://www.researchgate.net/publication/329169779> The effect of outpatient methadone maintenance treatment facilities on place-based crime

<https://www.researchgate.net/publication/223551712> The Statistical Association between Drug Misuse and Crime A Meta-analysis

<https://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

The application has no comparable facilities to accurately assess and make statement on the SEPA checklist other than the operating Didgwalic model that has experienced a significant degree of homelessness. Actual crime statistics and reports from each comparable municipality must be included that substantiate the developer's claim on the SEPA checklist. Positions of neutrality on the project should not preclude a report from all the City's emergency and safety agencies of projected need for increase in services. Public safety demands at least a modicum of effort to evaluate and adjust need for the nature of service and patient demographic of the proposed facility.

Deficiencies in SEPA Checklist in response to 15. Public Services

a. Would the project result in an increased need for public services (for example: fire protection, police protection, public transit, health care, schools, other)? If so, generally describe.

answer: The project anticipates very little need from police, fire, and EMT services, no more than any other commercial or healthcare clinic provider would anticipate. There may be a small amount of staff or patients that would utilize public mass transit to travel to the site.

COMMENT: Assertion includes no markers for validity, official written comment from public service agencies with crime report data by category that potentially may be as a result of MAT location and environment within the community. Stats "on facility" are not an accurate marker of total activity and insufficient to determine need. How can there be mitigation with no starting point! Developer must provide more statistical data for this claim as these services are vital to the security of the entire community. "Generally describe" is an inadequate qualifier pertaining to the Opioid Treatment facility and location of this project.

b. Proposed measures to reduce or control direct impacts on public services, if any.

answer: There will be a primary care provider onsite as well as full-time security on-site both in the building and on the property. In addition, there will be a comprehensive security camera system and monitoring room.

COMMENT: Assertion addresses security only on-site. A security guard can deter crime or nuisance on site but has no effect on a documented statistical increase in violent and drug related crime in the areas surrounding a MAT facility.

SEPA MDNS DEFICIENCIES:

3. To mitigate the potential for adverse environmental impacts to public services and land use, the proponent shall follow the procedures and recommendations of the submitted Jamestown S'Klallam Tribe Preliminary Medical Outpatient Clinic and Community Response Plan as conditions of operation for the proposed outpatient clinic.

COMMENT: Critical Flaw in the entire Community Response Plan is that it is based on erroneous premises that render it inert and insufficient as a tool for determination and subsequent mitigation. As quoted from the plan: "The property was also a good location for the clinic because of its proximity to Highway 101 and the distances from other retail and residential areas." The property is in fact in the busiest shopping zone of Sequim very close to residences and elder care. Additionally, the documented homeless factor is not taken into consideration. The developer needs to develop a plan that addresses the actual proximity to the public and identifies the true exposure that the public will experience as homeless clients leave the property and reside in Sequim proper. Documented drop-out rates of 51% coupled with a 50% homeless demographic is a cogent factor and a mandatory consideration in mitigating the significant environmental impacts to the City of Sequim as presented in a 2019 Washington State DSHS report:

<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf>

4. To mitigate the potential for adverse environmental impacts to public services,

a. Prior to occupancy, a monitoring and evaluation program will be developed by a Community Advisory Committee (committee) made up of, but not limited to, health professionals, community-based organizations, elected leaders, and public safety officials as provided in the Jamestown S'Klallam Tribe Preliminary Medical Outpatient Clinic and Community Response Plan. Committee membership to be determined by mutual agreement between City and Tribal representatives. will

meet monthly for first year and then the committee can decide on meeting schedule. Recommended committee consists of no more than seven members.

b. Prior to occupancy, the "committee" will develop a contingency plan that fully identifies potential courses of action and any corrective measures to be taken when monitoring or evaluation indicates expectation and standards are not being met.

COMMENT: 4a and b; Committee is to evaluate what?? It is useless as there is an inadequate response to the true environmental and social impact to Sequim. Proposed mitigation does not state "who's" priorities and expectations are not being met. Needs to state specifically if the focus of the committee will be to identify and address law enforcement, community or clinic/developer expectations.

A specific member of the committee must be appointed and act as a liaison solely for the community for a true mitigatory response.

Mitigatory proposal must include specified areas that the committee is allowed to address and will be able to effectively promote change as well as anticipated timelines for action. "Monitoring" and "Evaluation" are useless without authority or plan of action. Realistically will not be proactive and expedient to address the significant environmental and social impacts to the City of Sequim and surrounding Community.

c. Prior to occupancy, the Tribe shall post a bond in the amount of \$250,000 to guarantee public safety services can be made immediately available if necessary (City Police, Fire District 3 EMT services, for example). This bond will be in effect for a term of 5-years and may be extended by agreement of the parties.

COMMENT:

1) Is this in fact legal and plausible? and would the terms of reimbursement be acceptable to the tax payers of the City of Sequim? Additionally, would the terms of the bond apply to Sequim City employees or would the new hires in fact need to be Tribal employees? Proper mitigatory protocol would indicate a complete study of public safety needs prior to project approval. The safety of the public will already be compromised and of notable degree before a "stop-gap" bond issued. SEPA guidelines recommend the assessment of impact bonds before the project is built. <http://mrsc.org/Home/Explore-Topics/Planning/Land-Use-Administration/Impact-Fees.aspx>. The city needs to research all options for mitigatory purposes of the substantial impact on public services.

2) Is the developer to define when public safety employees are necessary? Mitigation would require "necessity" to be determined by the City of Sequim with public and city council comment and involvement.

d. Tribe agrees to reimburse City for all lost tax revenue if, and when, the property is taken off County tax roll. If it is determined that additional public safety staff, such as police, EMTs or fire officers, are needed due to activity resulting directly from the clinic's operation. The Tribe agrees to fund these public safety (EMT, Fire & Police) positions for as long as they are necessary.

COMMENT:

1) This type of clinic should never be taken off County tax roll as it is part of the Sequim Economic Opportunity Zone. Subject property is in clear violation of the core values for which the economic zone was originally intended. What County Tax roll? Property and Business revenues as it stands the city does not collect revenue from business or property from the developer. How is this agreement made in relation to Sovereign Immunity and the Tribe?

2) Need for additional public safety staff " due to activity resulting directly from the clinic's operation" is not likely going to result in hiring of new safety staff as most new safety staff will be needed due to the very nature of the medically fragile and unpredictable homeless population. For example: is the overdose of an individual off clinic grounds do to direct operations of the clinic-NO. Is the burglary on 3rd Ave. a direct result of direct clinic operations-NO or Is the indecent exposure of an individual in the Safeway parking lot due to direct clinic operations-NO. This is not mitigatory as the bulk of criminal activity and need for emergency services are just the fall-out from a vulnerable homeless population doing what they do! Need and services should be researched and appropriate ballot measures to vote implemented prior to occupancy.

e. Prior to occupancy, the Tribe will enter into a "Good Neighbor" agreement with the City (see attached example and be aware that some of these items would be included in that agreement, such as no loitering).

COMMENT: Any agreement is only mitigatory if it can be enforced. Mitigation would require no loitering laws in place and city support and staff to enforce.

h. Patients who chose to leave the clinic program will be immediately reported the Navigator for possible intervention and/or assistance in transitioning to another program or returned to their place of residence or location where they spent the previous evening.

i. Patients who chose to leave the clinic program and do not have personal or prearranged transportation will be provided transportation by the clinic to their place of residence or location where they spent the previous evening.

COMMENT: Mitigations h and I just concur that the patients without homes will be re-delivered to the streets of Sequim. Negligent to an anticipated 50% of client base and non-mitigatory to the environmental impacts to Sequim City. Once delivered to their station from the previous evening they are still free to move about as desired. This mitigatory response is in fact contributory to the socio-economic and environmental impacts of Sequim at a significant level.

j. Tribe agrees to notify the City 1-year prior to applying to place the land upon which the clinic is built into Tribal Trust land. The Tribe agrees to only place the developed property into trust by short platting out the undeveloped portion of the property.

COMMENT:

It would not benefit the City of Sequim or the community at large for the facility to ever be placed in Tribal Trust as the facility is in the middle of Sequim and needs continued public oversight. A writ of full sovereign immunity would be mitigatory and is increasingly recognized as reviewed <https://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=3703&context=bclr>

k. The Tribe agrees to execute & file with city limited waiver of sovereign immunity to allow enforcement of the City's nuisance ordinance if any portion of the subject property is placed into Tribal Trust.

COMMENT: Limited sovereign immunity to allow enforcement of the City's nuisance code is insufficient due to the scope and location of this proposed clinic. N. "Nuisance activity" means any nuisance that occurs or exists upon a property, or if specified in this section, occurs or exists within two hundred (200) feet of a property. To be considered a nuisance activity within two hundred (200) feet of the property, the nuisance activity must involve the Responsible Person and/or any person associated with the Responsible Person. Please note that 200 ft from the property barely gets you out of the parking lot and does nothing for the residences and businesses that are a mere few more

yards from the 200ft specification. Mitigation would require a re-write of the city code that was recently modified to include a distance specification inclusive of City of Sequim businesses and residences that will be effected.

l. The clinic will only treat patients who have gone through the pre-treatment screening process.

COMMENT: " Our license with the State of Washington Department of Health identifies our patient service delivery area as Jefferson and Clallam Counties only. That means this clinic can serve only the residents of Jefferson and Clallam Counties." Not enforceable and prohibited by:

WA State appropriations bill (p.30) Must treat all publicly funded people (Not limited to Jefferson and Clallam County

<http://leap.leg.wa.gov/leap/budget/lbns/1921Cap1102-S.SL.pdf>

<https://q13fox.com/2019/11/21/king-county-approves-100k-to-buy-bus-tickets-for-people-experiencing-homelessness/>

m. All patients must be accommodated within the building, and there will be no outdoor line ups or congregating of patients outside of designated areas.

n. The Tribe will strictly enforce a no loitering policy through on-site security.

COMMENT: Mitigations m and n are not mitigatory to the environmental impacts of the City of Sequim without description and mapping of "designated areas".

o. Prior to occupancy the tribe will secure fulltime on-site security to maintain order on-site. With neighboring property owner permission on-site clinic security will also make sweeps through neighboring commercial properties on a schedule determined cooperatively between the clinic and adjacent property owners. Sweeps of adjacent residential neighborhoods will also occur on a regularly scheduled basis.

COMMENT: What exactly will tribal security be able to enforce on tribal or non-tribal property. What ordinances are in place to allow actions of intervention by "non-Police" personnel. Sequim Police will need to be called which just means a frequent dilution of resources.

p. Prior to occupancy, the Tribe will distribute direct access information/complaint line provided to all adjacent property owners within 300 feet of the subject property.

COMMENT:

q JST will ensure no graffiti on the JST Healing Center site, and JST will immediately report any such vandalism to the city if any occurs on nearby properties. JST will take steps to immediately remediate the graffiti on their property.

COMMENT: Not mitigatory as the City of Sequim already has a graffiti ordinance in place. Mitigation would only occur with sufficient city staffing to address.

Providing a complaint line to property owner's within 300ft is useless when the nuisance code only allows for action within 200ft. A mitigatory response would require actions that the developer would need to take to address the complaint and a modification of the nuisance code to allow for action on the complaint. Nuisance code was amended as of January 2019.

<https://www.sequimwa.gov/DocumentCenter/View/12018/Item-3---Nuisance-Ordinance?bidId=>

r. The Tribe will prohibit camping, overnight sleeping or overnight parking on the property of the Healing Center.

COMMENT: Not mitigatory to the environmental impacts to the city of Sequim. Mitigation would require solutions for overnight camping on Sequim City property. Proper city ordinances need to be in place and allowed to be enforceable. Ordinances must address vagrancy, panhandling, overnight camping and vandalism ---which means a determination of adequate Police resources and detainment space must be studied and expanded if necessary to allow for protection of Sequim city businesses, residences and all community spaces. Ordinances must be in place before opening.

Summary of effectiveness on mitigatory responses and document accuracy:

The evaluation of Determination of Significance is not supported with adequate and verifiable findings to lead to appropriate mitigatory conclusions. The project if reviewed with the anticipated scope and crucial analysis of patient demographics can not be adequately mitigated to a level of non-significance in it's current location on 9th Ave. in Sequim, WA. The SEPA checklist needs to be revised to address all inclusive issues and further studies are needed to reach a threshold determination. As per the SEPA review guidelines:

The lead agency must withdraw the DNS if the DNS was obtained by misrepresentation or lack of material disclosure on the part of the proponent. SEPA also advise a withdraw of the DNS if it needs time to reconsider the significance of the proposal, reassess mitigation needs or do additional investigation.

Failure to address alternatives or purpose/need:

The application invites comment on alternatives. Alternatives have been completely omitted/disregarded in the application. Omission of discussions of need and alternatives is rare. It has been documented and verified that the proposed project is not needed and that there is at least one viable and successful alternative already in place for the intended purpose of the project.

Hub and Spoke directory-Clallam County

https://8f2579f1-38b1-4f91-8058-7916b774a58b.usrfiles.com/ugd/8f2579_e266da38721b4065826eb66d189ec441.pdf

The Substance Abuse and Mental Health Services Administration (SAMHSA) determined Sequim as a **non-optimal Opioid treatment area in 2016**. Current information from the Clallam County Opioid Surveillance Dashboard shows a reduction in deaths and hospitalizations in 2016, and a 52% reduction of overdose deaths and hospitalizations in 2016 There were ten times more opioid overdoses in Port Angeles than Sequim.

There are 2,870 patient slots in Clallam & Jefferson Counties, including outpatient clinics and private physicians.

<https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/medications-opioid-use-disorder-moud>

In closing the Department of Community Development needs to robustly re-examine the MDNS and supporting SEPA checklist for the citizens of Sequim. There are many other inaccuracies and contradictions of information in the Environmental Elements of the SEPA checklist and possible misinformation regarding expansion to a phase II facility as I believe their is accommodation for infrastructure for Phase II in the Phase I REGIONAL MAT It is my expectation as a member of this community that the City will ensure me the right of doing their jobs to the best of their abilities through an unbiased process and it is not my job to direct the City to their inherent responsibilities or advise process/mitigations that would actually be responsive to the community as a whole.

Thank you for your consideration,
Heidi J. Hackett
72 Old Town Rd.

Sequim, WA

TO: Department of Community Development
City of Sequim
Barry A. Berezowsky
SEPA Responsible Official

CC: Tim Woollett, Department of Community Development

FROM: James Moore
Mary Jane Moore

VIA: Email

DATE: 6-Apr-2020

RE: Jamestown S'Klallam Tribe Permit Application SEPA Review:
MITGATED DETERMINATION OF NONSIGNIFICANCE (MDNSI- WAC
197-11-970 Jamestown S'Klallam Tribe Outpatient Clinic Application File No.
CDR 20-001 (The "MDNS")

Reference:

"Olympic Peninsula Behavioral Health Campus, 2019 Washington State Legislature Capital Budget Request", Submitted by Jamestown S'Klallam Tribe, Clallam County Public Hospital District No.2, & Jefferson County Public Hospital District No. 2, March 2019 (The "Capital Budget Request")

The MDNS reads in part as follows: "Comments . . . may address the adequacy of the environmental document or the merits of the alternatives discussed or both. We shall endeavor to do both in the following pages.

We are very concerned that the social impact of the proposed project in the MDNS is being evaluated by means of unsubstantiated assumptions and invalid comparisons, some of which are detailed in the following paragraphs. In the entire approval process for this project I am concerned that there appears to be a complete avoidance of consideration of unintended consequences. Lack of attention to unintended consequences is a hallmark of group-think that often leads to undesirable outcomes.

The MDNS is a collection of documents that does not have a table of contents and includes several sets of pagination as well as non-pagination making referrals perhaps somewhat obscure. I will do my best. Boldface

underlines will indicate a discrete document. Boldface-only is to highlight an item within a document or for emphasis within a paragraph.

MDNS Main Body

Item 4e (Page 7 of 15 (sic)) Good Neighbor Agreement

Refers to attached example, presumably those of Kent and Renton. These examples are inappropriate for three reasons:

1. Population size
2. Geographic location
3. Type of facility

Regarding population sizes:

Kent	92,000
Renton	102,000
Sequim	7,100

Kent and Renton are more than 10 times the size of Sequim. We could consider the larger Sequim surrounding area but that brings up the 2nd reason: geographic region. Kent and Renton are situated in a large metropolitan area while Sequim is a rural community. Comparing the Sequim larger community with the larger communities of Kent and Renton would be ambiguous at best. The issue remains: urban vs. rural, large vs. small.

Finally the third reason is type of facility. The facilities in Kent and Renton are local clinics, not regional, and therefore not comparable.

Items h and i, (Page 8 of 5(sic))

These items deal with patients leaving the clinic program. There appears to be a glaring assumption here that there will be no homeless patients attracted to the MAT Clinic and squatting in public or private places. Not mentioned in the MDNS here but elsewhere is comparison to the Didgwalic Center in Anacortes. Such comparison is not valid because of the remoteness of the Didgwalic site.

SEPA Environmental Checklist

Item 8i (Page 10 of 15)

This item states the patient case load will be 200-250 approximately two years after opening.

The developers' State Budget Request (Reference 1) on page 3 states 300 individuals annually (one year treatment length, daily visits) in the proposed Clinic. There is also an estimate of 350 patients annually in the Phase II in-patient facility which is not mentioned anywhere in the MDNS. The developers are understating the case load compared to what they wrote to the State asking for money. Furthermore there is no reference anywhere that I could find as to the *capacity* of the proposed facility beyond the projected case load at two years. It is my understanding that the Didgwalic Center in Anacortes is expanding significantly and, whether it is or not, the proposed Clinic could certainly do so. There is no discussion of expansion beyond 200-250 or the possible effects of such.

Items 9a and 9c (Page 10 of 15)

Item 9a States: Approximately how many housing units would be provided? **Answer:** "Not applicable".

Item 9c States: Proposed measures to reduce or control housing impacts? **Answer:** "Not applicable".

These **answers are not consistent** with the developers' Capital Budget Request (Reference 1) page 2, 3rd paragraph where they state: "... offering comprehensive wraparound services such as assistance for employment, *housing*, . . ." (italics added). The developers' are inconsistent between asking for money on the one hand (where they indicate more services) and asking for permission to develop on the other (where they indicate fewer services). What is the real intention?

Sequim Police Document – Comments on Various Other Documents
(Untitled, Undated, Unsigned, Unpaginated)(6 pages counted)

Interview (Page 4) with David Dickinson of SAMSA re the Didgwalic Clinic: “He was able to articulate why some clinics have a bad reputation or result in negative public impacts and others don’t. He suggested it requires **good location**, good building and site design, **the development of good relationships with neighbors**, and a good model of implementation (business model)”.

I would suggest the developers have failed at two of these requirements: location and relationships . ***If one respects the opinion of Mr. Dickinson, the proposed clinic runs a risk of negative public impacts and/or a bad reputation.*** It seems to me the purpose of a SEPA review is to identify potential negative public impacts. I don’t see much such identification happening.

The Didgwalic Clinic in Anacortes is offered as a comparison. Such a comparison is invalid for two essential reasons:

1. The Didgwalic site is located far-removed from the center of town adjacent to an industrial park with no easy access to the main part of town.
2. The Didgwalic Clinic went through a public review process and enlisted broad public support.

Neither of these conditions apply to the proposed Sequim clinic.

SEPA Checklist, Page 13 (Pages 1-2 of Police Document)

Comparison is made between an assumed patient population of the proposed MAT clinic and the relatively known population of the Jamestown Family Clinic. This assumption is unstated and no evidence for validity of the comparison is given.

Additionally, nowhere in this document that I could find is an estimate, justified or not, of the percentage of MAT clinic local patients versus non-local patients.

Thank you for reviewing these comments.
Respectfully yours,

James Moore
Mary Jane Moore
1322 Fox Hollow Road, Sequim

Tim Woolett

From: Greg Moo <moogroup@olyphen.com>
Sent: Sunday, March 29, 2020 3:39 PM
To: Tim Woolett
Cc: saveoursequim@gmail.com
Subject: Jamestown S'Klallam MDNS

RE: City of Sequim acceptance of State Environmental Policy Act

Mr. Woolett,

On March 25, 2020, Sequim city officials accepted the Jamestown S'Klallam Tribe's State Environmental Policy Act (SEPA) evaluation, thus permitting the Tribe to move forward on plans to build a Regional Drug Treatment Center in Sequim. This acceptance warrants that the Jamestown Tribe's proposed Medically Assisted Treatment (MAT) center meets the SEPA threshold through a "Mitigated Determination of Non-Significance" application.

The Tribe's SEPA proposal selectively cites several mitigations based on examples of allegedly successful mitigations. Other examples, however, show such mitigations have not been successful in preventing negative impacts of a MAT facility on the surrounding community. Just two examples:

1. A study in central Virginia ("Not in My Backyard": A Study of Substance Abuse Treatment Centers on Property Values" by Claire R. La Roche, Bennie D. Waller, and Scott A. Wentland, "Journal of Sustainable Real Estate," Vol. 6, No. 1, 2014) concluded:
 - We find that a neighboring treatment center is associated with an 8% reduction in nearby home prices, and that this discount is magnified for treatment centers that specifically treat opiate addiction (as much as 17%).
2. A study in the Philadelphia area between 2007 and 2017 ("The effect of outpatient methadone maintenance treatment facilities on place-based crime" by Ruth Moyer and Greg Ridgeway, "Journal of Experimental Criminology," 22/24/2018) concluded:
 - "Results[:] Within a 200 m radius, the presence of an OMMT facility causes a significant decrease in property and total crime but a significant increase in drug and violent crime."

These two examples call to question why the City accepts only the Tribe's chosen and obviously self-serving evidence.

Further, neither the Tribe's SEPA evaluation nor the City's acceptance of it addresses the negative impact that operation of the MAT at the proposed location will likely have on property values or increased crime rates.

Moreover, in his 1/24/2020 "NOTICE OF DETERMINATION OF PROCEDURE TYPE FOR FILE NO. CDR20-001 JAMESTOWN S'KLALLAM TRIBE MAT CLINIC BUILDING PERMIT, SEPA & DESIGN REVIEW," footnote 14, Sequim Community Development Director Barry Berezowsky notes:

“Interestingly, the Tribe has advised that this clinic [the Tribe’s existing Jamestown Family Clinic in Sequim] has been using medically assisted treatment at this facility for at least the past 18 months and *merely* seeks to consolidate services.” (emphasis added)

It is reasonable to project the expenditure of public and private funds the Tribe has devoted to the purchase of land and development of plans for a separate—and expandable—facility suggests the real intent is not *merely* to consolidate but, instead, to build a physical plant that will easily support growing the MAT business by enrolling people from outside the Sequim community. And, if truth were told, we know this separate facility is but a first gambit that will allow quick expansion of the physical plant and increased enrollment of revenue-generating patrons.

Since the Tribe (and numerous other clinics and physicians in the Sequim/Port Angeles area) is already providing the medically assisted treatment some contend the local population needs, under what exceptional need does the city move forward the proposal for a MAT facility that would, among other negative effects, lower property values and increase drug and violent crime in Sequim? Why, indeed, when what Mr. Berezowsky describes as a “local groundswell against it,” does the City not recognize and follow the legal and principled path available to them and vote to disapprove the Tribe’s proposed MAT facility in the middle of Sequim? Minimally, the City should direct the Tribe to address the issues of decreased property values and increased crime. By not requiring even this minimal level of review, the City of Sequim fails in its duty to protect the City and its people.

Jan and Greg Moo
Sequim residents

Tim Woolett

From: Robin Pangborn <robin.pangborn@outlook.com>
Sent: Wednesday, April 8, 2020 10:50 AM
To: Barry Berezowsky; Tim Woolett
Subject: Fwd: SEPA study for proposed MAT facility

Sent from my iPhone

Begin forwarded message:

From: Jan Everett <janeverett7@gmail.com>
Date: April 8, 2020 at 10:45:06 AM PDT
To: "robin.pangborn@outlook.com" <robin.pangborn@outlook.com>
Subject: SEPA study for proposed MAT facility

Gentlemen,

As our city planners, I seriously question your judgement regarding the woefully weak SEPA study proposal regarding the MAT center. I STRONGLY believe the moral, ethical and professional responsibility of your position requires a conditional use study...C2. I am just one of the majority of citizens in Sequim that are scratching our heads and searching for a logical explanation for the direction you have chosen. I have voiced this previously however, and you neither responded nor acknowledged the community outcry.

NOW THIS? Pushing forward the SEPA study approval during an unprecedented pandemic is a new kind of low!!! Shame on you!! With our community literally fighting to survive economically, socially, physically and in isolation, you choose now to push ahead your personal bias agenda? How can you in good conscience and sound mind go forward with this NOW?

The town is all but a ghost town as we all social distance and quarantine. I am so very proud of our citizens for cooperating with all the government efforts. Please reconsider your cooperation in protecting our said citizens. Case in point: as of today, Jefferson County has 3X the cases of the Corona Virus as Sequim. They have 27 confirmed cases (growing daily) and Clallam County has confirmed. Kitsap County has over 100 and growing rapidly. If the scope of the proposed drug treatment center was homogenizing these counties now, I tremble at what that could mean for our limited resources.

Yes these are unprecedented times and experiences but there is much to be learned from this season. First off, look at our demographics. The average age in Sequim is 47% older than WA state at large. Hence, our population is more vulnerable to contagious diseases. While this is a world class virus, things like AIDS and Hepatitis and other maladies go hand in hand with the drug populous at large. We DO NOT HAVE the infrastructure to invite that into our town at the numbers proposed by this regional center. We do not even have a hospital. Please learn from this pandemic the limitations and vulnerabilities of our populous. There is no value to the argument that the patients coming to a regional drug center in Sequim would only come from Clallam and Jefferson counties. Since treatment is woefully limited in surrounding areas of Seattle and Abundantly available on the Peninsula, how could you possibly mitigate our exposure? At least 50% of the patients at the Anacortes facility do not have a valid drivers license to

prove residence. The drop out rate from treatment sadly results in increased homelessness and drug activity, criminal activity as well as physical threats to our vulnerable demographic.

Lest you think I don't understand what a SEPA study does, I know that the issues above are not specific to a SEPA study. Rather they are compounding reasons why a SEPA is insufficient to truly evaluate the impact of this proposal. Upon examination of the mitigation document, It is abundantly obvious that little to no effort was put into examining it. It contradicts itself in several areas with other areas just completely ignored. Clearly the developer sees this formality as a slam dunk. If you proceed under that motivation, then you are SLAM DUNKING SEQUIM in the midst of the largest trial in history of our community. That is on you my friends. I hope you can sleep at night knowing that our resources are tapped and you are choosing to knock down our community at it's most vulnerable point. Is that what city planners do?

Passionately,

Jan Everett

Sent from [Mail](#) for Windows 10

Tim Woolett

From: Jane Bultedaob <jbultedaob@gmail.com>
Sent: Monday, April 6, 2020 9:45 AM
To: Tim Woolett

Dear DCD, c/o Tim Woolett,

I have been a resident of Sequim since 1965, graduated from Sequim High School and attended Peninsula College for 2.5 years. I have lived many places since, off and on, till 1992. I have lived here and raised our kids here since that time, it will be 28 years in August.

I see no logical reason for the MAT clinic to be built in Sequim. There are many options for opioid addicts in Port Angeles and even at Jamestown Clinic. Seattle is bussing their addicts to small towns, and I have seen homeless people I have never seen before almost daily. There are places I am now hesitant to walk, and have to watch for human feces so I don't step in them. And the clinic isn't even built yet.

I am praying that our City Council will care more about our residents than they do about the money or the tribe. I understand the need--I emphatically believe behind Costco is not the place to fill that need. Let the tribe build it next to their new hotel. I think that would make much more sense!! PROTECT our property, PROTECT our rights! We are begging you to put us first, the tribe and their money second.

THANK YOU!

Jane Bultedaob

"The Lord is my Rock and my salvation"

Tim Woolett

From: Jenna Rose <jennarosemail@gmail.com>
Sent: Wednesday, April 8, 2020 3:46 PM
To: Tim Woolett; Barry Berezowsky
Cc: Troy Tenneson; Tom Ferrell; Ted Miller; Dennis Smith; Brandon Janisse; William Armacost; Charlie Bush
Subject: SEPA Review Response Letter

April 8, 2020

To Whom it Should Concern,

In reading over the SEPA (State Environmental Policy Act) Review for the proposed Regional MAT (Medication Assisted Treatment) project of the Jamestown S'Klallam Tribe, we see the Sequim City Planning Department staff has not required any mitigation measures for the Northern Spotted Owl even though this threatened and endangered species is identified as inhabiting the site on 9th Avenue in Sequim, WA.

The site is part of migration routes of the endangered Northern Spotted Owl, and the irrigation ditch is inhabited by Winter Steel-head and Coho and Pink salmon. Also sited on the property is the butterfly, Taylor's Checkerspot, on the endangered list of Clallam County since 2013. Though these endangered species are mentioned on the review, none of the potential adverse impacts, that implementation of the proposed project would have on these species, is adequately addressed. These are major deficiencies in this SEPA environmental review. The SEPA checklist has missing information and inaccurate statements also. Too much to even address in one letter!

Also, there is one section that is omitted altogether that is usually addressed on such reviews, the section that addresses "Purpose and Need". This is standard on SEPA checklists. Why is this section omitted? This begs the question, "What IS the purpose of this Regional MAT facility when there clearly is NO actual, proven "purpose and need" in Sequim? Such a huge facility for potentially 300 opioid addicted people, or more, to be served daily right by the Shaw Family Farm, and a residential area off 7th Avenue, and a five-minute walk to Costco, should not be allowed unless the "Purpose and Need" are addressed and proven.

For someone struggling with opioid addiction in Clallam County, who wants to try MAT treatment, here is a list of some of the local clinics with plenty of available openings:

BayMark, Chase St. & 8th St., Port Angeles, 360-395-2976

Olympic Medical Center, OMC, in both Sequim and Port Angeles 360-582-2930

Olympic Peninsula Health Services, OPHS, 1605 E. Front St., Port Angeles 360-406-0416

North Olympic Health Services, NOHS, 933 E. First St., Port Angeles 360-452-7891

Jamestown Health Center, 808 N. 5th Ave., Sequim 360-683-5900

The most current and authoritative documentation available from Washington State Department of Health shows the current total capacity of Medication Assisted Treatment (MAT) in Jefferson and Clallam Counties is 2,900 available seats, with potential to expand existing MAT clinics. March 3, 2020. Therefore, since we do not have that many opioid addicted people, the availability for treatment is wide open and there is ABSOLUTELY NO NEED FOR A REGIONAL MAT FACILITY IN SEQUIM. For verification see this link:

https://static.wixstatic.com/media/8f2579_d53596260f82445cbfff13753ee464df~mv2.png

We submit that the proposed Regional MAT Facility on 9th Avenue in Sequim would have an enormously negative impact upon our town. According to the 2019 Western Washington Study by DSHS <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102.pdf> (Department of Social and Health Services), 48% of the 300 opioid addicted people would be homeless drug addicts. Therefore crime would go up, panhandling and car vandalism would increase, and homeless encampments would develop and grow--maybe not on site, but in the vicinity, and on the Olympic Discovery Trail, and in our parks. Additionally, according to the same DSHS study, 45% would be taking other illicit drugs while in treatment and 13% would have other involvement with crime and illegal activities. 49% would drop out of treatment altogether. We all know drug dealers follow drug addicts. Are these the kinds of impacts we want in our town? Why are these impacts not studied or included in this SEPA Review?

We have correspondence between the Sequim Director of Community Development, Barry Berezowsky, and Brent Simcosky of the Jamestown S'Klallam Tribe, which shows they have been working together for over a year to push this project through and to avoid the public's knowledge of their doings. They do not admit it, however we have over three thousand people that live in the Sequim zip code that want to stop this project altogether, or at least move it to the tribe's property in Blyn so THEY would have to mitigate any problems that arise, and not our town.

We also have other letters showing collaborative efforts of Sequim City Staff and the tribe.

Correspondence from Olympic Medical Center (OMC) states the Jamestown S'Klallam Tribe plans to build a bus barn on the property, if the facility goes in. Why? It is for DAILY bussing into Sequim the opioid addicted people from surrounding areas. Probably West Clallam County, Jefferson County, Bremerton and all of Kitsap County would be included in their recruitment efforts. At \$455 per dose of suboxone, per addict, per day (which is the Medicaid fee reimbursement per encounter) this place could be a real "cash cow". Of course, the tribe's income is all tax free as well. (BayMark and other MAT clinics do not get the \$455 tribal reimbursement rate; they receive only about \$20 per person.) What about the impact upon our taxes that would have to go up to cover these expensive rates?

Any preparations such as added police force, mitigating traffic, and researching the impacts of homeless drug addicts upon our town, are of utmost importance to address in advance. Who would pay for the bussing? Who would deal with these things that would go on outside their fence? What about contaminated needles and urination and defecation in the irrigation ditch which would create hazardous pollution in our pristine waterways? What about our elderly population that would fear for their safety? What about big time drug dealers that would show up if there were 300 opioid addicts

lining up for their daily suboxone, like we have seen at MAT Centers in other cities? If we had to hire more first responders, our taxes would have to pay for them! Also, once the tribe claims Sovereign Immunity we would have no recourse.

The plans for adding the bus barn proves the tribe has lied on their application for this building project--they do indeed have plans to expand. We know from their own Q & A they have plans to "ramp it up after two years" and we know how they expanded the casino with their pot business and gas station and now a three-story hotel. They have already told us the WA State grant of 7.2 million dollars was given IF they partnered with OMC and Jefferson Hospitals and IF they build a Jamestown Mental Health Center/Hospital or inpatient psychiatric ward. Are they slipping this facility through under the guise of a small medical clinic? What would be the impact of a mental hospital with an inpatient ward that would have a two-week turnaround (per Medicaid reimbursement)?

We also have to wonder if this SEPA Review is even a legal document since it was supposed to be signed by Sequim's Director of Community Development, Barry Berezowsky, and instead it was signed by Tim Woolett? Maybe certain people do not want to be held responsible for their actions? Usually if someone works to do a good job on a SEPA Review, he would want to have his signature on it.

Here is Barry Berezowsky's comment to Rose Marschall and Jenna Rose in reference to the application for this Regional MAT project:

"This place is nothing more than a Baskin Robbins and they can serve up any flavor they want."

This is the attitude revealed in this shoddy, grossly incomplete and inaccurate SEPA Study, and this is completely unacceptable. This SEPA Study reveals a lack of care about the impact of this Regional MAT facility on our town. Such egregious errors and omissions place the competency and honesty of Barry Berezowsky in question. Should he be holding this powerful position of authority as Sequim's Director of Community Development?

We will be sharing this e-mail as a post on Facebook with over 5,000 Facebook friends between us, and also with our friends and families, and our e-mail contacts. Also, we will be e-mailing it to environmental agencies and departments in various places in our state and beyond.

We declare this SEPA Review to be grossly incomplete, inaccurate, and unclear. It needs to be re-done properly to take into consideration the full impact of the Regional MAT Facility and inpatient Psychiatric Hospital upon the city of Sequim. We appeal to your good sense to shut this MAT project down. We need to put the brakes on and ensure the only projects that are accepted are the ones that benefit the community as a whole, protect the environment, and are actually needed by the people of Sequim.

Signed,

Jenna Rose
Tom & Pepai Whipple
Bill & Michele Caples
Cheryl Cuccia
Robert & Virginia Fowle

Jadie Henton
Jane Burkey
Daryl & Stelle Knauff
Karen Willcutt
Matthew & Brenda Covella
Judy Foster
Virgina Sheppherd
Robert & Anne McGonigel
Bob & Sue Forde
Diana Smith
Janette Chrysler
Judy Smith
Doug & Karen Tallman
Alan & Helen Baker
Wayne Pedersen
Rick & Rose Marschall
Stephanie Parish

John & Cindy Mckay

PLEASE NOTE:

The 34 of us that have signed our names to this letter are all individual citizens not affiliated with any group, and we all live in Sequim, Washington. We are deeply concerned about the future of our city. (The Sequim City limits are actually very small, so most of Sequim lives in what is known as the county, but we all have a Sequim zip code.) Many of us have spoken at city council meetings and planning department meetings and written letters to the editor of our local newspapers, and letters to our Sequim City Council. Additionally, we have written literally thousands of letters to the Sequim Planning Department to oppose the Regional MAT/Psych Ward on 9th Avenue in Sequim.

We were not given enough time to do proper research, or allowed to meet for discussion and collaboration on our individual responses to this SEPA Review, because of the Covid-19 virus pandemic and staying home and isolated from one another. We have participated in writing this letter by e-mail and by phone and decided to send one letter from all of us. We requested more time to prepare individual letters, but our reasonable request was denied.

PLEASE E-MAIL CONFIRMATION OF RECEIPT OF THIS LETTER TO:

JennaRoseMail@gmail.com

Tim Woolett

From: Barry Berezowsky
Sent: Tuesday, April 7, 2020 1:35 PM
To: Tim Woolett
Subject: FW: SEPA

From: Jerry Kathy Beltran <jk.beltran@outlook.com>
Sent: Tuesday, April 7, 2020 1:26 PM
To: Barry Berezowsky <bberezowsky@sequimwa.gov>
Subject: SEPA

Mr. Barry Berezowsky,

April 7, 2020

I feel that the SEPA is not complete and accurate. There are many concerns of the residents of Sequim that were not address or were inaccurate in the statement. Portions of the SEPA are missing the needed details to reasonably assess potential impacts.

“Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document **or the merits of the alternatives discussed** or both.”

However, **the MDNS does not even mention alternatives or purpose and need**, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

Because the MDNS did not address the potential adverse impacts that the proposed project would have on the environment and community, an additional analysis should be completed.

The MDNS are presented for special elements of the environment including animal and birds, which require correction due to inaccuracies in the completed SPEA checklist. Also, information to fully understand the potential for adverse impacts.

The statement in the MDNS that Staff concurs with the checklist description of the impact is completely inadequate for a full and accurate assessment of the impacts to the

1. Environment, including animals and birds. Pollution both river and parks.
2. Community including, traffic, crime, transportation, housing and safety.

Thank you

Jerry and Kathy Beltran
Sequim WA

Tim Woolett, Bary Berezowsky

Please see attached response to your document,

**MITTGATED DETERMTNATTON OF NONSTGNTFTCANCE (MDNSI- WAC 197-1L-970
Jamestown S'Klallam Tribe Outpatient Clinic Application File NO. CDR 20-001**

Due to the lack of understanding of the real nature of this project and its target clientele, the initial MDNS shows only cursory and token efforts to take a serious account of the actual and verifiable Potential Significant Environmental Impacts. The City has taken an approach reflecting impacts as if comparable to a small-scale and typical professional office or specialized medical clinic or dentist office.

Errors in this approach include but are not limited to:

- The primary purpose of facility is to treat a specified clientele, Opioid addicted persons using Medication Assisted Treatment (MAT).
- This MAT facility will be dispensing Methadone, a Class II controlled Substance only authorized to be delivered through federally designated Opioid Treatment Programs (OTP)
- Federal law contains specific guidelines for the licensing, security, and accommodations of these matters, yet our City Staff has no knowledge of these requirements and has made no accommodations.
- The operational processes include hazardous chemicals and controlled substances, yet these are not addressed.
- The associated demographic group has specific concerns which are ubiquitously documented and are the subject of thousands of scholarly studies. The societal impact of this demographic group should not be dismissed without even the slightest consideration or acknowledgement
- Western Washington studies show that participation in MAT treatment of this demographic group does not guarantee compliance or a change in the nature or behavior of a significant and verifiable percentage of this group. In other words, just because they are enrolled does not change some of the behaviors or remove their impact on our environment or our community.
- To focus mitigation for the project strictly on environmental factors does not accommodate the human factors They are not divorced from its impact on society

City staff and the developer have ignored these facts, presenting this facility as a standard outpatient clinic – under federal law, a standard outpatient clinic would not be permitted to deliver this treatment (methadone).

Mitigation

City Staff has only identified the 3 following areas of impact to address with potential mitigations:

- The potential for adverse environmental impacts to air quality due to dust emissions.
- The potential for adverse environmental impacts to cultural resources due to site disturbance.
- The potential for adverse environmental impact to public services due to the possibility of increased law enforcement and emergency services.

The Proposed Mitigation Measures reflect a similarly inept attempt to address such areas of impact which are notably minor. And while missing the big picture, these attempts may put a check in the SEPA/MDNS box, but they reflect the staff's lack of understanding at best, or their willful negligence at worst.

With this in mind, my efforts to identify and propose mitigation measures for the given Environmental Checklist are included as a response to this checklist. There is much overlapping subject matter as an environmental expert would understand. What affects water, affects the earth, and so forth. It is difficult to separate these concerns and mitigation attempts into the appropriate silos without repetition or overlap.

I am not an expert on this approach, however I do consider my knowledge on the subject matter of drug addiction, treatment and its social impacts to be extensive.

Sovereignty:

Due to the Developer's status as an independent nation, there are distinct delineations that disallow oversight under the guise of "Self Determination" clauses in treaty and law. I am also not an expert on these, however the impacts to our community are amplified when we lose all ability to manage, oversee, or participate in the project as we would with an ordinary project developer. This condition should be considered as a significant impact. Under different circumstances which do not involve federally regulated controlled substances, medical, behavioral and criminal concerns, public oversight may not be an issue. However this facility involves all of these, yet our ability to monitor compliance with either legal or licensing compliance, or basic accords like the suggested neighborhood agreements are hollow promises. Even the Washington State Department of Health is prohibited from oversight of its very own licensing agreements. [DOH Weisman Letter](#)

Therefore, a Limited Waiver of Sovereignty is a critical mitigation strategy and must be included. Yet there is no mention throughout the MDNS document of this strategy, essentially giving a carte blanche to the developers for whatever they want, and the citizens of Sequim are left holding a bag full of empty promises.

Furthermore, the site is designated as an Economic Opportunity Zone. The name implies some sort of economic opportunity for the City of Sequim. Yet the Developer's current medical facility is exempt from taxes, and there is no reason to believe this one won't also be exempt eventually, despite the offer to pay taxes on a small part of the land. We have analyzed the holdings of this developer and throughout Sequim City Proper they currently avoid over \$75,000 annually in property taxes alone. In addition, the process of graduating the Fee Simple Absolute Land into Tribal Trust moves it even further out of reach of City control and tax revenue. Without specifically denying this conversion and including this matter in a Limited Waiver of Sovereignty, we have no guarantee that the property, and perhaps eventually the entire zone, will become a NO Opportunity Zone for the City of Sequim.

Under the circumstances of the ongoing COVID-19 epidemic, my ability to respond to this document fully has been impaired due to the City of Sequim policy disregarding this public health emergency and moving ahead undeterred. Additional time should have been allowed to accommodate the responses from the community and interested parties, yet they have declined to do so.

This and other actions and statements by city staff have shown an approach towards this project more akin to advocacy rather than oversight. I have contacted the State Department of Ecology for guidance on this matter. In the interim, please accept my comments on the MDNS below.

Jodi Wilke
Save Our Sequim Chair
Party of Interest

STATE ENVIRONMENTAL PROTECTION ACT CHECKLIST:

1. EARTH

... Any potential for adverse environmental impacts due to clearing, grading, or filling can be mitigated through the City of Sequim's clearing and grading requirements applied through the Site Construction Permit."

".... construction, stormwater infiltration capabilities, erosion and sediment control, wet weather work, hazardous material studies,"

Concerns:

1. According to nearby residents, Evelyn Shaw, owner of the Shaw family farm, prior work done on clearing the irrigation ditch resulted in sediment and organic material residual flowing downstream into their property. The materials obstructed flow to their irrigation pump system and clogged their pump, resulting in an expensive repair.
 - a. No plans are presented to acknowledge this potential during or after construction
 - b. No remedy is suggested to avoid or mitigate this potential
2. Damage to tree line as a result of burying the irrigation ditch. These trees are part of a micro-ecosystem, providing homes and shelter for assorted wildlife on the property. As such they produce a sort of mini-riparian zone that should be protected. Similarly, the existing water supply provides life to the trees and animals within this zone. Sequim is naturally an arid micro climate area and access to water is crucial for plants, trees, and wildlife.
 - a. Disruption of this water supply would weaken the health of this zone and detrimentally affect the wildlife as well as the trees that shelter it.
 - b. It would also create a hazard as the trees die from lack of water and fall over.
 - c. Excavation for piping the water supply would also weaken root systems and cause additional vulnerability to this important wildlife feature.

Potential mitigation measures:

Protect rather than eliminate this important natural feature.

Provide public access to enjoy the serenity and fascination of a running stream within this housing area. The stream/irrigation canal is within approximately 200 feet of a housing community and neighborhood. The historical disuse and vacancy of the property has likely permitted a sort of unofficial public access point. A sudden change in ownership should not prohibit access to this feature, especially for a facility that is purported to be a public facility offering a public benefit. Is it right to limit that benefit to exclude the surrounding community from enjoying this natural habitat? We recommend a park-like setting to enhance the natural beauty and fascination that draws people and animals to water. A riparian zone should be established on both sides of this feature to protect it in perpetuity.

Consider a public endowment and dedication of this water feature and park to the people and city of Sequim. It could be titled, "Healing Stream Park" in commemoration of the facility name as proposed originally (the second

renaming was the Jamestown S'Klallam Healing Campus) and as a sign of respect for the historical significance of the stream in the context of Sequim's irrigation heritage, and as a sign of hope for the success of the proposed facility.

The Department of Natural Resources (DNR) recommends a 100ft buffer for type 4 stream type

[Riparian Zone Strategies from WA State DNR](#)

Such a strategy would also have the effect of protecting the Shaw Family Farm irrigation and water supply for their apple orchard and beef cow production. Non-disruption of this water feature would maintain the current status quo and avoid disruption of this important resource to the farm and other downstream concerns.

Maintaining the open water feature would also preclude roadway access from being built through and over the stream. As the developers are well aware, City of Sequim has been considering such a project as a bypass for Washington Street.

- It would be detrimental to the Shaw farm to build this through to connect the proposed facility due to significant traffic and disruption to the cows, as well as added air and water quality concerns.
- A roadway bypass to the proposed facility would be a detriment to the local community since it would encourage significant traffic flow.
- Any such bypass connected to the proposed facility would stand to benefit the developers project at the taxpayer expense as the traffic would have this facility as a primary destination.

2. Air

“During dry periods the proponent will be required to employ the use of watering all dust generating surfaces a minimum of three times daily or more as needed during construction phase of the project. Alternative non-chemical methods may be considered for approval by the City of Sequim.”

Concerns:

Dust and noise from construction is largely unavoidable. However, the recommended treatment using water three times daily should be adequate. We are curious and would like to be given examples of the non-chemical methods mentioned above. Likely there is no concern, however in the interest of submitting a complete MDNS we would like to know what the developer or City had in mind when the above statement was included.

Potential mitigation measures:

1. Consider the above suggestion to develop the irrigation canal as a “Healing Stream Park”. The existing tree line would act as a dust and noise barrier shielding the nearby housing community from construction activities
2. Consider (below) suggestion to arrange the site plan in such a way as to provide an actual buffer from the nearby housing community and the Shaw Family Farm. The developer's statements that such a buffer exists is currently unsupported as demonstrated by the site plan.

3. Further displacement of site activities to the South West corner and a wider disbursement of the various structures across the property would ensure there would not be a slow sprawl towards the projected but denied Phase II expansion of the MAT (10,000 sf) and Psychological inpatient facility (not permitted)

3. WATER

- a. Surface Water: Staff concurs with the checklist description
- b. Ground Water: Staff concurs with the checklist description. Because the City of Sequim has no stormwater system, all proposals must treat and/or infiltrate stormwater runoff on site. Methods include, but are not limited to, individual on-site infiltration trenches or drywells, raingardens, and stormwater infiltration/retention ponds.
- c. Water Runoff: Staff concurs with the checklist description. As provided above, City of Sequim standards require that all proposals treat and/or infiltrate stormwater runoff on site consistent with the DOE Stormwater Management Manual for Western Washington, 2012, updated 2014.

Concerns:

1. Water infiltration is suggested using common onsite soil and groundwater infiltration trenches, dry wells, etc. by naturally occurring systems. This project is a Drug Treatment Program exclusively, not a residential or farming concern in nature. We can anticipate hazardous materials to be integral to the outflow. As such the concern of this outflow making its way into the existing groundwater, irrigation system, and Dungeness River system. Whether directly or through groundwater this presents a concern for potential water pollution downstream.
 - a. There is no adequate mechanical system for on-site storm water decontamination and reclamation
 - b. There is no acknowledgement for the potential of hazardous waste or medical / pharmaceutical metabolites that may infiltrate the groundwater or irrigation systems.
 - c. There is no attempt to prevent or evaluate the potential for hazardous petrochemicals or medical / pharmaceutical waste or metabolites entering the Dungeness river system.
 - d. There is no protection offered for any members of the community who might be affected by these potential hazards
 - e. There is no protection for any members of the irrigation system downstream, nor does there appear to be any attempt to contact them or involve them or their concerns.
2. There is no possible oversight, mitigation or remedy for any of these concerns as long as tribal sovereignty remains intact.

References:

[Methadone and metabolite urine concentrations in patients maintained on methadone.](#) NIH

[Methadone Creates Harmful Byproducts in Treated Drinking Water](#)

Potential mitigation measures:

1. A comprehensive plan to protect water quality is as elusive as water itself. Taking the perspective that water quality is established as variable x prior to the proposed project:

- we can anticipate impact from construction as a temporary negative impact (- c)
- This construction impact will dissipate when complete, and over time become negligible (+c)
- However, the presence of the building and parking lot structure in a static state (uninhabited) is a change to the pre-existing land and an obstruction to the natural ground surface. We can represent this as a negative impact of the static project (c-P)
- We can also anticipate a negative impact of the human factor ultimately intended to travel to and occupy the project, and represent this factor as a negative (-H)
- Behavioral components well documented and cited throughout this document necessarily increase the H factor.

The final calculation shows that the net impact is necessarily a net negative: $[-c + (c-P) + (-H)]$

2. In order to take a protective stance strictly in favor of water and soil quality, and to prevent an unmitigable impact to these resources, AND due to the unpredictable behavioral concerns of the target clientele as a demographic group, we can anticipate the following needs:
 - 24 hour public restroom and shower facilities to encourage sanitary practices
 - These facilities must be monitored by security personnel to discourage injection drug use and other criminal behavior or violent crime inside bathroom or shower areas
 - 24 hour shelter or housing to deter camping for clients unable to manage the long commutes necessary for a 4,000 square mile service area. Open planning and public discussion is needed to evaluate both a clean/sober facility and low barrier shelter as these will serve different clients and should not be comingled ([Swinomish looks to add housing](#))
 - Syringe disposal boxes on site
 - Syringe exchange program on site with verified return / registration of syringes to prevent diversion or abuse of the exchange ([syringes used in black market](#))
 - Fenced walkways along ingress and egress to site to limit access to private properties
 - Onsite 24 hour security to enforce compliance.
3. Changes or additions to Sequim Municipal Codes is necessary as follows, including law or code enforcement staff who are capable, authorized and empowered to enforce such laws or codes:
 - Banning public urination/defecation/exposure
 - Littering, with enhanced punitive measures for hazardous or dangerous materials
 - Code prohibiting substandard housing with enhanced punitive measures for erecting such structures or neglect of proximity to same resulting in unsanitary conditions, hazardous, biological or chemical waste or other health risks

- Code prohibiting unauthorized fire, flame or incendiary devices whether used for cooking or for preparation of injectables (Safe injection site may be required as an alternative to illegal use of such incendiary devices, hazardous chemicals or dangerous (sharp) instruments.)
 - Enhanced measures to address contagion whether knowingly or unknowingly perpetrated
 - Punitive measures to extend to project management for failure to control clientele as promised in multiple public forums, news articles and developer's "[Community Response Plan](#)"
 - Health department involvement in drafting and enforcing applicable regulations and punitive measures.
4. Modification of City of Sequim vision statement. In order to comply with GMA the vision statement for the City of Sequim would need to accommodate this change in focus on the city's definition of rural character. A statement including Sequim as a community welcoming to all who struggle with drug addictions (and future phase II would require inclusion of behavioral health concerns) would need to be added if the city wishes to remain truthful in their focus on Sequim's *raison d'être*. To promote daily influx of a clientele exceeding 5% of the city population and not include that in the city's vision seems dishonest.
- Approval of city merchants would be recommended
 - Approval of tourism and chamber of commerce recommended
 - Consideration of the public concerns may generate controversy

KEY MITIGATION PRINCIPLE:

A **limited waiver of tribal sovereignty** is required to allow any kind of legal and binding recourse for degradation or contamination of affected water and soil systems by either natural stormwater runoff or by unsanitary practices attributable to present or former program participants or associates.

A limited waiver of tribal sovereignty is required to permit administrative oversight of all present or former participants, for the purposes of identifying such sources of contamination as may be attributable to facility through present or former migrating or commuting clients or associates

11. Light and Glare

Concerns:

Light pollution is a factor with any commercial or industrial facility particularly this one. Light pollution is defined as:

"brightening of the night sky caused by street lights and other man-made sources, which has a disruptive effect on natural cycles and inhibits the observation of stars and planets."

Oxford online

The extremely restrictive licensing, storage and security requirements confirm the need for security lighting at all times in that a facility of this sort presents specific public challenges. Because of this need, it necessarily lowers the community nighttime ambiance, increases energy consumption contributing to climate change, and potentially disrupts circadian rhythms of nearby neighbors or animals (in the case of Shaw Family Cows.) Yet we cannot see an alternative to this security lighting for these reasons:

- The supply of controlled substances necessary to conduct this operation is at risk of diversion into public black markets as demonstrated by licensing requirements developed with intent to prevent such diversion.
- This project is specifically associated with a clientele of vulnerable or at-risk people more likely to engage in criminal behavior than the general population.
- Persons in treatment are also likely to commit crimes or be criminal justice involved
- The potential for unauthorized nighttime vagrancy, trespassing, or habitating on or near the property is increased according to Anacortes model concerns.
- The concept plan has a set aside area for future housing as yet undefined which could attract or ultimately accommodate a temporary encampment site.

[Light Pollution – Oxford online dictionary](#)

[RCW 71.24.585 Licensing Requirements](#)

[Chapter 69.50 RCW UNIFORM CONTROLLED SUBSTANCES ACT](#)

[Drug users more likely to engage in criminal behavior](#)

[Anacortes MAT Facility provides tents, sleeping bags, hygiene kits](#)

Potential mitigation measures:

The site plan included shows a multi-phase plan including inpatient facilities that are disallowed on this site, zoning does not permit it. This portion of the proposal must either be included and considered in the permit process or excluded and abandoned. Piecemeal project development in order to avoid restrictive zoning laws is shown by legal precedence NOT to be allowed. ([Murden Cove Pres. Ass'n v. Kitsap County](#))

1. We propose to rearrange the site plan, in order to ensure and commit to the developers promise that they are not maneuvering their project in such a way as to accommodate a future phase II, and ultimately to reduce the impact of the exterior nighttime security lighting of the “Phase I” or complete project as follows:
 - Place the parking lot and high demand areas towards the south portion of the property facing the highway 101 corridor.
 - As such, the nighttime security lighting is less likely to impact or intrude in the health and wellbeing of the nearby community and farm.
 - This will also provide a full-frontal unobstructed mountain view for the clinic.
 - Due to the existing berms, Highway 101 will not be visible or objectionable
 - This will also reduce heating costs as the solar frontage of south-facing windows will effectively heat the building.
2. In consideration of impact to the ecology, climate change and energy consumption we propose the following:
 - We recommend using the lowest lumen and energy conserving lights feasible to provide adequate security.
 - We recommend solar powered systems wherever possible.
 - We recommend installing motion sensor devices to trigger lighting and surveillance for added, low-impact security

- Without the ability or desire to fully fence the facility, we recommend full time night security personnel in addition to the standard daytime security personnel already required by law for licensing an OTP

KEY MITIGATION PRINCIPLE:

In order to maintain oversight of these security measures over time, a **limited waiver of tribal sovereignty is necessary** authorizing such oversight in perpetuity. Currently all DOH and federal, state, or local municipality oversight is prohibited for any Indian Healthcare Clinics or FQHC's

In order to maintain this agreement allowing oversight through a limited waiver of tribal sovereignty, the developer must agree to refrain from ever placing this property into trust, or changing from a fee simple absolute property to any other sort.

4. PLANTS
5. ANIMALS

Comment: There are conflicting statements in the completed SEPA checklist

Section 5a of the completed checklist states the following:

“Per the DOE, Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.”

Section 5c of the completed checklist states the following:

“The site is part of the migration route for the winter steelhead, coho, and pink salmon odd year.”

If the site is part of migration routes of the northern spotted owl, winter steelhead, coho, and pink salmon, or if these species inhabit the site, the MDNS should address potential adverse impacts that the project would have on these species in a more detailed analysis.

The statement in the MDNS that “Staff concurs with the checklist description” is inadequate An EIS should be required. These are major deficiencies in the environmental review.

6. ENERGY AND NATURAL RESOURCES

- Included with light and glare

7. ENVIRONMENTAL HEALTH

- Included under Water and Earth

8. LAND AND SHORELINE USE

- N/A

9. HOUSING

- Included with Water – Shelter services
- Future housing will likely be a concern for this facility. Drawing from a 4000 square mile service area for a population that is 48%- 69% housing challenged [Syringe Exchange](#), [DSHS Study](#)

- If Sequim is to alter its focus to attending to the population of treatment-seeking individuals who must be delivered to this facility by bus, van or daily commute, See above changes to Comprehensive plan to reflect this focus.

10. AESTHETICS

11. LIGHT AND GLARE- Repeated

12. RECREATION - See proposal for Healing Springs Park

13. HISTORICAL AND CULTURAL PRESERVATION

Concern that no attention is paid to the heritage of the pioneers who developed the irrigation system, bringing life into this region and creating a vast commercial basis for dairy, farming and hay production. This was the background of the area and set the stage for today's "gentleman (woman) farmers known for lavender, a cultural contribution that really put Sequim on the map.

Yet cultural and heritage concerns submitted in this report focus entirely on the heritage and identity for the tribal Developer. It cites archaeological concerns and other native artifacts. Indeed, the first thing the developer did on occupying the property was to obtain a demolition permit to destroy and remove a barn that may have been eligible for the Washington State Historical Registry. Our research was preempted by commencement of the demolition, which made that effort a moot point. Yet the point that heritage include BOTH people's heritage should be noted, for the record.

Potential mitigation measures:

TO honor pioneer families and the heritage they bring to the Sequim Basin, and to protect and diversify the wildlife and water features on the property, and to encourage a more effective buffer for the last existing farm of pioneer heritage bordering the site, and to substantiate the commitment of the Jamestown S'Klallam Tribe has for a shared heritage, City of Sequim and the Developer should establish the Healing Stream Park site as previously described.

14. TRANSPORTATION

The transportation study provided herein has several mathematical errors that should be re-evaluated. For instance, the number of vehicles traveling out in the evening is fewer than the number coming in. Are we having overnight stays? This document also does not consider the following

- Travel in and out at full capacity of 300 patients and 40 staff members
- Travel and access to Washington Street during peak hours
- Impact to school age children during school release time
- Impact to public bus system

Further deficiency and opacity involves reference to the City of Sequim plans to develop a Washington Street bypass route, which appears to provide a direct connection to the proposed facility.

- City taxpayers should not have to pay for access to this commercial interest
- Safety study of the Prairie Street Community should be done with consideration to

- Peak travel times, capacity and traffic flow
- School age kids and start/end of school day
- Impact of non-resident, housing challenged “parked” vehicles and derelict vehicles
- Any other related vehicular or social impact of 340 vehicle trips twice daily

15. PUBLIC SERVICES

Study by police officer on the Jamestown Clinic is inaccurate. The stated capacity and scope of services claimed by the Jamestown clinic are untrue.

- The facility was established as a MAT clinic in 2017.
- Initial licensing capacity is limited to 30 patients for ALL clinics for the first year.
- Only after that during the second year can the capacity be increased to add 100 more clients.
- This number would necessarily be increased slowly over time as people sign up.
- As of January, 2020, the facility was not full and was accepting new patients for MAT.
- [Licensing requirements from DOH](#)

These facts prove that the numbers cited in the officer’s report are false. Yet state and federal law prohibit oversight and we cannot know what the real numbers are unless they allow.

This impact statement is not relevant to the reality of MAT clinics of the size and scope of the proposed facility. This study must be redone to find a relevant example.

16. UTILITIES

Tim Woolett

From: John & Cindy Corrigan <cj5539corr@gmail.com>
Sent: Saturday, April 4, 2020 4:56 PM
To: Tim Woolett
Subject: MAT SEPA community response

To whom it may concern,

I would like to submit a comment on the recent SEPA/MDNS application for the MAT clinic in Sequim.

Page 1, line 1

MITIGATED DETERMINATION OF NONSIGNIFICANCE (MDNS)

How can a project like this be considered “nonsignificant”? This has a major impact on the entire city of Sequim and the surrounding area.

Starting on page 6

Proposed Mitigation Measures

4.a

Prior to occupancy, a monitoring and evaluation program will be developed by a Community Advisory Committee (committee) made up of, but not limited to, health professionals, community-based organizations, elected leaders, and public safety officials as provided in the Jamestown S'Klallam Tribe Preliminary Medical Outpatient Clinic and Community Response Plan. Committee membership to be determined by mutual agreement between City and Tribal representatives. will meet monthly for first year and then the committee can decide on meeting schedule. Recommended committee consists of no more than seven members.

Who exactly chooses these members? How would citizens know if the members are looking out for the tribes best interest or those of the citizens?

4.c

Prior to occupancy, the Tribe shall post a bond in the amount of \$250,000 to guarantee public safety services can be made immediately available if necessary (City Police, Fire District 3 EMT services, for example). This bond will be in effect for a term of 5-years and may be extended by agreement of the parties.

If after 5 years, the city wants to extend this but the tribe chooses not to, how is this resolved? If the parties don't agree, what happens then?

4.d

Tribe agrees to reimburse City for all lost tax revenue if, and when, the property is taken off County tax roll. If it is determined that additional public safety staff, such as police, EMTs or fire officers, are needed due to activity resulting directly from the clinic's operation. The Tribe agrees to fund these public safety (EMT, Fire & Police) positions for as long as they are necessary.

Who decides if additional public safety staff is needed and for how long?

4.h

Patients who chose to leave the clinic program will be immediately reported to the Navigator for possible intervention and/or assistance in transitioning to another program or returned to their place of residence or location where they spent the previous evening.

Returned to where they spent the previous evening? What if they slept in their car or are homeless?

4.i

Patients who chose to leave the clinic program and do not have personal or prearranged transportation will be provided transportation by the clinic to their place of residence or location where they spent the previous evening.

Returned to where they spent the previous evening? What if they slept in their car or are homeless?

4.j

Tribe agrees to notify the City 1-year prior to applying to place the land upon which the clinic is built into Tribal Trust land. The Tribe agrees to only place the developed property into trust by short platting out the undeveloped portion of the property.

Should city land be allowed to be in a Tribal Trust?

4.k

The Tribe agrees to execute & file with city limited waiver of sovereign immunity to allow enforcement of the City's nuisance ordinance if any portion of the subject property is placed into Tribal Trust.

What is the limited waiver of sovereign immunity? Who decides how limited it is?

4.r

The Tribe will prohibit camping, overnight sleeping or overnight parking on the property of the Healing Center.

What about nearby properties?

Overall I feel this project needs to be fully reviewed with input from the public and more investigation as to how this may affect our city.

Thank you,

Cindy Corrigan
142 Owls Nest Rd
Sequim

Tim Woolett

From: John & Cindy Corrigan <cj142corr@gmail.com>
Sent: Saturday, April 4, 2020 10:37 AM
To: Tim Woolett
Subject: MAT Clinic SEPA Enviromental Review

Here is my comment about the MAT clinic SEPA environmental impact.

Proposed Mitigation Measures:

Paragraph 4.n

The Tribe will strictly enforce a no loitering policy through on-site security.

The tribe states they will enforce no loitering on their clinic property but what about loitering in the nearby private & business properties? Is the city of Sequim police and county sheriff departments going to enforce it? This will require additional funding for these departments. This will be an added expense to taxpayers.

John & Cindy Corrigan

Tim Woolett

From: John Corrigan <john5539@gmail.com>
Sent: Saturday, April 4, 2020 10:23 AM
To: Tim Woolett
Subject: MAT Clinic SEPA Environmental Review

Here is my comment about the MAT clinic SEPA environmental impact.

Proposed Mitigation Measures:

Paragraph 4.q

JST will ensure no graffiti on the JST Healing Center site, and JST will immediately report any such vandalism to the city if any occurs on nearby properties. JST will take steps to immediately remediate the graffiti on their property.

The fact that the Tribe put this proposed mitigation into application shows that they expect to see graffiti on their site and within the city. The tribe states they will remove the graffiti from on & near their site but the taxpayers of Clallam County/Sequim will have to pay for any graffiti removal elsewhere not near their clinic. This is unacceptable for the citizens of our area to have to clean up graffiti due to the MAT clinic being built in Sequim.

John Corrigan

Tim Woolett

From: John Werner <johncelia67@gmail.com>
Sent: Tuesday, April 7, 2020 9:22 PM
To: Tim Woolett
Subject: MAT Clinic

Dear Mr Woolett

I am writing to protest the establishment of a MAT Clinic in Sequim.

Three major studies conducted in Washington State concluded that the average one year retention rate in MAT programs is 51%. Further analysis found that while in treatment, 45% continued to take illicit drugs which begs the question, where do these drugs come from. It is not rocket science to determine that this MAT clinic will exponentially increase the numbers of drug dealers on the street and throughout our community and county. 13% of participants self reported criminal justice involvement or outstanding charges within past 30 days when interviewed. Who were the victims of these criminal activities? Local citizens! Equally concerning, 48% of MAT clients were either homeless or lacked stable housing. Where will these people "overnight" while receiving treatments? Sequim certainly does not have the resources to deal with the current number of homeless, much less any increase due to an influx of MAT clients.

My wife and I are retired healthcare professionals and thus understand the implications.

We respectfully request that alternate sites be evaluated with local citizen input prior to a final decision.

John F Werner, MD
Cecilia Werner, RN

Tim Woolett

From: KW Parker <jazzinmv@hotmail.com>
Sent: Wednesday, April 8, 2020 3:39 PM
To: Barry Berezowsky; Tim Woolett; William Armacost
Subject: Objections to SEPA approval

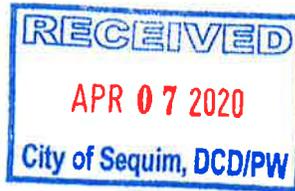
To the City of Sequim,

The City of Sequim has issued an MDNS in regards to the SEPA process for the Jamestown S'Klallam Tribes proposal of a Regional MAT Clinic. I have reviewed it and want to address several issues:

1. Will the Tribe reimburse the city for lost tax revenues when businesses vacate because of the fallout of this project, i.e. Costco? It has been stated in more than one instance that Costco will leave Sequim if there are problems with vagrants, etc. There have already been several small businesses that have packed up and left in anticipation of this project (i.e. The Birds Nest)
2. At what rate will the Tribe reimburse the City for public safety? Will it pay for additional first responders/police/fire personnel? How about additional police vehicles/engine stations, etc?
3. In the Good Neighbor agreement, the Tribe says there will be no loitering. Is this exclusive to their campus? How will the city handle vagrants sleeping or defecating on public property as a result of the influx of "patients" that don't care to remain in the program or wish to leave Sequim?
4. If a patient chooses to leave the program (and why should they since this will be a classy place and state of the art!) why would they want to transition to another program per a Navigators request and how will the city deal with all the homeless encampments that will ensue?
5. The proposed clinic maybe be accessed by public transportation, but given the closest bus stop is 1/2 mile, it is anticipated to have a low number of users. That means that most will either take the Tribe shuttle or come in private vehicles. So, given the difficulty in taking public transportation, then the only 2 other options are by private vehicle OR shuttle. The Tribe doesn't state how many shuttles they'll have in operation. We can only surmise that private transport would be self driven? And after dosing? The third option, which I can see happening given the countless witnesses from previous cities, is to camp out near the clinic.
6. The amount of increased traffic and impact on local roads. Their estimate is 24 roundtrips by shuttle serving 100 patients PER DAY. If the clinic is open for an average of 10 hours per day (on the generous side) and If their goal is to serve Clallam AND Jefferson counties, I would think think that would also imply a safety hazard on 101. Doing the math, that's 2.4 RT per hour. Speed limits must not be applicable, either...

These are my initial observations as it seems that a safety net for the good citizens of Sequim is conversely lacking. As a city, citizens should come first and their safety should be the priority. Thank you for taking the time to read and understand our concerns.

Karen and Glen Parker
135 Belenski PI
Sequim, WA 98382



4/1/2020

Dear Mr. Woollett,

Please accept this as my MAT SEPA commentary.

Due to the COVID-19 pandemic, the proposed MAT facility should be looked at in a entirely different light. It may and most likely will have a dramatically negative impact on the public in this town.

The facility will serve three counties and see upwards of 300 patients per day, most likely the majority of them coming from outside our town of Sequim, where the clinic will be located. I can see the need for a small clinic which serves our town of around 7,000 people. But the COVID-19 crisis sheds an entire new light on whether or not a very large, regional facility should be operating anywhere at all, not only here, but in any state.

Sequim has a population consisting of mostly older adults. Sequim may have one of the highest percentages of older citizens than any town in the state. Our elderly are the most vulnerable to severe affects and death from COVID-19 than the younger age group. Also, COVID-19 is thought to become an annual and seasonal crisis. It is not going away. A sobering thought in alignment with this disease is that Sequim does not have a hospital, but only a clinic without 24hr urgent care. This just adds to the potential problem.

Allowing up to 300 drug-addicted and mentally ill patients to inundate this small town is, in my opinion, a recipe for significantly increasing the rate of COVID-19 exposure to the public, and it appears by all accounts that it will be with us for year to come. The manner in which these patients arrive and leave cannot be controlled, and they cannot be lawfully ordered to leave town once they receive treatment. This factor also increases the risk of COVID-19 contamination.

For the reasons I have described, please reconsider the manner in which MAT has been designed, and do not allow anything but a small clinic, just large enough to serve our local population without bringing in outside non-residents, to lessen the potential spread of this deadly disease within our community as much as possible. I believe this should be considered a major public health issue, and dealt with proactively and immediately.

Please also consider that any deaths that are attributed to the introduction of COVID-19 by non-resident patients due to the MAT facility will place an enormous legal burden and potential widespread litigation in the lap of whomever allows final approval of the facility. COVID-19 changes everything. We must be exceedingly cautious in every decision which may create a negative impact on public health.

I feel this is a most serious issue, and a matter which cannot be pushed aside. I will provide my notations to Governor Inslee's office in Olympia to peruse, and to have it on public record.

Thank you for your time and consideration, as well your service during these trying times.

Sincerely yours,

Kathleen Shoemaker

Kathleen Shoemaker

PO Box 2194
Sequim, WA 98382

Tim Woolett

From: slowkat1 <slowkat1@att.net>
Sent: Tuesday, April 7, 2020 5:05 PM
To: Tim Woolett
Subject: No MAT clinic

I'm appalled at sequim city council!

I have never seen a city council make citizens sue to get representation. Where in America does that happen?

Citizens have said time after time that we dont want the MAT clinic in Sequim. Time after time the wishes of BIG BUSINESS trumps citizens. I'm saddened by the fact we have to appear time after time, picket, write letters, press city leaders ...to get a voice in the matter. Don't we count at all?

This is a BIG DEAL for our tiny town. This isn't Seattle. Doesnt our voice mean anything?

I feel, and I'm not alone, that somehow things have gone on behind our backs from the beginning, making shady deals & backroom meetings, emails between big businesses that are poised to make BIG MONEY if this goes thru. Cant citizens be included in the decision making? Wheres our voice?

The city council has brazenly said this MAT clinic is of no concern to the citizens so you've labeled it an A2 process. Has not the city council listened AT ALL to its citizens???

What have you thought we've been doing for the last 9 months, trying to get your attention?
Dont we matter?

We have said time after time after time that WE DONT WANT A MAT CLINIC IN OUR TINY TOWN! What have you said?
"But listen, look at all these benefits, look at helping addicts, look at all the money we'll be making"! Dont you think we're capable of deciding what's right for our town? Dont you think we matter at all?

A regional MAT clinic is NOT needed. P.A. has clinics there at a fraction of the cost that have many openings. Why should taxpayers fork out 455.00 per encounter when an addict can go to the facility in PA for 15.00???

AND theres openings. Doesnt make sense, so the only think I can think of is someone is set to make a whole lot of money.
Cant you be good stewards on our behalf and use our tax dollars wisely??

They tout "we're only in it to help the addict"! Why cure an addict if you can get that kind of money and just string him along for the rest of his life? If the goal was to cure the addict, you would have a viable program to do that. This program substitutes one drug for another WITHOUT A REAL CURE! You are helping NO ONE with this scam. And we all know it.

We are ALL CONCERNED about this debacle, and to say the citizens aren't concerned is a LIE!

NO MAT CLINIC IN SEQUIM!

Kathy Sloper

Sent from my Verizon, Samsung Galaxy smartphone

April 8, 2020

Mr. Woollett and Mr. Berezosky:

Find below my concerns and comments on the SEPA Checklist for the Jamestown S'Klallam Tribe Outpatient Clinic Application, and the Mitigated Determination of Nonsignificance (MDNS) file No. CDR 20-001.

SEPA/MDNS

https://www.sequimwa.gov/DocumentCenter/View/15447/CDR20-001_MDNS-Review-Packet-Complete_3-23-20

SEPA CHECKLIST

Background

7. The applicant has consistently stated Phase II of development was a 16-bed Residential Treatment Facility (RTF). The map on page 229 of the SEPA/MDNS packet (below) shows not only the treatment facility, but also includes housing. The concern is that 3.3 acres would be developed initially under this SEPA and the rest of the development would follow, making this SEPA inaccurate and obsolete.

https://www.sequimwa.gov/DocumentCenter/View/15447/CDR20-001_MDNS-Review-Packet-Complete_3-23-20

See page 3 of the **attached PDF** Capital Budget Request for a description of the RTF. Also note on page 3 the discrepancy in clinic size at 34,000 sq. ft., not 16,720 as shown on the MDNS.

<https://www.peninsuladailynews.com/politics/state-approves-funds-for-peninsula-wide-behavioral-health-facility/> First newspaper article discussing plans

10. Number 13 of the MDNS states “prior to authorization of any construction activities a cultural survey shall be performed unless expressly waived by the Washington state DAHP.” A request for comment was forwarded to DAHP with no response. A second request was not submitted. A survey needs to be completed or a waiver obtained in order to fulfill this obligation.

Section 5 - Animals

- a. Per the DOE wildlife including the Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.

Section 5(c) states “the site is part of the migration route for the Winter Steelhead, Coho, and Pink Salmon odd year”. These statements conflict and need clarification. Potential adverse impacts need further study and require a draft EIS.

Section 6 – Energy and Natural Resources

- a. No description of use is provided. Also the only source of energy listed is a propane powered backup generator. Backup does not meet everyday energy needs. All sources of energy used on a daily basis need to be identified.

Section 7 – Environmental Health

- a3. The applicant's list of toxic or hazardous chemicals does not include used needles and syringes, blood, urine from testing, class II and III drugs, and hazardous waste that is created during dental and medical procedures (gloves, masks, used gauze, etc.).
- a5. No measures have been made to reduce or control environmental health hazards. Measures need to be addressed to control the hazards noted in my comment in Section 7 (a)3. These hazards can be detrimental to employees, patients, and the environment if improperly handled.

Section 8 – Land and Shoreline Use

- a. "Will the proposal affect current land uses on nearby or adjacent properties?"

The property abuts the Shaw farm, a working farm that has been in the family since 1931. The Shaw's have expressed concern about the effects this proposal will have on their animals, environment, and safety, as well as the ability to continue living on and farming this property if the clinic is built. See video below, 4th post down.

https://www.facebook.com/groups/saveoursequim/search/?query=valerie%20shaw%20video&epa=SEARCH_BOX

Also note the Applicant's response does not describe current use of the site.

- d. The barn was demolished in August 2019 with an "emergency waiver" of the 14 day wait period, with no consideration to wildlife. Future demolitions should go through proper channels to assure wildlife is considered.
- i. The applicant anticipates the project will employ 40 staff members and have a 200-250 patient case load. Per the Capital Budget Request (**see attached PDF page 3**), they intend to serve 300 patients.

Section 9 - Housing

- a. How many units would be provided? Refer to page 229 of the SEPA/MDNS clearly showing the intent of future housing.

https://www.sequimwa.gov/DocumentCenter/View/15447/CDR20-001_MDNS-Review-Packet-Complete_3-23-20

- c. "Not applicable" does not address the apparent future area set aside for housing on the Budget Request above.

Section 13 – Historic and Cultural Preservation

- b. The applicant states no known landmarks, features, or other evidence of Indian or historic occupation. No cultural survey was done. Per Number 13 of the MDNS, "prior to authorization of any construction activities a cultural survey shall be performed unless expressly waived by the Washington state DAHP." Proof of a waiver should be provided if a survey was not done.

Section 14 – Transportation

- b. The closest bus stop is 2000 feet from the property, almost one third of a mile. No one should be expected to walk this distance twice a day six days per week, particularly in severe weather. Mass transit is not convenient to this clinic.
- h. Shuttles will produce about 24 round trips daily, serving approximately 100 patients. This adds up to barely over four people per van. Larger vans are needed in order to transport a greater quantity of patients at once, lessening the needed number of trips per day, and lessening carbon emissions.

The MAT clinic run by the Swinomish tribe – which the applicant used as a model – states “about 90 percent of the center’s clients lack a valid driver’s license.” With the clinic seeing 250 patients daily and providing transport for 100, there is an issue with the remaining 150 patients. It is not realistic to believe they all have alternative methods of transport. Additional vans would be necessary, causing more traffic, congestion and emissions.

https://www.goskagit.com/news/local_news/swinomish-wellness-center-shares-successes-challenges/article_ed1469ae-f730-542e-bfd0-8d1db2db66b0.html?fbclid=IwAR2eWrntAVNAkuainHeFQU3y2dlcjX00ryQBjaWc7oF3t6erATAbfilCwOo

Section 15 – Public Services

- a. The developer provides no proof or guarantee that the clinic would not increase the burden on Sequim’s emergency services. Per the link below, authored by Fire Chief Ben Andrews:

“Being a medical facility, there is the potential for it to generate 911 calls for clients that experience a need for an evaluation by a paramedic and/or transportation to definitive care while on campus. It is inferred, from the JSKT emphasis on “wrap around care” and the importance of the primary health and dental care uniquely available at their campus, that at least some of the patients will be in less than adequate physical health. These patients may experience an event requiring an evaluation by a paramedic and possibly transport to the hospital. Additionally, a medical professional may discover either during evaluation or treatment a condition that needs evaluation and possibly transport to the hospital.”

<https://ccfd3.org/uploads/Key%20Documents/2019-0903%20Agenda%20Item%201.1%20-%20Attachment%20-%20Results%20of%20Research%20on%20MAT%20Facility.pdf>

A traffic impact analysis was done. The study took place in January 2021 on weekdays only. Residents pack Sequim on the weekends and tourism causes a major increase in traffic during spring and summer, on both weekdays and weekends. The timing of this study makes it inaccurate, null and void.

- b. Proposed measures to reduce or control direct impacts on public services apply only to facility property, and do not address surrounding neighborhoods and areas which will be impacted.

Supplemental Sheet for Nonproject Actions

- 2. The applicant claims little or no effect on plants, animals, fish or marine life. However if we take into consideration the map on page 229 of the SEPA/MDNS, a majority of wildlife habitat would be eliminated.

https://drive.google.com/file/d/1pl-V4SwxF2IUYohTj3bMsl5Djfb41hl_/view

4. As already noted this parcel was home to wildlife and marine life, including endangered species. The barn that was likely home to many of these animals is gone, and a plan should be put in place to protect remaining wildlife.
6. The applicant states transit ridership will be low “given the closest transit stop is approximately a half-mile from the site.” This may necessitate the need for more vans, which in turn means more traffic, congestion, and carbon emissions.

Refer to 15(a) for comments regarding emergency services.

The applicant’s proposed measures to reduce or respond to such demands only include the facility and property it sits on. A security guard in or outside the facility will be of no assistance when patients wander off the property, as these individuals cannot be detained due to constitutional rights.

https://b64a87f6-14ec-4eec-8fb5-67cdcaa42cb3.filesusr.com/uqd/8f2579_11aac7aab51a421f9342d113ae8a9a77.pdf

Conclusions and Substantive Authority

2. A cultural survey was not performed. Number 13 of the MDNS states “prior to authorization of any construction activities a cultural survey shall be performed unless expressly waived by the Washington state DAHP.” If a waiver was not issued, a survey needs to be completed.
- 4a. The monitoring and evaluation program should not include only health professionals, community-based organizations, elected leaders, and public safety officials – those who have a stake in the program – it should also include concerned citizens of Sequim.
- 4c “The Tribe shall post a bond in the amount of \$250,000 to guarantee public safety services can be made immediately available if necessary.” The current salary of a City of Sequim uniformed police officer is \$62,774 to \$74,568, not including benefits. This bond would not begin to cover necessary services, especially if Fire and EMT services were also needed.

<https://www.sequimwa.gov/DocumentCenter/View/14694/2020-Adopted-Whole-book> page 135

Hiring of new emergency service personnel is a lengthy process, one that would not work in the event of an emergency.

- d. The Tribe reimburses the City for all lost tax revenue if the property is taken off County tax roll, and agrees to fund public safety positions for as long as they’re necessary. Item 4(c) should be eliminated and the Tribe should be responsible for funding all needed emergency public safety positions in full, no matter the property’s status.
- e. The “good neighbor agreement” should be completed before occupancy and be made available to the public.
- h. Patients who chose to leave the program will be immediately reported to the navigator for possible intervention and/or assistance....”or returned to their place of residence or location **where they spent the previous evening**. So, a dropout who was living on the sidewalk in front of a local business the night before would be returned to that sidewalk? This defeats the guarantee given by the Tribe that all patients will return to where they came from.

- i. Same as above. Patients may be returned to where they had spent the previous evening, no matter where that might be.
- j. Mitigation Measure 4(j) states “the Tribe agrees to only place the developed property into trust by short platting out the undeveloped portion of the property.”

Mitigation Measures 4(d) says “Tribe agrees to reimburse City for all lost tax revenue if, and when, the property is taken off County tax roll”. If the Tribe agrees to pay taxes if and when they go into trust, I don’t see the necessity of short platting unless there are plans for future development.
- k. There needs to be an explanation of “limited” waiver. The waiver needs to be presented to the public before construction begins.
- o. The tribe will secure fulltime on-site security and make sweeps through neighboring commercial properties and adjacent property owners. Vagrants cannot be asked to leave due to their constitutional rights.
- q. The concern with graffiti and “any such vandalism” again is limited to the facility, and not surrounding areas that may be affected.
- r. The Tribe will prohibit camping, overnight sleeping or overnight parking on the property of the Healing Center. This will cause vagrants to move on to retail businesses, someone’s back yard, a public park, or wherever they chose.
- s. The Shaw family farm already had a fence, it did not stop the homeless from camping out on their property. A fence will not keep those out who want in. The only solution is to place the MAT clinic away from retail and residential areas.

Supporting Policies

1. City Policies

- b. Importing hundreds of addicts each day does not assure a safe surrounding
- c. This project only benefits the applicant, with large profits to be made, and those who actually stick with and complete treatment. Profits will not go to health care that will benefit everyone, they will go to complete the overall project (more MAT, residential treatment facility and housing).
- d. The barn was torn down in such a hurry with the 14 day waiting period waived, there could not have been any consideration for heritage or wildlife/marine life.
- f. The introduction of hundreds of addicts every day, six days per week, will lower the standard of living in Sequim, lower property values, and cause a decline in tourism.
- g. Consider for a moment how much Sequim could have used their own hospital. 20 acres(not including separate properties purchased, or those on JST radar for the future) in depleted resources that could have been used for a purpose benefitting everyone.

2. Comprehensive Plan

- a. A city with the goal of protecting and serving the community does not invite regional drug addicts into its town, it builds a small facility to assist local citizens who need help.
- b. We have high-quality public safety services, but that will change if the clinic is built. You cannot add regional addicts, many homeless, 90% who don’t drive, to a town the size of Sequim and expect that citizens will continue receiving high-quality safety services.

- c. Police response times will go up when calls start coming in due to patients of the clinic needing emergency services, or because of increased crime and behavioral issues. “Friendly, lifestyles, small-town convenience and overall high quality of life” will be a thing of the past.
- d. Allowing the demolition of a barn without proper due diligence is not how a city should go about preserving their city.
- f. A cultural survey was not completed nor was it waived. Protecting community heritage does not involve destruction and development without due diligence. The city wishes to protect significant Native sites and cultural resources – who’s protecting the rest of us?



**Olympic Peninsula Behavioral Health Campus
2019 Washington State Legislature
Capital Budget Request**

**Submitted by
Jamestown S'Klallam Tribe, Clallam County Public
Hospital District No. 2, & Jefferson County Public Hospital
District No. 2**

March 2019

1. Overview of Project and Request:

Given the historic shortage in resources, access to mental illness and substance use disorder treatment has been a top policy priority for a number of years in the State. Despite improvements and new resources in many communities, rural Clallam and Jefferson Counties (the two counties comprising the Olympic Peninsula) remain at near crisis levels daily due to increasing demand for treatment and recovery support and the continued lack of resources. Compounding the problem is the fact that residents of the two counties are 60% more likely to experience a mental health/substance use problem than the average Washingtonian: fatal overdose rates, suicide rates, and opioid prescription rates are higher. Further, and due to the non-existence of inpatient behavioral health bed capacity in the region, residents requiring mental health treatment under the Involuntary Treatment Act (ITA) are also twice as likely than other Washington residents to remain in an acute care hospital awaiting transfer to treatment – a solution that is fragmented, temporary and ineffective¹.

Trained manpower is also an issue on the Olympic Peninsula; the entirety of the region is a Health Profession Shortage Area, as designated by the Health Resources & Services Administration (HRSA), for mental health, and most of the two County area is also a primary care shortage area. The current care delivery model is expensive (high use of emergency rooms, rehospitalizations, doctor visits), fragmented, does not produce the desired outcomes, and has stressed the entirety of the care delivery system.

The Peninsula's providers have come together to plan a behavioral health campus that will support and treat patients in their mental health and/or addiction struggle by consolidating resources, providing education to both patients and the healthcare workforce, individualizing medical/preventative patient care, providing accessible, culturally-relevant chemical dependency and mental health inpatient and outpatient services, and offering comprehensive wraparound services such as assistance for employment, housing, education, and transportation. We also expect that it will be a magnet to recruit and retain trained providers because of the innovative solutions and state-of-the art facilities. The expected outcomes include: a reduction in fatal overdose and suicide rates; a reduction in opioid prescriptions and an increase in alternative treatments for pain management; increased and timely access to mental health, primary care and Substance Use Disorder (SUD) prevention, treatment and recovery services; and lower total costs of care.

The Consortium of Olympic Peninsula health care providers respectfully requests consideration of a nearly \$25 million request for capital funding from the State Capital Budget to create a behavioral health campus on the Olympic Peninsula. The campus will provide timely access to much needed behavioral health and substance/opioid abuse treatment and recovery services for the more than 106,000 residents of the two County (Clallam and Jefferson) region. Five of Washington State's 29 tribes are located within the two County region which include over 3,800 American Indian/Alaska Native (AI/AN) members. The proportion of AI/AN members in the region (3.7%) is over double the proportion within WA State (1.5%) making it one of the more concentrated areas for the AI/AN population in the State.

¹ WA State Healthcare Authority – Single Bed Certification Quarterly Update October 2018. Rates per 100,000.

This project requests funds to undertake a three phased project. Phase 1 includes the construction of a Medication Assisted Treatment (MAT) Outpatient Clinic that will also provide primary care, dental services, and wraparound services. Phase 2 is the construction of a 16 bed Evaluation & Treatment facility with co-located outpatient behavioral health services. Phase 3 is the construction of small crisis stabilization centers in both Forks and Port Townsend.

Consistent with Capital budget requirements, the request is for capital funds to:

- Acquire land
- Undertake architectural planning and design;
- Construct new buildings;
- Perform utility, landscaping, and infrastructure work;
- Acquire and install the equipment necessary for operations; and
- Fund the administrative costs directly related to the capital project.

Specifically, on a to-be-acquired 20 acre parcel, located in Sequim, the Consortium proposes to construct a 34,000 square foot Medication Assisted Treatment (MAT) Outpatient Clinic that will also provide primary care, dental services, and wraparound services. This Clinic will be capable of supporting more than 300 adults (age 18+) annually and operate 6 days per week. The average length of treatment is expected to be about one year.

In Phase 2, a licensed Residential Treatment Facility (RTF) providing Evaluation and Treatment (E&T) and involuntary and voluntary admissions and an outpatient behavioral health clinic will be built and operated. The RTF is expected to serve more than 350 individuals annually. The expected inpatient length of stay is anticipated to be in the 10-14 day range.

In addition to the Sequim-based services, two small crisis stabilization programs are proposed for Port Townsend and Forks. These programs are expected to be voluntary-only and provide triage and stabilization and/or transfer to the E&T. A brief description of each component can be found in **Table 1**.

Table 1. Project Components

Project Components	Description
1. MAT Clinic and Primary Care with Dental & Wraparound Services in Sequim	The MAT clinic will follow a daily dose model of care and will offer primary care and wraparound services, including group counseling, child care, transportation, and general support. It will also include open spaces supporting daily living activities.
2. E&T Center and Outpatient Behavioral Health Clinic in Sequim	The E&T facility will be 16 beds. The outpatient behavioral health clinic will include intensive outpatient and general outpatient counseling.
3. Crisis Stabilization Centers in Port Townsend and Forks & Additional Campus Development	The crisis stabilization centers will support patients remaining locally. The Consortium is still exploring best models, but envisions that the programs will be social worker-staffed and connect individuals with support services.

2. Lead Applicant(s):

The lead applicant is the Jamestown S’Klallam Tribe.

Address: 808 North 5th Avenue Sequim, WA 98362

Contact Person Name: Brent Simcosky **Title:** Health Director

Phone Number: 360-582-4870

E-mail: bsimcosky@jamestowntribe.org

Each Consortium member is based in, and serves, Clallam and/or Jefferson County. Members include:

- **The Jamestown S’Klallam Tribe:** The Tribe received federal recognition in February 1981. Since that time, it has been active in economic and social and health service development. The Tribe is widely recognized as progressive and wholeheartedly rooted in the 21st century, but it retains a deep connection to traditional resources, history and culture, which inform the present and serve as the foundation of success. The Tribe offers many health programs to its members including primary care, dental care and community health and wellness programs. In addition, the Tribe also subsidizes health insurance, co-pays, co-insurance, deductibles and other medically necessary services for its Tribal citizens living in Clallam and Jefferson Counties. The Tribe includes approximately 570 enrolled members. Jamestown owns and operates the Jamestown Family Health Clinic in Clallam County serving 17,000 patients (of which over 95% are non-Native American) with approximately 50,000 patient visits a year. Jamestown also operates the Jamestown Dental Clinic and serves the largest population of Medicaid dental patients in both Clallam and Jefferson Counties.
- **Clallam County Public Hospital District No. 2, dba Olympic Medical Center (Olympic), Port Angeles.** Olympic has been in operation since 1951. It is federally-designated as a Sole Community Hospital based on rurality, size, or distance from other hospitals and is also a federally-designated Rural Referral Center based upon case-mix and discharge criteria. Olympic is a 67-bed, Level 3 trauma provider and provides care to more than 70,000 residents in Clallam County with locations in Port Angeles and Sequim. Along with inpatient, surgical, and 24/7 emergency services, Olympic’s outpatient services include; cardiac, imaging, physical therapy and rehabilitation, laboratory, nutrition and diabetes, surgical services, home health, primary care, a walk-in clinic, a sleep center, specialty physician services and a comprehensive regional cancer center. Olympic also directly supports Peninsula Behavioral Health, a local organization that provides a range of services to residents of Clallam and Jefferson counties via a multi-disciplinary staff of mental health and chemical dependency licensed psychiatric professionals. On any given day, Olympic serves more than 1,200 patients.
- **Jefferson County Public Hospital District No. 2, dba Jefferson Healthcare (Jefferson), Port Townsend.** Jefferson has been operated by the District since 1975. Jefferson is the only hospital and clinic provider serving the entirety of Jefferson County, and it is also the largest employer in the County. Jefferson received federal designation as a Critical Access Hospital based on its distance from the next closest hospital. Jefferson is a fully integrated health system that offers 24/7 emergency services, laboratory, acute and intensive units, a family birth center, the latest in digital imaging, and a comprehensive array of respiratory, physical,

speech and occupational rehabilitation therapies. Primary and specialty clinics are located near the hospital in Port Townsend and in the surrounding communities of Port Ludlow and Quilcene. Jefferson has experienced significant growth over the past three years – a more than 20% increase in total patients seen per day driven, in large part, to a 50% increase in outpatient visits – and now serves over 110 patients on any given day. Jefferson has developed a close relationship with the County’s mental health agency, Discovery Behavioral Health, such that, today they share some clinical staff and work closely to coordinate care.

In addition to the three founding members, the following community organizations and entities support the proposed Behavioral Health Campus:

- Clallam County Public Hospital District No. 1, Forks Community Hospital
- Jefferson County Sheriff Department
- Discovery Behavioral health
- Peninsula Behavioral Health
- Safe Harbor Recovery Center
- Clallam County Department of Health and Human Services
- Clallam County Law Enforcement and Corrections
- Olympic Community of Health
- Jefferson County Public Health
- Hoh Tribe
- Lower Elwha Klallam Tribe
- Makah Tribe
- Quileute Tribe
- City of Port Angeles
- City of Port Townsend
- City of Forks
- City of Sequim

The Consortium’s mission and vision are:

Vision

A healthier Olympic Peninsula realized through sustained vigorous behavioral health and substance use prevention programming, a trained workforce and early, accessible, available and culturally appropriate treatment.

Mission

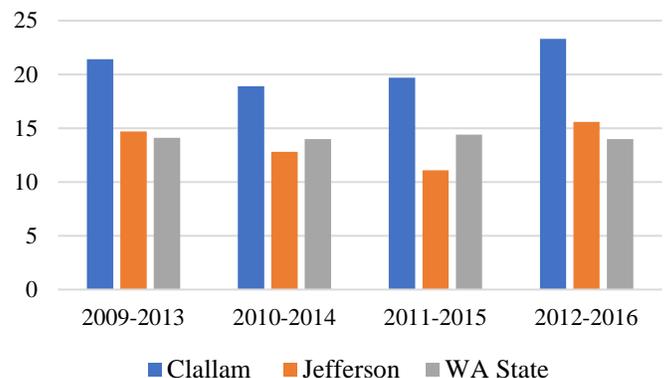
Reducing psychiatric crises and substance use and harm, including suicide and overdose and death rates by mitigating barriers to treatment.

3. Magnitude and Extent of Needs

A. Substance Use and Harm

As seen in Figure 1, fatal overdose rates in both Jefferson and Clallam County were higher than State levels during the 2012-2016 period². Specifically, in Clallam County, where nearly 75% of all residents of the two county Peninsula region reside, Clallam County had the 2nd highest drug overdose death rate in the State and opioid

Figure 1. Fatal Overdoses - All Drugs



² WA State Department of Health, Opioid Prescriptions and Drug Overdoses County Data, 2018

overdose deaths are now the leading cause of accidental deaths in the County³. Among ethnicities, American Indian and Alaska Natives (AIAN) have the highest drug overdose death rates during the same period and typically have more than 3 times the risk for an overdose than non-Hispanic whites⁴.

The rate of opioid deaths in the two county Peninsula area is due in large part to the overuse of opioids to treat chronic pain. In 2017, opioid prescribing rates in Clallam County (101.8 per 100 persons) were 78% higher than State (57.2 per 100 persons) while Jefferson County (78.6 per 100 persons) was 37% higher than the State⁵.

B. Mental Health

Mental health is a serious public health problem in WA State – on average, three WA residents die by suicide every day or a rate of 15 per 100,000 residents. Both counties in the region have suicide rates higher than WA, with Clallam being ranked 3rd overall at a suicide rate of approximately 24 per 100,000 and Jefferson being ranked 17th at approximately 16 per 100,000⁶. In 2016, 12% of Washington residents self-reported experiencing poor mental health for 14 or more days during the month – with both counties in the region having similar rates. Most notably, AI/ANs had a higher prevalence of self-reported poor mental health among all ethnicities as did those with lower incomes and lower levels of educational attainment.

Access to local mental health treatment, both inpatient and outpatient has been identified as a top community priority by both Jefferson and Clallam County community health assessments⁷. On the inpatient side, the Department of Health uses an inpatient bed to population ratio of 27.3 per 100,000 from the National Report Card on the State of Emergency Medicine report. Applying that ratio to the region shows a need for nearly 30 inpatient psychiatric beds, of which the two County region currently has none⁸. Additionally, due to a lack of available E&T bed capacity, residents needing mental health treatment under the Involuntary Treatment Act within the region must do so via a Single Bed Certification (SBC). An SBC allows a person to be detained, temporarily, to receive involuntary mental health treatment services from a licensed facility that is not currently licensed as an E&T. As mentioned previously, residents within the region are 2 times more likely than other Washingtonians to utilize SBC for treatment.

Compounding the lack of services, travel times throughout the Peninsula are challenging. U.S. Highway 101 provides the only main road around the Olympic National Park. Travel times from Forks to Bremerton (where the nearest E&T facility is) eclipse 2.5 hours under typical travel conditions. Any inclement weather further reduces travel times which are excessive even under typical conditions and reduce residents' access to care. In July of 2017, the National Park Service and Federal Highway Administration began a project to rehabilitate 12 miles of Highway 101 around Lake Crescent which is estimated to take approximately three years to complete and has increased travel delays.

³ WA State Department of Health, Death Data 2017

⁴ WA State Department of Health, WA State Health Assessment, 2018

⁵ Centers for Disease Control 2017

⁶ WA State Department of Health, WA State Health Assessment, 2018

⁷ Jefferson County Public Health, 2016 Community Health Improvement Plan & The Health of Clallam County 2017 Community Health Assessment

⁸ National Report Card on the State of Emergency Medicine, Washington State Department of Health

4. Operational Model

The design of the proposed campus follows this best practice and the State Opioid Response plan by creating a local community setting where complex co-occurring behavioral and psychosocial issues can be managed on a day-to-day basis during treatment. The proposed campus will follow person-centered, evidence-based recovery services through a combination of individual and group recovery/counseling services in addition the primary care and other wraparound services.

A. MAT Clinic and Co-located Primary Care, Dental Services and Wraparound Services

Programs involving opioid treatment offer resources and expertise often not available in a typical office setting and are usually open throughout the week (6 to 7 days) to provide medication, counseling, and other wraparound services to patients⁹. There will be a primary care provider based in the clinic as well as wraparound service providers for housing, group counseling, child care, transportation, and general support.

B. Evaluation & Treatment (E&T) and Outpatient Behavioral Health Clinic

E&T facilities are licensed solely for mental health treatment and cannot provide acute medical care. They are limited to 16 beds, per federal regulations, and may admit involuntary patients on a 72-hour hold or court-ordered 14-day commitment. Patients may also be admitted voluntarily. Outpatient counseling provides patients a support network of non-using peers and sponsors in addition to a safe, secure environment that offers the freedom to return home at the end of a program session thus offering an ability to maintain regular commitments (family, work etc.)¹⁰.

C. Community Crisis Stabilization Centers

Crisis Stabilization Centers (also known as short-term crisis residential stabilization services, community-based behavioral health stabilization, crisis stabilization, and crisis stabilization facilities) are home-like environments that address behavioral health crisis in a community-based behavioral health or hospital setting¹¹. They are bedded units available on a 24-hour basis and are staffed by licensed and unlicensed peer support as well as clinical and non-clinical professionals to address the client's immediate safety needs, develop resilience and create a plan to address the cyclical nature of behavioral health challenges and future behavioral health crisis. Services may consist of assessment, diagnosis, abbreviated treatment planning, observation, case management, individual and group counseling, skills training, prescribing and monitoring of psychotropic medication, referral, and linkage.

Dissemination

The Consortium will include robust data collection and analytics and will report outcomes. It will actively share data with the goal of other rural regions being able to replicate best practices and disseminate lessons learned. The Northwest Tribal Opiate Symposium held annually by the Muckleshoot Tribe in addition to the annual Olympic Community of Health Regional Opioid Summit are avenues in which the Consortium can collaborate across the region.

⁹ American Association for the Treatment of Opioid Dependence, Inc.: *"Integrated Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity"* 2016

¹⁰ Gifford, S. (2018). *"Differences Between Outpatient and Inpatient Treatment Programs."*

¹¹ Journal of Mental Health and Clinical Psychology: *"Behavioral Health Crisis Stabilization Centers: A New Normal"* 2018

5. Capital Needs

The proposed capital ask will significantly increase community-based treatment including treatment and recovery. **Table 2** outlines the preliminary capital budget for Phases 1 and 2 of the proposed campus.

Table 2. Preliminary Budget

Budget Item	Area SF	Cost SF	Phase 1: MAT Facility & Campus Infrastructure	Area SF	Phase 2: 16 Bed Behavioral Health Facility	Project Grand Total
Site Development	40,000	\$10	\$400,000	30,000	\$300,000	\$700,000
MAT Facility	15,350	\$335	\$5,142,250			\$5,142,250
16 Bed Behavioral Health	17,515	\$350			\$6,130,250	\$6,130,250
Crisis Stabilization	TBD	TBD	TBD	TBD	TBD	TBD
Taxes WSST		8.80%	\$452,518.00	8.80%	\$539,462	\$991,980
Other Project Costs:						\$0
Fees: includes A&E and other consultants: arch, Interiors, Struct, civil), landscape, security, MEP, food service, acoustical, envelope, geotech, survey, attorney's		20%	\$1,028,450	18%	\$1,103,445	\$2,131,895
Permits		From City info.	\$24,000		\$30,000	\$54,000
Furniture/Art		10%	\$514,225	14%	\$858,235	\$1,372,460
Security		2%	\$102,845	4%	\$245,210	\$348,055
Impact Fees, Connection Fees,		4%	\$205,690	2%	\$122,605	\$328,295
Fixed/Moveable Equipment		5%	\$257,113	5%	\$306,513	\$563,626
Subtotal			\$8,127,091		\$9,635,720	\$17,762,811
Less Land – Sequim Parcel			\$1,500,000			\$1,500,000
Less Other Grants/Funds					\$1,500,000	\$1,500,000
Project Phase Total			\$6,627,091		\$8,135,720	\$14,762,811

Jamestown Clinic

Sequim, WA

Traffic Impact Analysis

January 9, 2021

Prepared for:

Jamestown S'Klallam Tribe
808 North 5th Ave
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Prepared by:



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FINDINGS/CONCLUSIONS

This Traffic Impact Analysis (TIA) documents the traffic impacts associated with the proposed Jamestown S'Klallam Tribe Outpatient Clinic located on S 9th Ave one block south of the existing Costco in Sequim, WA.

Project Proposal. The proposed project includes a new 16,720 GSF Medical Assisted Treatment Outpatient Clinic in Sequim funded by Jamestown S'Klallam Tribe. Project buildout is expected by 2021. The project will be developed on a site located at the existing dead end of 9th Ave, at the south end of the existing Costco. The project is planning to extend the existing 9th Ave right-of-way south to the project main entrance, and also construct a new road along the north side of our property that will consist of two 11' traffic lanes and a 6' bike lane on each side.

Trip Generation. Based on information provided by the applicant, the proposed Jamestown Clinic is estimated to generate a total of 370 daily trips with 29 trips occurring during the AM peak hour (8:30–9:30 a.m.), and 22 trips occurring during the Midday peak hour (12:30–1:30 p.m.). During Afternoon peak hour from 2:00–3:00 p.m. the project is estimated to generate 48 trips.

Trip Distribution. All traffic generated by the project will use 9th Ave and the existing roundabout intersection at Washington Street, and is estimated have a split of 60% to/from the West and 40% to/from the East.

Traffic Operations Analysis. Level of service (LOS) analyses were conducted at four study intersections during the weekday AM, Midday, and Afternoon peak hours. All four of the signalized and roundabout study intersections are expected to operate at LOS C or better in 2021 without or with the proposed Clinic during the peak hours evaluated.

Mitigation. To mitigate long-term transportation impacts, the City of Sequim administers a Traffic Impact Fee (TIF) to new developments to improve the transportation system to accommodate the increase in traffic generation by new development. The traffic impact fee for the proposed Jamestown Clinic will be determined by the City based on the size of the building area as a medical clinic use.

INTRODUCTION

This Traffic Impact Analysis (TIA) documents the traffic impacts associated with the proposed Jamestown Clinic located in Sequim, WA. A vicinity map of the project location is shown in Figure 1.

Project Description

The project proposal includes a new 16,720 gross square feet (GSF) Medical Assisted Treatment Outpatient Clinic in Sequim funded by Jamestown S'Klallam Tribe. Project buildout is expected by 2021. The project will be developed on a site is located at the existing dead end of 9th Ave, at the south end of the existing Costco.

The project is planning to extend the existing 9th Ave right-of-way south to the project main entrance as shown in the preliminary site plan is provided in Figure 2. The project will also construct a new road (West Hammond Street) along the north side of our property that will consist of two 11' traffic lanes and a 6' bike lane on each side.

Project Approach

Based on scoping discussions with City of Sequim staff, the following tasks were undertaken to evaluate and disclose the traffic impacts associated with the proposed clinic:

- Assessed existing conditions and reviewed planning documents.
- Documented existing traffic volumes and intersection LOS at the following four study intersections during the time periods identified:
 1. Washington Street / River Road (roundabout) – AM and Afternoon only
 2. Washington Street / Priest Road (signalized) – AM and Afternoon only
 3. Washington Street / 9th Ave (roundabout) – AM, Midday, and Afternoon
 4. Washington Street / 7th Ave (signalized) – Afternoon only
- Documented trip generation for weekday daily, and AM peak hour, Midday peak hour, Afternoon peak hour, and PM peak hour conditions.
- Documented trip distribution and assignment of peak hour project-generated traffic.
- Documented traffic forecasts and assumptions for year 2021 peak hour conditions with and without the proposed development.
- Analyzed LOS for future conditions without and with project at the 4 study intersections.
- Documented proposed traffic mitigation.

Primary Data and Information Sources

- 2019 Peak Hour traffic counts by All Traffic Data.
- *Highway Capacity Manual (HCM)*, TRB, 6th edition.
- WSDOT *Statewide Transportation Improvement Plan (STIP)*.
- Sequim *2020-2025 Transportation Improvement Program (TIP)*.

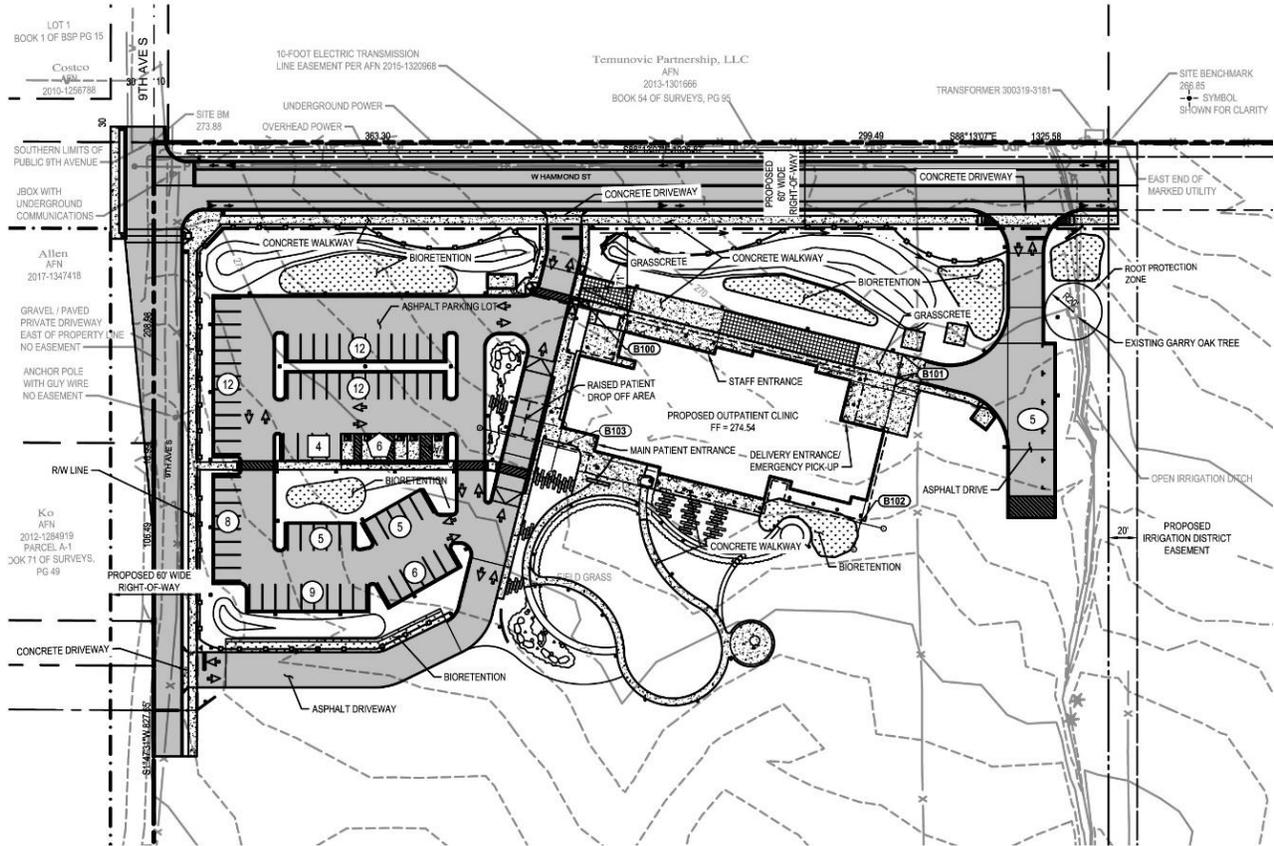


Figure 2: Preliminary Site Plan



EXISTING CONDITIONS

Roadway Network

Table 1 describes the existing characteristics of the streets that would be used as primary routes to and from the site. Roadway characteristics are described in terms of orientation, arterial classification, posted speed limits, number of lanes, posted speed limits, paved shoulders, and pedestrian facilities. The relationship of these roadways to the project site is shown in Figure 1.

Table 1 – Existing Roadway Network Summary

Roadway	Orientation	Arterial Classification	Posted Speed Limit	# of Travel Lanes	Paved Shoulders	Sidewalks
U.S. Highway 101	East/West	Principal Arterial	55	2	Yes	No
Washington Street	East/West	Minor Arterial	30	2-5	No	Both Sides
River Road	North/South	Minor Collector	25	2	No	Both Sides North of Washington St
Priest Road	North/South	Minor Collector	25	3	No	East Side South of Washington St, West Side North of Washington St
9 th Ave	North/South	Local	25	2-3	No	West Side
7 th Ave	North/South	Local	25	3	No	East Side south of Washington St, Both Sides North of Washington St

Existing Peak Hour Traffic Volumes

Year 2019 existing weekday AM, Midday and Afternoon peak hour traffic counts were conducted on Thursday, December 19, 2019 at the following study intersections:

1. Washington Street / River Road
2. Washington Street / Priest Road
3. Washington Street / 9th Ave
4. Washington Street / 7th Ave

The existing weekday AM peak hour traffic volumes represent the highest hour of traffic between 7:00 and 9:00 a.m. The Midday peak hour traffic volumes represent the highest hour of traffic between 11:00 a.m. and 1:30 p.m. The Afternoon peak hour represents the peak hour with the highest level of project trip generation, which occurs from 2:00 to 3:00 p.m.

The existing AM peak hour traffic volumes are shown in Figure 3, the existing Midday peak hour traffic volumes are shown in Figure 4, and the existing Afternoon peak hour traffic volumes are shown in Figure 5. The detailed traffic count sheets are provided in Appendix A.

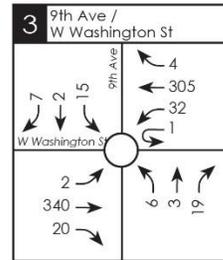
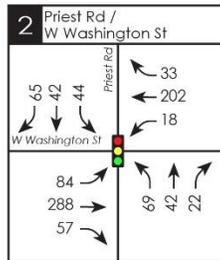
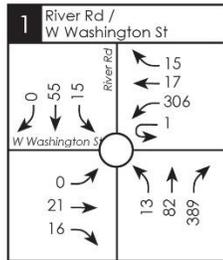
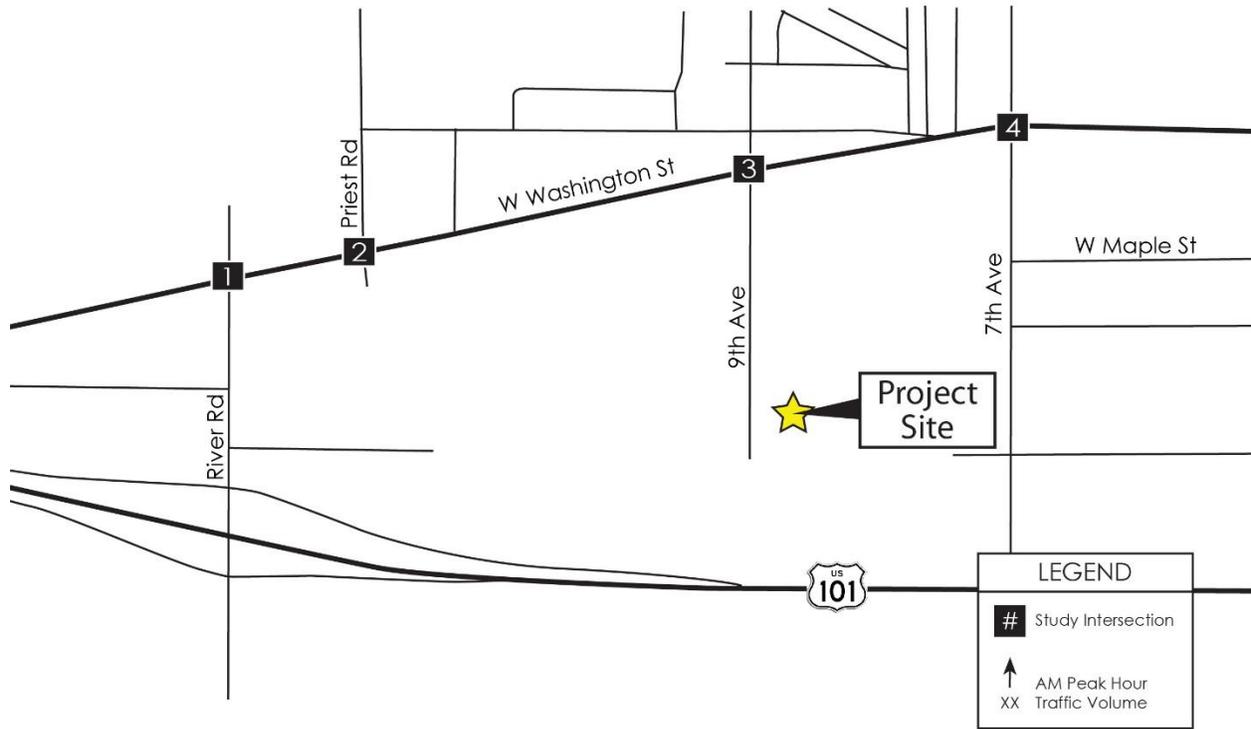


Figure 3: 2019 Existing Weekday AM Peak Hour Traffic Volumes



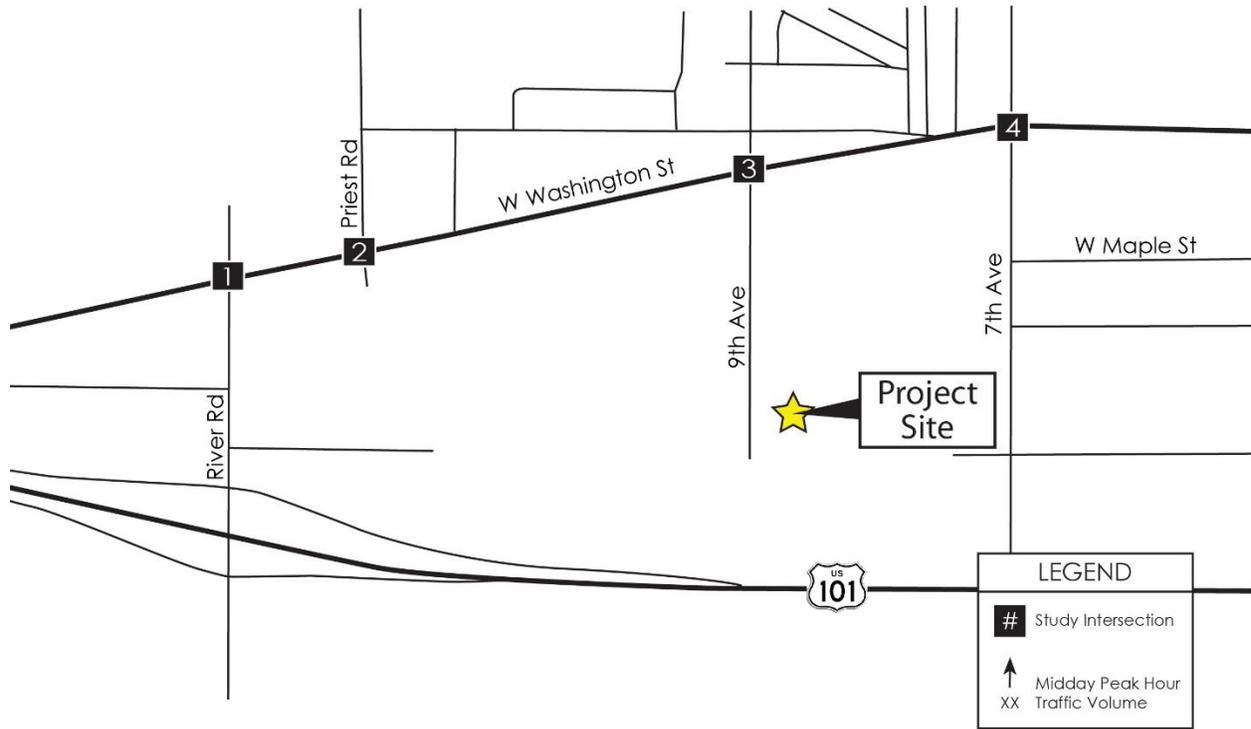


Figure 4 2019 Existing Weekday Midday Peak Hour Traffic Volumes



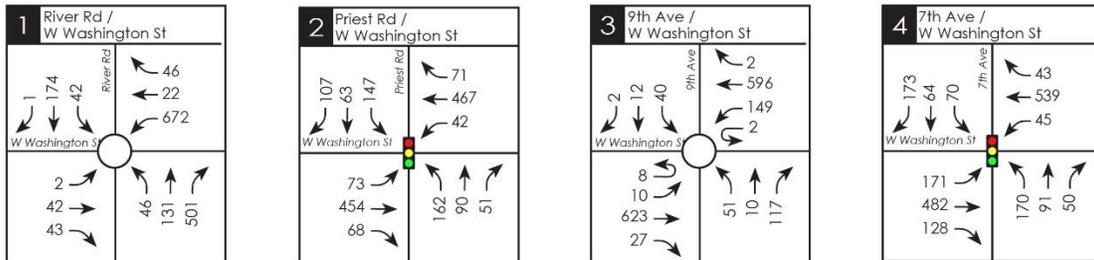
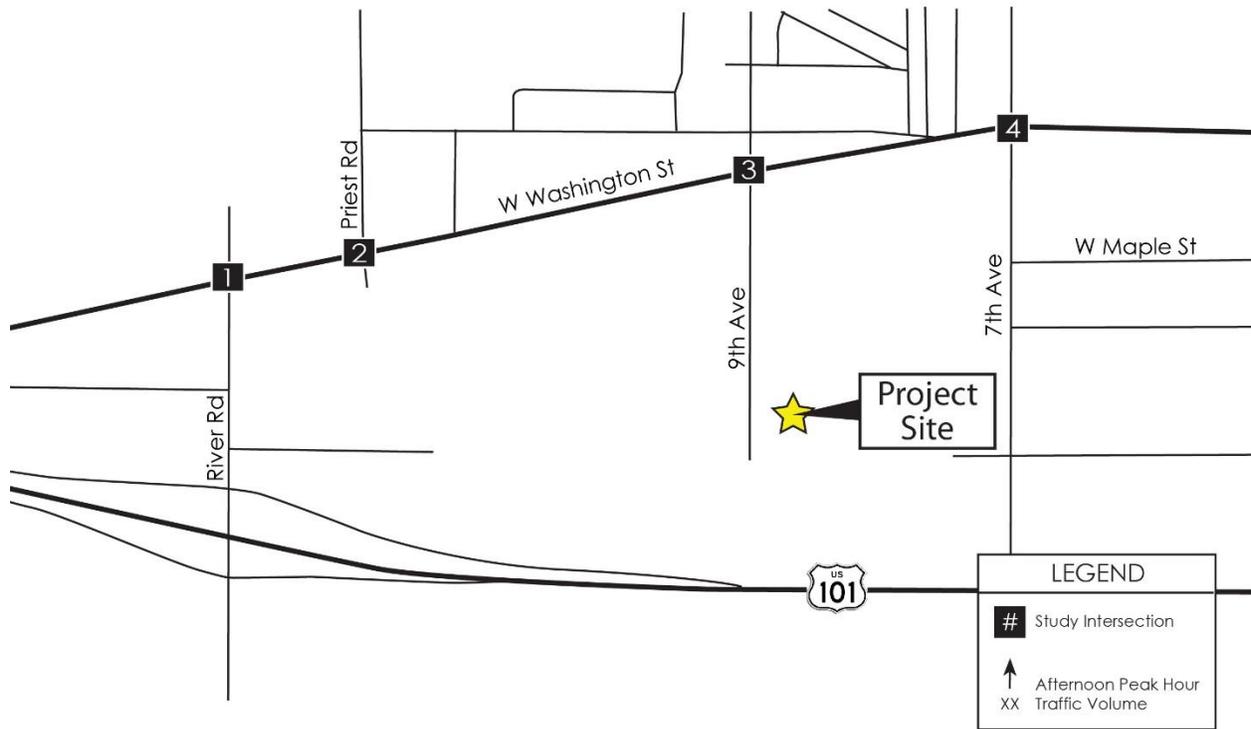


Figure 5: 2019 Existing Weekday Afternoon Peak Hour Traffic Volumes



Intersection Level of Service (LOS)

Based on scoping discussions with the City of Sequim, existing weekday AM peak hour, Midday peak hour, and Afternoon peak hour level of service (LOS) analyses were conducted at the four off-site study intersections.

LOS calculations for the study intersections were based on methodology and procedures outlined in the latest *Highway Capacity Manual (6th Edition)* using *Synchro 10* and *Sidra 8* traffic analysis software. Existing signal timing used in the analysis was provided by WSDOT. The roadway network and signal timing assumed in the future year 2021 LOS analysis were based on existing conditions because there are no known transportation improvements at the study intersections by 2021.

Table 2 summarizes the 2019 existing weekday AM peak hour, Midday peak hour, and Afternoon peak hour LOS results at the study intersections. The detailed LOS worksheets and a description of the LOS methodology are included in Appendix B.

As shown in Table 2, all four of the signalized and roundabout study intersections currently operate at LOS C or better during the weekday AM peak hour, Midday peak hour, and Afternoon peak hour. The City's minimum standard is LOS D.

Table 2
2019 Existing LOS Summary at Study Intersections

Time Period / Study Intersection	LOS ¹	Delay (sec) ²
AM PEAK HOUR		
1. Washington Street / River Road	A	3.5
2. Washington Street / Priest Road	B	15.9
3. Washington Street / 9 th Ave	A	5.6
MIDDAY PEAK HOUR		
3. Washington Street / 9 th Ave	B	14.1
AFTERNOON PEAK HOUR		
1. Washington Street / River Road	A	6.9
2. Washington Street / Priest Road	C	22.1
3. Washington Street / 9 th Ave	B	11.0
4. Washington Street / 7 th Ave	C	28.2

1. LOS = Level of Service

2. Delay refers to average control delay expressed in seconds per vehicle.

TRAFFIC IMPACT ANALYSIS

Planned Transportation Improvements

Based on a review of the current Sequim *2020-2025 Transportation Improvement Program*, there are no planned improvements identified at the study intersections or roadways adjacent to the site.

Project Trip Generation

Based on information provided by the applicant, the proposed use is not consistent with a specific land use category established in the Institute of Transportation Engineers (ITE) *Trip Generation* manual. To estimate trip generation for the proposed Jamestown Outpatient Clinic, the owner of the facility provided detailed forecasts of employee trips and client/patient trips based on their operational plan on a typical weekday. The resulting new weekday daily and peak hour trip generation estimates associated with the proposed Clinic are summarized below in Table 3 with detailed hourly estimates provided in Appendix C.

Table 3
Jamestown Clinic Trip Generation Summary

Weekday Time Period	New Project-Generated Trips		
	In	Out	Total
Daily	185	185	370
AM Peak Hour (8:30–9:30 a.m.)	16	13	29
Midday Peak Hour (12:30–1:30 p.m.)	12	10	22
Project Peak Hour (2:00–3:00 p.m.)	16	32	48
PM Peak Hour (4:00–5:00 p.m.)	0	15	15

Project Trip Distribution

All traffic generated by the project will use 9th Ave and the existing roundabout intersection at Washington Street. Based on existing travel patterns and the anticipated location of the area to be served by the Jamestown Outpatient Clinic, the following summarizes the estimated trip distribution pattern of project trip generation:

- 60 % to/from West: 55% south via River Road and 5% north via Priest Road
- 40% to/from East: 25% east via Washington, 10% south via 7th Ave, 5% north via 7th Ave

Based on these trip distribution patterns, the weekday AM peak hour, Midday peak, and Afternoon peak hour project trips were assigned through the 4 study intersections. The resulting assignment of the AM, Midday, and Afternoon peak hour project trips at the study intersections is shown in Figure 6, Figure 7, and Figure 8 respectively.

Future Year Traffic Volumes

The project is anticipated to be complete and operational in 2021. To estimate future year 2021 without-project AM peak hour, Midday peak hour, and Afternoon peak hour traffic volumes at the study intersections, an annual growth rate of 2 percent was applied to existing counts. The 2 percent annual growth rate was confirmed by the City as part of project scoping and is intended to account for historical background growth and approved pipeline projects in the vicinity.

The future year 2021 Without Project AM peak hour traffic volumes are illustrated in Figure 9, the 2021 Without Project Midday peak hour traffic volumes are illustrated in Figure 10, and the 2021 Without Project Afternoon peak hour traffic volumes are illustrated in Figure 11.

Future year 2021 with-project AM, Midday, and Afternoon peak hour traffic volumes were estimated by adding the trip assignment from the proposed project (shown in Figures 6-8) to the future year 2021 without-project traffic volumes (shown in Figures 9-11). The resulting 2021 with-project AM, Midday, and Afternoon peak hour traffic volumes at the study intersections are shown in Figure 12, Figure 13, and Figure 14, respectively.

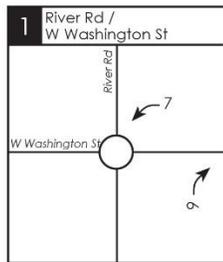
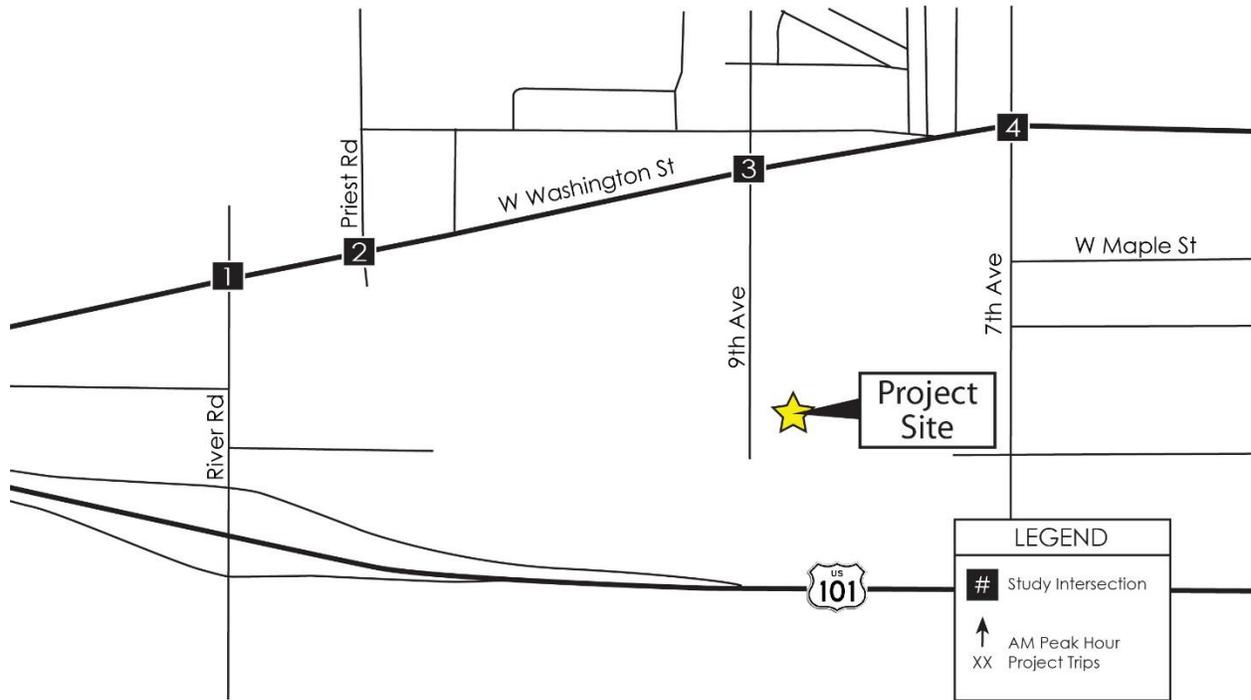


Figure 6: Weekday AM Peak Hour Project Trip Assignment



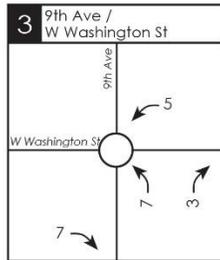
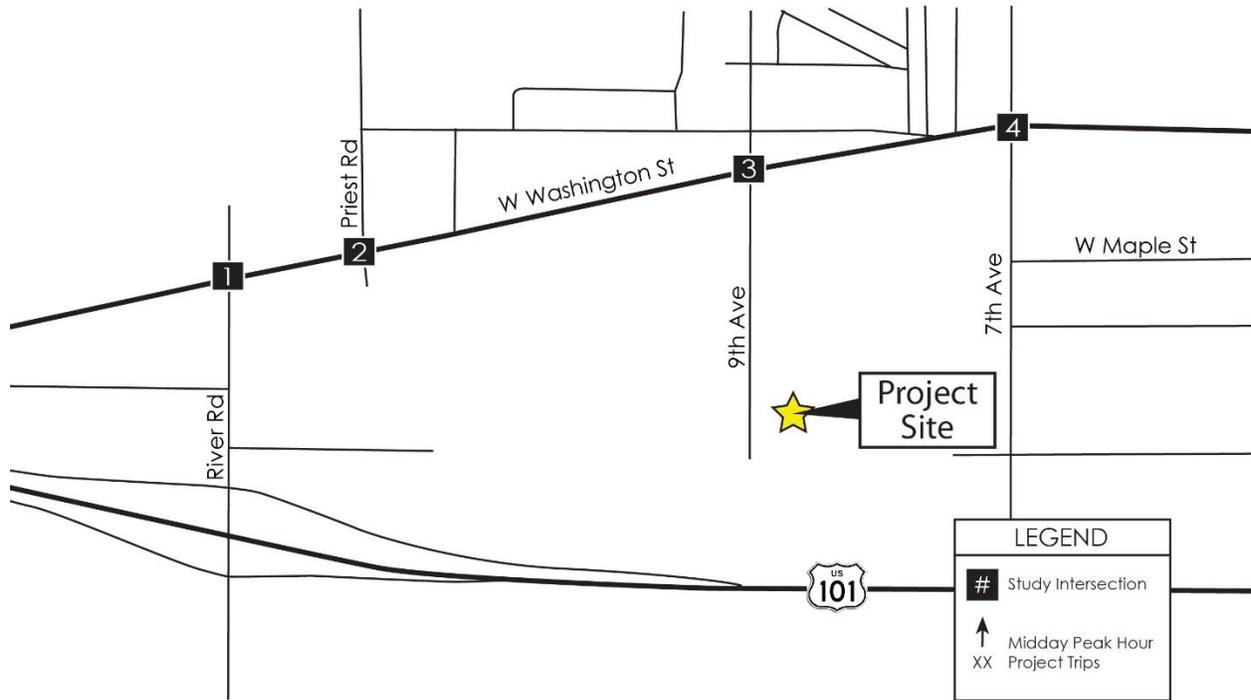


Figure 7: Weekday Midday Peak Hour Project Trip Assignment



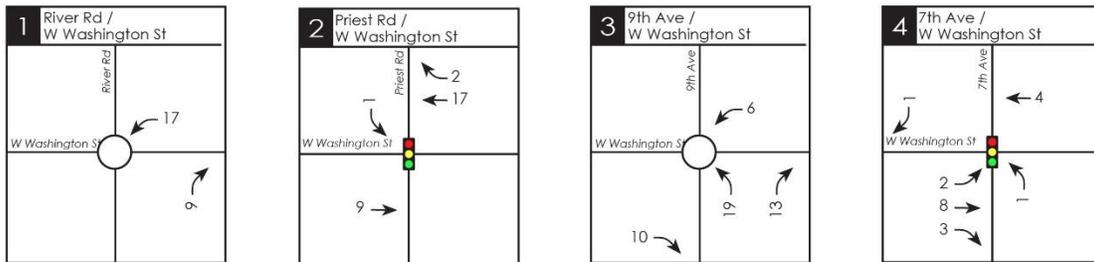
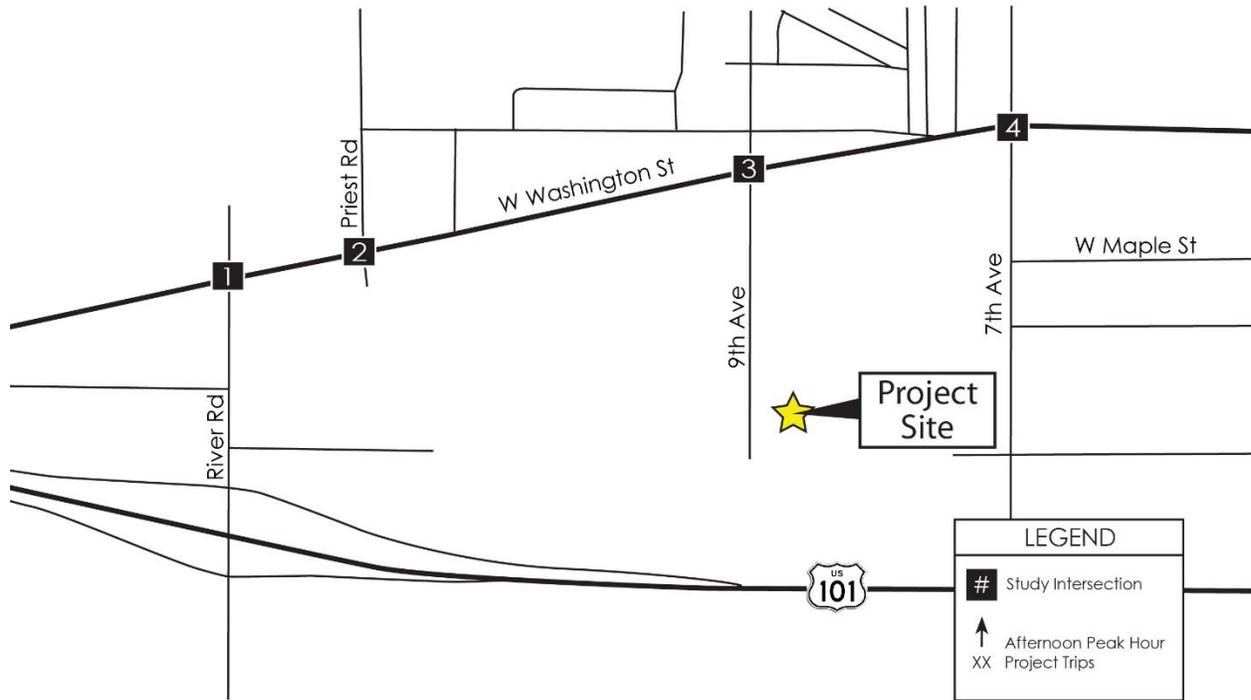


Figure 8: Weekday Afternoon Peak Hour Project Trip Assignment



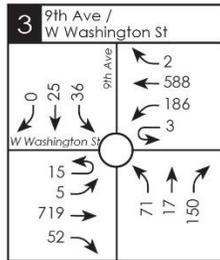
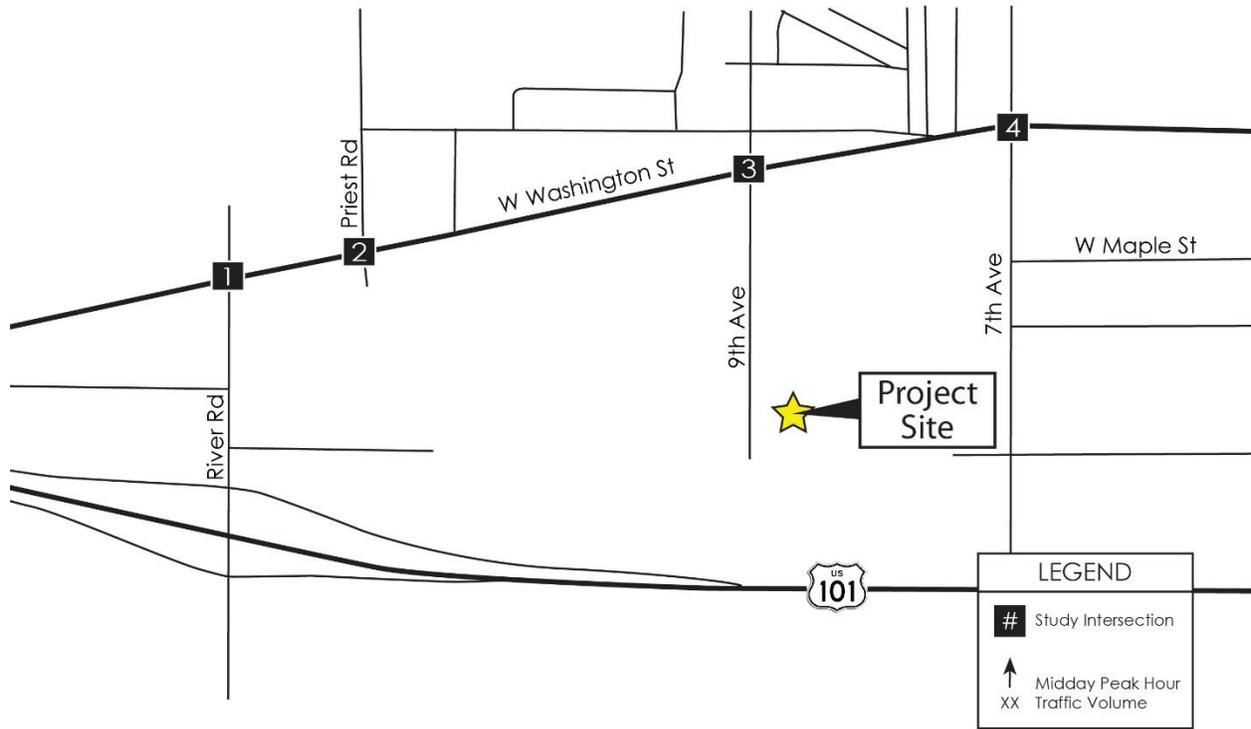


Figure 10 2021 Without Project Weekday Midday Peak Hour Traffic



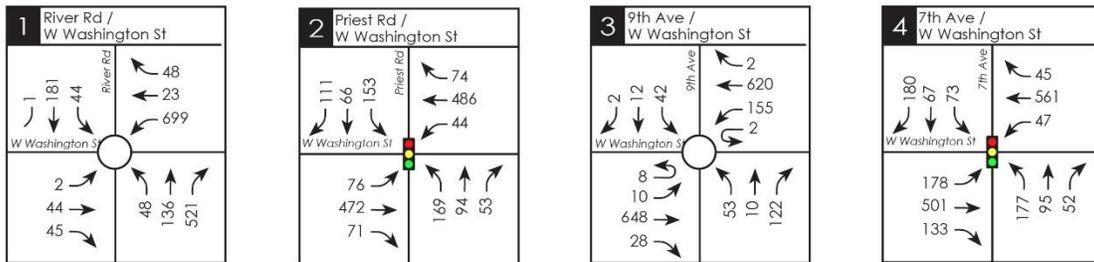
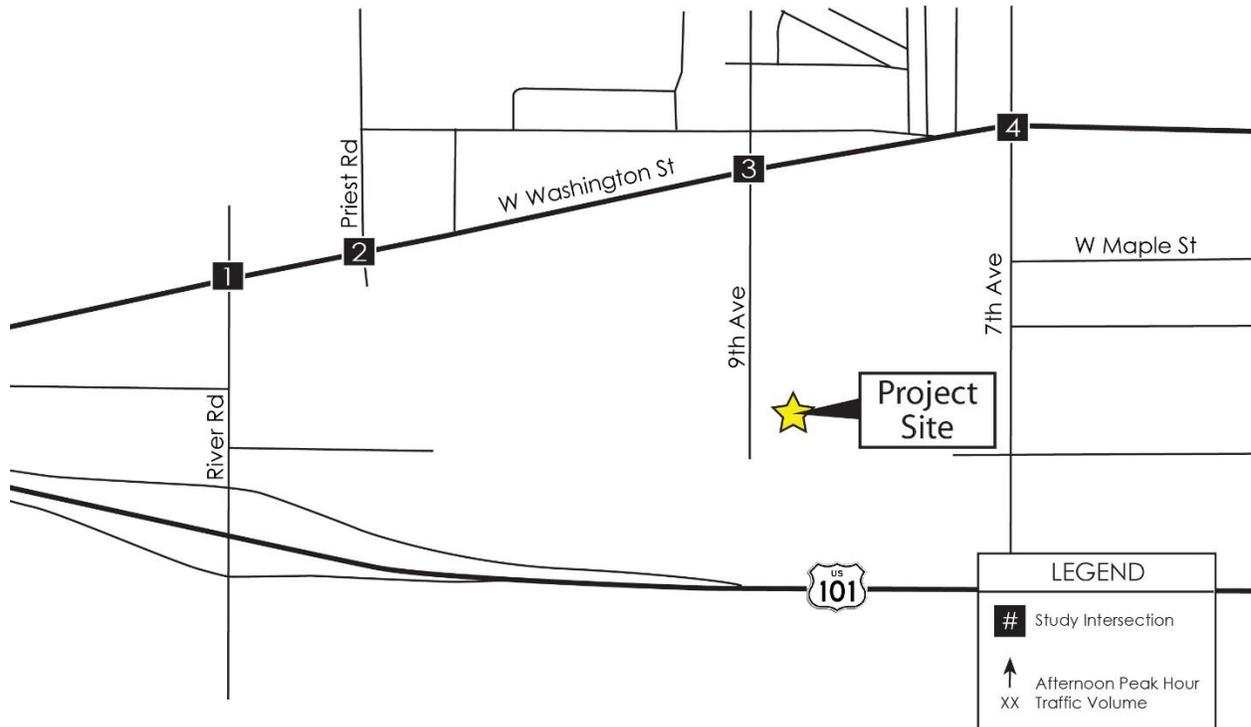


Figure 11 2021 Without Project Weekday Afternoon Peak Hour Traffic Volumes NOT TO SCALE



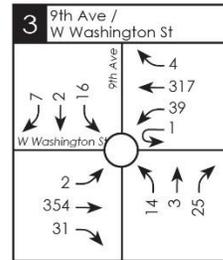
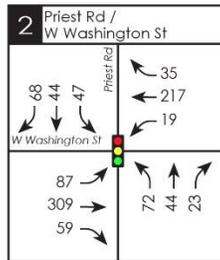
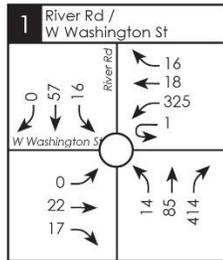
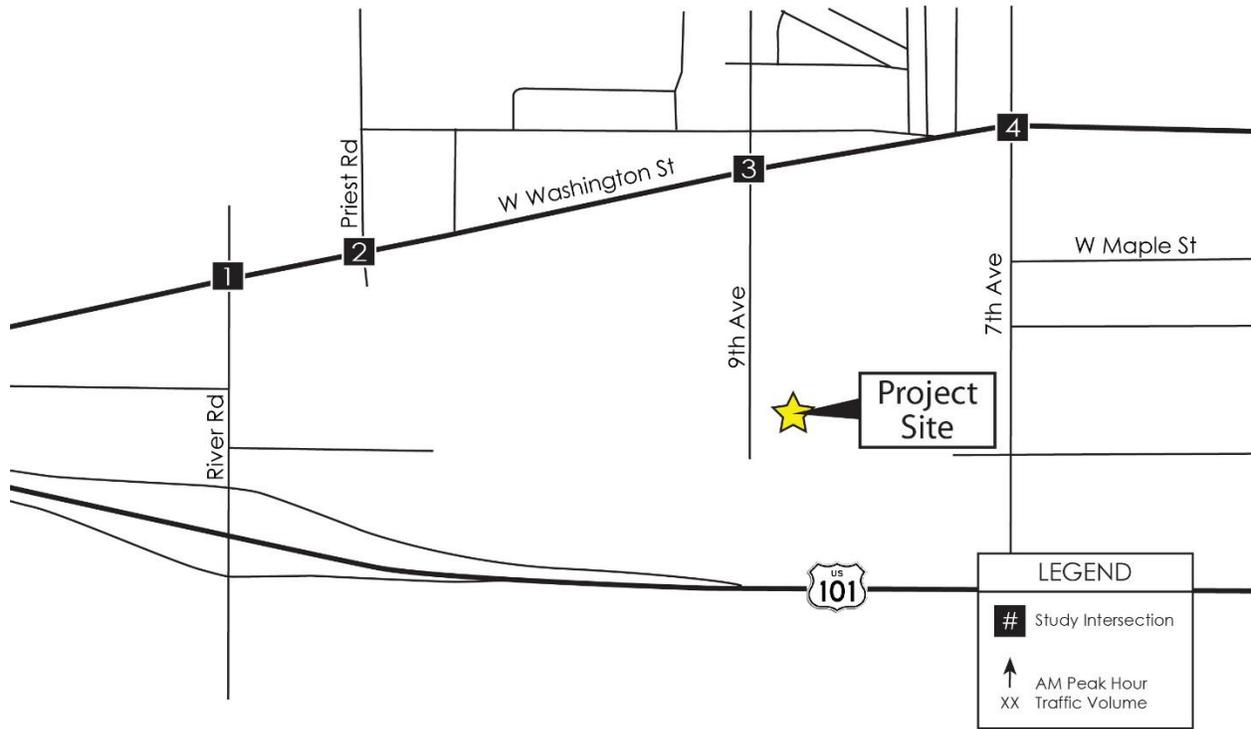


Figure 12: 2021 With Project Weekday AM Peak Hour Traffic Volumes



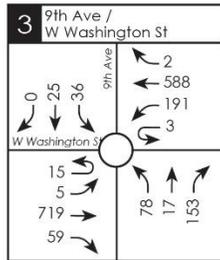
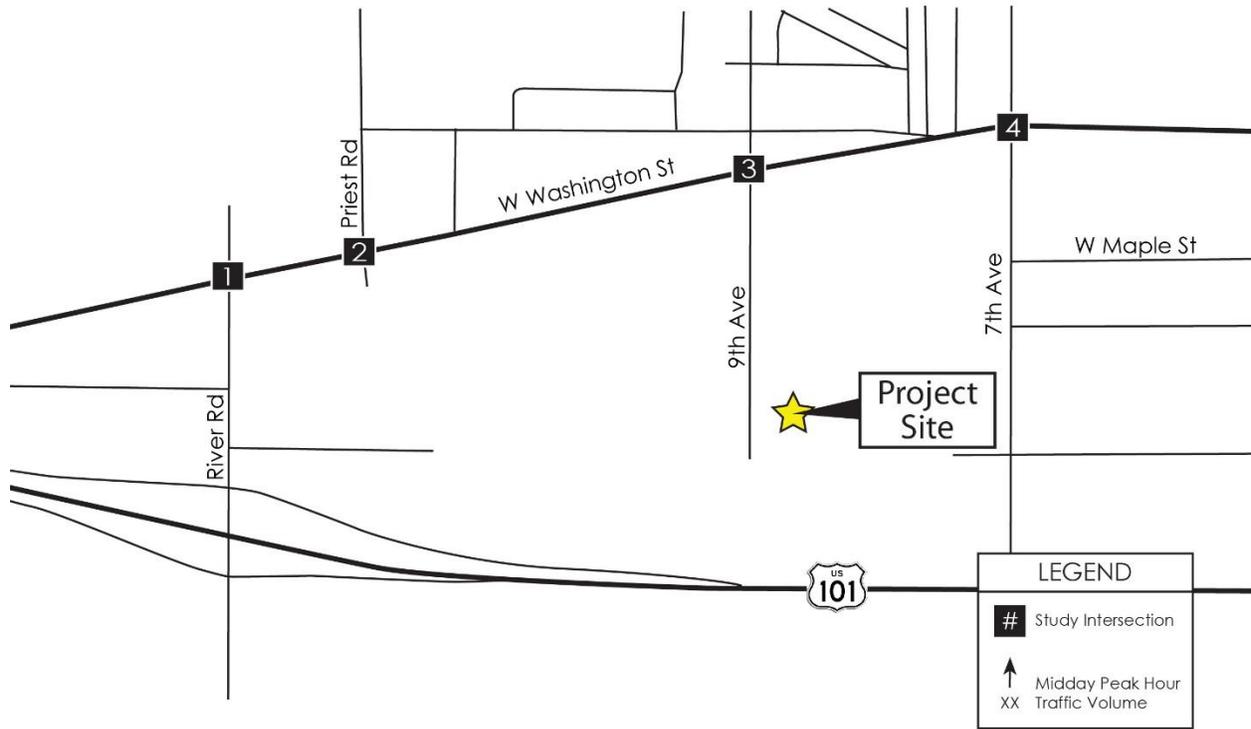


Figure 13: 2021 With Project Weekday Midday Peak Hour Traffic Volumes



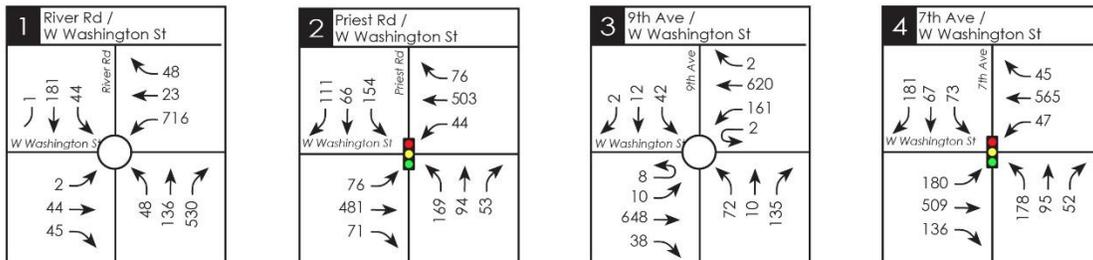
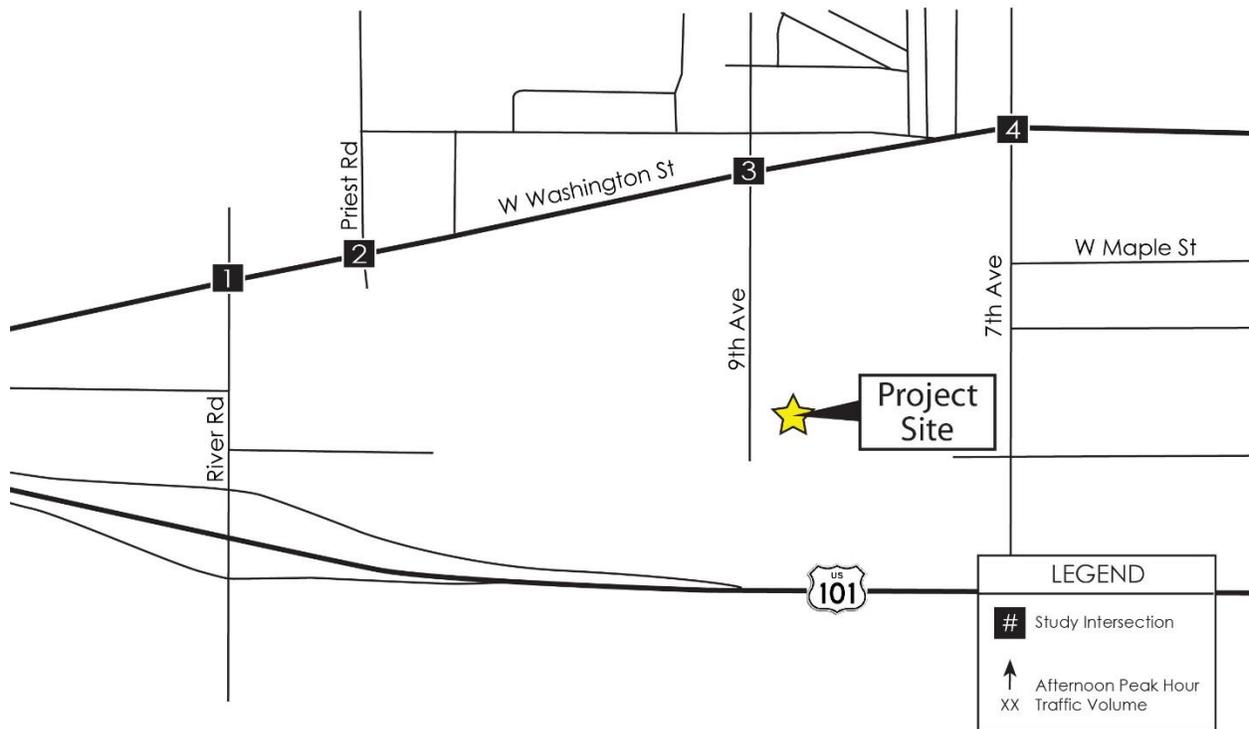


Figure 14: 2021 With Project Weekday Afternoon Peak Hour Traffic Volumes



Future Level of Service

Future year 2021 peak hour level of service (LOS) analyses were conducted at the study intersections for Without Project and With-Project conditions. The roadway network and signal timing assumed in the year 2021 LOS analysis was assumed to be the same as existing conditions since no planned capacity improvements that are planned for construction by 2021.

The 2021 weekday AM peak hour, Midday peak hour, and Afternoon peak hour LOS results at the study intersections without and with the proposed project are summarized in Table 4. The LOS worksheets are included in Appendix B. The City's minimum intersection standard is LOS D.

As shown in Table 4, the signalized and roundabout study intersections are expected to operate at LOS C or better in 2021 without or with the proposed project during the time periods evaluated. The detailed LOS calculation worksheets are included in Appendix B.

Table 4
Future 2021 Peak Hour LOS Summary at Study Intersections

Time Period / Study Intersection	2021 Without Project		2021 With Project	
	LOS ¹	Delay (sec) ²	LOS ¹	Delay (sec) ²
AM PEAK HOUR				
1. Washington Street / River Road	A	3.6	A	3.7
2. Washington Street / Priest Road	B	16.2	B	16.2
3. Washington Street / 9 th Ave	A	5.8	A	5.9
MIDDAY PEAK HOUR				
3. Washington Street / 9 th Ave	C	15.8	C	16.4
AFTERNOON PEAK HOUR				
1. Washington Street / River Road	A	7.3	A	7.5
2. Washington Street / Priest Road	C	22.9	C	23.2
3. Washington Street / 9 th Ave	B	11.8	B	12.4
4. Washington Street / 7 th Ave	C	30.5	C	31.0

1. LOS = Level of Service

2. Delay refers to average control delay expressed in seconds per vehicle.

MITIGATION MEASURES

To mitigate long-term transportation impacts, the City of Sequim administers a Traffic Impact Fee (TIF) to new developments to improve the transportation system to accommodate the increase in traffic generation by new development. The traffic impact fee for the proposed Jamestown Clinic will be determined by the City based on the size of the building area as a medical clinic use.

Appendix A

Existing Traffic Count Data



Location: 3 RIVER RD & W WASHINGTON ST AM

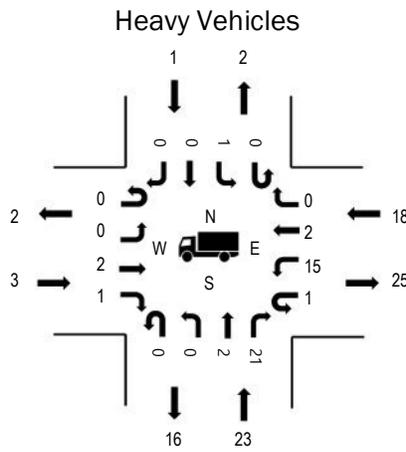
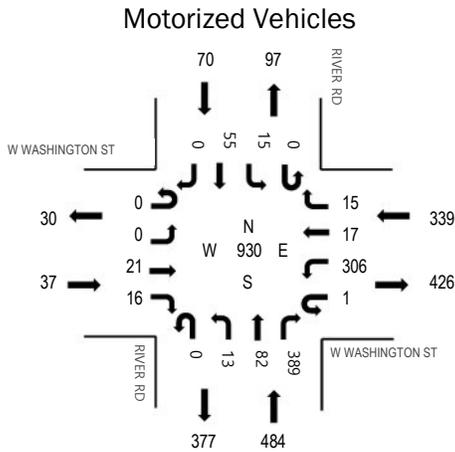
Date: Thursday, December 19, 2019

Peak Hour: 08:30 AM - 09:30 AM

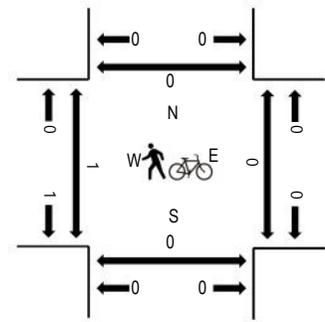
(303) 216-2439

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Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	8.1%	0.71
WB	5.3%	0.83
NB	4.8%	0.90
SB	1.4%	0.80
All	4.8%	0.90

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				RIVER RD Northbound				RIVER RD Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
6:30 AM	0	0	0	0	0	22	0	1	0	2	6	39	0	1	9	0	80	436
6:45 AM	0	0	4	1	0	21	0	2	0	1	10	51	0	2	5	1	98	543
7:00 AM	0	0	4	2	0	35	3	2	0	1	12	51	0	2	8	0	120	673
7:15 AM	0	0	0	0	0	28	0	9	0	4	14	70	0	2	11	0	138	759
7:30 AM	0	0	0	3	0	52	0	3	0	2	21	97	0	2	7	0	187	867
7:45 AM	0	0	1	1	0	53	0	0	0	5	14	138	0	6	10	0	228	905
8:00 AM	0	0	2	2	0	82	1	2	0	5	13	81	0	3	14	1	206	916
8:15 AM	0	0	3	5	0	76	0	2	0	7	19	117	0	4	13	0	246	918
8:30 AM	0	0	6	1	0	81	3	2	0	4	24	91	0	5	8	0	225	930
8:45 AM	0	0	3	1	0	77	4	0	0	1	18	116	0	2	17	0	239	
9:00 AM	0	0	7	6	1	60	5	4	0	4	18	81	0	3	19	0	208	
9:15 AM	0	0	5	8	0	88	5	9	0	4	22	101	0	5	11	0	258	
Count Total	0	0	35	30	1	675	21	36	0	40	191	1,033	0	37	132	2	2,233	
Peak Hour	0	0	21	16	1	306	17	15	0	13	82	389	0	15	55	0	930	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
6:30 AM	0	3	1	0	4	6:30 AM	0	0	0	0	0
6:45 AM	0	0	2	0	2	6:45 AM	0	0	0	0	0
7:00 AM	1	4	6	1	12	7:00 AM	0	0	0	0	0
7:15 AM	0	3	0	0	3	7:15 AM	0	0	0	0	0
7:30 AM	1	7	2	0	10	7:30 AM	0	0	0	0	0
7:45 AM	2	8	6	1	17	7:45 AM	0	0	0	0	0
8:00 AM	0	2	1	1	4	8:00 AM	0	0	0	0	0
8:15 AM	1	4	5	0	10	8:15 AM	0	0	0	0	0
8:30 AM	0	2	6	0	8	8:30 AM	0	0	0	0	0

8:45 AM	0	9	5	1	15	8:45 AM	0	0	0	0	0
9:00 AM	2	7	2	0	11	9:00 AM	1	0	0	0	1
9:15 AM	1	5	5	0	11	9:15 AM	0	0	0	0	0
Count Total	8	54	41	4	107	Count Total	1	0	0	0	1
Peak Hour	3	23	18	1	45	Peak Hour	1	0	0	0	1



Location: 4 PRIEST RD & W WASHINGTON ST AM

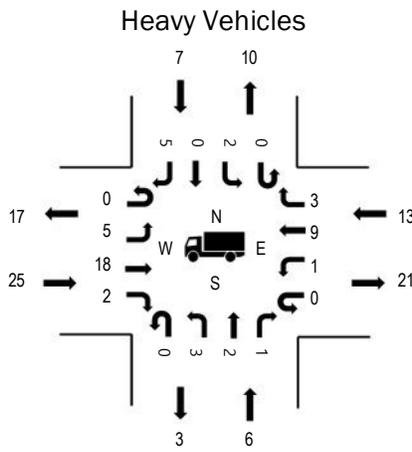
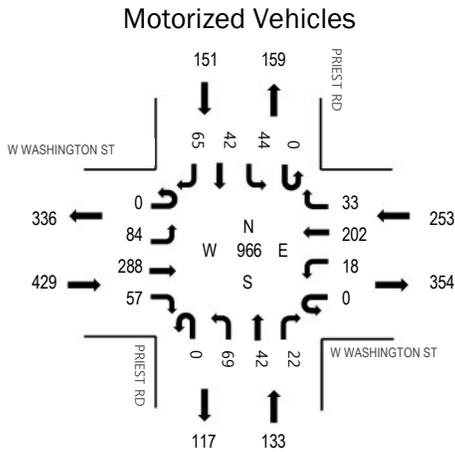
Date: Thursday, December 19, 2019

Peak Hour: 08:30 AM - 09:30 AM

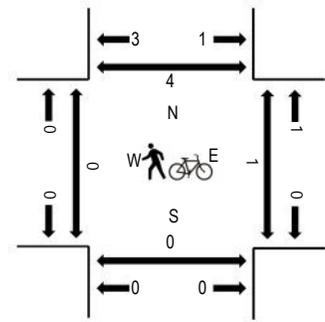
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Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	5.8%	0.89
WB	5.1%	0.89
NB	4.5%	0.62
SB	4.6%	0.84
All	5.3%	0.88

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				PRIEST RD Northbound				PRIEST RD Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
6:30 AM	0	5	30	7	0	0	13	1	0	2	3	1	0	3	4	9	78	407
6:45 AM	0	10	41	8	0	1	15	3	0	5	4	0	0	2	3	3	95	504
7:00 AM	0	14	38	5	0	0	24	1	0	5	1	0	0	2	5	11	106	630
7:15 AM	0	15	51	7	0	0	25	3	0	4	1	1	0	6	6	9	128	727
7:30 AM	0	28	66	7	0	1	33	2	0	8	4	1	0	9	2	14	175	829
7:45 AM	0	39	93	12	0	0	23	3	0	9	2	4	0	10	2	24	221	884
8:00 AM	0	17	63	10	0	3	36	3	0	11	5	0	0	6	11	38	203	907
8:15 AM	0	27	74	19	0	2	50	4	0	6	2	2	0	11	12	21	230	922
8:30 AM	0	23	69	14	0	1	57	6	0	20	9	2	0	8	9	12	230	966
8:45 AM	0	23	80	18	0	4	46	8	0	12	11	5	0	10	10	17	244	
9:00 AM	0	15	64	14	0	7	46	7	0	10	7	3	0	12	18	15	218	
9:15 AM	0	23	75	11	0	6	53	12	0	27	15	12	0	14	5	21	274	
Count Total	0	239	744	132	0	25	421	53	0	119	64	31	0	93	87	194	2,202	
Peak Hour	0	84	288	57	0	18	202	33	0	69	42	22	0	44	42	65	966	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
6:30 AM	2	0	0	1	3	6:30 AM	0	0	0	0	0
6:45 AM	0	0	2	1	3	6:45 AM	0	0	0	1	1
7:00 AM	6	0	4	1	11	7:00 AM	0	0	0	0	0
7:15 AM	1	0	1	0	2	7:15 AM	0	0	0	0	0
7:30 AM	8	0	1	1	10	7:30 AM	0	0	0	0	0
7:45 AM	10	2	3	3	18	7:45 AM	0	0	0	0	0
8:00 AM	1	1	1	0	3	8:00 AM	0	0	0	0	0
8:15 AM	6	0	3	4	13	8:15 AM	0	0	0	0	0
8:30 AM	2	0	5	1	8	8:30 AM	0	0	1	3	4

8:45 AM	9	3	3	1	16	8:45 AM	0	0	0	0	0
9:00 AM	9	1	2	1	13	9:00 AM	0	0	0	1	1
9:15 AM	5	2	3	4	14	9:15 AM	0	0	0	0	0
Count Total	59	9	28	18	114	Count Total	0	0	1	5	6
Peak Hour	25	6	13	7	51	Peak Hour	0	0	1	4	5

8:45 AM	6	0	4	1	11	8:45 AM	0	1	0	3	4
9:00 AM	6	2	2	1	11	9:00 AM	1	0	0	0	1
9:15 AM	4	0	2	0	6	9:15 AM	1	2	0	3	6
Count Total	40	7	25	3	75	Count Total	4	5	0	9	18
Peak Hour	18	3	11	3	35	Peak Hour	2	4	0	7	13



Location: 6 7TH AVE & W WASHINGTON ST AM

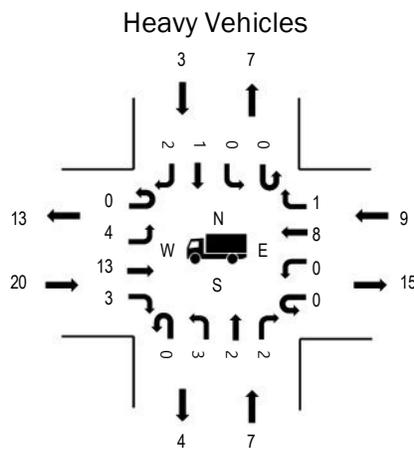
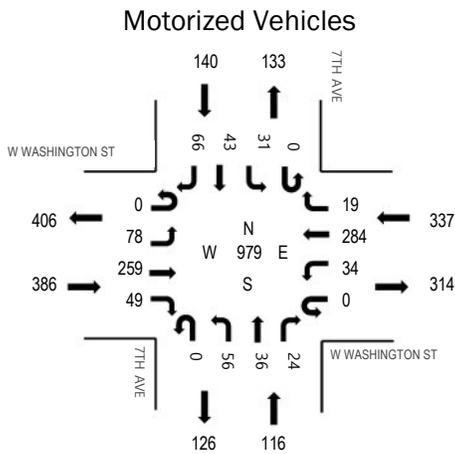
Date: Thursday, December 19, 2019

Peak Hour: 08:30 AM - 09:30 AM

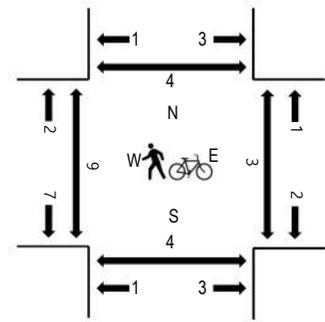
(303) 216-2439

www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	5.2%	0.91
WB	2.7%	0.84
NB	6.0%	0.83
SB	2.1%	0.92
All	4.0%	0.90

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				7TH AVE Northbound				7TH AVE Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
6:30 AM	0	6	28	0	0	2	11	0	0	4	3	1	0	0	0	6	61	389
6:45 AM	0	6	44	5	0	3	13	0	0	5	4	3	0	4	6	7	100	476
7:00 AM	0	9	32	6	0	3	22	3	0	5	2	5	0	4	5	7	103	583
7:15 AM	0	12	43	5	0	3	30	4	0	5	6	4	0	7	4	2	125	701
7:30 AM	1	15	58	8	0	2	23	5	0	8	7	3	0	4	1	13	148	785
7:45 AM	0	10	83	10	0	2	43	4	0	4	21	9	0	6	9	6	207	878
8:00 AM	0	16	65	7	0	11	48	5	0	8	12	10	0	11	13	15	221	891
8:15 AM	0	14	71	8	0	7	50	5	0	7	12	6	0	4	12	13	209	916
8:30 AM	0	17	70	13	0	6	66	6	0	13	15	7	0	6	11	11	241	979
8:45 AM	0	21	53	12	0	8	57	3	0	11	8	10	0	9	10	18	220	
9:00 AM	0	16	67	11	0	11	75	5	0	14	7	2	0	10	10	18	246	
9:15 AM	0	24	69	13	0	9	86	5	0	18	6	5	0	6	12	19	272	
Count Total	1	166	683	98	0	67	524	45	0	102	103	65	0	71	93	135	2,153	
Peak Hour	0	78	259	49	0	34	284	19	0	56	36	24	0	31	43	66	979	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
6:30 AM	1	1	2	0	4	6:30 AM	0	0	0	1	1
6:45 AM	1	0	0	0	1	6:45 AM	1	0	0	2	3
7:00 AM	1	0	3	1	5	7:00 AM	0	0	0	1	1
7:15 AM	0	1	1	0	2	7:15 AM	0	0	0	3	3
7:30 AM	5	1	1	0	7	7:30 AM	0	0	0	1	1
7:45 AM	5	0	3	1	9	7:45 AM	0	1	2	0	3
8:00 AM	2	0	3	0	5	8:00 AM	0	0	0	0	0
8:15 AM	1	0	3	1	5	8:15 AM	0	0	0	1	1
8:30 AM	3	2	2	1	8	8:30 AM	0	0	1	0	1

8:45 AM	5	2	4	0	11	8:45 AM	0	1	1	1	3
9:00 AM	8	3	0	2	13	9:00 AM	7	0	0	1	8
9:15 AM	4	0	3	0	7	9:15 AM	2	3	1	2	8
Count Total	36	10	25	6	77	Count Total	10	5	5	13	33
Peak Hour	20	7	9	3	39	Peak Hour	9	4	3	4	20



Location: 4 PRIEST RD & W WASHINGTON ST Noon

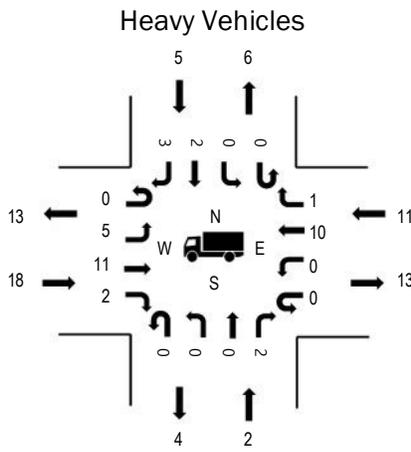
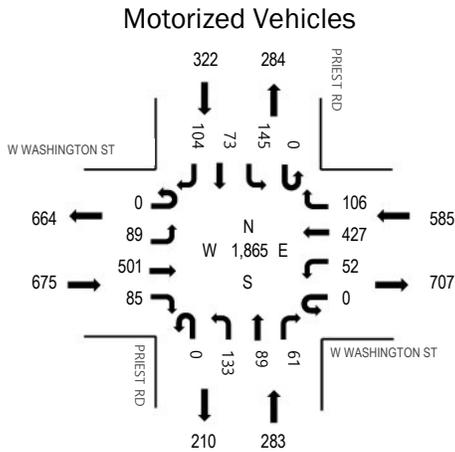
Date: Thursday, December 19, 2019

Peak Hour: 12:30 PM - 01:30 PM

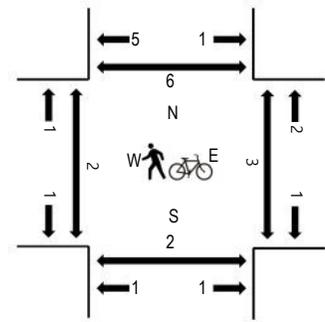
(303) 216-2439

www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	2.7%	0.94
WB	1.9%	0.94
NB	0.7%	0.86
SB	1.6%	0.85
All	1.9%	0.97

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				PRIEST RD Northbound				PRIEST RD Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
11:30 AM	0	14	104	20	0	12	96	31	0	42	31	15	0	38	21	20	444	1,834
11:45 AM	1	13	122	26	0	10	114	20	0	42	20	14	0	41	13	25	461	1,864
12:00 PM	0	21	127	20	0	8	116	29	0	34	24	14	0	39	16	32	480	1,853
12:15 PM	0	20	111	24	0	9	112	14	0	34	24	13	0	39	24	25	449	1,854
12:30 PM	0	24	136	20	0	10	120	23	0	30	19	16	0	32	18	26	474	1,865
12:45 PM	0	25	119	19	0	17	89	26	0	29	25	18	0	45	14	24	450	
1:00 PM	0	17	134	24	0	16	108	32	0	43	24	15	0	30	17	21	481	
1:15 PM	0	23	112	22	0	9	110	25	0	31	21	12	0	38	24	33	460	
Count Total	1	157	965	175	0	91	865	200	0	285	188	117	0	302	147	206	3,699	
Peak Hour	0	89	501	85	0	52	427	106	0	133	89	61	0	145	73	104	1,865	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
11:30 AM	1	0	3	0	4	11:30 AM	1	1	2	3	7
11:45 AM	4	0	5	2	11	11:45 AM	0	0	0	1	1
12:00 PM	5	4	7	2	18	12:00 PM	1	0	1	1	3
12:15 PM	4	0	5	2	11	12:15 PM	0	1	6	2	9
12:30 PM	2	2	4	2	10	12:30 PM	2	2	0	4	8
12:45 PM	5	0	4	0	9	12:45 PM	0	0	0	0	0
1:00 PM	8	0	1	0	9	1:00 PM	0	0	3	2	5
1:15 PM	3	0	2	3	8	1:15 PM	0	0	0	0	0
Count Total	32	6	31	11	80	Count Total	4	4	12	13	33
Peak Hour	18	2	11	5	36	Peak Hour	2	2	3	6	13



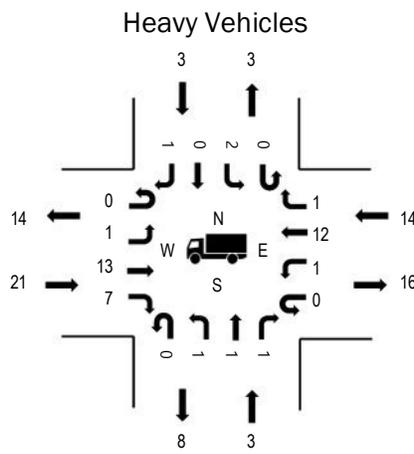
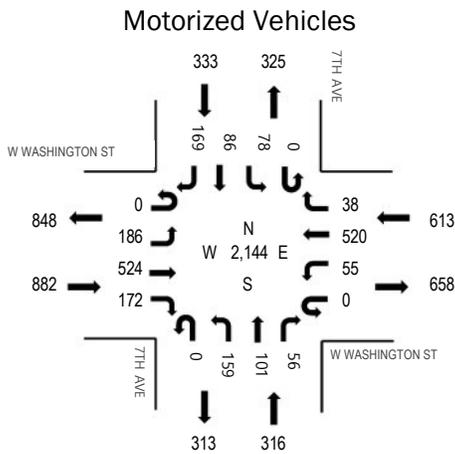
Location: 6 7TH AVE & W WASHINGTON ST Noon

Date: Thursday, December 19, 2019

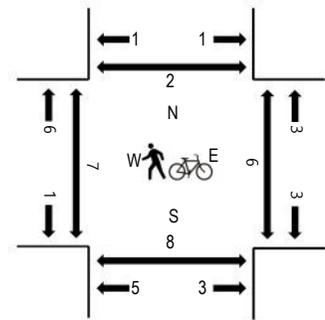
Peak Hour: 12:15 PM - 01:15 PM

(303) 216-2439
www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	2.4%	0.95
WB	2.3%	0.94
NB	0.9%	0.95
SB	0.9%	0.90
All	1.9%	0.96

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				7TH AVE Northbound				7TH AVE Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
11:30 AM	0	50	118	28	0	13	123	13	0	34	21	21	0	21	18	43	503	2,046
11:45 AM	0	42	130	32	0	12	147	6	0	29	26	6	0	17	30	54	531	2,103
12:00 PM	0	38	117	26	0	18	140	5	0	42	14	10	0	14	17	50	491	2,104
12:15 PM	0	54	119	39	0	11	126	6	0	50	23	10	0	24	23	36	521	2,144
12:30 PM	0	46	125	59	0	17	137	9	0	35	29	11	0	18	22	52	560	2,140
12:45 PM	0	48	152	31	0	13	121	14	0	31	27	20	0	17	23	35	532	
1:00 PM	0	38	128	43	0	14	136	9	0	43	22	15	0	19	18	46	531	
1:15 PM	0	48	110	32	0	15	127	8	0	49	28	21	0	14	14	51	517	
Count Total	0	364	999	290	0	113	1,057	70	0	313	190	114	0	144	165	367	4,186	
Peak Hour	0	186	524	172	0	55	520	38	0	159	101	56	0	78	86	169	2,144	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
11:30 AM	2	1	3	1	7	11:30 AM	1	2	2	2	7
11:45 AM	3	0	6	1	10	11:45 AM	0	0	0	4	4
12:00 PM	7	3	4	1	15	12:00 PM	2	0	1	0	3
12:15 PM	3	1	6	1	11	12:15 PM	3	2	0	1	6
12:30 PM	6	2	3	1	12	12:30 PM	2	1	0	1	4
12:45 PM	7	0	4	1	12	12:45 PM	1	3	4	0	8
1:00 PM	5	0	1	0	6	1:00 PM	1	2	2	0	5
1:15 PM	1	4	3	0	8	1:15 PM	1	0	3	3	7
Count Total	34	11	30	6	81	Count Total	11	10	12	11	44
Peak Hour	21	3	14	3	41	Peak Hour	7	8	6	2	23



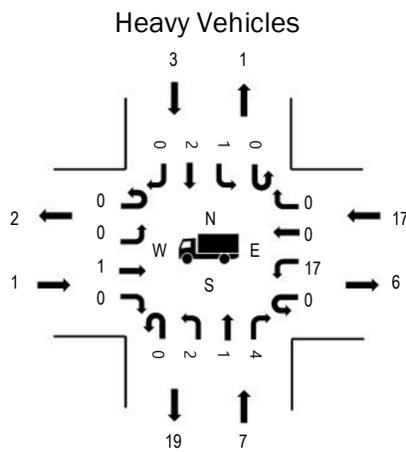
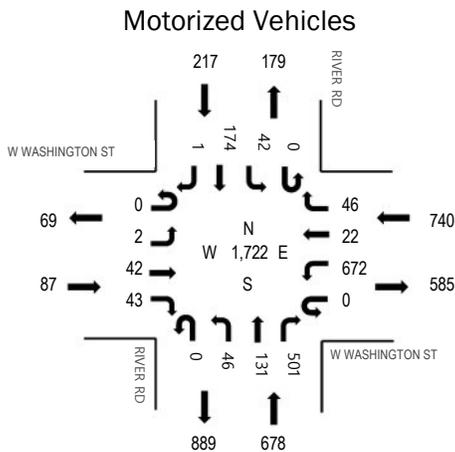
Location: 3 RIVER RD & W WASHINGTON ST PM

Date: Thursday, December 19, 2019

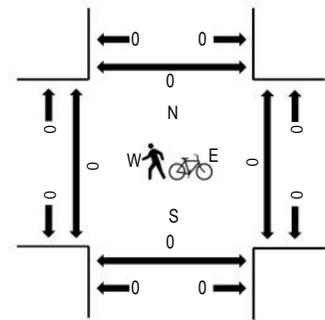
Peak Hour: 02:00 PM - 03:00 PM

(303) 216-2439
www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	1.1%	0.84
WB	2.3%	0.95
NB	1.0%	0.91
SB	1.4%	0.92
All	1.6%	0.99

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				RIVER RD Northbound				RIVER RD Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
2:00 PM	0	1	11	7	0	179	3	11	0	13	38	115	0	18	34	0	430	1,722
2:15 PM	0	0	12	14	0	163	4	14	0	10	37	126	0	8	47	0	435	
2:30 PM	0	0	8	11	0	152	9	11	0	13	33	140	0	10	40	1	428	
2:45 PM	0	1	11	11	0	178	6	10	0	10	23	120	0	6	53	0	429	
Count Total	0	2	42	43	0	672	22	46	0	46	131	501	0	42	174	1	1,722	
Peak Hour	0	2	42	43	0	672	22	46	0	46	131	501	0	42	174	1	1,722	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Interval Start Time	Pedestrians/Bicycles on Crosswalk				
	EB	NB	WB	SB	Total		EB	NB	WB	SB	Total
2:00 PM	0	4	6	1	11	2:00 PM	0	0	0	0	0
2:15 PM	1	0	4	1	6	2:15 PM	0	0	0	0	0
2:30 PM	0	2	4	0	6	2:30 PM	0	0	0	0	0
2:45 PM	0	1	3	1	5	2:45 PM	0	0	0	0	0
Count Total	1	7	17	3	28	Count Total	0	0	0	0	0
Peak Hour	1	7	17	3	28	Peak Hour	0	0	0	0	0



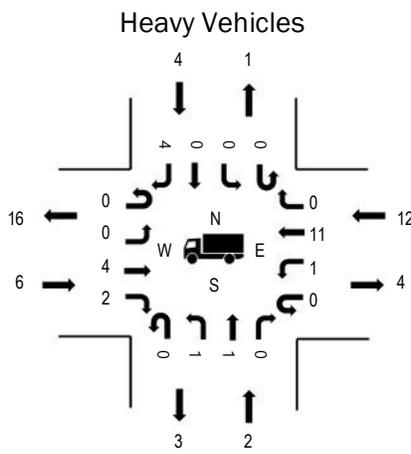
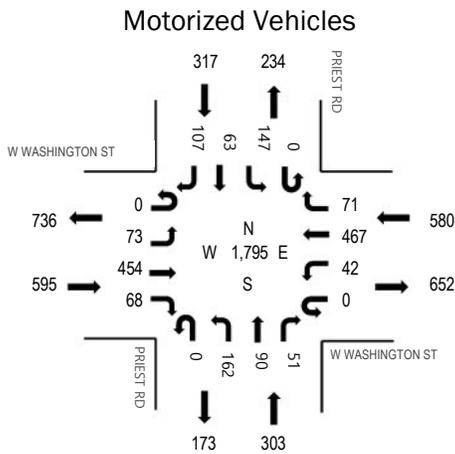
Location: 4 PRIEST RD & W WASHINGTON ST PM

Date: Thursday, December 19, 2019

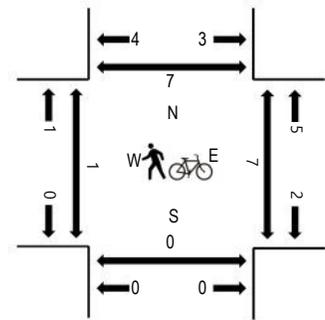
Peak Hour: 02:00 PM - 03:00 PM

(303) 216-2439
www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	1.0%	0.90
WB	2.1%	0.89
NB	0.7%	0.86
SB	1.3%	0.91
All	1.3%	0.97

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				PRIEST RD Northbound				PRIEST RD Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
2:00 PM	0	17	115	19	0	8	119	16	0	47	26	15	0	43	16	20	461	1,795
2:15 PM	0	14	112	11	0	19	122	22	0	38	19	14	0	43	17	22	453	
2:30 PM	0	20	124	22	0	8	108	19	0	41	23	9	0	28	16	25	443	
2:45 PM	0	22	103	16	0	7	118	14	0	36	22	13	0	33	14	40	438	
Count Total	0	73	454	68	0	42	467	71	0	162	90	51	0	147	63	107	1,795	
Peak Hour	0	73	454	68	0	42	467	71	0	162	90	51	0	147	63	107	1,795	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Total	Interval Start Time	Pedestrians/Bicycles on Crosswalk					Total
	EB	NB	WB	SB				EB	NB	WB	SB		
2:00 PM	5	2	5	0	12	12	2:00 PM	0	0	3	3	6	
2:15 PM	0	0	3	2	5	5	2:15 PM	0	0	2	2	4	
2:30 PM	1	0	2	1	4	4	2:30 PM	1	0	2	2	5	
2:45 PM	0	0	2	1	3	3	2:45 PM	0	0	0	0	0	
Count Total	6	2	12	4	24	24	Count Total	1	0	7	7	15	
Peak Hour	6	2	12	4	24	24	Peak Hour	1	0	7	7	15	



Location: 5 9TH AVE & W WASHINGTON ST PM

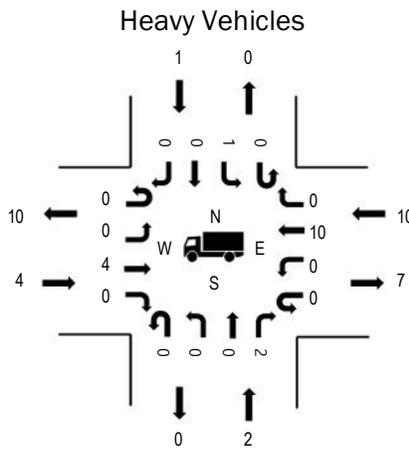
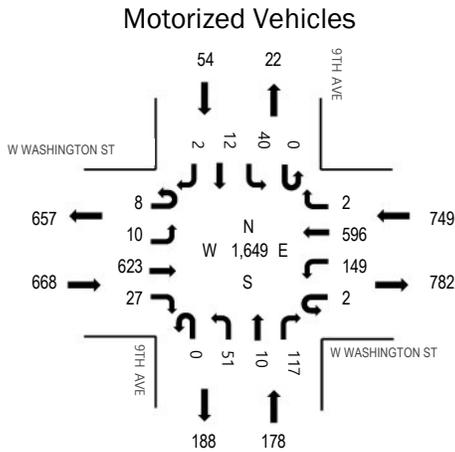
Date: Thursday, December 19, 2019

Peak Hour: 02:00 PM - 03:00 PM

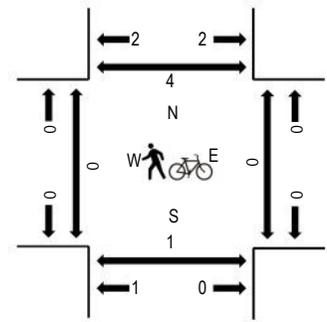
(303) 216-2439

www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	0.6%	0.93
WB	1.3%	0.94
NB	1.1%	0.86
SB	1.9%	0.75
All	1.0%	0.95

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				9TH AVE Northbound				9TH AVE Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
2:00 PM	1	1	148	9	0	32	154	0	0	16	4	32	0	8	4	1	410	1,649
2:15 PM	4	6	164	5	0	31	157	2	0	12	1	32	0	14	4	0	432	
2:30 PM	2	2	146	7	1	53	146	0	0	10	1	32	0	10	1	0	411	
2:45 PM	1	1	165	6	1	33	139	0	0	13	4	21	0	8	3	1	396	
Count Total	8	10	623	27	2	149	596	2	0	51	10	117	0	40	12	2	1,649	
Peak Hour	8	10	623	27	2	149	596	2	0	51	10	117	0	40	12	2	1,649	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Total	Interval Start Time	Pedestrians/Bicycles on Crosswalk					Total
	EB	NB	WB	SB				EB	NB	WB	SB		
2:00 PM	1	2	4	0	7	7	2:00 PM	0	0	0	1	1	1
2:15 PM	1	0	3	0	4	4	2:15 PM	0	0	0	2	2	2
2:30 PM	1	0	1	0	2	2	2:30 PM	0	0	0	1	1	1
2:45 PM	1	0	2	1	4	4	2:45 PM	0	1	0	0	1	1
Count Total	4	2	10	1	17	17	Count Total	0	1	0	4	5	5
Peak Hour	4	2	10	1	17	17	Peak Hour	0	1	0	4	5	5



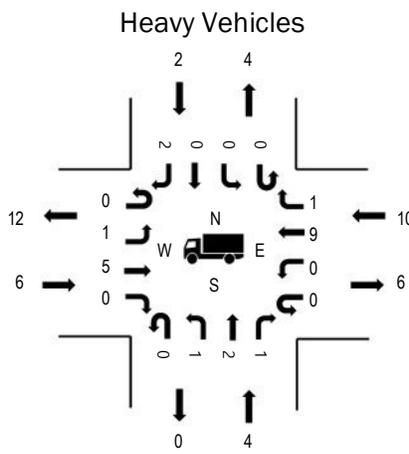
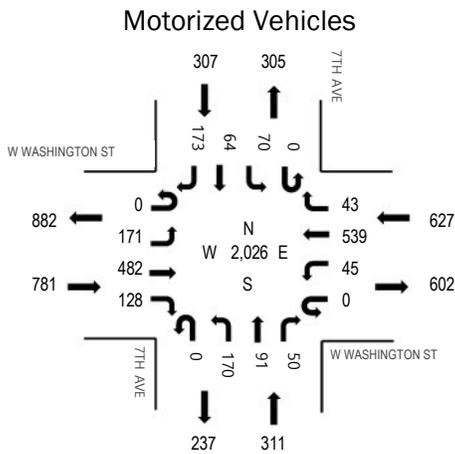
Location: 6 7TH AVE & W WASHINGTON ST PM

Date: Thursday, December 19, 2019

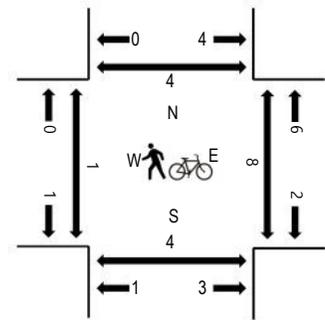
Peak Hour: 02:00 PM - 03:00 PM

(303) 216-2439
www.alltrafficdata.net

Peak Hour



Pedestrians/Bicycles in Crosswalk



	HV%	PHF
EB	0.8%	0.92
WB	1.6%	0.98
NB	1.3%	0.89
SB	0.7%	0.91
All	1.1%	0.97

Traffic Counts - Motorized Vehicles

Interval Start Time	W WASHINGTON ST Eastbound				W WASHINGTON ST Westbound				7TH AVE Northbound				7TH AVE Southbound				Total	Rolling Hour
	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right	U-Turn	Left	Thru	Right		
2:00 PM	0	41	102	34	0	10	133	12	0	48	19	12	0	10	13	45	479	2,026
2:15 PM	0	49	120	43	0	7	144	9	0	42	21	16	0	20	20	32	523	
2:30 PM	0	39	122	30	0	14	133	10	0	42	35	10	0	15	13	55	518	
2:45 PM	0	42	138	21	0	14	129	12	0	38	16	12	0	25	18	41	506	
Count Total	0	171	482	128	0	45	539	43	0	170	91	50	0	70	64	173	2,026	
Peak Hour	0	171	482	128	0	45	539	43	0	170	91	50	0	70	64	173	2,026	

Traffic Counts - Heavy Vehicles and Pedestrians/Bicycles in Crosswalk

Interval Start Time	Heavy Vehicles					Total	Interval Start Time	Pedestrians/Bicycles on Crosswalk					Total
	EB	NB	WB	SB				EB	NB	WB	SB		
2:00 PM	3	1	4	0		8	2:00 PM	0	0	2	0		2
2:15 PM	1	1	3	0		5	2:15 PM	0	1	0	3		4
2:30 PM	1	1	1	1		4	2:30 PM	1	3	4	0		8
2:45 PM	1	1	2	1		5	2:45 PM	0	0	2	1		3
Count Total	6	4	10	2		22	Count Total	1	4	8	4		17
Peak Hour	6	4	10	2		22	Peak Hour	1	4	8	4		17

Appendix B

Level of Service (LOS) Methodology and Calculations

Level of Service Methodology

Level of service calculations for intersections were based on methodology and procedures outlined in the 2016 *Highway Capacity Manual*, 6th edition (HCM 6), Transportation Research Board using *Synchro 10* traffic analysis software.

LOS generally refers to the degree of congestion on a roadway or intersection. It is a measure of vehicle operating speed, travel time, travel delays, and driving comfort. A letter scale from A to F generally describes intersection LOS. At signalized intersections, LOS A represents free-flow conditions (motorists experience little or no delays), and LOS F represents forced-flow conditions where motorists experience an average delay in excess of 80 seconds per vehicle.

The LOS reported for signalized intersections represents the average control delay (sec/veh) and can be reported for the overall intersection, for each approach, and for each lane group (additional v/c ratio criteria apply to lane group LOS only).

The LOS reported at unsignalized intersections is based on the average control delay and can be reported for each controlled minor approach, controlled minor lane group, and controlled major-street movement (and for the overall intersection at all-way stop-controlled intersections. Additional v/c ratio criteria apply to lane group or movement LOS only).

Table B1 outlines the current HCM 6 LOS criteria for signalized and unsignalized intersections based on these methodologies.

Table B1
LOS Criteria for Signalized and Unsignalized Intersections¹

SIGNALIZED INTERSECTIONS			UNSIGNALIZED INTERSECTIONS		
Control Delay (sec/veh)	LOS by Volume-to Capacity (V/C) Ratio ²		Control Delay (sec/veh)	LOS by Volume-to Capacity (V/C) Ratio ³	
	≤ 1.0	> 1.0		≤ 1.0	> 1.0
≤ 10	A	F	≤ 10	A	F
> 10 to ≤ 20	B	F	> 10 to ≤ 15	B	F
> 20 to ≤ 35	C	F	> 15 to ≤ 25	C	F
> 35 to ≤ 55	D	F	> 25 to ≤ 35	D	F
> 55 to ≤ 80	E	F	> 35 to ≤ 50	E	F
> 80	F	F	> 50	F	F

¹ Source: Highway Capacity Manual, 6th Edition, Transportation Research Board, 2016.

² For approach-based and intersection-wide assessments at signals, LOS is defined solely by control delay.

³ For two-way stop-controlled intersections, the LOS criteria apply to each lane on a given approach and to each approach on the minor street. LOS is not calculated for major-street approaches or for the intersection as a whole at two-way stop controlled intersections. For approach-based and intersection-wide assessments at all-way stop-controlled intersections, LOS is solely defined by control delay.

2019 Existing

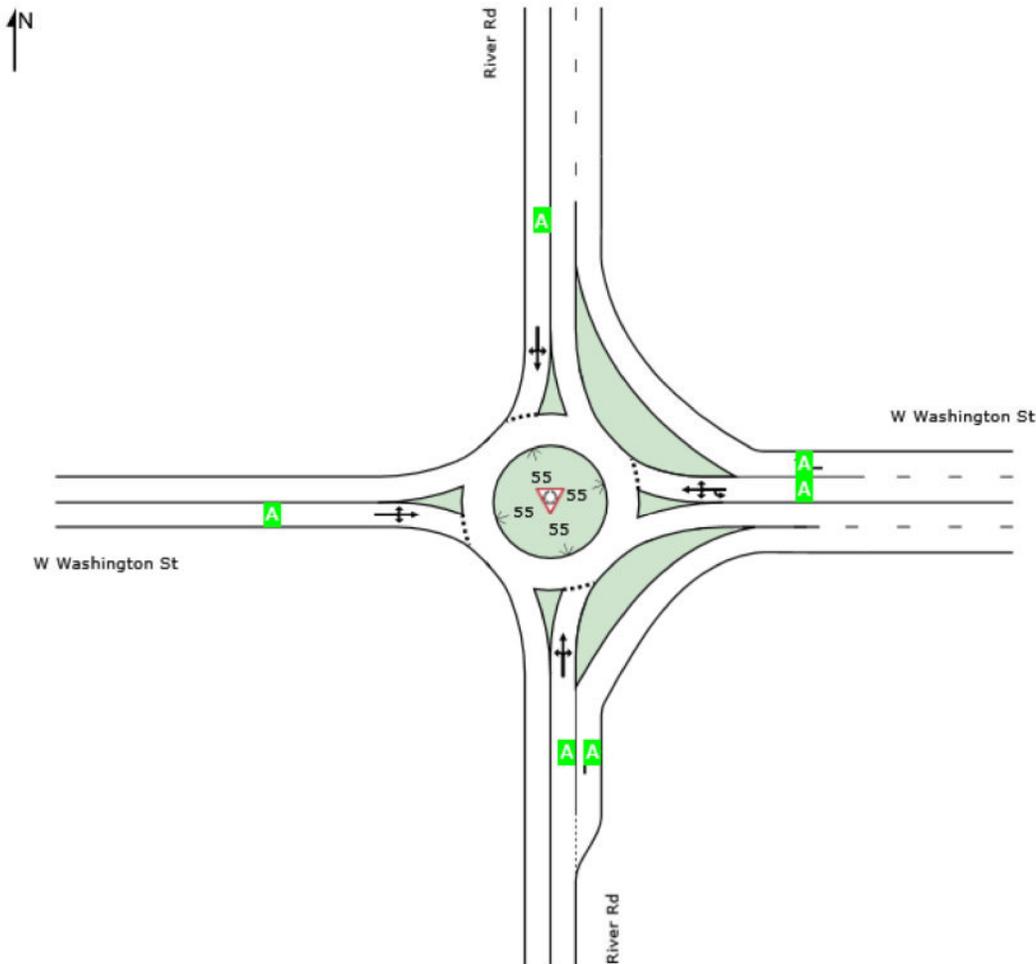
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2019 Existing AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2019 Existing AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows			Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue Veh	Queue Dist	Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	Cap. veh/h	v/c	%	sec			ft		ft	%	%
South: River Rd													
Lane 1 ^d	243	4.0	1307	0.186	100	4.3	LOS A	0.8	21.3	Full	1600	0.0	0.0
Lane 2	295	5.4	1589	0.186	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	538	4.7		0.186		2.0	LOS A	0.8	21.3				
East: W Washington St													
Lane 1 ^d	360	5.5	1217	0.296	100	5.7	LOS A	1.4	37.3	Full	1600	0.0	0.0
Lane 2	17	0.0	1675	0.010	3 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	377	5.3		0.296		5.4	LOS A	1.4	37.3				
North: River Rd													
Lane 1 ^d	79	1.4	910	0.087	100	4.8	LOS A	0.4	9.1	Full	1600	0.0	0.0
Approach	79	1.4		0.087		4.8	LOS A	0.4	9.1				
West: W Washington St													
Lane 1 ^d	42	7.9	818	0.052	100	4.9	LOS A	0.2	5.1	Full	1600	0.0	0.0
Approach	42	7.9		0.052		4.9	LOS A	0.2	5.1				
Intersection	1036	4.8		0.296		3.5	LOS A	1.4	37.3				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

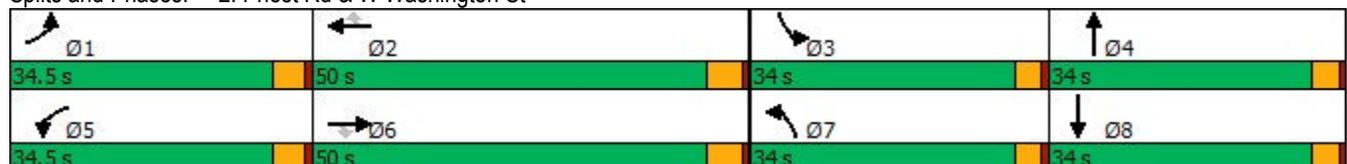
12/27/2019

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	84	288	57	18	202	33	69	42	22	44	42	65
Future Volume (vph)	84	288	57	18	202	33	69	42	22	44	42	65
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)							4			1		
Peak Hour Factor	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Heavy Vehicles (%)	6%	6%	4%	6%	5%	9%	4%	5%	5%	5%	0%	8%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 57.2
 Natural Cycle: 70
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



LANE LEVEL OF SERVICE

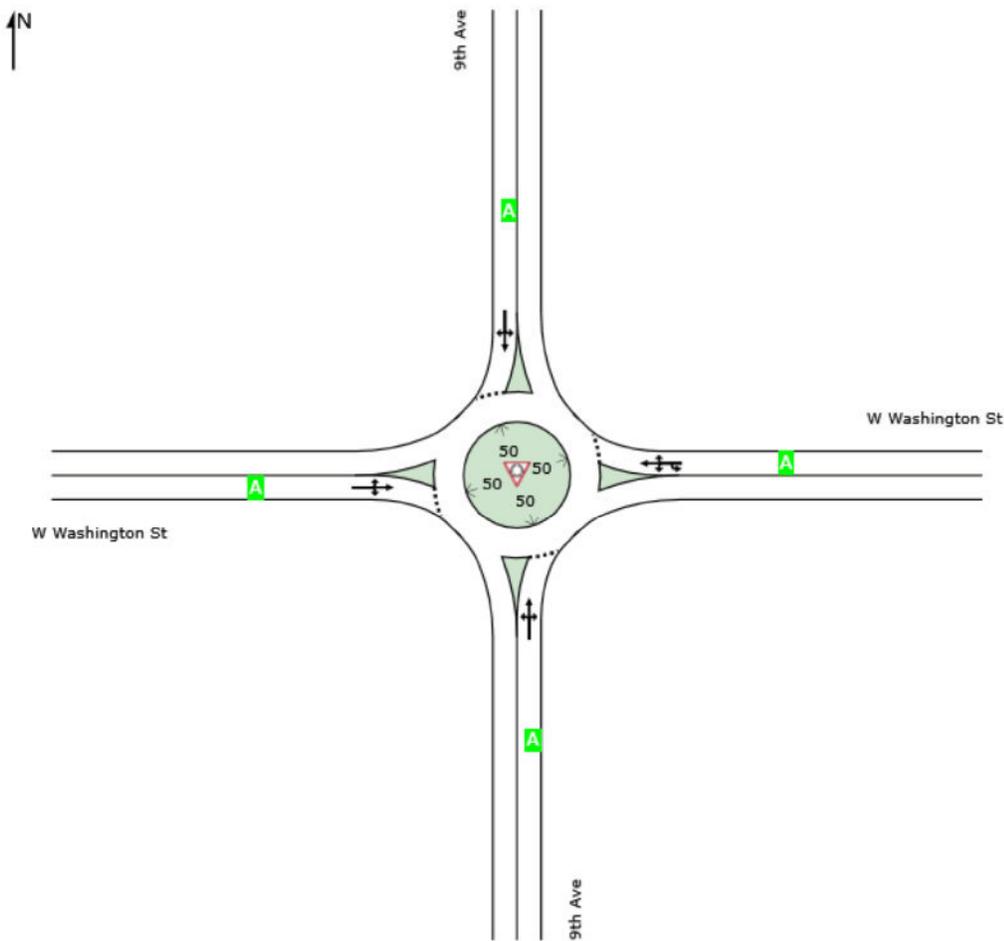
Lane Level of Service

Site: 3 [2019 Existing - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

 Site: 3 [2019 Existing - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand Flows		Cap. veh/h	Deg. Satn v/c	Lane Util. %	Average Delay sec	Level of Service	95% Back of Queue Veh	Queue Dist ft	Lane Config	Lane Length ft	Cap. Adj. %	Prob. Block. %
	Total veh/h	HV %											
South: 9th Ave													
Lane 1 ^d	32	10.7	805	0.040	100	4.9	LOS A	0.1	3.9	Full	1600	0.0	0.0
Approach	32	10.7		0.040		4.9	LOS A	0.1	3.9				
East: W Washington St													
Lane 1 ^d	389	3.2	1317	0.295	100	5.3	LOS A	1.7	42.7	Full	1600	0.0	0.0
Approach	389	3.2		0.295		5.3	LOS A	1.7	42.7				
North: 9th Ave													
Lane 1 ^d	27	12.5	811	0.034	100	4.8	LOS A	0.1	3.3	Full	1600	0.0	0.0
Approach	27	12.5		0.034		4.8	LOS A	0.1	3.3				
West: W Washington St													
Lane 1 ^d	411	5.0	1237	0.332	100	6.0	LOS A	1.9	48.8	Full	1600	0.0	0.0
Approach	411	5.0		0.332		6.0	LOS A	1.9	48.8				
Intersection	859	4.6		0.332		5.6	LOS A	1.9	48.8				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:04:12 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

LANE LEVEL OF SERVICE

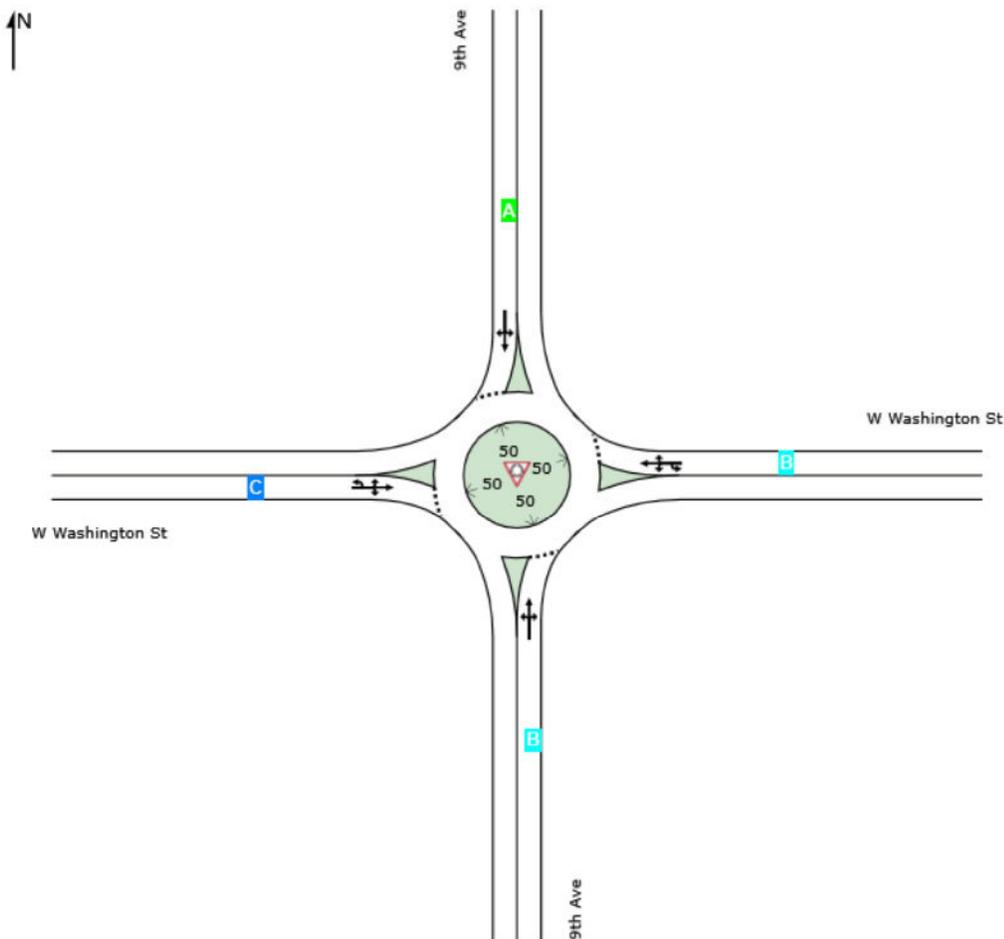
Lane Level of Service

Site: 3 [2019 Existing - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	B	B	A	C	B



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

 Site: 3 [2019 Existing - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand Flows Total veh/h	HV %	Cap. veh/h	Deg. Satn v/c	Lane Util. %	Average Delay sec	Level of Service	95% Back of Queue Veh	Dist ft	Lane Config	Lane Length ft	Cap. Adj. %	Prob. Block. %
South: 9th Ave													
Lane 1 ^d	240	1.8	596	0.402	100	12.1	LOS B	2.1	52.0	Full	1600	0.0	0.0
Approach	240	1.8		0.402		12.1	LOS B	2.1	52.0				
East: W Washington St													
Lane 1 ^d	788	1.9	1208	0.653	100	11.6	LOS B	6.2	156.5	Full	1600	0.0	0.0
Approach	788	1.9		0.653		11.6	LOS B	6.2	156.5				
North: 9th Ave													
Lane 1 ^d	63	0.0	556	0.114	100	7.9	LOS A	0.4	10.9	Full	1600	0.0	0.0
Approach	63	0.0		0.114		7.9	LOS A	0.4	10.9				
West: W Washington St													
Lane 1 ^d	800	2.0	1042	0.768	100	17.7	LOS C	16.3	414.6	Full	1600	0.0	0.0
Approach	800	2.0		0.768		17.7	LOS C	16.3	414.6				
Intersection	1892	1.8		0.768		14.1	LOS B	16.3	414.6				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Friday, December 27, 2019 11:10:32 AM

Project: C:\Users\Cathy\Desktop\Winter Vacation\Jamestown Clinic\Planning - 6059\LOS\9th Ave & W Washington St.sip8

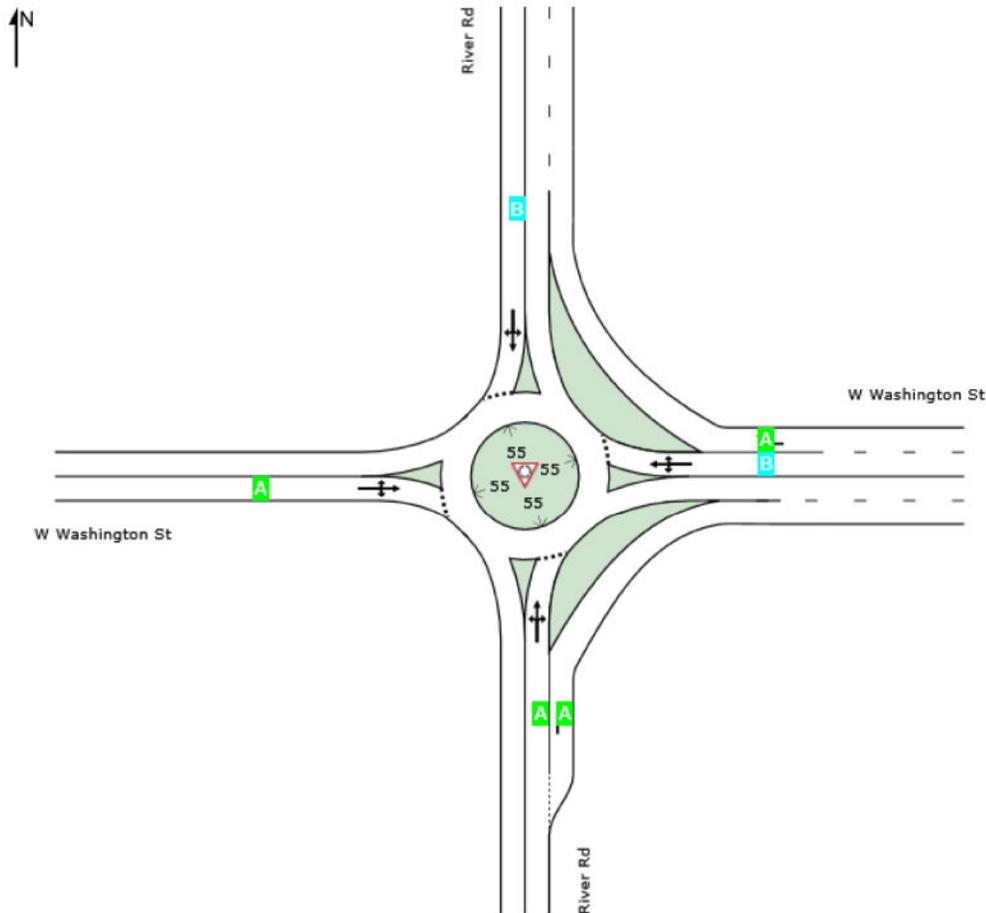
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2019 Existing PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	B	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2019 Existing PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows			Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue		Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	Cap. veh/h	v/c	%	sec		Veh	Dist ft		ft	%	%
South: River Rd													
Lane 1 ^d	300	1.3	1291	0.232	100	4.8	LOS A	1.1	28.0	Full	1600	0.0	0.0
Lane 2	385	0.8	1661	0.232	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	685	1.0		0.232		2.1	LOS A	1.1	28.0				
East: W Washington St													
Lane 1 ^d	701	2.4	1172	0.598	100	10.5	LOS B	4.4	111.0	Full	1600	0.0	0.0
Lane 2	46	0.0	1675	0.028	5 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	747	2.3		0.598		9.9	LOS A	4.4	111.0				
North: River Rd													
Lane 1 ^d	219	1.3	623	0.352	100	10.6	LOS B	1.7	42.1	Full	1600	0.0	0.0
Approach	219	1.3		0.352		10.6	LOS B	1.7	42.1				
West: W Washington St													
Lane 1 ^d	88	1.2	535	0.164	100	8.9	LOS A	0.6	15.9	Full	1600	0.0	0.0
Approach	88	1.2		0.164		8.9	LOS A	0.6	15.9				
Intersection	1739	1.6		0.598		6.9	LOS A	4.4	111.0				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

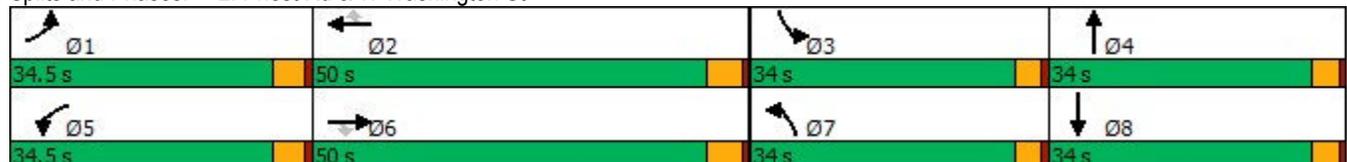
01/09/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	73	454	68	42	467	71	162	90	51	147	63	107
Future Volume (vph)	73	454	68	42	467	71	162	90	51	147	63	107
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)							7			7		1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	0%	1%	3%	2%	2%	0%	1%	1%	0%	0%	0%	4%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 86
 Natural Cycle: 80
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



HCM 6th Signalized Intersection Summary
 2: Priest Rd & W Washington St

01/09/2020

												
Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	73	454	68	42	467	71	162	90	51	147	63	107
Future Volume (veh/h)	73	454	68	42	467	71	162	90	51	147	63	107
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	1.00		0.98	1.00		1.00
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1900	1885	1856	1870	1870	1900	1885	1885	1885	1900	1900	1900
Adj Flow Rate, veh/h	75	468	0	43	481	0	167	93	53	152	65	110
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	0	1	3	2	2	0	1	1	1	0	0	0
Cap, veh/h	133	658	549	93	613	527	222	196	112	204	104	176
Arrive On Green	0.07	0.35	0.00	0.05	0.33	0.00	0.12	0.18	0.18	0.11	0.16	0.16
Sat Flow, veh/h	1810	1885	1572	1781	1870	1610	1795	1118	637	1810	633	1071
Grp Volume(v), veh/h	75	468	0	43	481	0	167	0	146	152	0	175
Grp Sat Flow(s),veh/h/ln	1810	1885	1572	1781	1870	1610	1795	0	1755	1810	0	1703
Q Serve(g_s), s	2.3	12.1	0.0	1.3	13.1	0.0	5.1	0.0	4.2	4.6	0.0	5.4
Cycle Q Clear(g_c), s	2.3	12.1	0.0	1.3	13.1	0.0	5.1	0.0	4.2	4.6	0.0	5.4
Prop In Lane	1.00		1.00	1.00		1.00	1.00		0.36	1.00		0.63
Lane Grp Cap(c), veh/h	133	658	549	93	613	527	222	0	308	204	0	280
V/C Ratio(X)	0.56	0.71	0.00	0.46	0.79	0.00	0.75	0.00	0.47	0.75	0.00	0.62
Avail Cap(c_a), veh/h	964	1507	1257	949	1495	1287	957	0	935	964	0	908
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	25.2	15.9	0.0	25.9	17.1	0.0	23.8	0.0	20.9	24.2	0.0	21.9
Incr Delay (d2), s/veh	3.7	1.4	0.0	3.6	2.3	0.0	5.1	0.0	1.1	5.4	0.0	2.3
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	1.0	4.8	0.0	0.6	5.3	0.0	2.3	0.0	1.7	2.2	0.0	2.2
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	28.9	17.3	0.0	29.5	19.4	0.0	28.9	0.0	22.0	29.6	0.0	24.2
LnGrp LOS	C	B	A	C	B	A	C	A	C	C	A	C
Approach Vol, veh/h		543			524			313				327
Approach Delay, s/veh		18.9			20.2			25.7				26.7
Approach LOS		B			C			C				C
Timer - Assigned Phs	1	2	3	4	5	6	7	8				
Phs Duration (G+Y+Rc), s	8.6	23.4	10.3	13.9	7.4	24.6	11.0	13.3				
Change Period (Y+Rc), s	4.5	5.0	4.0	4.0	4.5	5.0	4.0	4.0				
Max Green Setting (Gmax), s	30.0	45.0	30.0	30.0	30.0	45.0	30.0	30.0				
Max Q Clear Time (g_c+I1), s	4.3	15.1	6.6	6.2	3.3	14.1	7.1	7.4				
Green Ext Time (p_c), s	0.2	3.3	0.4	0.8	0.1	3.2	0.4	1.0				
Intersection Summary												
HCM 6th Ctrl Delay				22.1								
HCM 6th LOS				C								

LANE LEVEL OF SERVICE

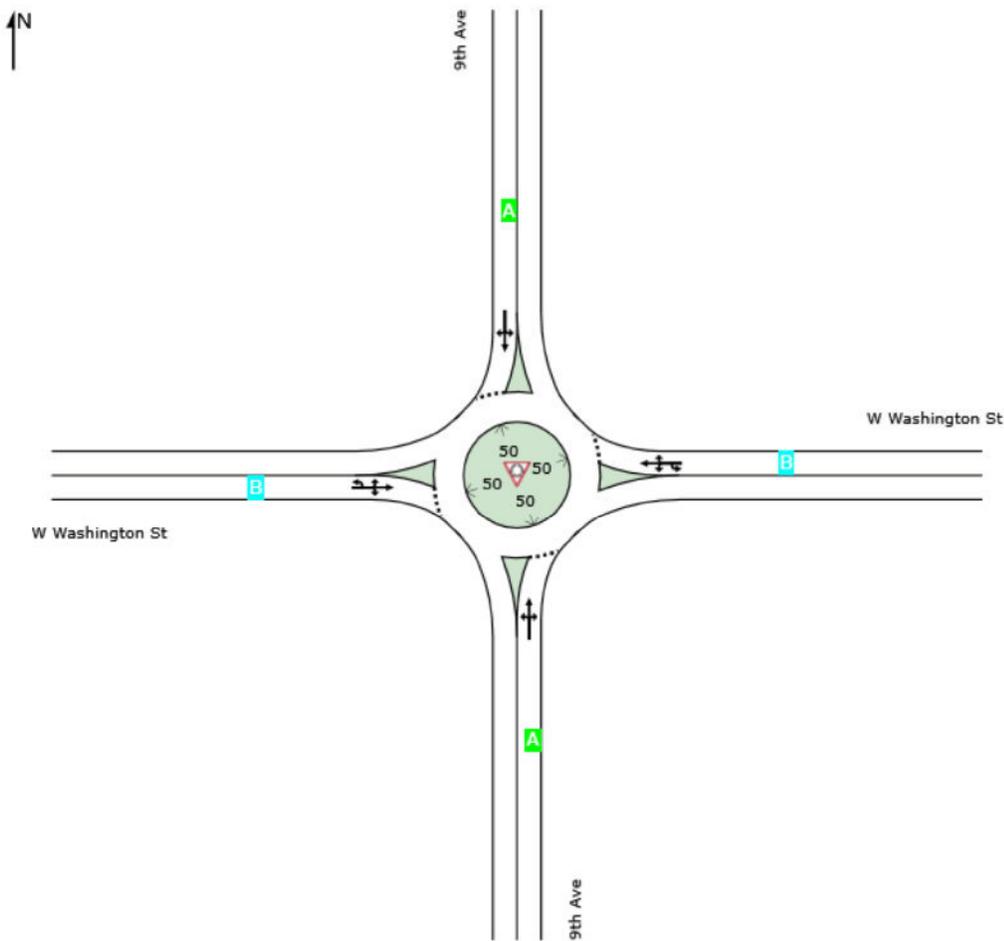
Lane Level of Service

 **Site: 3 [2019 Existing - PM Peak Hour]**

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	B	A	B	B



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2019 Existing - PM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand	Flows		Deg.	Lane	Average	Level of	95% Back of Queue		Lane	Lane	Cap.	Prob.
	Total	HV	Cap.	Satn	Util.	Delay	Service	Veh	Dist	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec			ft		ft	%	%
South: 9th Ave													
Lane 1 ^d	187	1.1	652	0.287	100	9.2	LOS A	1.2	31.1	Full	1600	0.0	0.0
Approach	187	1.1		0.287		9.2	LOS A	1.2	31.1				
East: W Washington St													
Lane 1 ^d	788	1.4	1251	0.630	100	10.8	LOS B	6.0	152.0	Full	1600	0.0	0.0
Approach	788	1.4		0.630		10.8	LOS B	6.0	152.0				
North: 9th Ave													
Lane 1 ^d	57	1.9	564	0.101	100	7.6	LOS A	0.4	9.6	Full	1600	0.0	0.0
Approach	57	1.9		0.101		7.6	LOS A	0.4	9.6				
West: W Washington St													
Lane 1 ^d	703	0.6	1102	0.638	100	12.0	LOS B	7.2	181.1	Full	1600	0.0	0.0
Approach	703	0.6		0.638		12.0	LOS B	7.2	181.1				
Intersection	1736	1.0		0.638		11.0	LOS B	7.2	181.1				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:23:39 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

Lanes, Volumes, Timings
4: 7th Ave & W Washington St

01/09/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	171	482	128	45	539	43	170	91	50	70	64	173
Future Volume (vph)	171	482	128	45	539	43	170	91	50	70	64	173
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	125		135	110		0	0		125	0		125
Storage Lanes	1		1	1		0	1		1	1		1
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		3367			552			426				322
Travel Time (s)		76.5			12.5			11.6				8.8
Confl. Peds. (#/hr)			4			4	1		8	8		1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	1%	1%	0%	0%	2%	2%	1%	2%	2%	0%	0%	1%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA		Perm	NA		Perm	NA	
Protected Phases	1	6		5	2			4				8
Permitted Phases			6				4			8		
Detector Phase	1	6	6	5	2		4	4		8	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0		6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	28.5	28.5	10.5	27.5		30.5	30.5		31.5	31.5	
Total Split (s)	12.0	30.0	30.0	12.0	30.0		33.0	33.0		33.0	33.0	
Total Split (%)	16.0%	40.0%	40.0%	16.0%	40.0%		44.0%	44.0%		44.0%	44.0%	
Yellow Time (s)	3.5	3.5	3.5	3.5	3.5		3.5	3.5		3.5	3.5	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0		1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0		0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	4.5	4.5	4.5	4.5		4.5	4.5		4.5	4.5	
Lead/Lag	Lead	Lag	Lag	Lead	Lag							
Lead-Lag Optimize?	Yes	Yes	Yes	Yes	Yes							
Recall Mode	None	C-Min	C-Min	None	C-Min		None	None		None	None	

Intersection Summary

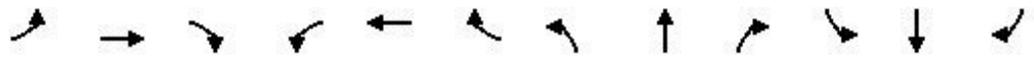
Area Type: Other
 Cycle Length: 75
 Actuated Cycle Length: 75
 Offset: 18 (24%), Referenced to phase 2:WBT and 6:EBT, Start of Green
 Natural Cycle: 80
 Control Type: Actuated-Coordinated

Splits and Phases: 4: 7th Ave & W Washington St



HCM 6th Signalized Intersection Summary
 4: 7th Ave & W Washington St

01/09/2020



Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	171	482	128	45	539	43	170	91	50	70	64	173
Future Volume (veh/h)	171	482	128	45	539	43	170	91	50	70	64	173
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	0.99		0.99	0.99		0.99
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1885	1885	1900	1900	1870	1870	1885	1870	1870	1900	1900	1900
Adj Flow Rate, veh/h	176	497	132	46	556	44	175	94	52	72	66	178
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	1	1	0	0	2	2	1	2	2	0	0	0
Cap, veh/h	180	870	740	89	703	56	312	348	193	404	139	375
Arrive On Green	0.10	0.46	0.46	0.05	0.41	0.41	0.31	0.31	0.31	0.31	0.31	0.31
Sat Flow, veh/h	1795	1885	1603	1810	1710	135	1136	1126	623	1250	450	1213
Grp Volume(v), veh/h	176	497	132	46	0	600	175	0	146	72	0	244
Grp Sat Flow(s),veh/h/ln	1795	1885	1603	1810	0	1845	1136	0	1749	1250	0	1663
Q Serve(g_s), s	7.3	14.5	3.6	1.9	0.0	21.3	11.1	0.0	4.7	3.5	0.0	8.9
Cycle Q Clear(g_c), s	7.3	14.5	3.6	1.9	0.0	21.3	20.0	0.0	4.7	8.2	0.0	8.9
Prop In Lane	1.00		1.00	1.00		0.07	1.00		0.36	1.00		0.73
Lane Grp Cap(c), veh/h	180	870	740	89	0	758	312	0	541	404	0	514
V/C Ratio(X)	0.98	0.57	0.18	0.52	0.00	0.79	0.56	0.00	0.27	0.18	0.00	0.47
Avail Cap(c_a), veh/h	180	870	740	181	0	758	393	0	664	492	0	632
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	0.79	0.79	0.79	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	33.7	14.8	11.8	34.8	0.0	19.3	29.1	0.0	19.5	22.6	0.0	21.0
Incr Delay (d2), s/veh	53.9	2.2	0.4	3.4	0.0	8.3	1.2	0.0	0.2	0.2	0.0	0.5
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	5.8	6.1	1.3	0.9	0.0	10.1	3.0	0.0	1.9	1.0	0.0	3.4
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	87.5	16.9	12.3	38.2	0.0	27.6	30.2	0.0	19.7	22.8	0.0	21.5
LnGrp LOS	F	B	B	D	A	C	C	A	B	C	A	C
Approach Vol, veh/h		805			646			321				316
Approach Delay, s/veh		31.6			28.3			25.5				21.8
Approach LOS		C			C			C				C
Timer - Assigned Phs	1	2		4	5	6		8				
Phs Duration (G+Y+Rc), s	12.0	35.3		27.7	8.2	39.1		27.7				
Change Period (Y+Rc), s	4.5	4.5		4.5	4.5	4.5		4.5				
Max Green Setting (Gmax), s	7.5	25.5		28.5	7.5	25.5		28.5				
Max Q Clear Time (g_c+I1), s	9.3	23.3		22.0	3.9	16.5		10.9				
Green Ext Time (p_c), s	0.0	0.8		0.7	0.0	2.1		1.4				
Intersection Summary												
HCM 6th Ctrl Delay				28.2								
HCM 6th LOS				C								

2021 Without Project

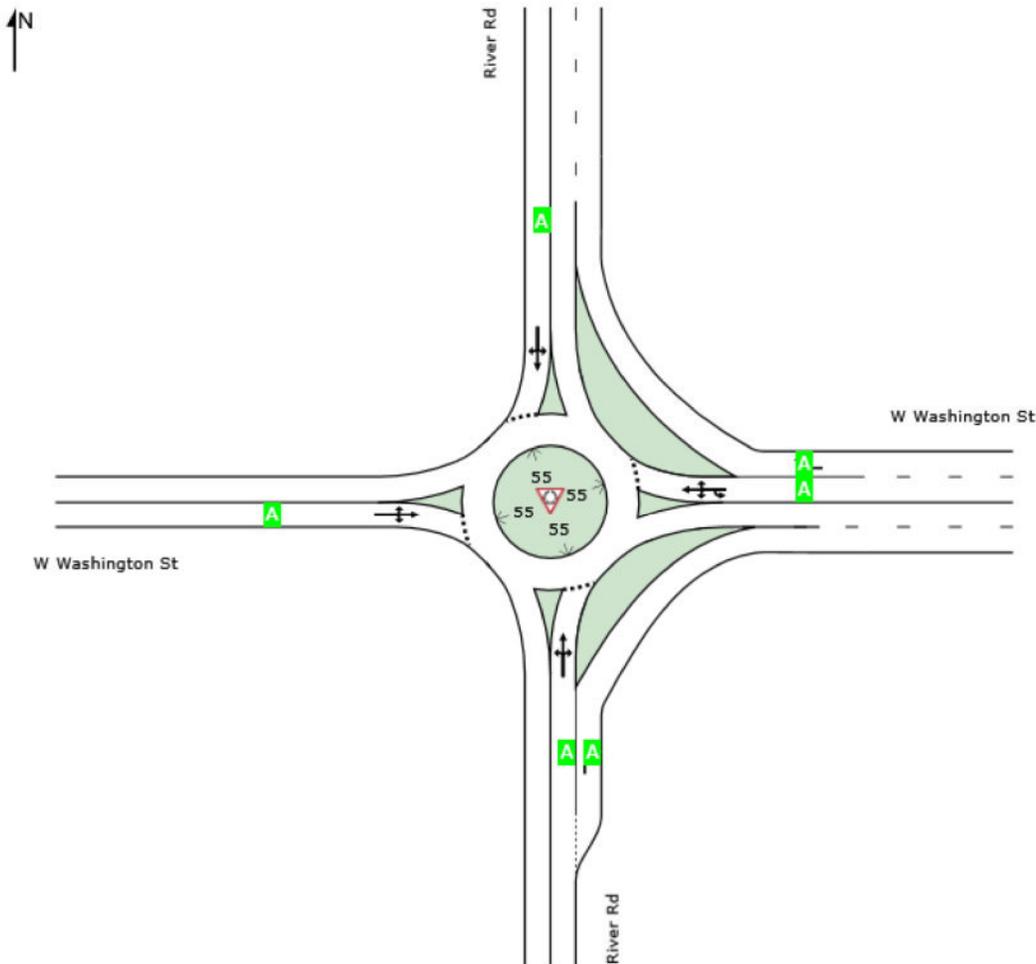
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2021 Without Project AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2021 Without Project AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows			Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue Veh	Queue Dist	Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	Cap. veh/h	v/c	%	sec			ft		ft	%	%
South: River Rd													
Lane 1 ^d	252	3.9	1304	0.194	100	4.4	LOS A	0.9	22.4	Full	1600	0.0	0.0
Lane 2	308	5.4	1589	0.194	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	560	4.7		0.194		2.0	LOS A	0.9	22.4				
East: W Washington St													
Lane 1 ^d	374	5.5	1212	0.309	100	5.8	LOS A	1.5	39.5	Full	1600	0.0	0.0
Lane 2	18	0.0	1675	0.011	3 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	392	5.3		0.309		5.6	LOS A	1.5	39.5				
North: River Rd													
Lane 1 ^d	82	1.4	895	0.092	100	4.9	LOS A	0.4	9.6	Full	1600	0.0	0.0
Approach	82	1.4		0.092		4.9	LOS A	0.4	9.6				
West: W Washington St													
Lane 1 ^d	44	7.9	804	0.055	100	5.0	LOS A	0.2	5.5	Full	1600	0.0	0.0
Approach	44	7.9		0.055		5.0	LOS A	0.2	5.5				
Intersection	1079	4.8		0.309		3.6	LOS A	1.5	39.5				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

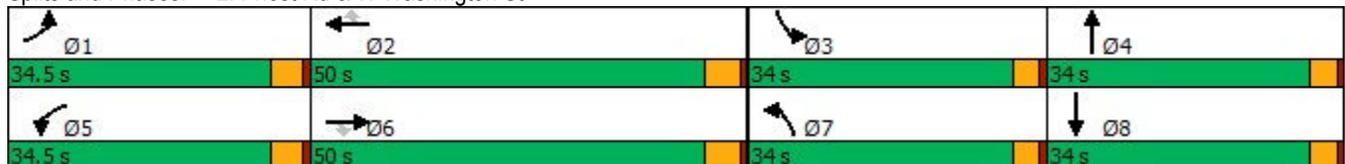
12/27/2019

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	87	300	59	19	210	34	72	44	23	46	44	68
Future Volume (vph)	87	300	59	19	210	34	72	44	23	46	44	68
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)						4			1			
Peak Hour Factor	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Heavy Vehicles (%)	6%	6%	4%	6%	5%	9%	4%	5%	5%	5%	0%	8%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 58.5
 Natural Cycle: 70
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



HCM 6th Signalized Intersection Summary
 2: Priest Rd & W Washington St

12/27/2019

												
Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	87	300	59	19	210	34	72	44	23	46	44	68
Future Volume (veh/h)	87	300	59	19	210	34	72	44	23	46	44	68
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	1.00		1.00	1.00		1.00
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1811	1811	1841	1811	1826	1767	1841	1826	1826	1826	1900	1900
Adj Flow Rate, veh/h	99	341	0	22	239	0	82	50	26	52	50	77
Peak Hour Factor	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Percent Heavy Veh, %	6	6	4	6	5	9	4	5	5	5	0	0
Cap, veh/h	174	511	440	56	390	320	159	193	100	115	99	152
Arrive On Green	0.10	0.28	0.00	0.03	0.21	0.00	0.09	0.17	0.17	0.07	0.15	0.15
Sat Flow, veh/h	1725	1811	1560	1725	1826	1497	1753	1130	588	1739	674	1039
Grp Volume(v), veh/h	99	341	0	22	239	0	82	0	76	52	0	127
Grp Sat Flow(s),veh/h/ln	1725	1811	1560	1725	1826	1497	1753	0	1718	1739	0	1713
Q Serve(g_s), s	2.1	6.5	0.0	0.5	4.6	0.0	1.7	0.0	1.5	1.1	0.0	2.7
Cycle Q Clear(g_c), s	2.1	6.5	0.0	0.5	4.6	0.0	1.7	0.0	1.5	1.1	0.0	2.7
Prop In Lane	1.00		1.00	1.00		1.00	1.00		0.34	1.00		0.61
Lane Grp Cap(c), veh/h	174	511	440	56	390	320	159	0	293	115	0	251
V/C Ratio(X)	0.57	0.67	0.00	0.39	0.61	0.00	0.52	0.00	0.26	0.45	0.00	0.51
Avail Cap(c_a), veh/h	1326	2088	1798	1326	2105	1726	1347	0	1320	1336	0	1317
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	16.7	12.4	0.0	18.5	13.9	0.0	16.9	0.0	14.0	17.5	0.0	15.4
Incr Delay (d2), s/veh	2.9	1.5	0.0	4.4	1.6	0.0	2.6	0.0	0.5	2.7	0.0	1.6
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	0.9	2.3	0.0	0.2	1.7	0.0	0.7	0.0	0.5	0.5	0.0	1.0
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	19.6	13.9	0.0	22.9	15.4	0.0	19.5	0.0	14.5	20.3	0.0	16.9
LnGrp LOS	B	B	A	C	B	A	B	A	B	C	A	B
Approach Vol, veh/h		440			261			158			179	
Approach Delay, s/veh		15.2			16.1			17.1			17.9	
Approach LOS		B			B			B			B	
Timer - Assigned Phs	1	2	3	4	5	6	7	8				
Phs Duration (G+Y+Rc), s	8.4	13.3	6.6	10.7	5.8	16.0	7.5	9.7				
Change Period (Y+Rc), s	4.5	5.0	4.0	4.0	4.5	5.0	4.0	4.0				
Max Green Setting (Gmax), s	30.0	45.0	30.0	30.0	30.0	45.0	30.0	30.0				
Max Q Clear Time (g_c+I1), s	4.1	6.6	3.1	3.5	2.5	8.5	3.7	4.7				
Green Ext Time (p_c), s	0.2	1.5	0.1	0.4	0.0	2.3	0.2	0.7				
Intersection Summary												
HCM 6th Ctrl Delay			16.2									
HCM 6th LOS			B									

LANE LEVEL OF SERVICE

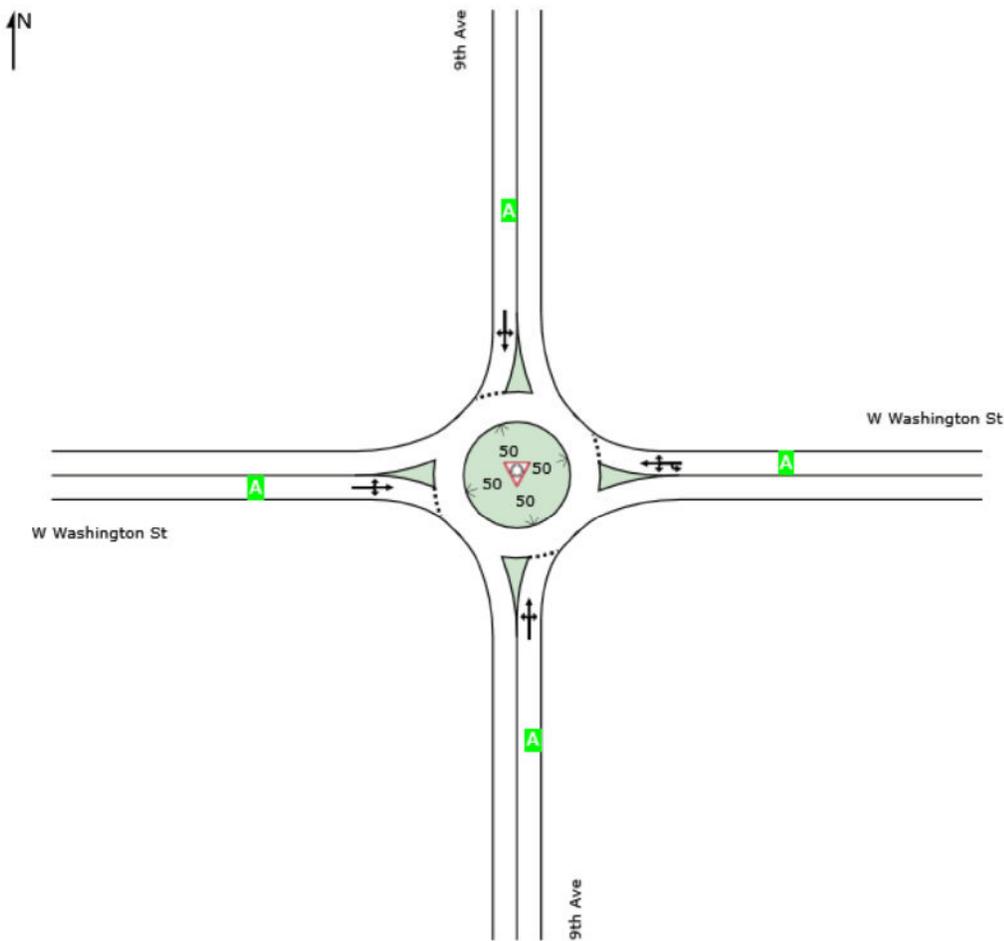
Lane Level of Service

Site: 3 [2021 Without Project - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2021 Without Project - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand Flows		Cap. veh/h	Deg. Satn v/c	Lane Util. %	Average Delay sec	Level of Service	95% Back of Queue Veh	Dist ft	Lane Config	Lane Length ft	Cap. Adj. %	Prob. Block. %
	Total veh/h	HV %											
South: 9th Ave													
Lane 1 ^d	33	10.6	792	0.042	100	4.9	LOS A	0.2	4.1	Full	1600	0.0	0.0
Approach	33	10.6		0.042		4.9	LOS A	0.2	4.1				
East: W Washington St													
Lane 1 ^d	403	3.2	1317	0.306	100	5.5	LOS A	1.8	45.0	Full	1600	0.0	0.0
Approach	403	3.2		0.306		5.5	LOS A	1.8	45.0				
North: 9th Ave													
Lane 1 ^d	28	12.3	800	0.036	100	4.8	LOS A	0.1	3.5	Full	1600	0.0	0.0
Approach	28	12.3		0.036		4.8	LOS A	0.1	3.5				
West: W Washington St													
Lane 1 ^d	428	5.0	1234	0.347	100	6.2	LOS A	2.0	51.8	Full	1600	0.0	0.0
Approach	428	5.0		0.347		6.2	LOS A	2.0	51.8				
Intersection	893	4.6		0.347		5.8	LOS A	2.0	51.8				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:04:16 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

LANE LEVEL OF SERVICE

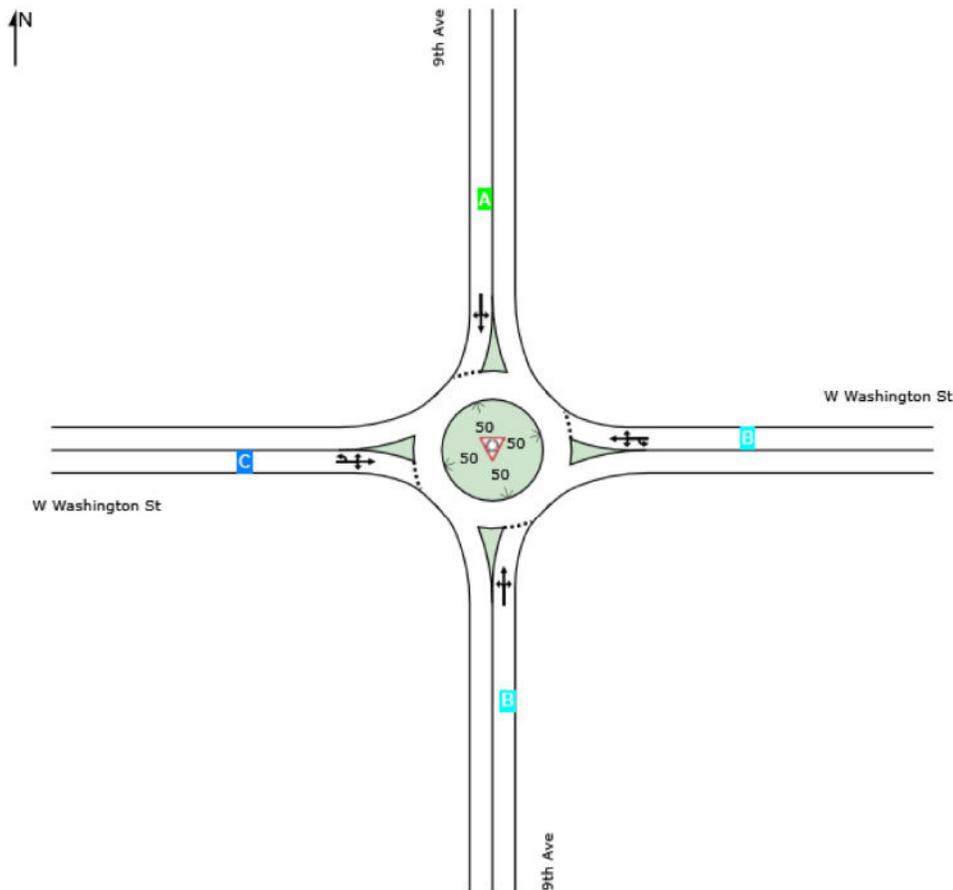
Lane Level of Service

Site: 3 [2021 Without Project - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	B	B	A	C	C



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2021 Without Project - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand	Flows		Deg.	Lane	Average	Level of	95% Back of Queue		Lane	Lane	Cap.	Prob.
	Total	HV	Cap.	Satn	Util.	Delay	Service	Veh	Dist	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec			ft		ft	%	%
South: 9th Ave													
Lane 1 ^d	251	1.8	577	0.434	100	13.1	LOS B	2.3	58.4	Full	1600	0.0	0.0
Approach	251	1.8		0.434		13.1	LOS B	2.3	58.4				
East: W Washington St													
Lane 1 ^d	820	1.9	1202	0.682	100	12.6	LOS B	6.8	172.7	Full	1600	0.0	0.0
Approach	820	1.9		0.682		12.6	LOS B	6.8	172.7				
North: 9th Ave													
Lane 1 ^d	65	0.0	536	0.122	100	8.3	LOS A	0.5	11.6	Full	1600	0.0	0.0
Approach	65	0.0		0.122		8.3	LOS A	0.5	11.6				
West: W Washington St													
Lane 1 ^d	833	2.0	1032	0.807	100	20.3	LOS C	20.0	508.1	Full	1600	0.0	0.0
Approach	833	2.0		0.807		20.3	LOS C	20.0	508.1				
Intersection	1969	1.8		0.807		15.8	LOS C	20.0	508.1				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Friday, December 27, 2019 11:28:11 AM

Project: C:\Users\Cathy\Desktop\Winter Vacation\Jamestown Clinic\Planning - 6059\LOS\9th Ave & W Washington St.sip8

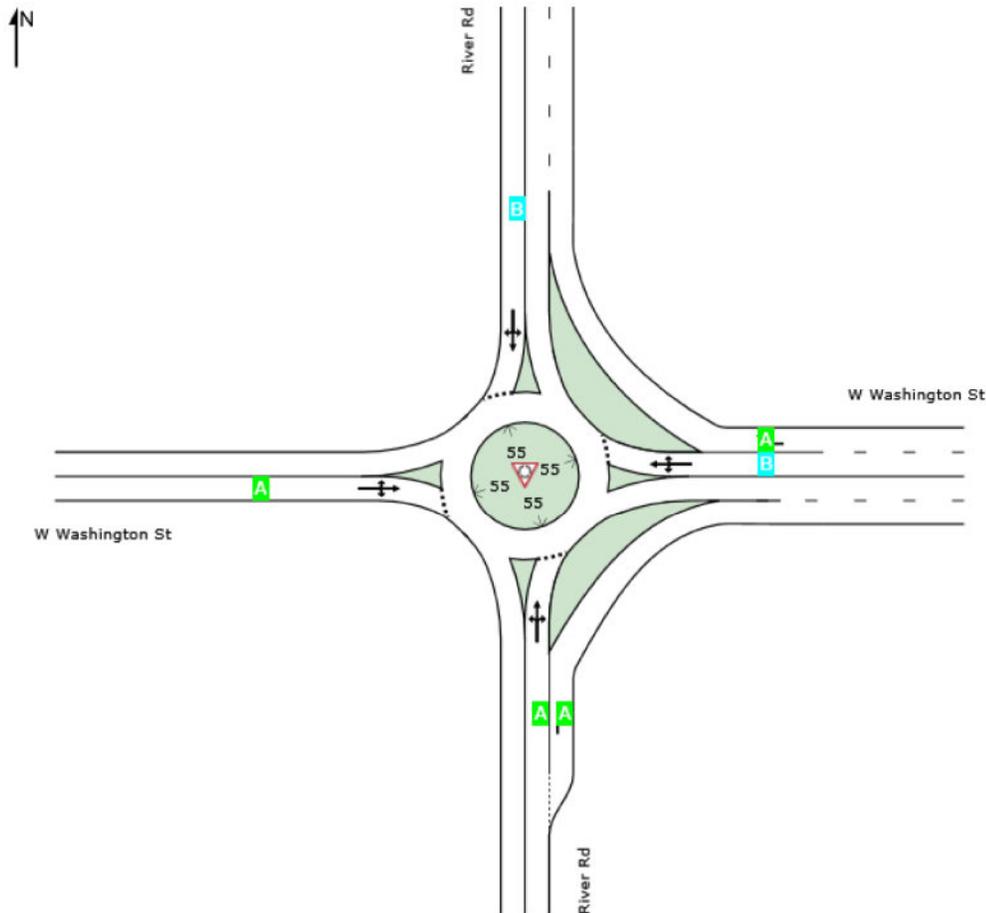
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2021 Without Project PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	B	B	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2021 Without Project PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows			Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue		Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	Cap. veh/h	v/c	%	sec		Veh	Dist ft		ft	%	%
South: River Rd													
Lane 1 ^d	311	1.3	1286	0.242	100	4.9	LOS A	1.2	29.4	Full	1600	0.0	0.0
Lane 2	401	0.8	1661	0.242	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	712	1.0		0.242		2.2	LOS A	1.2	29.4				
East: W Washington St													
Lane 1 ^d	729	2.4	1164	0.627	100	11.3	LOS B	4.9	123.7	Full	1600	0.0	0.0
Lane 2	48	0.0	1675	0.029	5 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	778	2.3		0.627		10.6	LOS B	4.9	123.7				
North: River Rd													
Lane 1 ^d	228	1.3	604	0.378	100	11.4	LOS B	1.9	47.1	Full	1600	0.0	0.0
Approach	228	1.3		0.378		11.4	LOS B	1.9	47.1				
West: W Washington St													
Lane 1 ^d	92	1.2	516	0.178	100	9.4	LOS A	0.7	17.2	Full	1600	0.0	0.0
Approach	92	1.2		0.178		9.4	LOS A	0.7	17.2				
Intersection	1810	1.6		0.627		7.3	LOS A	4.9	123.7				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

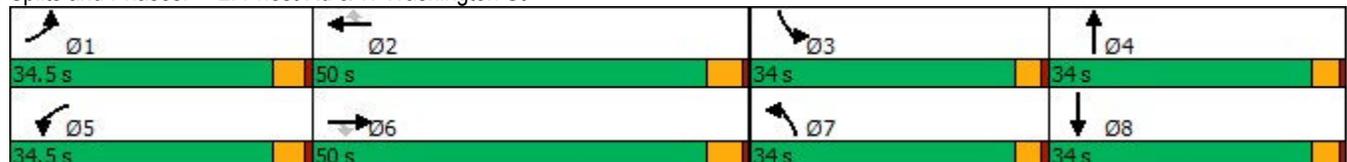
01/07/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	76	472	71	44	486	74	169	94	53	153	66	111
Future Volume (vph)	76	472	71	44	486	74	169	94	53	153	66	111
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)							7		7			1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	0%	1%	3%	2%	2%	0%	1%	1%	0%	0%	0%	4%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

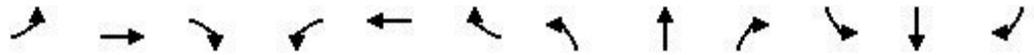
Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 90.1
 Natural Cycle: 80
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



HCM 6th Signalized Intersection Summary
 2: Priest Rd & W Washington St

01/07/2020



Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	76	472	71	44	486	74	169	94	53	153	66	111
Future Volume (veh/h)	76	472	71	44	486	74	169	94	53	153	66	111
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	1.00		0.98	1.00		1.00
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1900	1885	1856	1870	1870	1900	1885	1885	1885	1900	1900	1900
Adj Flow Rate, veh/h	78	487	0	45	501	0	174	97	55	158	68	114
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	0	1	3	2	2	0	1	1	1	0	0	0
Cap, veh/h	133	672	560	95	628	541	229	199	113	210	106	177
Arrive On Green	0.07	0.36	0.00	0.05	0.34	0.00	0.13	0.18	0.18	0.12	0.17	0.17
Sat Flow, veh/h	1810	1885	1572	1781	1870	1610	1795	1120	635	1810	637	1067
Grp Volume(v), veh/h	78	487	0	45	501	0	174	0	152	158	0	182
Grp Sat Flow(s),veh/h/ln	1810	1885	1572	1781	1870	1610	1795	0	1756	1810	0	1704
Q Serve(g_s), s	2.5	13.2	0.0	1.4	14.3	0.0	5.5	0.0	4.6	5.0	0.0	5.9
Cycle Q Clear(g_c), s	2.5	13.2	0.0	1.4	14.3	0.0	5.5	0.0	4.6	5.0	0.0	5.9
Prop In Lane	1.00		1.00	1.00		1.00	1.00		0.36	1.00		0.63
Lane Grp Cap(c), veh/h	133	672	560	95	628	541	229	0	312	210	0	283
V/C Ratio(X)	0.59	0.73	0.00	0.48	0.80	0.00	0.76	0.00	0.49	0.75	0.00	0.64
Avail Cap(c_a), veh/h	921	1439	1200	906	1427	1229	914	0	893	921	0	867
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	26.5	16.5	0.0	27.1	17.8	0.0	24.8	0.0	21.8	25.2	0.0	22.9
Incr Delay (d2), s/veh	4.1	1.5	0.0	3.7	2.4	0.0	5.1	0.0	1.2	5.3	0.0	2.4
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	1.2	5.3	0.0	0.7	5.9	0.0	2.6	0.0	1.9	2.4	0.0	2.4
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	30.5	18.0	0.0	30.8	20.1	0.0	30.0	0.0	23.0	30.6	0.0	25.4
LnGrp LOS	C	B	A	C	C	A	C	A	C	C	A	C
Approach Vol, veh/h		565			546			326				340
Approach Delay, s/veh		19.7			21.0			26.7				27.8
Approach LOS		B			C			C				C
Timer - Assigned Phs	1	2	3	4	5	6	7	8				
Phs Duration (G+Y+Rc), s	8.8	24.8	10.8	14.5	7.6	26.0	11.5	13.8				
Change Period (Y+Rc), s	4.5	5.0	4.0	4.0	4.5	5.0	4.0	4.0				
Max Green Setting (Gmax), s	30.0	45.0	30.0	30.0	30.0	45.0	30.0	30.0				
Max Q Clear Time (g_c+I1), s	4.5	16.3	7.0	6.6	3.4	15.2	7.5	7.9				
Green Ext Time (p_c), s	0.2	3.5	0.4	0.9	0.1	3.4	0.5	1.1				

Intersection Summary												
HCM 6th Ctrl Delay											22.9	
HCM 6th LOS											C	

LANE LEVEL OF SERVICE

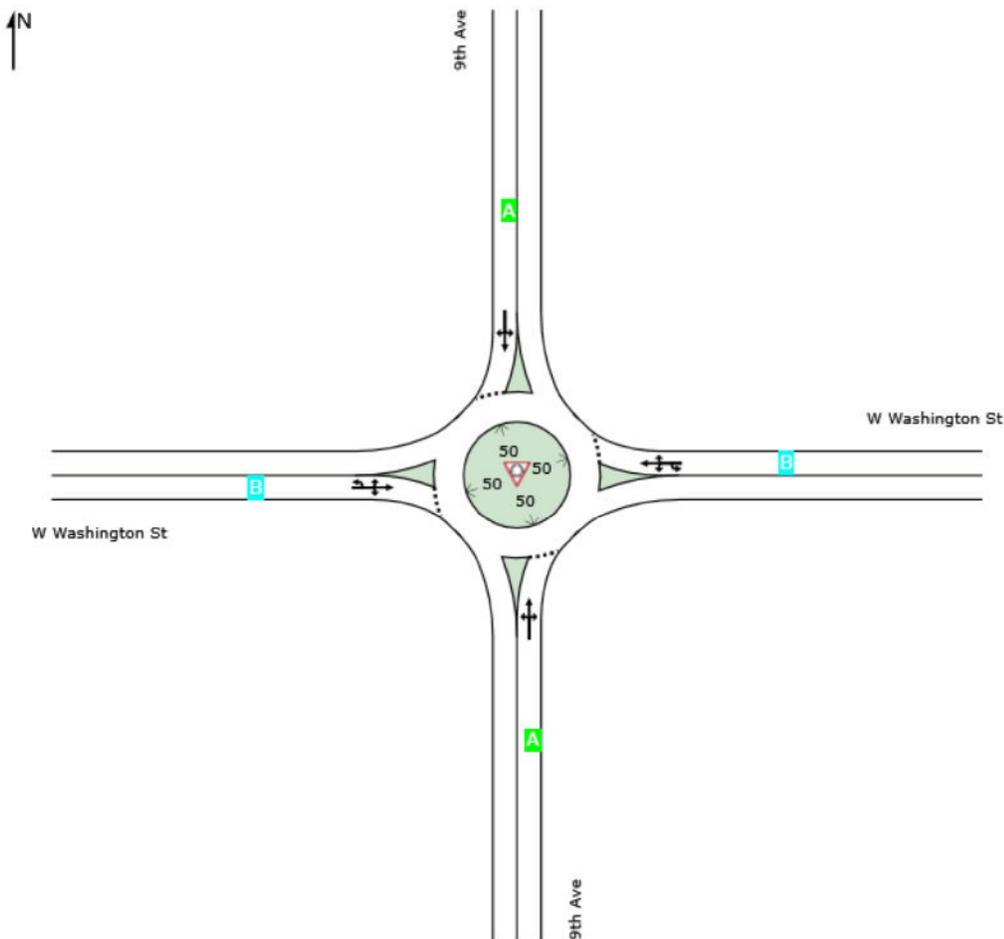
Lane Level of Service

Site: 3 [2021 Without Project - PM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	B	A	B	B



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2021 Without Project - PM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand	Flows		Deg.	Lane	Average	Level of	95% Back of Queue		Lane	Lane	Cap.	Prob.
	Total	HV	Cap.	Satn	Util.	Delay	Service	Veh	Dist	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec			ft		ft	%	%
South: 9th Ave													
Lane 1 ^d	195	1.1	633	0.308	100	9.7	LOS A	1.3	33.7	Full	1600	0.0	0.0
Approach	195	1.1		0.308		9.7	LOS A	1.3	33.7				
East: W Washington St													
Lane 1 ^d	820	1.4	1248	0.657	100	11.5	LOS B	6.6	167.3	Full	1600	0.0	0.0
Approach	820	1.4		0.657		11.5	LOS B	6.6	167.3				
North: 9th Ave													
Lane 1 ^d	59	1.9	545	0.108	100	8.0	LOS A	0.4	10.3	Full	1600	0.0	0.0
Approach	59	1.9		0.108		8.0	LOS A	0.4	10.3				
West: W Washington St													
Lane 1 ^d	731	0.6	1093	0.669	100	13.0	LOS B	9.1	229.7	Full	1600	0.0	0.0
Approach	731	0.6		0.669		13.0	LOS B	9.1	229.7				
Intersection	1804	1.0		0.669		11.8	LOS B	9.1	229.7				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:26:26 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

Lanes, Volumes, Timings
4: 7th Ave & W Washington St

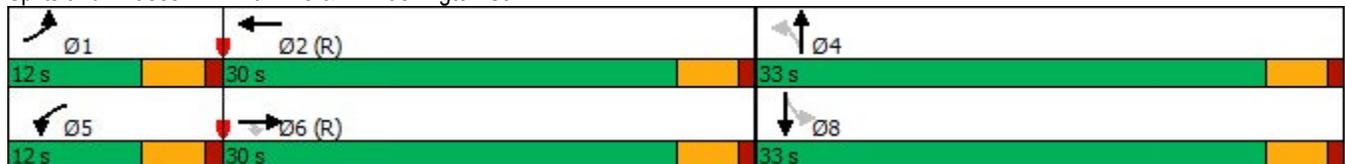
01/07/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	178	501	133	47	561	45	177	95	52	73	67	180
Future Volume (vph)	178	501	133	47	561	45	177	95	52	73	67	180
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	125		135	110		0	0		125	0		125
Storage Lanes	1		1	1		0	1		1	1		1
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		3367			552			426				322
Travel Time (s)		76.5			12.5			11.6				8.8
Confl. Peds. (#/hr)			4			4	1		8	8		1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	1%	1%	0%	0%	2%	2%	1%	2%	2%	0%	0%	1%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA		Perm	NA		Perm	NA	
Protected Phases	1	6		5	2			4				8
Permitted Phases			6				4			8		
Detector Phase	1	6	6	5	2		4	4		8	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0		6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	28.5	28.5	10.5	27.5		30.5	30.5		31.5	31.5	
Total Split (s)	12.0	30.0	30.0	12.0	30.0		33.0	33.0		33.0	33.0	
Total Split (%)	16.0%	40.0%	40.0%	16.0%	40.0%		44.0%	44.0%		44.0%	44.0%	
Yellow Time (s)	3.5	3.5	3.5	3.5	3.5		3.5	3.5		3.5	3.5	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0		1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0		0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	4.5	4.5	4.5	4.5		4.5	4.5		4.5	4.5	
Lead/Lag	Lead	Lag	Lag	Lead	Lag							
Lead-Lag Optimize?	Yes	Yes	Yes	Yes	Yes							
Recall Mode	None	C-Min	C-Min	None	C-Min		None	None		None	None	

Intersection Summary

Area Type: Other
 Cycle Length: 75
 Actuated Cycle Length: 75
 Offset: 18 (24%), Referenced to phase 2:WBT and 6:EBT, Start of Green
 Natural Cycle: 80
 Control Type: Actuated-Coordinated

Splits and Phases: 4: 7th Ave & W Washington St



HCM 6th Signalized Intersection Summary

4: 7th Ave & W Washington St

01/07/2020



Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	178	501	133	47	561	45	177	95	52	73	67	180
Future Volume (veh/h)	178	501	133	47	561	45	177	95	52	73	67	180
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	0.99		0.99	0.99		0.99
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1885	1885	1900	1900	1870	1870	1885	1870	1870	1900	1900	1900
Adj Flow Rate, veh/h	184	516	137	48	578	46	182	98	54	75	69	186
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	1	1	0	0	2	2	1	2	2	0	0	0
Cap, veh/h	180	849	722	92	685	55	316	360	198	412	144	387
Arrive On Green	0.10	0.45	0.45	0.05	0.40	0.40	0.32	0.32	0.32	0.32	0.32	0.32
Sat Flow, veh/h	1795	1885	1603	1810	1709	136	1125	1128	621	1243	450	1213
Grp Volume(v), veh/h	184	516	137	48	0	624	182	0	152	75	0	255
Grp Sat Flow(s),veh/h/ln	1795	1885	1603	1810	0	1845	1125	0	1749	1243	0	1663
Q Serve(g_s), s	7.5	15.5	3.9	1.9	0.0	23.0	11.6	0.0	4.9	3.6	0.0	9.2
Cycle Q Clear(g_c), s	7.5	15.5	3.9	1.9	0.0	23.0	20.9	0.0	4.9	8.5	0.0	9.2
Prop In Lane	1.00		1.00	1.00		0.07	1.00		0.36	1.00		0.73
Lane Grp Cap(c), veh/h	180	849	722	92	0	740	316	0	558	412	0	531
V/C Ratio(X)	1.02	0.61	0.19	0.52	0.00	0.84	0.58	0.00	0.27	0.18	0.00	0.48
Avail Cap(c_a), veh/h	180	849	722	181	0	740	385	0	665	488	0	632
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	0.75	0.75	0.75	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	33.8	15.6	12.4	34.7	0.0	20.3	28.9	0.0	19.0	22.2	0.0	20.5
Incr Delay (d2), s/veh	64.7	2.4	0.4	3.4	0.0	11.3	1.2	0.0	0.2	0.2	0.0	0.5
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	6.4	6.7	1.4	0.9	0.0	11.4	3.2	0.0	1.9	1.0	0.0	3.5
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	98.5	18.0	12.8	38.1	0.0	31.6	30.2	0.0	19.2	22.3	0.0	21.0
LnGrp LOS	F	B	B	D	A	C	C	A	B	C	A	C
Approach Vol, veh/h		837			672			334				330
Approach Delay, s/veh		34.9			32.1			25.2				21.3
Approach LOS		C			C			C				C
Timer - Assigned Phs	1	2		4	5	6		8				
Phs Duration (G+Y+Rc), s	12.0	34.6		28.4	8.3	38.3		28.4				
Change Period (Y+Rc), s	4.5	4.5		4.5	4.5	4.5		4.5				
Max Green Setting (Gmax), s	7.5	25.5		28.5	7.5	25.5		28.5				
Max Q Clear Time (g_c+I1), s	9.5	25.0		22.9	3.9	17.5		11.2				
Green Ext Time (p_c), s	0.0	0.2		0.7	0.0	2.0		1.5				
Intersection Summary												
HCM 6th Ctrl Delay				30.5								
HCM 6th LOS				C								

2021 With Project

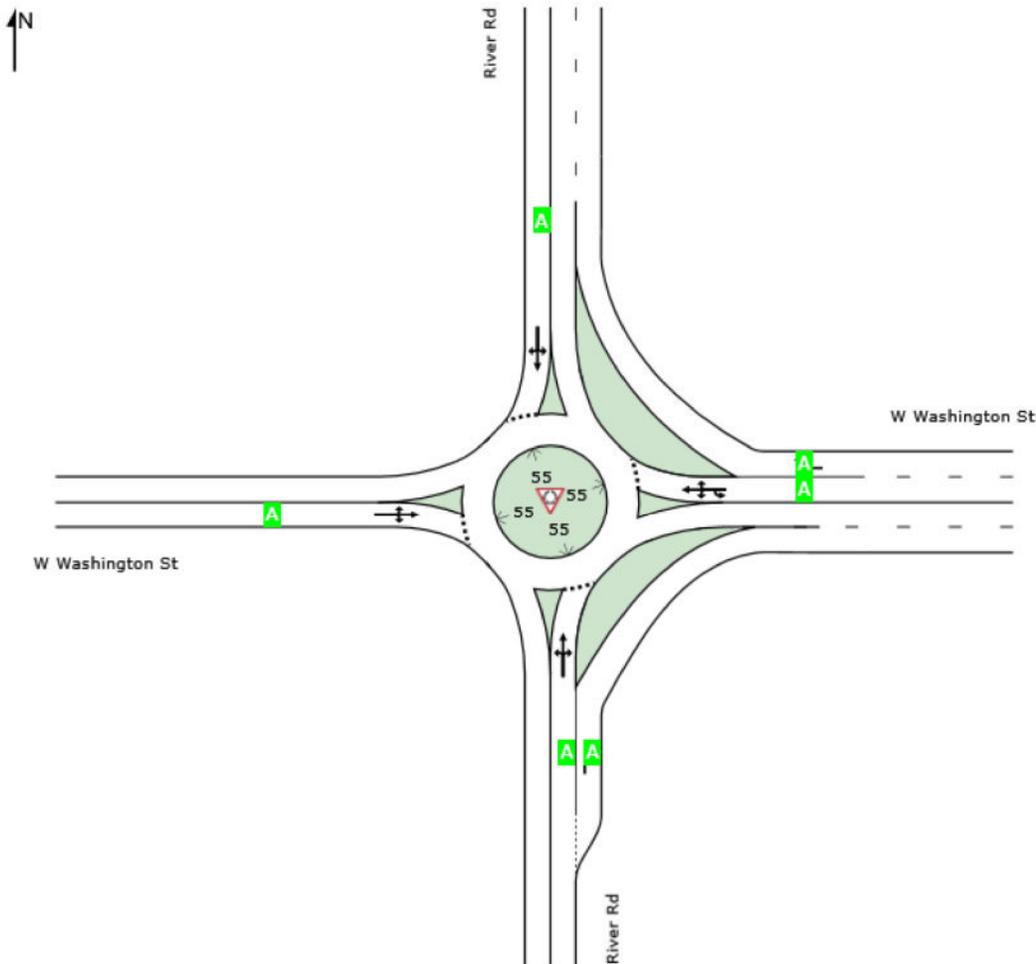
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2021 With Project AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2021 With Project AM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows		Cap.	Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue Veh	Queue Dist	Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	veh/h	v/c	%	sec			ft		ft	%	%
South: River Rd													
Lane 1 ^d	257	4.0	1304	0.197	100	4.4	LOS A	0.9	22.8	Full	1600	0.0	0.0
Lane 2	313	5.4	1589	0.197	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	570	4.8		0.197		2.0	LOS A	0.9	22.8				
East: W Washington St													
Lane 1 ^d	382	5.5	1212	0.315	100	5.9	LOS A	1.6	40.6	Full	1600	0.0	0.0
Lane 2	18	0.0	1675	0.011	3 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	400	5.3		0.315		5.6	LOS A	1.6	40.6				
North: River Rd													
Lane 1 ^d	82	1.4	887	0.093	100	4.9	LOS A	0.4	9.7	Full	1600	0.0	0.0
Approach	82	1.4		0.093		4.9	LOS A	0.4	9.7				
West: W Washington St													
Lane 1 ^d	44	7.9	797	0.056	100	5.1	LOS A	0.2	5.5	Full	1600	0.0	0.0
Approach	44	7.9		0.056		5.1	LOS A	0.2	5.5				
Intersection	1097	4.8		0.315		3.7	LOS A	1.6	40.6				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

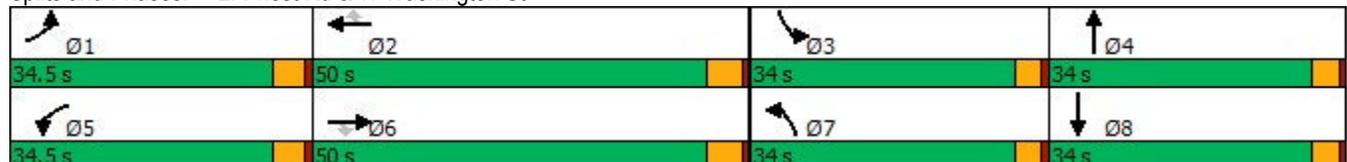
12/27/2019

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	87	309	59	19	217	35	72	44	23	47	44	68
Future Volume (vph)	87	309	59	19	217	35	72	44	23	47	44	68
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)							4			1		
Peak Hour Factor	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Heavy Vehicles (%)	6%	6%	4%	6%	5%	9%	4%	5%	5%	5%	0%	8%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 59
 Natural Cycle: 70
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



HCM 6th Signalized Intersection Summary
 2: Priest Rd & W Washington St

12/27/2019

												
Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	87	309	59	19	217	35	72	44	23	47	44	68
Future Volume (veh/h)	87	309	59	19	217	35	72	44	23	47	44	68
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	1.00		1.00	1.00		1.00
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1811	1811	1841	1811	1826	1767	1841	1826	1826	1826	1900	1900
Adj Flow Rate, veh/h	99	351	0	22	247	0	82	50	26	53	50	77
Peak Hour Factor	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88
Percent Heavy Veh, %	6	6	4	6	5	9	4	5	5	5	0	0
Cap, veh/h	174	519	447	56	398	327	158	191	99	117	98	151
Arrive On Green	0.10	0.29	0.00	0.03	0.22	0.00	0.09	0.17	0.17	0.07	0.15	0.15
Sat Flow, veh/h	1725	1811	1560	1725	1826	1497	1753	1130	588	1739	674	1039
Grp Volume(v), veh/h	99	351	0	22	247	0	82	0	76	53	0	127
Grp Sat Flow(s),veh/h/ln	1725	1811	1560	1725	1826	1497	1753	0	1718	1739	0	1713
Q Serve(g_s), s	2.2	6.7	0.0	0.5	4.8	0.0	1.8	0.0	1.5	1.2	0.0	2.7
Cycle Q Clear(g_c), s	2.2	6.7	0.0	0.5	4.8	0.0	1.8	0.0	1.5	1.2	0.0	2.7
Prop In Lane	1.00		1.00	1.00		1.00	1.00		0.34	1.00		0.61
Lane Grp Cap(c), veh/h	174	519	447	56	398	327	158	0	290	117	0	249
V/C Ratio(X)	0.57	0.68	0.00	0.39	0.62	0.00	0.52	0.00	0.26	0.45	0.00	0.51
Avail Cap(c_a), veh/h	1316	2073	1785	1316	2090	1713	1338	0	1311	1327	0	1307
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	16.9	12.4	0.0	18.6	13.9	0.0	17.1	0.0	14.2	17.6	0.0	15.5
Incr Delay (d2), s/veh	2.9	1.6	0.0	4.4	1.6	0.0	2.6	0.0	0.5	2.7	0.0	1.6
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	0.9	2.4	0.0	0.2	1.8	0.0	0.7	0.0	0.5	0.5	0.0	1.0
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	19.8	14.0	0.0	23.0	15.5	0.0	19.7	0.0	14.7	20.4	0.0	17.1
LnGrp LOS	B	B	A	C	B	A	B	A	B	C	A	B
Approach Vol, veh/h		450			269			158				180
Approach Delay, s/veh		15.2			16.1			17.3				18.1
Approach LOS		B			B			B				B
Timer - Assigned Phs	1	2	3	4	5	6	7	8				
Phs Duration (G+Y+Rc), s	8.5	13.6	6.6	10.6	5.8	16.3	7.5	9.7				
Change Period (Y+Rc), s	4.5	5.0	4.0	4.0	4.5	5.0	4.0	4.0				
Max Green Setting (Gmax), s	30.0	45.0	30.0	30.0	30.0	45.0	30.0	30.0				
Max Q Clear Time (g_c+I1), s	4.2	6.8	3.2	3.5	2.5	8.7	3.8	4.7				
Green Ext Time (p_c), s	0.2	1.6	0.1	0.4	0.0	2.3	0.2	0.7				
Intersection Summary												
HCM 6th Ctrl Delay			16.2									
HCM 6th LOS			B									

LANE LEVEL OF SERVICE

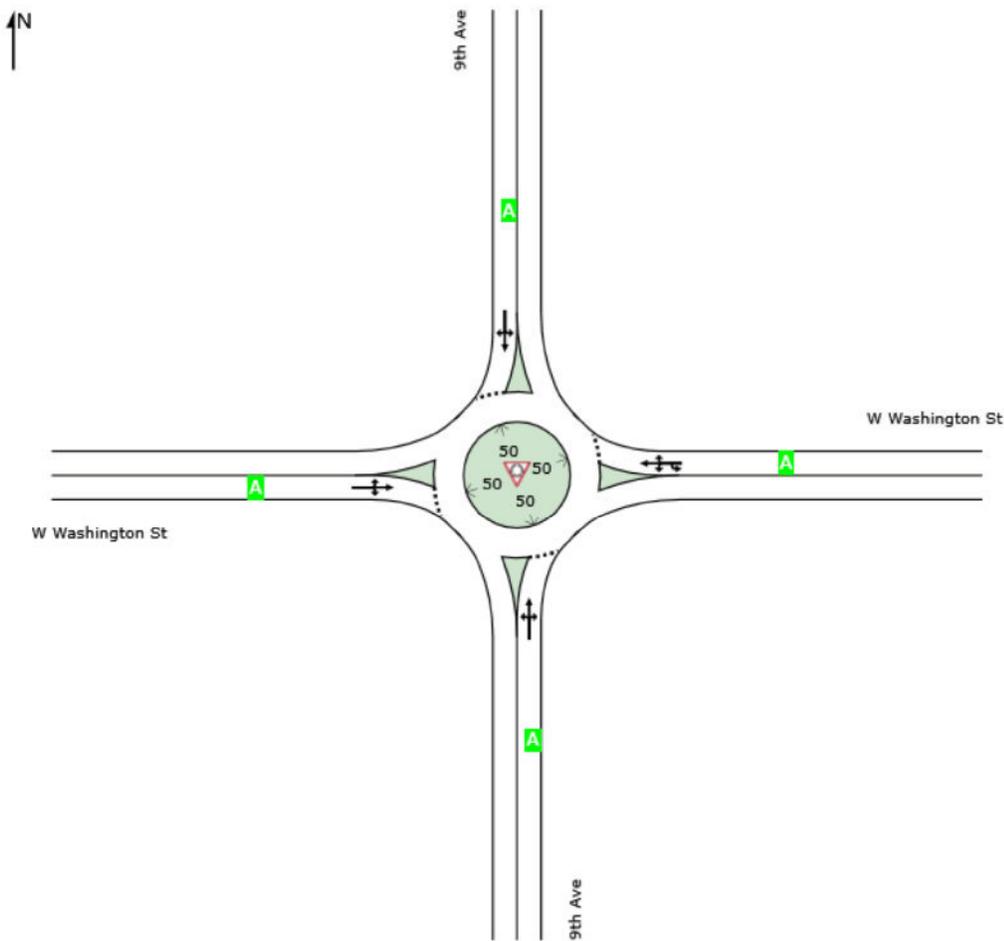
Lane Level of Service

Site: 3 [2021 With Project - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	A	A	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

 Site: 3 [2021 With Project - AM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand Flows		Cap.	Deg.	Lane	Average	Level of	95% Back of Queue	Dist	Lane	Lane	Cap.	Prob.
	Total	HV	veh/h	Satn	Util.	Delay	Service	Veh	ft	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec					ft	%	%
South: 9th Ave													
Lane 1 ^d	48	11.1	788	0.061	100	5.2	LOS A	0.2	6.0	Full	1600	0.0	0.0
Approach	48	11.1		0.061		5.2	LOS A	0.2	6.0				
East: W Washington St													
Lane 1 ^d	410	3.2	1303	0.315	100	5.6	LOS A	1.8	46.5	Full	1600	0.0	0.0
Approach	410	3.2		0.315		5.6	LOS A	1.8	46.5				
North: 9th Ave													
Lane 1 ^d	28	12.3	786	0.036	100	4.9	LOS A	0.1	3.5	Full	1600	0.0	0.0
Approach	28	12.3		0.036		4.9	LOS A	0.1	3.5				
West: W Washington St													
Lane 1 ^d	440	5.0	1226	0.359	100	6.4	LOS A	2.1	54.2	Full	1600	0.0	0.0
Approach	440	5.0		0.359		6.4	LOS A	2.1	54.2				
Intersection	926	4.7		0.359		5.9	LOS A	2.1	54.2				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:04:16 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

LANE LEVEL OF SERVICE

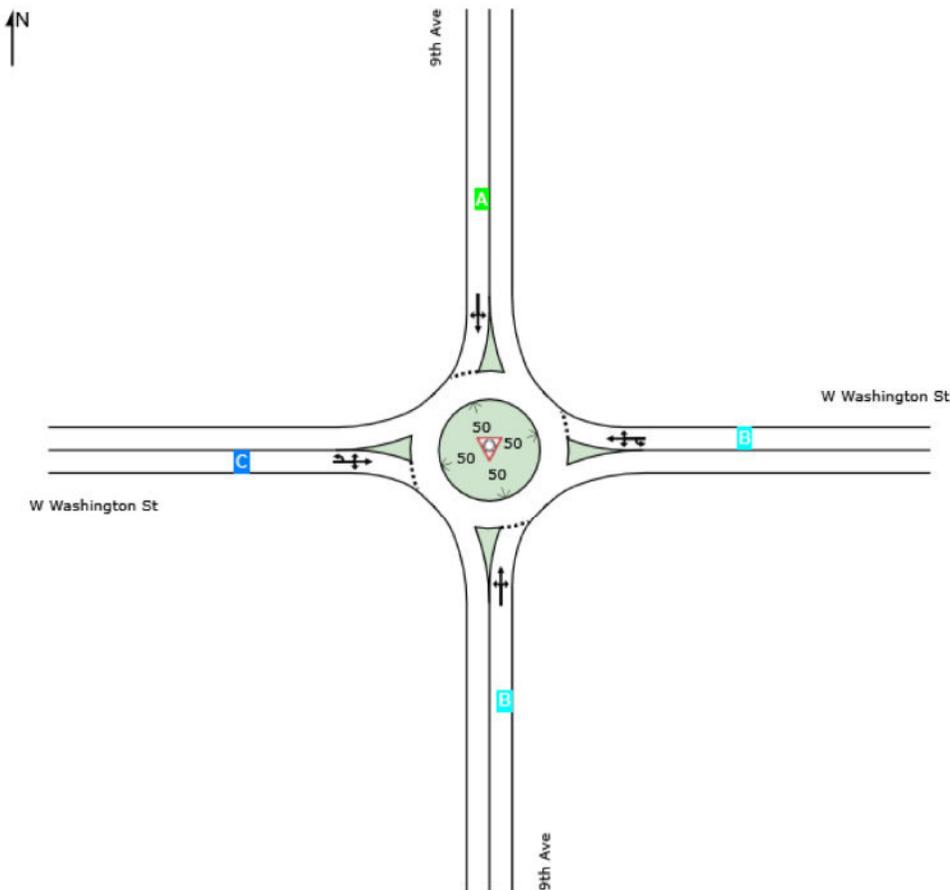
Lane Level of Service

Site: 3 [2021 With Project - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	B	B	A	C	C



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2021 With Project - Noon Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand Flows			Deg.	Lane	Average	Level of	95% Back of Queue	Lane	Lane	Cap.	Prob.	
	Total	HV	Cap.	Satn	Util.	Delay	Service	Veh	Dist	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec			ft		ft	%	%
South: 9th Ave													
Lane 1 ^d	261	1.8	577	0.453	100	13.6	LOS B	2.5	62.7	Full	1600	0.0	0.0
Approach	261	1.8		0.453		13.6	LOS B	2.5	62.7				
East: W Washington St													
Lane 1 ^d	825	1.8	1192	0.692	100	13.0	LOS B	7.0	176.7	Full	1600	0.0	0.0
Approach	825	1.8		0.692		13.0	LOS B	7.0	176.7				
North: 9th Ave													
Lane 1 ^d	65	0.0	529	0.123	100	8.4	LOS A	0.5	11.7	Full	1600	0.0	0.0
Approach	65	0.0		0.123		8.4	LOS A	0.5	11.7				
West: W Washington St													
Lane 1 ^d	841	2.0	1027	0.819	100	21.2	LOS C	21.1	536.1	Full	1600	0.0	0.0
Approach	841	2.0		0.819		21.2	LOS C	21.1	536.1				
Intersection	1992	1.8		0.819		16.4	LOS C	21.1	536.1				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Friday, December 27, 2019 11:30:15 AM

Project: C:\Users\Cathy\Desktop\Winter Vacation\Jamestown Clinic\Planning - 6059\LOS\9th Ave & W Washington St.sip8

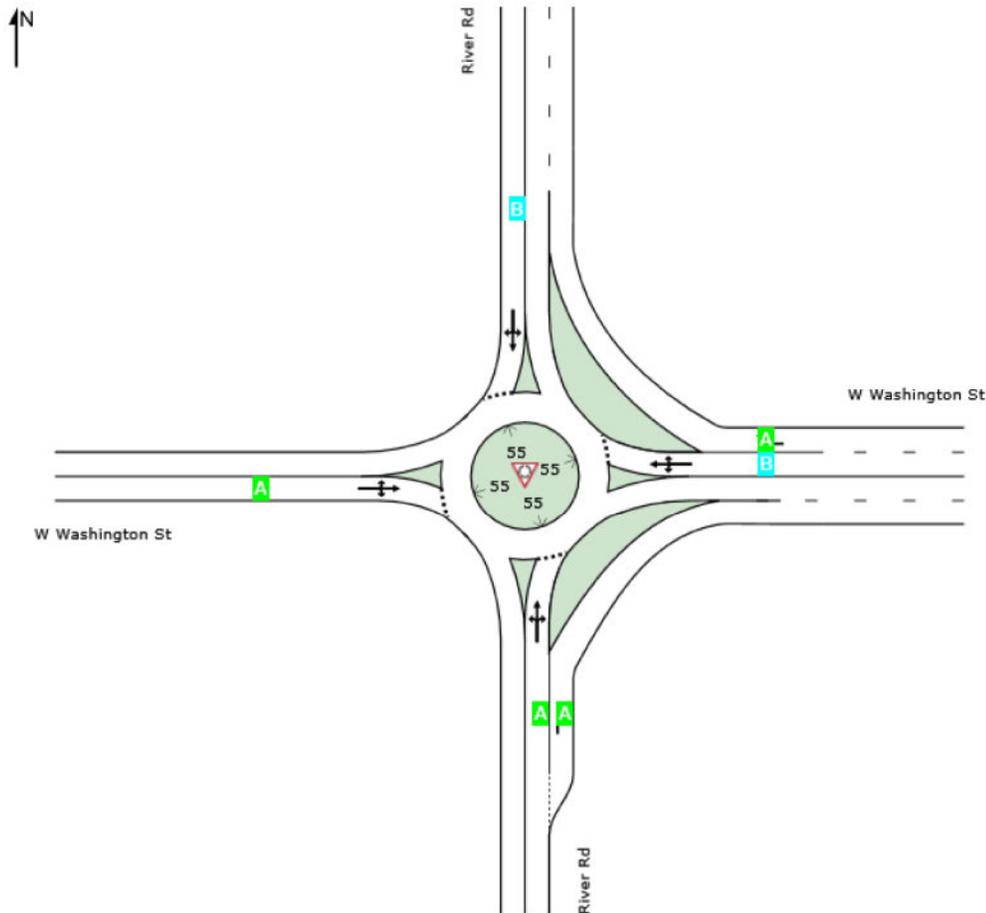
LANE LEVEL OF SERVICE

Lane Level of Service

Site: 1 [2021 With Project PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	A	B	B	A	A



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 1 [2021 With Project PM Peak Hour]

Jametown Clinic
 River Rd / W Washington St
 Site Category: (None)
 Roundabout

Lane Use and Performance													
	Demand Flows			Deg. Satn	Lane Util.	Average Delay	Level of Service	95% Back of Queue		Lane Config	Lane Length	Cap. Adj.	Prob. Block.
	Total veh/h	HV %	Cap. veh/h	v/c	%	sec		Veh	Dist ft		ft	%	%
South: River Rd													
Lane 1 ^d	315	1.3	1286	0.245	100	4.9	LOS A	1.2	29.9	Full	1600	0.0	0.0
Lane 2	406	0.8	1661	0.245	100	0.0	LOS A	0.0	0.0	Short	200	0.0	NA
Approach	721	1.0		0.245		2.2	LOS A	1.2	29.9				
East: W Washington St													
Lane 1 ^d	746	2.4	1164	0.641	100	11.7	LOS B	5.7	144.4	Full	1600	0.0	0.0
Lane 2	48	0.0	1675	0.029	5 ⁵	0.0	LOS A	0.0	0.0	Full	1600	0.0	0.0
Approach	795	2.3		0.641		10.9	LOS B	5.7	144.4				
North: River Rd													
Lane 1 ^d	228	1.3	593	0.385	100	11.8	LOS B	1.9	48.2	Full	1600	0.0	0.0
Approach	228	1.3		0.385		11.8	LOS B	1.9	48.2				
West: W Washington St													
Lane 1 ^d	92	1.2	506	0.182	100	9.6	LOS A	0.7	17.5	Full	1600	0.0	0.0
Approach	92	1.2		0.182		9.6	LOS A	0.7	17.5				
Intersection	1836	1.6		0.641		7.5	LOS A	5.7	144.4				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

⁵ Lane under-utilisation found by the program

^d Dominant lane on roundabout approach

Lanes, Volumes, Timings
2: Priest Rd & W Washington St

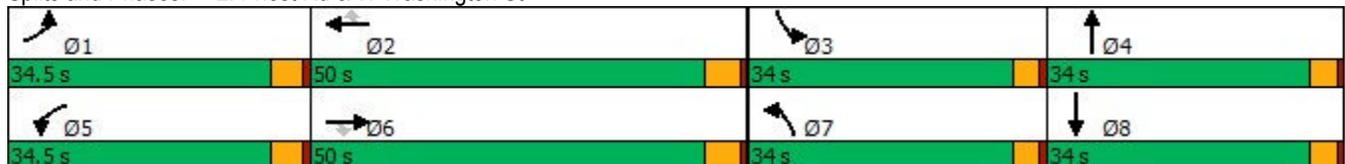
01/07/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	76	481	71	44	503	76	169	94	53	154	66	111
Future Volume (vph)	76	481	71	44	503	76	169	94	53	154	66	111
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	225		0	100		100	0		0	140		0
Storage Lanes	1		1	1		1	1		0	1		0
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		1361			3367			353				649
Travel Time (s)		30.9			76.5			9.6				17.7
Confl. Peds. (#/hr)							7			7		1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	0%	1%	3%	2%	2%	0%	1%	1%	0%	0%	0%	4%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA	Perm	Prot	NA		Prot	NA	
Protected Phases	1	6		5	2		7	4		3	8	
Permitted Phases			6			2						
Detector Phase	1	6	6	5	2	2	7	4		3	8	
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0		6.0	6.0	
Minimum Split (s)	10.5	22.0	22.0	10.5	23.0	23.0	10.0	21.0		10.0	26.0	
Total Split (s)	34.5	50.0	50.0	34.5	50.0	50.0	34.0	34.0		34.0	34.0	
Total Split (%)	22.6%	32.8%	32.8%	22.6%	32.8%	32.8%	22.3%	22.3%		22.3%	22.3%	
Yellow Time (s)	3.5	4.0	4.0	3.5	4.0	4.0	3.0	3.0		3.0	3.0	
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		1.0	1.0	
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	
Total Lost Time (s)	4.5	5.0	5.0	4.5	5.0	5.0	4.0	4.0		4.0	4.0	
Lead/Lag	Lead	Lag	Lag	Lead	Lag	Lag	Lead	Lag		Lead	Lag	
Lead-Lag Optimize?	Yes		Yes	Yes								
Recall Mode	None	Min	Min	None	Min	Min	None	None		None	None	

Intersection Summary

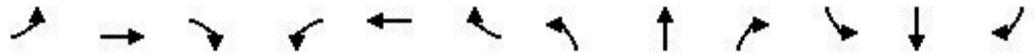
Area Type: Other
 Cycle Length: 152.5
 Actuated Cycle Length: 92.3
 Natural Cycle: 80
 Control Type: Actuated-Uncoordinated

Splits and Phases: 2: Priest Rd & W Washington St



HCM 6th Signalized Intersection Summary
 2: Priest Rd & W Washington St

01/07/2020



Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	76	481	71	44	503	76	169	94	53	154	66	111
Future Volume (veh/h)	76	481	71	44	503	76	169	94	53	154	66	111
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		1.00	1.00		0.98	1.00		1.00
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1900	1885	1856	1870	1870	1900	1885	1885	1885	1900	1900	1900
Adj Flow Rate, veh/h	78	496	0	45	519	0	174	97	55	159	68	114
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	0	1	3	2	2	0	1	1	1	0	0	0
Cap, veh/h	131	688	574	94	645	555	229	197	112	211	105	176
Arrive On Green	0.07	0.36	0.00	0.05	0.34	0.00	0.13	0.18	0.18	0.12	0.17	0.17
Sat Flow, veh/h	1810	1885	1572	1781	1870	1610	1795	1120	635	1810	637	1067
Grp Volume(v), veh/h	78	496	0	45	519	0	174	0	152	159	0	182
Grp Sat Flow(s),veh/h/ln	1810	1885	1572	1781	1870	1610	1795	0	1756	1810	0	1704
Q Serve(g_s), s	2.5	13.7	0.0	1.5	15.2	0.0	5.6	0.0	4.7	5.1	0.0	6.0
Cycle Q Clear(g_c), s	2.5	13.7	0.0	1.5	15.2	0.0	5.6	0.0	4.7	5.1	0.0	6.0
Prop In Lane	1.00		1.00	1.00		1.00	1.00		0.36	1.00		0.63
Lane Grp Cap(c), veh/h	131	688	574	94	645	555	229	0	309	211	0	281
V/C Ratio(X)	0.59	0.72	0.00	0.48	0.80	0.00	0.76	0.00	0.49	0.75	0.00	0.65
Avail Cap(c_a), veh/h	900	1407	1174	886	1396	1202	893	0	874	900	0	848
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	1.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	27.1	16.5	0.0	27.8	17.9	0.0	25.4	0.0	22.4	25.8	0.0	23.5
Incr Delay (d2), s/veh	4.2	1.4	0.0	3.8	2.4	0.0	5.2	0.0	1.2	5.4	0.0	2.5
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	1.2	5.5	0.0	0.7	6.2	0.0	2.6	0.0	2.0	2.4	0.0	2.5
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	31.3	18.0	0.0	31.5	20.3	0.0	30.6	0.0	23.6	31.2	0.0	26.0
LnGrp LOS	C	B	A	C	C	A	C	A	C	C	A	C
Approach Vol, veh/h		574			564			326				341
Approach Delay, s/veh		19.8			21.2			27.4				28.4
Approach LOS		B			C			C				C
Timer - Assigned Phs	1	2	3	4	5	6	7	8				
Phs Duration (G+Y+Rc), s	8.9	25.8	11.0	14.6	7.7	27.0	11.7	13.9				
Change Period (Y+Rc), s	4.5	5.0	4.0	4.0	4.5	5.0	4.0	4.0				
Max Green Setting (Gmax), s	30.0	45.0	30.0	30.0	30.0	45.0	30.0	30.0				
Max Q Clear Time (g_c+I1), s	4.5	17.2	7.1	6.7	3.5	15.7	7.6	8.0				
Green Ext Time (p_c), s	0.2	3.6	0.4	0.9	0.1	3.4	0.5	1.1				
Intersection Summary												
HCM 6th Ctrl Delay				23.2								
HCM 6th LOS				C								

LANE LEVEL OF SERVICE

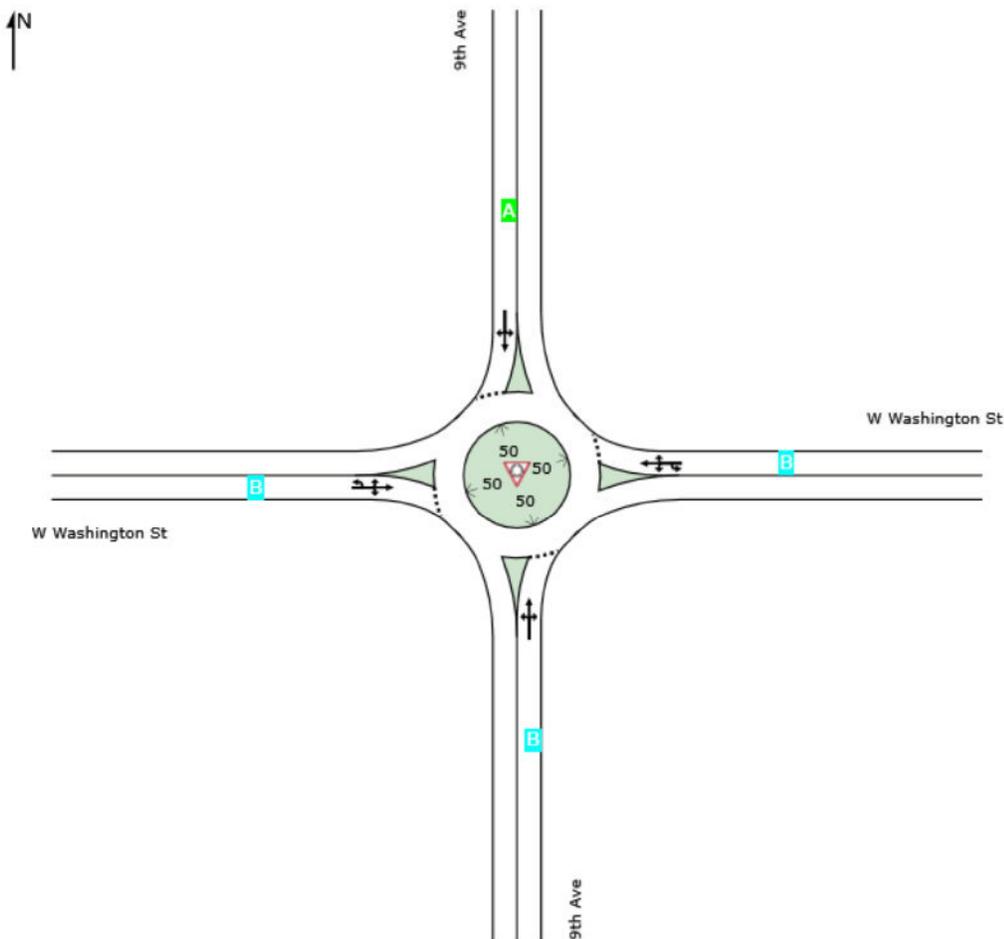
Lane Level of Service

Site: 3 [2021 With Project - PM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

	Approaches				Intersection
	South	East	North	West	
LOS	B	B	A	B	B



Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).
 Roundabout LOS Method: Same as Sign Control.
 Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.
 LOS F will result if $v/c > 1$ irrespective of lane delay value (does not apply for approaches and intersection).
 Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).
 HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

LANE SUMMARY

Site: 3 [2021 With Project - PM Peak Hour]

Jamestown Clinic
9th Ave / W Washington St

Site Category: (None)
Roundabout

Lane Use and Performance													
	Demand	Flows		Deg.	Lane	Average	Level of	95% Back of Queue		Lane	Lane	Cap.	Prob.
	Total	HV	Cap.	Satn	Util.	Delay	Service	Veh	Dist	Config	Length	Adj.	Block.
	veh/h	%	veh/h	v/c	%	sec			ft		ft	%	%
South: 9th Ave													
Lane 1 ^d	228	1.1	634	0.360	100	10.7	LOS B	1.7	44.0	Full	1600	0.0	0.0
Approach	228	1.1		0.360		10.7	LOS B	1.7	44.0				
East: W Washington St													
Lane 1 ^d	826	1.3	1223	0.676	100	12.2	LOS B	6.9	173.5	Full	1600	0.0	0.0
Approach	826	1.3		0.676		12.2	LOS B	6.9	173.5				
North: 9th Ave													
Lane 1 ^d	59	1.9	530	0.111	100	8.2	LOS A	0.4	10.5	Full	1600	0.0	0.0
Approach	59	1.9		0.111		8.2	LOS A	0.4	10.5				
West: W Washington St													
Lane 1 ^d	741	0.6	1086	0.682	100	13.5	LOS B	10.1	253.7	Full	1600	0.0	0.0
Approach	741	0.6		0.682		13.5	LOS B	10.1	253.7				
Intersection	1855	1.0		0.682		12.4	LOS B	10.1	253.7				

Site Level of Service (LOS) Method: Delay & v/c (HCM 6). Site LOS Method is specified in the Parameter Settings dialog (Site tab).

Roundabout LOS Method: Same as Sign Control.

Lane LOS values are based on average delay and v/c ratio (degree of saturation) per lane.

LOS F will result if v/c > 1 irrespective of lane delay value (does not apply for approaches and intersection).

Intersection and Approach LOS values are based on average delay for all lanes (v/c not used as specified in HCM 6).

Roundabout Capacity Model: US HCM 6.

HCM Delay Formula option is used. Control Delay does not include Geometric Delay since Exclude Geometric Delay option applies.

Gap-Acceptance Capacity: Traditional M1.

HV (%) values are calculated for All Movement Classes of All Heavy Vehicle Model Designation.

^d Dominant lane on roundabout approach

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Organisation: TENW | Processed: Tuesday, January 7, 2020 3:26:26 PM

Project: T:\Active Projects\Jamestown Clinic - 6059\Planning - 6059\LOS\9th Ave & W Washington St.sip8

Lanes, Volumes, Timings
4: 7th Ave & W Washington St

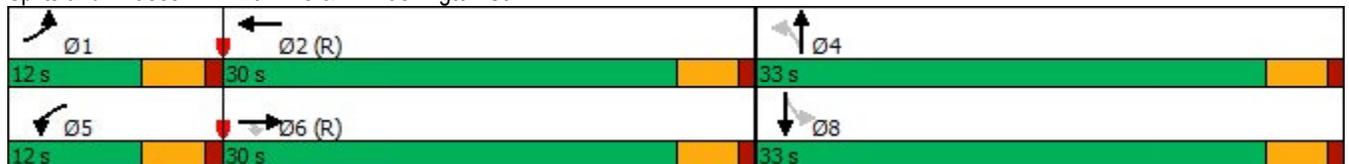
01/07/2020

Lane Group	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (vph)	180	509	136	47	565	45	178	95	52	73	67	181
Future Volume (vph)	180	509	136	47	565	45	178	95	52	73	67	181
Ideal Flow (vphpl)	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900	1900
Storage Length (ft)	125		135	110		0	0		125	0		125
Storage Lanes	1		1	1		0	1		1	1		1
Taper Length (ft)	25			25			25			25		
Right Turn on Red			Yes			Yes			Yes			Yes
Link Speed (mph)		30			30			25				25
Link Distance (ft)		3367			552			426				322
Travel Time (s)		76.5			12.5			11.6				8.8
Confl. Peds. (#/hr)			4			4	1		8	8		1
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Heavy Vehicles (%)	1%	1%	0%	0%	2%	2%	1%	2%	2%	0%	0%	1%
Shared Lane Traffic (%)												
Turn Type	Prot	NA	Perm	Prot	NA		Perm	NA		Perm	NA	
Protected Phases	1	6		5	2			4				8
Permitted Phases			6				4			8		
Detector Phase	1	6	6	5	2		4	4		8		8
Switch Phase												
Minimum Initial (s)	6.0	6.0	6.0	6.0	6.0		6.0	6.0		6.0		6.0
Minimum Split (s)	10.5	28.5	28.5	10.5	27.5		30.5	30.5		31.5		31.5
Total Split (s)	12.0	30.0	30.0	12.0	30.0		33.0	33.0		33.0		33.0
Total Split (%)	16.0%	40.0%	40.0%	16.0%	40.0%		44.0%	44.0%		44.0%		44.0%
Yellow Time (s)	3.5	3.5	3.5	3.5	3.5		3.5	3.5		3.5		3.5
All-Red Time (s)	1.0	1.0	1.0	1.0	1.0		1.0	1.0		1.0		1.0
Lost Time Adjust (s)	0.0	0.0	0.0	0.0	0.0		0.0	0.0		0.0		0.0
Total Lost Time (s)	4.5	4.5	4.5	4.5	4.5		4.5	4.5		4.5		4.5
Lead/Lag	Lead	Lag	Lag	Lead	Lag							
Lead-Lag Optimize?	Yes	Yes	Yes	Yes	Yes							
Recall Mode	None	C-Min	C-Min	None	C-Min		None	None		None		None

Intersection Summary

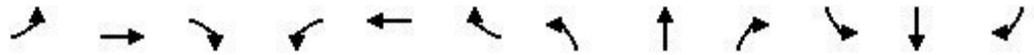
Area Type: Other
 Cycle Length: 75
 Actuated Cycle Length: 75
 Offset: 18 (24%), Referenced to phase 2:WBT and 6:EBT, Start of Green
 Natural Cycle: 80
 Control Type: Actuated-Coordinated

Splits and Phases: 4: 7th Ave & W Washington St



HCM 6th Signalized Intersection Summary
 4: 7th Ave & W Washington St

01/07/2020



Movement	EBL	EBT	EBR	WBL	WBT	WBR	NBL	NBT	NBR	SBL	SBT	SBR
Lane Configurations												
Traffic Volume (veh/h)	180	509	136	47	565	45	178	95	52	73	67	181
Future Volume (veh/h)	180	509	136	47	565	45	178	95	52	73	67	181
Initial Q (Qb), veh	0	0	0	0	0	0	0	0	0	0	0	0
Ped-Bike Adj(A_pbT)	1.00		1.00	1.00		0.99	0.99		0.99	0.99		0.99
Parking Bus, Adj	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Work Zone On Approach		No			No			No			No	
Adj Sat Flow, veh/h/ln	1885	1885	1900	1900	1870	1870	1885	1870	1870	1900	1900	1900
Adj Flow Rate, veh/h	186	525	140	48	582	46	184	98	54	75	69	187
Peak Hour Factor	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97
Percent Heavy Veh, %	1	1	0	0	2	2	1	2	2	0	0	0
Cap, veh/h	180	846	719	92	683	54	318	362	199	415	144	390
Arrive On Green	0.10	0.45	0.45	0.05	0.40	0.40	0.32	0.32	0.32	0.32	0.32	0.32
Sat Flow, veh/h	1795	1885	1603	1810	1710	135	1124	1128	621	1243	448	1215
Grp Volume(v), veh/h	186	525	140	48	0	628	184	0	152	75	0	256
Grp Sat Flow(s),veh/h/ln	1795	1885	1603	1810	0	1845	1124	0	1749	1243	0	1663
Q Serve(g_s), s	7.5	16.0	4.0	1.9	0.0	23.2	11.8	0.0	4.8	3.6	0.0	9.3
Cycle Q Clear(g_c), s	7.5	16.0	4.0	1.9	0.0	23.2	21.0	0.0	4.8	8.4	0.0	9.3
Prop In Lane	1.00		1.00	1.00		0.07	1.00		0.36	1.00		0.73
Lane Grp Cap(c), veh/h	180	846	719	92	0	737	318	0	561	415	0	534
V/C Ratio(X)	1.04	0.62	0.19	0.52	0.00	0.85	0.58	0.00	0.27	0.18	0.00	0.48
Avail Cap(c_a), veh/h	180	846	719	181	0	737	384	0	665	488	0	632
HCM Platoon Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Upstream Filter(l)	0.75	0.75	0.75	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00
Uniform Delay (d), s/veh	33.8	15.8	12.5	34.7	0.0	20.5	28.9	0.0	18.9	22.1	0.0	20.4
Incr Delay (d2), s/veh	67.9	2.6	0.5	3.4	0.0	12.0	1.2	0.0	0.2	0.2	0.0	0.5
Initial Q Delay(d3),s/veh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
%ile BackOfQ(50%),veh/ln	6.5	6.9	1.4	0.9	0.0	11.6	3.2	0.0	1.9	1.0	0.0	3.6
Unsig. Movement Delay, s/veh												
LnGrp Delay(d),s/veh	101.6	18.4	12.9	38.1	0.0	32.5	30.1	0.0	19.1	22.2	0.0	20.9
LnGrp LOS	F	B	B	D	A	C	C	A	B	C	A	C
Approach Vol, veh/h		851			676			336				331
Approach Delay, s/veh		35.7			32.9			25.2				21.2
Approach LOS		D			C			C				C
Timer - Assigned Phs	1	2		4	5	6		8				
Phs Duration (G+Y+Rc), s	12.0	34.4		28.6	8.3	38.1		28.6				
Change Period (Y+Rc), s	4.5	4.5		4.5	4.5	4.5		4.5				
Max Green Setting (Gmax), s	7.5	25.5		28.5	7.5	25.5		28.5				
Max Q Clear Time (g_c+I1), s	9.5	25.2		23.0	3.9	18.0		11.3				
Green Ext Time (p_c), s	0.0	0.1		0.7	0.0	2.0		1.5				
Intersection Summary												
HCM 6th Ctrl Delay				31.0								
HCM 6th LOS				C								

Appendix C

Project Trip Generation Summary

Jamestown Clinic - Sequim, WA

Trip Generation Estimate - Average Weekday

Time Period	Employee Vehicle Trips		Patient Vehicle Trips		Patient Trips - Jamestown Minivan		Trip Totals			Hourly Trip Totals			
	Enter	Exit	Enter	Exit	Enter	Exit	Enter	Exit	Total	Hour	Enter	Exit	Total
before 6:00 AM	15	0	0	0	0	0	15	0	15				
6:00 - 6:30	6	0	6	0	1	0	13	0	13				
6:30 - 7:00	7	0	7	6	2	0	16	6	22	6:00-7:00 AM	29	6	35
7:00 - 7:30	6	0	7	7	0	1	13	8	21	6:30-7:30 AM	29	14	43
7:30 - 8:00	6	0	6	7	0	2	12	9	21	7:00-8:00 AM	25	17	42
8:00 - 8:30	0	0	5	6	3	0	8	6	14	7:30-8:30 AM	20	15	35
8:30 - 9:00	0	0	5	5	3	0	8	5	13	8:00-9:00 AM	16	11	27
9:00 - 9:30	0	0	6	5	2	3	8	8	16	8:30-9:30 AM	16	13	29
9:30 - 10:00	0	0	7	6	1	3	8	9	17	9:00-10:00 AM	16	17	33
10:00 - 10:30	1	0	7	7	1	2	9	9	18	9:30-10:30 AM	17	18	35
10:30 - 11:00	1	1	6	7	2	1	9	9	18	10:00-11:00 AM	18	18	36
11:00 - 11:30	2	1	5	6	2	1	9	8	17	10:30-11:30 AM	18	17	35
11:30 - Noon	2	2	5	5	1	2	8	9	17	11:00-12:00 PM	17	17	34
12:00 - 12:30	1	2	4	5	0	2	5	9	14	11:30-12:30 PM	13	18	31
12:30 - 1:00	1	1	4	4	0	1	5	6	11	12:00-1:00 PM	10	15	25
1:00 - 1:30	0	0	6	4	1	0	7	4	11	12:30-1:30 PM	12	10	22
1:30 - 2:00	0	0	7	6	2	0	9	6	15	1:00-2:00 PM	16	10	26
2:00 - 2:30	0	7	7	7	2	1	9	15	24	1:30-2:30 PM	18	21	39
2:30 - 3:00	0	8	6	7	1	2	7	17	24	2:00-3:00 PM	16	32	48
3:00 - 3:30	0	7	4	6	0	2	4	15	19	2:30-3:30 PM	11	32	43
3:30 - 4:00	0	6	3	4	0	1	3	11	14	3:00-4:00 PM	7	26	33
4:00 - 4:30	0	6	0	3	0	0	0	9	9	3:30-4:30 PM	3	20	23
4:30 - 5:00	0	6	0	0	0	0	0	6	6	4:00-5:00 PM	0	15	15
5:00 - 5:30	0	0	0	0	0	0	0	0	0	4:30-5:30 PM	0	6	6
5:30 - 6:00	0	0	0	0	0	0	0	0	0	5:00-6:00 PM	0	0	0
6:00 - 6:30	0	0	0	0	0	0	0	0	0	5:30-6:30 PM	0	0	0
6:30 - 7:00	0	0	0	0	0	0	0	0	0	6:00-7:00 PM	0	0	0
After 7:00 PM	0	0	0	0	0	0	0	0	0				
TOTAL TRIPS	48	47	113	113	24	24	185	184	369				

Tim Woolett

From: Tricia Hoffman <paradisebytricia@yahoo.com>
Sent: Wednesday, April 1, 2020 11:47 AM
To: Tim Woolett
Subject: MAT application

Dear Tim,

The purpose of this email is to please stop the Jamestown Tribe for the MAT clinic approval of application.

With the on going Corona virus
COVID 19, Going on and not knowing for how long the stay at home order will be in effect.

LET ALONE THE CEASE CONSTRUCTION ORDER FOR THE STATE OF WASHINGTON.
WHY WOULD YOU PUT OUR PUBLIC AND CITIZENS AT RISK WHEN PEOPLE ARE DYING FROM CORONA VIRUS?

WISH YOU WOULD RECONSIDER DURING THESE STRANGE TIMES.

THIS IS THE LAST THING THIS COMMUNITY NEEDS IF IT GETS WORSE WITH COVID 19.

SINCERELY

TRICIA

[Sent from Yahoo Mail on Android](#)

Tim Woolett

From: Laurie Hassell <hassell49@msn.com>
Sent: Wednesday, April 1, 2020 11:26 AM
To: Tim Woolett
Subject: MAT clinic

I am against the MAT clinic because it will be harmful for Sequim. There are other MAT clinics in the area that are not even utilized yet. The MAT clinic will also bring homeless people to Sequim where in the past we only had 3 and we already have a problem of homeless camps popping up in Sequim, needles and trash being left and people sleeping in alleys etc. The crime level has gone up and we don't have the police presence to handle this new problem. With other big cities bussing in more and more people, soon we will look like Seattle. All this is is a money maker for the Tribe and the City of Sequim wont even get a dime since it will turn into Tribal Land and they don't pay taxes. I don't want to have our beautiful little city turn into a dump. Do not allow this to happen.

Sincerely,

Laurie Hassell

Emerald Highlands

Comment on MDNS, CDR20-001

To Tim Woolett, City of Sequim and Barry A Berezowksy

From Lee Hendershott, Sequim

4/8/2020

The SEPA documents are NOT COMPLETE NOR ACCURATE. The complete omission of of SEPA checklist item 15, PUBLIC IMPUT, has been ignored. This deficiency fails the requirement of the “Instructions for Lead agencies and SMC 20-01-030.

Deficiencies found in the project proposal and checklist of MITIGATED DETERMINATION OF NONSIGNIFICANCE (MDNSI-WAC 197-1L-970

Page 7, 4E, Good Neighbor Agreement are words only. Nothing can be enforced. No Loitering on the Clinic property means the patients must leave. So that means that Sequim must enact and enforce a NO LOITERING law for the entire city. When those patients leave the clinic, they will go to the Costco parking lot, the liquor store close by, or go panhandle in front of the grocery store.

Page 8 R, No camping or overnight parking on the Clinic property is not sufficient. That means all of Sequim would have to enact a no camping or overnight parking law to protect the citizens. There is already a tent camp forming behind the Home Depot in anticipation of the drug clinic. We could expect that to grow and the human waste issue to increase, along with the needles and debris. We do not have to look far to see how difficult the tent encampments are to clear, reference Peninsula Daily News, Feds clearing tent encampments twice! There is no mitigation even suggested for the homeless and jobless who come to Sequim and choose to stay here and have nothing to return to.

Page 8 No Grafitti on the clinic protects the clinic, not the surrounding businesses and residences.

Page 2, #7. Asks the question if you know of any other plans for the property.

What about the psychiatric ward that was touted by the Tribe? Is that now off the table or is this another omission? What about the 101 overpass for access? This answer contradicts comments made elsewhere in the document.

Page 2, 9. What about the Hammond/Prairie St overpass access from hwy101. That is a clear omission. This contradicts with the discussion later made of the construction of Hammond street.

Page 4, 2.Air – Does not even acknowledge the increased air pollution caused by the ferrying of patients back and forth, the additional buses run by the Clinic. This is a recurring theme. The area by the Costco roundabout is already a congested area, it does not need more congestion provided by the ferrying of patients. This is an Environmental Impact that is clearly overlooked and not mitigated in any way.

Page 5, 3b Water – Dungeness Water Rules apply. Developer avoids the withdrawing groundwater question. Water runoff, any hazardous petrochemicals, medical/pharmaceutical waste has purposefully not been acknowledged in this proposal. Please reference:

<http://wcpnline.com/2015/10/21/methadone-creates-harmful-byproducts-in-treated-drinking-water/>

If there is ANY runoff that makes its way to irrigation ditch, and then to Dungeness river it endangers the salmon population. No water may be taken from the irrigation ditch without a permit or measurement of water and this is not acknowledged in document.

Page 7, Spotted Owl is a protected species and an Environmental Impact Study should be done. Fish and Game and Dept of Ecology should be notified of their existence. Is this a local elk migratory locale? That question has been purposefully omitted. Salmon endangerment is covered above.

Page 8 Environmental Health 7a does not specify the disposal of toxic and hazardous wastes, blood, urine, Please reference <https://www.ncbi.nlm.nih.gov/pubmed/14516485>

specifically that laced with the drugs they are administering. Any Class II or III drugs, any dental or medical waste, needles. None of this is acknowledged or addressed.

Page 10, L This Mat facility is not compatible with the Economic Opportunity Zone that has been designated for this area for the benefit of the Sequim Residents. Developer has failed to acknowledge this.

THIS FACILITY IS NOT CONCURRENT WITH THE ZONING OF THE PROPERTY.

After thorough and extensive study of the Proposal, SEPA document and checklist, I find so many deficiencies that I think the best thing would be to withdraw it due to inaccuracies, omissions and contradictions. I have highlighted some of those items here but truthfully there are so many that time and space does not allow all to be listed. I think the Dept of Ecology and Fish and Game should be called in on this one. Where is the EIS, Environmental Impact Study particularly in regards to the spotted owl and salmon populations.

One of the grossly overlooked and omitted items is the ALTERNATIVES that are not even addressed or discussed in the checklist. These alternatives could include, but not limited to, the location of the clinic OUTSIDE CITY LIMITS. This would help to avoid the complicated matter of having a sovereign tribal land inside Sequim. The example provided of Didgwalic clinic shows that the example clinic is located 4 miles outside the city in an industrial center. Sequim has 75 residences within 1500 feet of the clinic not 3 as in the example clinic. The Island Crossing example provided is three miles from the City center. Other Alternatives may include giving treatment at the existing Jamestown Health Clinic which is a possibility, locating the clinic on tribal lands that the JKT currently owns outside of Sequim.

And where is the “Purpose and Need” study? There is already 2900 treatment seats in the two counties which begs the question, is there a need?https://static.wixstatic.com/media/8f2579_d53596260f82445cbfff13753ee464df~mv2.png What this developer needs to do is provide specific elements of environment, not just generalities. Specific plans on mitigation

not just promises. What is needed is a baseline for Police action throughout the community, a “baseline” of data that provides a way to measure the increased crime and need for police response throughout the city of Sequim not just at the clinic. The applicant's focus is on the clinic with no regard for the impact on the citizens of Sequim.

I believe the Tribal Trust and Sovereign Immunity cannot, and should not, be done in City limits on city land. We have laws and rules for Sequim and sovereign state decides which rules and laws they will follow.

And these meetings should be held in the public forum as specified in the SEPA handbook.

I find that the applicant is not familiar with nor understands the existing conditions of the property and the specific elements of the environment. I find this proposal and checklist general in nature, not forthcoming with all the facts and needs to be withdrawn and begun again.

Tim Woolett

From: Lois Perry <lomayk@gmail.com>
Sent: Wednesday, April 8, 2020 2:02 PM
To: Lois Perry
Cc: Tim Woolett; Barry Berezowsky
Subject: Letter to Sequim City Council SEPA from Lois Perry

To Whom it may concern, and Barry Berezowsky and Tim Woolett April 7, 2020

I am opposing the Mitigated Determination of Non-Significance (MDNS)
Jamestown Outpatient Clinic Application File No. CDR 20-001

Reasons for my opposition are many, but I will be outlining only a few of my concerns.

I noticed immediately that Barry Berezowsky, who is listed as the Responsible Official did not sign this document. It is imperative that he signs all documents. I note that Tim Woolett did sign it and he is not titled in this application, as the Responsible Official. This could question the legality of the document for Berezowsky, who is the Director of Community Development (DCD).

Much has been discovered where the planners, including Kristina Nelson-Gross, Attorney, Charlie Bush, City Manager, and Berezowsky have apparently been working in concert, and have also included former Mayor and now City Council member, Dennis Smith in working behind the scenes, from earlier dates noted in minutes of meetings and via emails, omitting the citizens and apparently some of the City Council members, as they cooperated with the Jamestown S'Klallam Tribe (Tribe) in planning methods, for their projected Medicated-Assisted Treatment (MAT) clinic. Ron Allen who is CEO (Chief Executive Officer) of the Jamestown S'Klallam Tribe and is also involved with many of their conversations. Eric Lewis from OMC (Olympic Medical Center), who recently resigned or retired, is mentioned in emails as a participant in behind the scenes discussion.

There are many discrepancies and questions regarding the application.

The 3.3 acres of the 19.5 acre piece of property, which is on the east side of the designated property, off the Dawley farm, has apparently going to have an access from west 7th Hammond street, where the Tribe recently purchased six acres and placed their sign, at that location. 7th and Hammond is near homes and a nearby convalescent center. The north side of the property beyond the sign, borders the Evelyn Shaw family farm, which raises many questions about water issues, safety, health, peace, timber harvest, and raised taxes. It has been reported that this is another access to the 19.5 acre property behind Costco, which is accessed from the roundabout on west 9th and Washington Street, continuing to south 9th street, and slightly south east of the Costco store. There are reports that the Tribe is negotiating for 15 acres of the Berger farm, which extends south to and across highway 101 and mostly west towards River Road. There are still buildings on the Berger farm property.

The question arises. Will there be a separate SEPA request for Phases 2, 3, and 4, including their planned hospital or is this application only for phase 1, at this time? It addresses some issues which would have to do with other phases of their proposed project for MAT.

Safety issues are many. As reported by the Tribe they are planning on a parking area for 84 vehicles. It is also reported there will be no loitering on the property. The nearby businesses as well as homes will be targets for those seeking a comfortable place to rest as they await their next fix.

With the City of Sequim's approximately 7500 citizens and 49 percent elderly, there will be a need for more Fire Fighters, EMT's (Emergency Medical Technicians) , Police and Sheriff Departments protection, more vehicles and probably more Transit buses, making a strain on city and county financing. Therefore taxes will be raised and of course, both city and county will have extra expenses.

The need for a clinic such as this planned project is not necessary in this area, in that there are several clinics administering drug treatment, in Clallam County and some also in Sequim. The expense of the drugs draining Medicare and expense to the patient, as well has been addressed by many in public testimonies. Plans have been discussed where the Tribe plans to bring patients here from nearby counties. Hundreds of testimonies can be accessed from the minutes of meetings with the City of Sequim.

The Jamestown S'Klallam Tribe has recently in 2017, received another 269 acres from the Bureau of Indian Affairs (BIA).

The Assessors office in Clallam County would have access to records and ownership of this property and show if it is tax free. There are online articles where the property is identified by individual pieces. This in addition to the hundreds of acres already owned in Sequim/Dungeness Valley, the Tribe has plenty of places to place their money making MAT project.. Many people have suggested Blyn, where the Tribe houses their Casino, Marijuana store, Grocery store and gas station, and a three story hotel.

There are many more concerns as I view especially the first ten pages of the application.

The Washington State Constitution should be upheld. Article 1. Section 1

"All Political Power is inherent in the people, and governments derive their powers from the consent of the governed, and are established to protect and maintain individual rights".

Sincerely,
Lois M. Perry
215 Stellar Ridge Ln.
Sequim WA 98382

lomayk@gmail.com

Tim Woolett

From: Margaret Bailey <yinyangmaggie@yahoo.com>
Sent: Wednesday, April 8, 2020 12:47 PM
To: Barry Berezowsky
Cc: Tim Woolett; William Armacost; Ted Miller; Dennis Smith; Brandon Janisse; Troy Tenneson; Tom Ferrell; Save Our Sequim
Subject: Inadequate addressing of Norther Spotted Owl, Winter Steelhead, Coho, and Pink Salmon on Jamestown S'Klallam Tribe's SEPA checklist

- April 8, 2020

Mr. Barry Berezowsky:

I reviewed the Mitigated Determination of Nonsignificance (MDNS) prepared by the City of Sequim for the Jamestown S'Klallam Tribe Outpatient Clinic Application (File No. CDR 20- 001). This document does not meet the Department of Ecology's requirements to fully and accurately assess the potential adverse and positive impacts of a proposed project. I have provided (1) my overall concerns regarding the MDNS in comparison to questions presented in the Department of Ecology's "Guide to commenting on SEPA documents" section of its SEPA Guidance web page, and (2) comments on the determinations the city reached on specific elements of the environment, particularly elements of the environment that were not accurately or adequately addressed in the SEPA checklist prepared by the applicant's contractor.

OVERALL CONCERNS

- *Are the SEPA documents complete and accurate?*

The completed SEPA checklist includes inaccurate statements that were not corrected by the city or identified by the city and is lacking in the details needed to understand the proposed project details as they relate to potential impacts.

- *Do they provide enough information to analyze likely environmental impacts?*
Key portions of the completed SEPA checklist and the resultant MDNS are missing the level of detail needed to reasonably assess potential impacts.
- *Do they identify mitigation measures to avoid adverse impacts?*
Mitigation measures were not required for several elements of the environment that could experience significant impacts
- *Is the evaluation and Determination of Significance supported by findings and conclusions?*

The MDNS does not provide the information needed to reasonably assess the potential for adverse impacts to several elements of the environment and therefore the Determination of Significance is not supported by analysis of the information presented in the completed SEPA checklist or in the information included in the MDNS.

- *Are there alternatives that address the proposal's purpose and need?*

In the "Lead Agency: City of Sequim" section of the MDNS, the city made the following statement:

“Comments on the MDNS for this proposal will be accepted no later than April 8, 2020 and shall be as specific as possible and may address either the adequacy of the environmental document **or the merits of the alternatives discussed** (*emphasis is mine*) or both.”

However, **the MDNS does not even mention alternatives or purpose and need**, nor does the completed SEPA checklist. There is substantial evidence that (1) the proposed project is not needed and (2) there is at least one reasonable alternative to the proposed project. Without a discussion of the purpose and need for the proposed project and without a discussion of reasonable alternatives, the MDNS does not present a full and accurate analysis of the potential impacts of the proposed project.

As a result of these shortcomings and the major issues described below, the MDNS falls short of the Department of Ecology’s requirements to fully and accurately assess the potential adverse and positive impacts of the proposed project. Without an accurate description of the environment and a more detailed analysis of potential impacts, it is not possible to determine whether or not implementation of the project would result in significant adverse impacts. As a result, the city should conduct a more thorough environmental review in a draft environmental impact statement for the proposed project.

COMMENTS ON ELEMENTS OF THE ENVIRONMENT

My comments on the MDNS are presented below for specific elements of the environment which I believe require correction due to inaccuracies in the completed SEPA checklist, additional information to fully understand the potential for adverse impacts, and additional analysis to fully and accurately assess the potential adverse impacts. These comments are organized using the numbering system presented in the MDNS.

5. Animals

Comment: There are conflicting statements in the completed SEPA checklist regarding the “animals” element of the existing environment. However, the MDNS does not recognize that there are polar opposite statements in the completed checklist and simply states that “Staff concurs with the checklist description.”

The city needs to resolve the issue of the following diametrically opposed statements in the completed checklist:

Section 5a of the completed checklist states the following:

“Per the DOE, Northern Spotted Owl, Winter Steelhead, Coho, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.”

Section 5c of the completed checklist states the following:

“The site is part of the migration route for the winter steelhead, coho, and pink salmon odd year.”

If the site is part of migration routes of the northern spotted owl, winter steelhead, coho, and pink salmon, or if these species inhabit the site, the MDNS should address potential adverse impacts that implementation of the proposed project would have on these species in a more detailed analysis. If there are potential impacts, the city needs to require mitigation measures that would avoid or minimize impacts to those species. Impacts on the northern spotted owl, winter steelhead, coho, or pink salmon have the potential for being significant and therefore would require issuance of a draft EIS.

By having polar opposite responses regarding fish species within Section 5 of the completed checklist, the city needs to question the accuracy of the responses. More importantly, the statement in Section 5c does not address the Northern Spotted Owl, which the Department of Ecology identified as inhabiting the site. The city has not required any mitigation measures for the northern spotted owl even though this threatened and endangered species has been identified as inhabiting the site. These are major deficiencies in the environmental review.

To more accurately assess the potential impacts of implementation of the project on these species, the city would have to conduct either agency consultations to determine the presence or absence of the species or conduct research to determine which statement in the completed checklist is accurate. If those efforts determine that all or some of these species do use the site, to comply with SEPA requirements, the city would have to prepare and circulate a draft EIS to address the potential impacts. If the species do not use the site, to comply with SEPA requirements, the city would have to prepare a revised MDNS that states it has verified that none of the species use the site and that is the reason for its determination of no significant impacts to the species.

The simple statement in the MDNS that “Staff concurs with the checklist description” is wholly inadequate for a full and accurate assessment of impacts to animals.

Sincerely yours,

Margaret Anne Sigman-Bailey

114 Craig Road

Sequim, WA 98382

yinyangmaggie@yahoo.com

360-808-3043

Tim Woolett

From: Mark White <markwhite@me.com>
Sent: Tuesday, April 7, 2020 3:20 PM
To: Tim Woolett
Subject: SEPA review - Jamestown S'Klallam Tribe Outpatient Clinic

Dear Mr. Woolett,

Thank you for the very thorough and professional evaluation of the SEPA review for the Jamestown S'Klallam Tribe Outpatient Clinic.

The interviews with police departments in other small towns with opioid treatment clinics show very clearly that there is no reason to expect any detrimental effect on the public services or residents of Sequim. The mitigation measures you recommend will further assure that this facility will be a benefit to the community.

Thank you for your continued service to Sequim.

Best regards,

Mark White

Tim Woolett

From: Marsha Maguire <mmaguireb3@gmail.com>
Sent: Wednesday, April 8, 2020 1:34 PM
To: Tim Woolett
Subject: Support of the Jamestown S'Lallam Tribe's Healing Clinic SEPA review

Greetings, Mr. Woolett,

As a retired local resident living just outside the City of Sequim (near Woodcock and Ward Rd.), I can't comment in a professional way about the SEPA review for the Jamestown S'Klallam Tribe Outpatient MAT Clinic.

But as someone who shops in Sequim (for example, at the Costco) and drives on 101 and other roads in our area almost every day, I believe I can say confidently that the presence of the clinic will affect me and my loved ones in a very positive way (we already receive great medical care at the Jamestown Family Health Clinic). As many studies show, we all benefit when patients who suffer from substance abuse disorder get the quality medical, mental health, and any needed dental care they need through MAT. This care, not available elsewhere in our area, allows them to return to being functioning members of the community, good parents, and responsible citizens.

I've been following the pros and cons of the opening of this clinic since last July. It's clear that the City and the Tribe have complied with local and state requirements, and the location looks well placed to serve patients in both Jefferson and Clallam Counties. In particular, the comments of law enforcement officials, in Sequim as well as other rural towns where opioid treatment clinics are situated, put to rest any concerns that having this clinic in Sequim could pose threats to the safety or convenience of the people who live here or the visitors who come here. The recommended mitigation measures that form part of this review have taken any possible problems into account. Traffic, parking, patient transportation, potential loitering issues, and more have been addressed to this resident's satisfaction.

Thank you for your continued hard work on this important facility. I'm proud to live here.

Best,

Marsha Maguire
57 Territory Road
Sequim, WA 98382
mmaguire@gmail.com
540-308-8105

March 24, 2020

Michael A. Spence
Attorney at Law
EMAIL: mspence@helsell.com
DIRECT DIAL: 206.689.2167

VIA ELECTRONIC MAIL

Tim Woolett
City of Sequim
152 West Cedar Street
Sequim, WA 98382
twolett@sequimwa.gov

Re: Proposed Jamestown S'Klallam Drug Treatment/Detoxification Center

Dear Mr. Woolett:

This firm represents Save Our Sequim (SOS), a large group of citizens who are concerned with the location of the drug treatment/detoxification center being proposed by the Jamestown S'Klallam Tribe. As you know, the proponents of this project are proposing to locate this facility on 18.6 acres of property recently purchased by the Tribe at 526 S. 9th Ave, located in the RREOA District. Please consider this letter as one of the many comments you will receive from SOS, which are incorporated herein by reference.

I offer the following additional comments on behalf of SOS:

1. The entire project should be suspended until the COVID-19 crisis passes. As you no doubt know, Governor Jay Inslee executed a statewide proclamation requiring all non-essential personnel to stay home and stay safe through May 4, 2020, which may well be extended further into the future should such action prove necessary. The MDNS on this project was issued two days after this proclamation, mere hours before all non-essential businesses in Washington state were required to cease all but basic minimum operations. Under this proclamation, citizens both for and against this project will not have the ability to access the public and private resources necessary for some of them to meaningfully participate in this process. For example, a member of SOS would like to send a fully researched response but is in quarantine because his wife has been hospitalized from COVID-19. He would like to consult with city staff, experts, and friends but his ability do so is limited because of the situation. His ability to collaborate, share ideas or diagrams, question studies included in this 349-page document, or access City Hall is severely compromised.

Legal authority to suspend the permitting phase of this project exists under RCW 36.70B.080, which is quoted below:

RCW 36.70B.080

Development regulations—Requirements—Report on implementation costs.

(1) Development regulations adopted pursuant to RCW 36.70A.040 must establish and implement time periods for local government actions for each type of project permit application and provide timely and predictable procedures to determine whether a completed project permit application meets the requirements of those development regulations. The time periods for local government actions for each type of complete project permit application or project type should not exceed one hundred twenty days, unless the local government makes written findings that a specified amount of additional time is needed to process specific complete project permit applications or project types. (Emphasis added)

2. The proposed project is inaccurately described in the Environmental Checklist. In response to Question A(1) the Checklist, the applicant describes the project as the “Jamestown Clallam Tribe Outpatient Clinic”. In response to Question 7, the applicant states that “*this project is a standalone development, although in the future facility expansion or additional services may be added to the residual site, if the needs arise. Currently, there are no plans to expand or seek future facilities*”. (Emphasis added)

These statements are either misleading or inaccurate. It is well known that this project also contains an inpatient evaluation and treatment psych hospital in a “second phase”, which has already been partially funded by the State of Washington. As we pointed out in our October 10, 2019 letter to the City Council, we question the validity and legality of “phasing” this project under *Murden Cove Pres. Ass'n v. Kitsap Cty.*, 41 Wn. App. 515, 526, 704 P.2d 1242 (1985), holding that “...piecemeal review is impermissible where a ‘series of interrelated steps [constitutes] an integrated plan’ and the current project is dependent upon subsequent phases”.

Accordingly, the proposed MDNS conditions fail to consider the impacts of this inpatient facility, which I should add is not a permitted use in the RREOA District, for the reasons pointed out in our October 10, 2019 letter, a copy of which is attached and incorporated herein by reference for purposes of these comments.

3. The project should be reviewed as an Essential Public Facility. The Environmental Checklist and proposed MDNS Conditions assume that this project is a “Medical Clinic”, which is ostensibly a permitted use in the RREOA District. However, we believe that the project is actually an Essential Public Facility. Essential Public Facilities are defined in the Growth Management Act as:

“... those facilities that are typically difficult to site, such as airports, state education facilities and state or regional transportation facilities as defined in RCW 47.06.140, regional transit authority facilities as defined in RCW 81.112.020,

state and local correctional facilities, solid waste handling facilities, and inpatient facilities including substance abuse facilities, mental health facilities, group homes, and secure community transition facilities as defined in RCW 71.09.020.RCW.” RCW 36.70A.200(1). (Emphasis added)

Essential Public Facilities are required to undergo a rigorous and robust land use review and public participation process, culminating in City Council review under SMC 18.56.040 and .060, which provide respectively as follows:

18.56.040 Permit required.

Essential public facilities and special property uses shall be allowed within certain use zones after obtaining an essential public facilities and special property use permit granted by the city council. (Emphasis added)

18.56.060 Permit – Criteria.

An essential public facilities and/or special property use permit granted by the council shall be subject to the following criteria:

A. There shall be a demonstrated need for the essential public facilities and/or special use within the community at large which shall not be contrary to the public interest.

B. The essential public facility and/or special use shall be consistent with the goals and policies of the comprehensive plan, and applicable ordinances of the city.

C. The council shall find that the essential public facility and/or special use shall be located, planned and developed in such a manner that the essential public facility and/or special use is not inconsistent with the health, safety, convenience or general welfare of persons residing or working in the city. The council’s findings shall address, but not be limited to the following:

1. The generation of noise, noxious or offensive emissions, or other nuisances which may be injurious or detrimental to a significant portion of the city.

2. The availability of public services which may be necessary or desirable for the support of the special use. These may include, but shall not be limited to, availability of utilities, transportation systems, including vehicular, pedestrian, and public transit systems, and education, police and fire facilities, and social and health services.

3. The adequacy of landscaping, screening, yard setbacks, open spaces or other development characteristics necessary to mitigate the impact of the special use upon neighboring properties.

4. Proposed uses which exceed the bulk, dimensional, height, density and/or use standards of the zoning district within which they propose to locate, must demonstrate that the proposed variance is essential to the establishment of the public facility and/or special use; i.e., a variance in height may be granted for a water tower, but not to provide an architectural element. (Ord. 97-019 § 4, Exh. B) (emphasis added)

The proposed MDNS Conditions appearing on pages 6 – 10 of the MDNS assume that the project is a fully conforming outpatient “Medical Clinic”, rather than a legally nonconforming inpatient drug treatment center, which foursquare meets the legal definition of in Essential Public Facility. As such, the proposed MDNS Conditions for far short of what is necessary to identify the “probable significant adverse environmental impacts” of the proposed project on social services in the Sequim area, as well as the physical environment.

Thank you for the opportunity to comment on this critically important issue. I may be reached at mspence@helsell.com or at (206) 689-2167 with any questions or comments.

Very truly yours,

A handwritten signature in black ink, appearing to read "Spence", with a stylized flourish at the end.

Michael A. Spence

MAS: mas
cc: SOS
attachment

JACQUELINE McMAHON
ATTORNEY
JACQUELINE@MCMAHONLAWGROUP.COM

AUTUMN LYTTLE
ATTORNEY
AUTUMN@MCMAHONLAWGROUP.COM

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RHONDA RYAN
PARALEGAL/OFFICE MANAGER

DEBBIE VALENCIA
OFFICE ADMINISTRATIVE ASSISTANT

DELYNN STERLING
PARALEGAL

CATHERINE CARVER
PARALEGAL

LISA KNESAL
CLIENT LIAISON

April 7, 2020

Tim Woolett
Senior Planner & SEPA Contact
City of Sequim
Department of Community Development
152 West Cedar Street
Sequim, WA 98382-3317

RE: Comments on the MDNS for the proposed Jamestown S'Klallam Tribe Outpatient Clinic

Dear Tim Woolett:

Thank you for the opportunity to comment on the Mitigated Determination of Nonsignificance ("MDNS") issued on March 25, 2020, for the proposed Jamestown S'Klallam Tribe Outpatient Clinic, File No. CDR20-001. This office represents Parkwood Manufactured Housing Community, LLC ("Parkwood"), a housing provider for a 55+ residential community in Sequim. Parkwood respectfully shares the following comments, concerns, and objections to the MDNS's findings and conclusions, including its adequacy and the merits of the proposed mitigation efforts.

Parkwood protests the timing of the issuance of this MDNS given the impact that the COVID-19 pandemic has wrecked on our state and country. As I am sure you are aware, Washington was the first state in our nation to encounter this public health emergency. On March 23, 2020, Governor Jay Inslee executed a statewide proclamation requiring all non-essential personnel to stay at home for a two-week period in an effort to combat this public threat. That shelter in place proclamation is now extended through May 4, 2020, and may well extend further into the future should such action prove necessary. This determination was issued two days after the Governor made his proclamation, mere hours before all non-essential businesses in Washington state were required to cease performance of all but basic minimum operations.

As a result of this public health emergency, and due to the timing of the issuance of this MDNS, Parkwood has been denied any opportunity to hire the necessary experts to evaluate the project and provide the city with objective findings that corroborate or refute the conclusions of the existing reports provided in support of the application. The companies with the skilled professionals

capable of performing this analysis and preparing an environmental impact assessment are not exempted from the Governor's mandate and are presently prohibited by law from engaging in these types of business activities as they have been for almost the entirety of this comment period. The conclusions on the MDNS and any proposed mitigation measures and supporting policies should be set aside and re-examined after the COVID-19 crisis has been substantially reduced and these types of professionals are permitted to return to business activities. Parkwood requests a meaningful opportunity to evaluate the reports offered in support of the developer's environmental checklist to verify or contest the alleged environmental impact of this project on the city of Sequim.

Of further concern, the existing Environmental Review and Threshold Determination, issued March 23, 2020, and all supporting documentation only evaluate the impact of the outpatient phase of this development. It does not account for the second phase of the project, the construction and operation of a 16-bed inpatient evaluation and treatment psych hospital. The developer has confirmed since the outset of this project that the site will offer inpatient service in the future. While the proposed development is initially expected to be approximately 15,000 square feet in size, it would grow to about 25,000 square feet.¹ Phase 2 of the development will include an inpatient evaluation and psychiatric treatment facility.² Phase 2 is a "16-bed inpatient evaluation and treatment psych hospital."³ Despite affirming on multiple occasions the intent of the applicant to expand the development to include in-patient services, after mounting public concern about the project surfaced, applicant began to refer more discretely towards plans for future expansion. On the SEPA checklist submitted by applicant on January 10, 2020, under section "A. Background," the following question and answer are provided:

Question: 7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

Answer: This project is a standalone development, although in the future facility expansion or additional services may be added to the residual site, if the needs arise. Currently, there are no plans to expand or seek future facilities.

The developer does not rule out the possibility of expansion here. To the contrary, applicant's statements taken together indicate that the intention to expand and add inpatient services will occur once the initial development has taken place. The Geotechnical Engineering Investigation submitted on behalf of the developer contains plans that site the inpatient facility for future development, referring to it as "MAT Phase 2." Clearly, the construction of an inpatient facility is the applicant's known and stated future intent for the property.

"SEPA, an environmental full disclosure law, promotes the policy of fully informed decision making by government bodies when undertaking "major actions significantly affecting the quality of the environment." See RCW 43.21C.010; RCW 43.21C.030." *Murden Cove v. Kitsap County*, 41 Wn. App. 515, 523 (Wash. Ct. App. 1985). A project must be reviewed all together, not piecemeal, unless the phases are independent of one another and the ultimate development cannot initially be assessed. *Id.* at 526. Because these buildings are intertwined, have been identified since the development's announcement, and will together represent a cumulative impact over the property,

¹ Paul Gottlieb, *Joint Olympic Medical-Jefferson opioid clinic planned in Sequim*, Peninsula Daily News, May 31, 2019.

² *Id.*

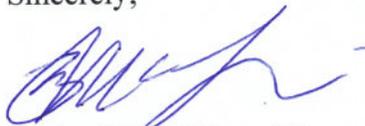
³ Opinion, W. Ron Allen, *Point of View: Medication – assisted treatment plans described*, Peninsula Daily News, July 22, 2019.

phase review of this project is inappropriate under WAC 197-11-060(5)(d). Dividing the project into smaller pieces strategically denies the city the opportunity to evaluate and consider the cumulative impact of the project. If the city understands the full extent of the impact, it can better identify and design mitigation measures to address the project's cumulative impact to the city and its residents.

Certainly, assessing the additional traffic impact, utilities impact, impact on public services, and other considerations can be reasonably calculated when accounting for the future inpatient facility through the analysis and assessment of similar professionals who prepared the existing reports evaluating the impact of only the outpatient facility phase. Additional analysis of the environmental impact of this project is warranted after the public health crisis has subsided so that the project can be evaluated in its totality.

Thank you.

Sincerely,



Michael D. McLaughlin

cc: Parkwood

Tim Woolett

From: Nkoseff <nkoseff@comcast.net>
Sent: Thursday, April 2, 2020 7:19 PM
To: Tim Woolett
Cc: Neil Koseff
Subject: Inadequacy of the SEPA decision to consider the following regarding the proposed regional MAT in sequim

I am pro MAT HOWEVER I am against all large regional mats in the olympic peninsula. I am ok with the Mat facilities already existing in sequim

I am against this humongous 125 mile wide regional MAT which will minimize those needing and receiving help. Many will have to travel either by car or van 1-3 hours a day for YEARS to get their fix of drugs. The MAT center is just needles, pills, and talk and maybe dentistry. This can be done in various local offices where those in need will be near the ones who love and care for them. This not needed center is a recipe for failure since many won't be able to fulfill their onerous travel obligations.

This regional center in sequim would force those in need to travel on congested, mostly two lane, windy, miserable and dangerous in winter roads and add tremendous amount of excess carbon and increase global warming adding to our ENVIRONMENTAL HAZARD and danger to those wanting help for no apparent benefit..

We have only so much money to help all those in need for opioid and stimulant addiction and alcohol and homelessness and mental illness. Baymark and other centers are much cheaper than the proposed regional center in sequim run by the business in blyn. Their political pull enable them to charge excessive amounts [over \$400 per interaction vs \$20 at Baymark. Thus depriving others in need in other places. Every excess dollar given to this over priced endeavor is a dollar that someone else in need won't get

Also there is no way to control who is and who isn't a resident. Anyone can be dropped off here and voila they are our problems. No one can guarantee that homeless camps and trash won't be spread around sequim from uncontrolled homeless campers thus adding to the environmental hazard. With with Covid 19 virus endemic in our society now, there is fear that unnecessary over concentrating too many people in need in one place can hurt our vulnerable senior citizen population especially when smaller more local communities can handle it better.

NO large scale regional MAT ANYWHERE on the peninsula only small locally based ones.

Neil and Lisa Koseff
Residents in the sequim Dungeness area.
Nkoseff@comcast.net

Sent from my iPad

Tim Woollett

From: Patrice Johnston <patricejohnston1953@gmail.com>
Sent: Wednesday, April 8, 2020 11:55 AM
To: Barry Berezowsky; Tim Woollett
Subject: MAT clinic SEPA review

Dear Mr. Berezowsky and Mr. Woollett,

I am submitting these comments in support of the MAT Clinic/Healing Campus project, and in particular in response to the Mitigated Determination of Non-Significance ("MDNS) issued on March 25, 2020.

As an initial matter, it is my understanding that SEPA review is generally related to impacts that a project may have on the physical environment in which it will be located. In that regard, I see no reason to believe that this clinic will have any more substantial impact than other other much larger commercial sites, such as Costco, Home Depot, and the other large retail operations nearby. I did note that the checklist stated that the site was occupied by the northern spotted owl and that the site is part of a migration route for certain fish species. This appears to be a mistake, as the site could not conceivably be so occupied, and I assume it will be addressed/corrected in any final document that is issued.

With respect to the impacts of the project on the community, including services such as law enforcement and local health care providers, I appreciate the thoughtful approach reflected in the applicant's checklist. There has obviously been a lot of care put into the proposal, and it appears that they are bending over backwards to address the concerns expressed by a small minority of Sequim residents that this project will lead to increased crime, vandalism and homelessness. I am satisfied that these measures will mitigate any problems that arise.

Thank you for your continuing work on this project, and for considering my input.

Best regards,

Patrice Johnston
387 Riverview Drive
Sequim, WA 98382

City of Sequim
2020 Mr. Charles Bush, Manager
Mr. Tim Woolett, Director of Community Development
Elected Council Members

April 5,

Gentlemen:

I have been reading and watching the actions of city staff for the past 7 months; since you revealed to the community that the Jamestown S'Klallan Tribe and the city had been in negotiations / discussions about the establishment of a MAT facility in the City of Sequim. It has been clear to most people in the community that some agreements between the City and the Tribe were in place before the public announcement. Otherwise, why would the City be so resistant to the public outcry of disapproval of the said proposed facility. Recently through the discovery process it has become evident that two City staff members have a bias in favor of the Tribe, and should recuse themselves from all future decisions. All of the above has eroded the trust level between City and Community. A step to regaining trust would be to reclassify the development as C2 rather than the hurried A2 decision made by staff. I hope that City Council Members will direct city staff to rebuild that trust by working with the community at large and not with only one member of the community.

In addition to the disappointment with Sequim City Leadership[, I have reservations about the location of the proposed MAT facility. I am a Pharmacist with experience in serving Opioid Dependent clients. My experience covers both clinic based treatment and community pharmacy treatment. I serves as a medication gatekeeper for over 43 years, and always sought to honor my license oath to preserve the health of my clients.

I acted as a pharmacy clinic supervisor in a Methadone Treatment program in Seattle for three years. During that time I encountered many addicts with psychosocial problems which presented with varying degrees of aberrant behaviors. In the vicinity of the clinic there were thefts, harassment and assault issues which required police intervention. Sometimes these issues were between clients, but the interactions with the general public were more problematic. I think it was naïve of our police chief to conclude that the MAT facility impact will be “negligible”. Does our police chief have experience based on work near a treatment facility in a retail and homeowner community?

Mark Sullivan, M.D. with the University of Washington School of Medicine department of Psychiatry has written in the Journal “PAIN”, that the harms caused by chronic opioid agonist therapy are significant. Their studies show that antisocial behaviors are not significantly changed by substituting an agonist for the previous “drug of choice”. Peer group mores remain the same and by bringing all such clients together in one place, brings increased crime and community harassment to that place. Clients should be treated in small clinics in their own neighborhoods...not bussed in to create an economy of scale for a profit driven industry.

My experience as a prescription watchdog over opioid medication seekers also comes from over 30 years of community pharmacy practice. Every day I analyzed opioid usage by clients who wanted early refills on their Rx medication. It is the physiological nature of addiction that pushes a client to want more and more medication. The advent of new drugs...(Suboxone and Vivitrol), have made opioid weaning easier for clients and physicians. The current "Opioid Crisis" was partially created by litigation against physicians 20+ years ago for "failure to treat" pain. Who then began to prescribe with much less restraint and more refill freedom. Most prescription medication abusers already had become "Dr. shoppers" and were always seeking a new physician no matter what their current "contract" required. Then drug manufacturers entered the fray with long acting morphine, fentanyl and oxycodone options, which proved fatal for many abusers.

In conclusion: MAT is best suited for small neighborhood based healthcare. In today's internet based connectivity it is not hard to co-ordinate wrap around detox and psychological services for a small clinic. The existing services at the Jamestown S'Klallam clinic and other services available in Port Angeles and Port Townsend are not full to capacity. The MAT facility is not something that this community asked for. It's placement near the core of Sequim's retail and housing community is not in the best interests of our people. Please consider a different location.

Sincerely,

Paul Wessler, R.Ph.

April 8, 2020

Tim Woolette

152 West Cedar Street

Sequim, WA

Mr. Tim Woolette,

I am sorry you work for the City of Sequim, it appears you do not have Sequim's best interests in your position. This SEPA document isn't even needed when one looks at just "is there a need?" Our Hub and spoke mental health network on the Olympic Peninsula is in place (locally- NOT REGIONAL).

https://static.wixstatic.com/media/8f2579_d53596260f82445cbfff13753ee464df~mv2.png

You, Tim, living in Port Angeles, should know there is already a surplus of slots open for those who choose the Methadone dose. Maybe our City of Sequim Community Development Team and the City Manager, and our City Legal counsel should invest in Ethics training.

One only needs to look and talk to our neighbors who are dealing with the aftermath of the Regional Didgwalic MAT facility. Sequim will become a mini-Seattle and become overwhelmed with a lack of services.

Jamestown S'klallam Tribe has stated it will follow the model of the Regional Didgwalic MAT facility. Below, is a quote from the presentation to representatives of Indian Tribes from Idaho, Oregon and Washington. (https://www.goskagit.com/news/local_news/swinomish-wellness-center-shares-successes-challenges/article_ed1469ae-f730-542e-bfd0-8d1db2db66b0.html?fbclid=IwAR2eWrntAVNAkuainHeFQU3y2dlcjX00ryQBjaWc7of3t6erATAbfILCwOo)

"An ongoing challenge is serving the transient population, Baker said. The center provides tents, sleeping bags and hygiene kits to clients, but it cannot house them. "It's a real struggle," she said.

1) Addiction cannot be addressed without addressing the homelessness of addicted individuals. Mount Vernon, had to change the way they help with serving breakfast, lunch and dinner to the homeless, a mere 8 months after Didgwalic Regional MAT started up. Local businesses came together to ask Friendship House to stop serving breakfast and lunch due to all the needles and human feces and customers not feeling safe. (<https://komonews.com/news/local/homeless-meal-program-reduced-to-address-merchant-complaints-in-mount-vernon>) (This happened because they were no longer just taking care of their own- but the surplus of homeless/addicted from the Didgwalic Regional MAT facility.

2) The 9th circuit court has upheld a ruling allowing for the right of homeless to live in public areas. This is exactly why we need a community impact study done. The Sequim Police will have their hands tied when it comes to our sidewalks and parks becoming the new haven for a homeless/addicted

problem that the Regional MAT facility will bring. (<https://nlchp.org/homeless-persons-cannot-be-punished-for-sleeping-in-absence-of-alternatives-9th-circuit-decision-establishes/>)

Someone needs to follow the money and publish it, make it transparent. There is so much more to say, but simply put – A retirement and tourist-based community IS NOT the right location for a Regional MAT facility.

Sincerely,

Penney Hendricks

4333 Old Olympic Highway

Sequim, Wa 98382

Tim Woolett

From: Peter I. <igninc@olympen.com>
Sent: Saturday, April 4, 2020 10:53 AM
To: Tim Woolett
Subject: SEPA Document MAT Clinic

Mr. Tim Woolett, Dept. of Community Development, City of Sequim

I would first off like to say how very disappointed I am that city employees are rushing this project along in the midst of a nationwide pandemic. Having reviewed the SEPA document I do not agree with many of the points contain therein and do not agree with the Mitigated Determination of Non-Significance. The Tribe's Community Response Plan and Property Security Plan is really based on nothing but conjecture and wishful thinking and is very unrealistic in parts to say the least and I am therefore still concerned about public safety and well being of our community members. If this is not a valid concern than why is the tribe hiring 3 full-time security guards and placing hundreds of security cameras on campus? Do you really think that having patients read the rules and sign a piece of paper will guaranty their behavior? Obviously not which is why we have all the extensive security measures. With up to 250 patients, how probable is it that the security guards "will get to know each patient personally to ensure better relationships and compliance with program policies"? Saying that patients will "remain on clinic property" or will "arrive and leave via the shuttle or the transportation mode of arrival" is nonsense and is not enforceable. This is a free country and patients can arrive by any mode they wish including a bus, walking or hitch hiking and they can linger in town too if they wish. I also take issue with the claimed 75% success rate of MAT programs stated in the document. There are many studies I have seen that show a much lower rate of success and many patients stay on the program for years as evidenced by the tribal clinic in Anacortes where they are now building apartments next to the clinic for the patients to live in and I'm sure we can expect the same in Sequim in years to come if this clinic is allowed to be built. There were never any studies done or data compiled that show this is needed in Sequim and this has been a bad idea from the start. Even the big box retail stores when they wanted to come to Sequim got a C2 designation even though there was no concern for public safety. But this MAT clinic with all of it's controversy and extensive security measures gets an A2 designation? Very strange. I also noticed that this SEPA document shows Brent Simcosky as the owner and not the tribe and I was also curious as to why Mr. Woolett signed on behalf of Mr. Berezowsky? Submitted by: Peter Ignatjev, Sequim WA.

Tim Woolett

From: Ray & Diane Bloodworth <ray.diane@wavecable.com>
Sent: Wednesday, April 8, 2020 1:53 PM
To: Tim Woolett
Subject: MAT Clinic

Dear Tim Woolett,

My husband and I moved to Sequim in 2001 to retire. We have been very happy here. Recent developments have become concerning. We see, already, an influx of “homeless” people in the downtown area. Things are dangerous in Seattle, and we fear those situations could happen here and completely overwhelm our small town police force. I have recently been approached by people begging outside of QFC and Walmart myself.

Yes, we do have a drug problem here, but there are current resources available in the community that have plenty of openings. A clinic in Pt. Angeles advertises often. We do not have a population density that requires a facility the size of the proposed MAT clinic. I know that the Tribe wants all that government money, but to get it they will find it necessary to import “patients” from other areas. Statistics point to a large percentage of such “clients” as always being homeless.

At the very least we feel that our property values will fall, as we live in the Sequim city limits. The increasing dangers that drug-addicted people from other areas will bring with them may make living here unacceptable in the future. We would be sad to see that happen.

Please add two people to the “Nay” vote count.

Thank you for your consideration in this matter.

Ray and Diane Bloodworth
612 Reservoir Rd.
Sequim

4/1/20

Dear Mr. Tim Woollett and Barry Berezowsky,

I am writing to point out errors and appeal the determination in the SEPA document approved of for the Jamestown S'Klallam Tribe Regional Outpatient Medical Facility—Healing Campus, --Opioid Treatment Program (Federal Law Lingo.) I am just putting the Number of the regulations I am objecting to. Doesn't the SEPA have to look at the whole project and not just the building of it. As you can see they did not address the impact of 300 cars (vans-buses on the Air quality in Sequim)....

SEPA Environmental Checklist

A. Background

7. The Tribe has been advertising and saying this is a Two Phase project. So they have been lying to the public all this time?

11. Lists Childcare...which requires this to be processed as a C2. Childcare Services require a Conditional Use Permit Process and also a Medical Laboratory. This project has a 2nd phase that is an inpatient Psyche Facility. There is no mention of this..... The Tribe has been talking about Phase Two the whole past 6 months, why no mention of this now? Does not inspire trust for the Tribe.

B. Environmental Elements

2. Air- The addition of 300 vehicles driving into Sequim for daily dosing will have an impact on the air of Sequim. This does not cover/consider the impact of all of these cars and buses coming into Sequim. This will be significant.

3. Water

c. 1. Describe the source of runoff- The water will eventually flow into the Dungeness River. What about the Salmon in the Dungeness. Has there been any Environmental Impact Study of this?

5. Animals

a. The DOE states there is Northern Spotted Owl, Winter Steelhead, CoHo and Pink Salmon inhabit the site. If they inhabit the site then they must be in (fish) in the irrigation ditch because that is all that is there. So someone is lying about the irrigation ditch and of course the Owl does fly around this area.

7. Environmental Health

b. Noise

2. The noise level will definitely go up due to the amount of cars and traffic from 40 employees and 300 daily patients.

Lab with Blood and Urine...What about that? Class II and III drugs. Also there will be some needles left around and what impacts will that have on the city?

8.

b. 1) There is the Shaw Farm that has already been affected by this project. Their irrigation ditch was clogged up by work done there that cost them 1000,s of dollars.

e. This was illegally zoned an Economic Opportunity Area.

11. The Light from this facility could easily affect the Shaw Farm animals. c. There will be light and pollution from the Shaw Farm and closeby houses.

f. This is inaccurate as it does not take into consideration the employees.

14. Transportation- There certainly will be impacts by the increased transportation to this site for both workers and patients.

15. a & b This talks about direct impacts on site and does not cover what will/can happen off site. There will be direct impacts off-site. This should be studied. MAT Facilities do have a history of needed medical support. That is why it is recommended they be near a hospital.

For all of the above reasons I do not approve of the permitting of this project and the rushing though with it. I feel that the city council has gone rogue and this is required by law to be processed under the C2 ruling.

Sincerely,

Dr. Rick Marschall

360-460-9817

April 6, 2020

Barry A. Berezowsky, Community Development Director

bberezowsky@sequimwa.gov

Tim Woolett, Community Development

twoolett@sequimwa.gov

City of Sequim, WA

We are writing to protest the non-requiring of an EIS for the proposed MAT clinic to be located in Sequim. Sequim is a small town with insufficient revenue to support the potential issues that are historically associated with a MAT clinic. The failure to involve the residents of Sequim in this decision is unconscionable and likely a violation of city ordinances. Sequim is made up of a large number of elderly and retired citizen, in comparison to the county at large. State and US Census data show that Clallam county overall has a population over 65 of 29%, whereas Sequim has 40%. ***(See links listed below to confirm statements and statistics referenced in this letter.)***

Furthermore, studies have shown that the numbers of addicted individuals seeking treatment are most likely to be middle age or younger.

The elderly are less likely to be able to protect themselves against the crimes that are often associated with drug related incidences. Nor do they possess the skill set or resources to cope with a large influx of opioid addicted individuals and the associated mental health issues that would naturally increase in Sequim's public places.

Most often proponents of the clinic cite the insufficient number of available seats to meet the demand. However, there are many available seats in both Port Angeles and Port Townsend. Statistics continue to demonstrate that there are not enough addicts in Sequim to justify a MAT clinic without importing large numbers from other parts of the state.

Based on current statistics, Clallam County as a whole is already well positioned to handle much larger numbers than the national average requires.

Three major studies conducted in Washington State concluded that the average one year retention rate in MAT programs is 51%. Further analysis found that while in treatment, 45% continued to take illicit drugs which begs the question, where do these drugs come from. It is not rocket science to determine that this MAT clinic will exponentially increase the numbers of drug dealers on the street and throughout our community and county.

13% of participants self reported criminal justice involvement or outstanding charges within past 30 days when interviewed. Who were the victims of these criminal activities? Local citizens! Equally concerning, 48% of MAT clients were either homeless or lacked stable housing. Where will these people "overnight" while receiving treatments? Sequim certainly does not have the resources to deal with the current number of homeless, much less any increase due to an influx of MAT clients.

We are both healthcare professionals. We understand the humanitarian concerns of addiction and feel that there should be a plan to help addicted individuals, however we cannot see either the logic or the need to place a facility inside the city limits of Sequim. We would highly suggest alternative locations where there would be no impact on Sequim at large and more specifically its vulnerable elderly population. Anacortes is frequently cited as an example of a successful treatment facility. It should be noted that their location is a considerable distance outside their city limits. We respectfully request that alternate sites be evaluated with local citizen input prior to a final decision.

Sincerely,

Robert Bagwell, RN, RVS, RDMS, RDCS

Leslie Furlow, RN, PhD, MSN, MPH, BSN, FNP-BC

Citations:

<https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates>

<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-102>

<https://www.codepublishing.com/WA/Sequim/>

<https://www.bjs.gov/content/pub/pdf/cae0313.pdf>

https://static.wixstatic.com/media/8f2579_d53596260f82445cbfff13753ee464df~mv2.png

<https://www.peninsuladailynews.com/news/suboxone-treatment-port-angeles-clinic-to-triple-capacity/>

<https://www.peninsuladailynews.com/news/opioid-treatment-center-to-open-in-port-angeles-this-summer/>

<https://baltimorepostexaminer.com/opioid-treatment-research-shows-saturation-treatment-centers-increases-crime/2015/02/25>

April 1, 2020
Tim Woolett
Sequim City Building Department
152 W Cedar St
Sequim WA 98382

SEPA on MAT facility proposal

Tim,

Your SEPA document, and the JST response, has no information regarding the mitigation of hundreds of people being brought into Sequim every day during any pandemic or similar problem. Potentially immune weakened people being moved, every day, from all over the peninsula will spread illness.

This health problem has altered every day life across America and there is NO mitigation in your SEPA work on this facility.

Please address this issue by seeking the developers' response to this concern and adding it to the SEPA study.

Regards,

Robert Fowle
103 17th Ct
Sequim WA

Tim Woolett

From: Robert Bilow <millrow26@gmail.com>
Sent: Wednesday, April 8, 2020 1:42 PM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS Comments April 8, 2020

TO:
Barry Berezowsky
Tim Woolett

As Barry Berezowsky is the Responsible Official under the MITIGATED DETERMINATION OF NONSIGNIFICANCE (MDNS) issued March 23, 2020 regarding File No. CDR 20-001, I make the following comments and objections to that MDSN:

1. The MDSN is signed without supporting authority by Tim Woolett on behalf of the SEPA Responsible Official, Barry Berezowsky. The MDSN is incomplete without documentation showing that Responsible Officer Berezowsky has legally delegated his responsibility for this MDSN to Tim Woolett, and that those responsibilities are in fact legally delegable.
2. The deadline of April 8, 2020 for "comments" regarding this MDSN should have been extended for an additional period of time pursuant to RCW 36.70B.080 due to the current COVID-19 crisis in the State of Washington and the City of Sequim. I join others whom I understand have requested an extension of the comment period deadline per RCW 36.70B.080.
3. The development described in file No. CDR 20-001 is only the first phase of a multi-phase project. The entire phased project should have been reviewed prior to issuance of this MDSN rather than only "Phase #1".

Respectfully submitted,

Robert L. Bilow
195 Sunset Pl.
Sequim, WA 98382
millrow26@gmail.com

Tim Woolett

From: I <sonnenr@aol.com>
Sent: Tuesday, April 7, 2020 3:48 PM
To: Tim Woolett

Re: The Impact of the Proposed Jamestown Mat Clinic
To: To Whom It May Concern
From: Roger Sonnenberg: sonnenr@aol.com

I am writing as a citizen of Sequim, WA regarding the proposed Mat Clinic, objecting to the suggested placement or location. I have read thoroughly the Environmental Impact Study which suggests such a project “does not pose a probable significant adverse environmental impact.” I disagree ardently and for the following reasons:

- 1) When you state “recent studies have shown that crime does NOT increase around MAT Outpatient clinics, you fail to list other reliable studies. I have done scientific studies and know you can skew them to say what you want them to say. The Furr-Holden survey is flawed because it basically compares apples to oranges. (It should be of interest to all of us that the director of the study was done by someone who seeks to develop structural interventions for alcohol and drug solutions, which might support some bias.) The study fails to look at the crime in the local area next to DTC’s. Instead it compares the crime around MAT clinics to crime around liquor stores. It is a known fact “crime around liquor” stores is higher than other parts of the city, The location of the proposed Clinic is not near a liquor store; it’s near retirements homes and shopping centers. Sequim is a small city in comparison to where many MAT clinics are placed. What happens on the East side affects the West side, etc. One of my patients who was in a MAT clinic told me repeatedly of how fellow patients would leave the premises and go to different, safer parts of the city to do whatever they wanted to do. I know as a matter of fact that where MAT clinics are placed areas in the San Clemente area (where we live 6 months of the year), values of property go down in value. How does one explain the decrease except for the fact that MAT clinics increase crime activity in the area?
- 2) The proposed Security Plan also states “we have been in discussions with bordering property owners about what kind of property buffers they would prefer.” This comment contradicts everything the property owner next to the proposed MAT clinic stated in the two meetings I attended where harmful effects were already taking place as the Tribe had already been in the process of clearing the land, etc. If the “tribe” hadn’t already spoken to this next door neighbor, why should we believe it will in the future talk to them? With tears in

her eyes I, along with hundreds of others, heard this very astute and well-spoken daughter of the farmer next door. She lamented over things which were already happening without any discussions with the Tribe—the tearing down of fences, the scaring of farm animals, the dust, the noise—to name a few. She spoke of how the farm had been in the family for years, how their tax structure would disappear with the disappearance of the animals. She asked, “What do you want me to tell my aged mother at home?” I question why the City Council or anyone would not want to preserve the wonderful synergy between farmers and the city residents? It is what people see as charming and inviting. Why would anyone want to destroy the quality of life so many people enjoy and desire to continue to enjoy?

- 3) I’m a therapist. I have counseled hundreds of people for addictions of all kinds. For many drug addicts to be “required to sign a patient and conduct contract” is like asking them to never steal anymore to get their “next fix” or a parent asking their addicted daughter to promise she will never do drugs again. Their promise is sincere for the moment; however, drug addicted people will do anything, break any contract, any promise, to get their next “fix.” Drug and Alcohol addiction is a sickness. When they break their contracts, what then? They won’t be allowed to come back? Well, according to reliable information from my patients in such clinics, drug dealers wait outside or nearby to sell their poison. These “displaced clients” will know exactly where the drug dealers are located. Is the Tribe going to be stopping every car coming into city to inquire why they’re entering the city?
- 4) The report states “Patients arrive and leave via shuttle transportation or transportation mode of arrival.” That statement itself exposes such naivete, such equivocality, I was surprised it would be found in a professional report. “Or transportation mode of arrival”? Some of “esteemed” doctors, chomping to make millions of dollars off the deal, at one of their “propaganda meetings” said many patients would be driving to the Center for their treatment “early in the morning” before they had to go to work. So you have a large number of drivers on one of the most dangerous highways in the Straits early in the morning to “get their treatment” and IMMEDIATELY drive back to work on the same dangerous highway after getting their daily “fix”? I challenge anyone to keep record of the increase in accidents if or when the Clinic opens.
- 5) The “Tribe” claims it has spoken to thousands of concerned citizens, one time at meeting of “1,300 in attendance.” SOS and other concerned citizen groups have also meet with thousands in attendance. To be in a meeting and answering questions and concerns is one thing, to actually listen and address the real issues is something else. I was in attendance at the large meeting referred to and what I heard were hardly answers to many of the questions, where the Chief said “It is already a done deal.” I wanted to stand up and ask, “Then why the hell are we here?” It was obvious it was only a PR meeting to assure themselves of a facility which would annually make them millions of dollars. The document also states, “The Jamestown Tribe is committed to holding an annual public meeting... to update the community and discuss any

issues or concerns related to our clinic.” “Annual” meeting? That is almost as assuring as the doctor will see you in a year, after you’ve been diagnosed with a brain tumor. A “Social Navigator” supposedly will help the “Tribe’ and the citizens of Sequim fill any “gaps.” Could the gap be similar to many MAT facilities I’m familiar with---the provision of halfway houses? Where will they be placed in Sequim?

- 6) The conclusion to the report is: “Doing nothing is not a solution for health issues and problems facing the North Olympic Peninsula.” Most of us, myself included, would agree; however, our argument has always been and still is—LOCATION! LOCATION! Why in the middle of Sequim where other people—other than drug addicted people live and have made their homes. When does one group of people—the addicted—take precedence over other people. The definition of “environment” is “Environment includes everything in a defined space—including humans.” This definition includes people who have moved to Sequim with certain promises and expectations. They too are important, aren’t they? They too deserve to be heard and considered. One would need to be deft and uncaring to not hear the clarion call from the greater majority of the residents and others in outlying areas who are pleading, “Please put the Clinic elsewhere.” Let’s truly protect the “environment”—“everything and everyone who lives in a defined area.”

My wife and I were the victims of a \$70,000 theft (done several years ago on Hendrickson St.) by a drug addict. The money was never the issue as much as the family heirlooms and our child’s keepsakes which were stolen. As a professional therapist and retired pastor, I can assure you if the Clinic is placed in the middle of the city, the crime and other harmful incidences will exponentially increase. It will be a sad day for Sequim!

Sincerely,
Roger Sonnenberg

Tim Woolett

From: Rose Marschall <rosemarschall@gmail.com>
Sent: Thursday, April 2, 2020 7:42 PM
To: Tim Woolett; Barry Berezowsky
Cc: Ted Miller; Tom Ferrell; William Armacost; Troy Tenneson; dmiller@sequimwa.gov; jbrandon@sequimwa.gov
Subject: SEPA REbuttal

4/3/20

Dear Mr. Tim Woolett and Barry Berezowsky,

I am writing to point out errors and appeal the determination in the SEPA document approved of for the Jamestown S'Klallam Tribe Regional Outpatient Medical Facility—Healing Campus, --Opioid Treatment Program (Federal Law Lingo.) I am just putting the Number of the regulations I am objecting to. Doesn't the SEPA have to look at the whole project and not just the building of it? As you can see they did not address the impact of 300 cars (vans-buses on the Air quality in Sequim)....

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7. The Tribe has been advertising and saying this as a Two Phase project ever since they announced this. . So they have been lying to the public all this time?

11. Lists Childcare...which requires this to be processed as a C2. Childcare Services require a Conditional Use Permit Process and also a Medical Laboratory. This project has a 2nd phase that is an Inpatient Psyche Facility. There is no mention of this..... The Tribe has been talking about Phase Two the whole past 6 months, why no mention of this now? Does not inspire trust for the Tribe.

B. Environmental Elements

2. Air- The addition of 300 vehicles driving into Sequim for daily dosing will have an impact on the air and safety of Sequim. This does not cover/consider the impact of all of these cars and buses coming into Sequim. This will be significant.

3. Water

c. 1. Describe the source of runoff- The water will eventually flow into the Dungeness River. What about the Salmon in the Dungeness. Has there been any Environmental Impact Study of this?

5. Animals

a. The DOE states there is Northern Spotted Owl, Winter Steelhead, CoHo and Pink Salmon inhabit the site. If they inhabit the site then they must be in (fish) in the irrigation ditch because that is all there is there. So someone is lying about the irrigation ditch and of course the Owl does fly around this area.

7. Environmental Health

b. Noise

2. The noise level will definitely go up due to the amount of cars and traffic from 40 employees and 370 daily patients.

Lab with Blood and Urine...What about that? Class II and III drugs. Also there will be some needles left around and what impacts will that have on the city? <https://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

8. Land and Shore

b. 1) There is the Shaw Farm that has already been affected by this project. Their irrigation ditch was clogged up by work done there that cost them 1000,s of dollars.

e. This was illegally zoned an Economic Opportunity Area.

11. Light

The Light from this facility could easily affect the Shaw Farm animals. c. There will be light and pollution from the Shaw Farm and closeby houses.

f. This is inaccurate as it does not take into consideration the employees.

14. Transportation- There certainly will be impacts by the increased transportation to this site for both workers and patients. <http://leap.leg.wa.gov/leap/budget/lbns/1921Cap1102-S.SL.pdf> The impacts from patients missing their bus and getting tired of riding it will be humungous. Also, the Regional idea is very bad for all. No one "normal" unaddicted person would take a bus daily for months for 6 days a week. How do I know? I simply ask people this and they say maybe one week...definitely no more than two, before they would get tired of daily taking a bus, van to get treatment. These are healthy normal people, and people with emotional/mental challenges as most addicts have will not be able to do this. LOCAL is what is needed.

15. Direct Impacts

a & b This talks about direct impacts on site and does not cover what will/can happen off site. There will be direct impacts off-site. This should be studied. MAT Facilities do have a history of needed medical support. That is why it is recommended they be near a hospital.

For all of the above reasons I do not approve of the permitting of this project and the rushing though with it. I feel that the city council has gone rogue and this is required by law to be processed under the C2 ruling. I noticed it was also illegal for the city attorney to stop a motion and go into executive decision without saying what it was about!!!

Sincerely,

Rose Marschall

360-808-2662

162 S. Barr Rd.

Port Angeles, Wa. 98362

--

Rose Marschall

Inner Harmony-
"Impossible Things Are Happening Every Day"
360-808-2662

Tim Woolett

From: Sharron Lawler <sharronlawler@gmail.com>
Sent: Wednesday, April 8, 2020 3:35 PM
To: Sharron Lawler; Dennis Lawler; Troy Tenneson; Tim Woolett; William Armacost; Ted Miller; Brandon Janisse; Dennis Smith
Subject: SEPA report

Dear City of Sequim Worker's and Counsel Men,

I would like to call in question a answer from the MAT facility developer in reference to the Question of natural resources could be depleted..

Page # 25 of 349

D. Supplemental sheet for nonproject actions

#3- (Question) *How will the proposal be likely to deplete energy or natural resources?*

(Answer) **None Known**

But on Page # 16 of 349

b. Ground water

#1- (question) *Will groundwater be withdrawn from a well or drinking water or other purposes? If so, give a general description of the well. Will water be discharged to groundwater? Give a general description, purpose, and approximate quantities if know.*

(answer) **MP rotator type litigation will be used. Irrigation quantities will be approximately 420,000 gallons from april-october, assuming medium water use plants.**

***First it looks like 420,000 gallons of irrigation water is a minimum of water used. An est. of 70,000 gallons a month used during the peak dry time in Sequim...**

THIS WILL DEplete WATER THAT WAS MENT FOR FARMERS AND HOUSEHOLD GARDENS AND ORCHARDS FOR THE LANDSCAPING OF A COMMERCIAL BULDING..

IT WILL TAKE A MINIMUM 420,000 GALLONS OF WATER OUT OF THE DUNGANESS RIVER AND AWAY FROM FISH, WHICH CAN BE A LARGE PROBLEM DURING TIME OF DROUGHT'S

Are there other business that are allowed to use relatively free farming irrigation water to irrigate their landscapes? I strongly appose this Facility taking advantage of our citizen resources for commercial gain.

Sincerely,

Sharron Lawler

470 Mill Rd.

Sequim, Wa. 98382

Sent from [Mail](#) for Windows 10

Tim Woolett

From: Sherry Barnes <threebarnes@gmail.com>
Sent: Wednesday, April 8, 2020 2:31 PM
To: Barry Berezowsky; Tim Woolett
Subject: Comment for SEPA application for Jamestown S'Klallam Tribe proposed MAT facility

Dear Sirs;

I am commenting today on the SEPA application process, as it is not only incomplete, but does not give any alternatives as was noted in the application, showing that the application is incomplete.

An extensive environmental study has not been done, and should be required, not only is there wildlife, and a working farm with cattle and irrigation ditch, but the impact that a drug rehabilitation facility will cause to not only that site, but to our town.

An extensive study must be done due to the drugs and the fallout from the addicts that some studies show that 90% of these addicts from MAT clinics are homeless. How will the filth, needles, etc., affect the cattle? Then again, is the concern over the endangered species in the area. The SEPA application contradicts itself stating there is endangered species in one section, then the next line, states there is no endangered species. This must be rectified, and an extensive study must be done to do so.

With a facility that has been described by the developer, that there will be 250+ hard core addicts brought here, why hasn't a study been done showing what the impact will be on diseases these addicts have, and will bring to our community. These addicts are in the category of the most vulnerable, as most are homeless. Where's the study of how HIV/AIDS, hepatitis, even Coronavirus, will impact our community and our environment? It will also affect our wildlife and the farm next door to the proposed site, so this should be included as well. How will it affect the cattle that is used for local family consumption? The water in the irrigation ditch that travels to throughout our community? These are all questions you must ask yourself! This doesn't even include why you changed the zoning, to an economic opportunity zone, which our city doesn't even qualify for.

Please, for once, do the right thing for our community, by doing extensive studies that are true to the environment, all properties involved, and to our community. During a complete shutdown of our country, I am appalled that this is even being allowed to continue, as it is NOT essential to our town, as our Governor has specifically stated!

A Concerned Sequim resident,
Sherry Barnes

Sent from my iPad

Tim Woolett

From: Save Our Sequim <saveoursequim@gmail.com>
Sent: Sunday, April 5, 2020 2:43 PM
To: C Ray
Cc: Barry Berezowsky; William Armacost; Ted Miller; Brandon Janisse; Troy Tenneson; Tom Ferrell; Tim Woolett
Subject: Re: SEPA Response

I think it's perfect! Excellent job.

On Sun, Apr 5, 2020, 12:00 PM C Ray <docoray@gmail.com> wrote:

Responsible Officials, City of Sequim

I have serious concerns regarding the Jamestown S'Klallum Tribe's application and review process for the Regional MAT Clinic proposed location in the busy Sequim shopping area and a short walk to Senior Housing.

I fail to understand how the Tribe, Barry Berezowsky, and City Attorney Kristina Nelson Gross can continue to push development of the Regional MAT facility in spite of broad public concern that would require a C2 Review. It is even more questionable that they continue to push forward while the A2 process is under appeal.

SEPA requires review of community concerns such as: increased traffic on inadequate roads, environmental issues that impact our water systems, irrigation, and sewage, the human cost of inviting a medically at-risk population to Sequim when we do not even have an emergency room, an after-hours / weekend clinic, or enough doctors to serve the population now.

The Tribe stated phase 2 of the MAT Clinic is an Inpatient Behavior Health Clinic. Why is the inpatient facility not being addressed?

It is outrageous that this project pushes forward in private when Councilman Tenneson moved that all projects other than single family, be delayed for 90 days due to the quarantine. The motion was seconded but Nelson -Gross insisted it go to Executive Session excluding the public. Once again, the public is illegally excluded and city employees are misdirecting and misinforming our elected Council members.

Moving forward with MAT, behind closed doors, is questionable, if not illegal.

There is absolutely no excuse to ignore the dangerous impact that a Regional MAT facility, at this location, brings to Sequim especially when treatment is readily available nearby.

I would appreciate a response in a timely manner.

Sincerely,

Colleen Rayburn
Sequim

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Tuesday, April 7, 2020 3:18 PM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS & SEPA Comments on proposed JSK MAT facility by Costco

Item 7. - "Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

This project is a standalone development, although in the future facility expansion or additional services may be added to the residual site, if the needs arise. Currently, there are no plans to expand or seek future facilities."

Page 3 of the Olympic Peninsula Behavioral Health Campus, 2019 Washington State Legislature Capital Budget Request, states "This project requests fund to undertake a three phased project. Phase 1 includes the construction of a Medication Assisted Treatment (MAT) outpatient Clinic that will also provide primary care, dental services, and wraparound services. Phase 2 is the construction of a 16 bed Evaluation Treatment facility with co-located outpatient behavioral health services. Phase 3 is the construction of small crisis stabilization centers in both Forks and Port Townsend. . . . Specifically, on a to-be-acquired 20 acre parcel, located in Sequim, the Consortium proposes to construct a 34,000 square foot Medication Assisted Treatment (MAT) Outpatient Clinic that will also provide primary care, dental services, and wraparound services. This Clinic will be capable of supporting more than 300 adults (age 18+) annually and operate 6 days per week. In phase 2, a licensed Residential Treatment Facility (RTF) providing Evaluation and Treatment (E & T) and involuntary and voluntary admissions on an outpatient behavioral health clinic will be build and operated. The RTF is expected to serve more than 350 individuals annually."

JSK has clearly mapped out their intent in the Capital Budget Request of 2019.
Disallow this facility.

SueRunyan
63 Lighthouse View Dr.
Sequim, WA 98382
360-477-4892

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Tuesday, April 7, 2020 8:52 PM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS & SEPA Comments on Proposed JSK MAT facility by Costco

There is an inadequacy of the MDNS Conditions item d -"Tribe agrees to reimburse City for all lost tax revenue if, and when, the property is taken off County tax roll. If it is determined that additional public safety staff, such as police, EMTs or fire officers, are needed due to activity resulting directly from the clinic's operation. The Tribe agrees to fund these public safety (EMT, Fire & Police) positions for as long as they are necessary."

The Tribe does not say how many years they will reimburse Sequim for lost tax revenue. Since the Tribe plans on putting this property into Reservation land, the Tribe ought to agree to reimburse the City every year for time immemorial.

The Tribe does not address the loss of Revenue by the County for property tax. Since the property will be in Tribe ownership, the Tribe ought to pay the country for all lost tax revenue for time immemorial.

Disallow this facility. It is hurtful to the city of Sequim and to our County.

Sue runyan
63 Lighthouse View Dr.
Sequim, WA 98382
360-477-4892

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Tuesday, April 7, 2020 8:52 PM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS & SEPA Comments on Proposed JSK MAT Facility by Costco

There is an inadequacy of the MDND Conditions item s - Prior to occupancy the Tribe will have installed a fence at a mutually agreeable location and out of mutually agreeable materials between the clinic property and the Shaw family farm.”

There must be a signed and notarized agreement between the owner of the Shaw family farm. It is my understanding the owner is an elder in our community and thus this same signed and notarized agreement must include the next of kin/inheritor of the Shaw family farm. This agreement must include a fence maintenance or replacement agreement, with JSK paying for any maintenance or replacement for as long as the current owner and any subsequent kin retain ownership of the property.

The fence must be completely finished before the beginning of any work on the MAT facility.

Disallow this facility.

Sue Runyan
63 Lighthouse View Dr.
Sequim, WA 98382
360-477-4892

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Wednesday, April 8, 2020 10:04 AM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS & SEPA Comments on Proposed JSK Mat facility by Costco

There is an inadequacy of the MDNS Conditions item o - "Prior to occupancy the tribe will secure fulltime on-site security to maintain order on-site. With neighboring property owner permission on-site clinic security will also make sweeps through neighboring commercial properties on a schedule determined cooperatively between the clinic and adjacent property owners. Sweeps of adjacent residential neighborhoods will also occur on a regularly scheduled basis."

The proposed JST MAT facility must be an extraordinarily dangerous place and area. The peaceful ambience of Sequim is the reason why many of its live here, long time families and newer citizens. We don't live in a dangerous community and we don't want that changed. Deliberately making our community a dangerous place for us to live and shop is simply outrageous!

What is the size of the adjacent resident neighborhood? Signed notarized agreements are a must from all the property owners affected on this "sweeping patrol." Also, if the owners are over age 65 or in compromised health, the agreement must include a notarized signature authorization from the next of kin and/o inheritor of the property. These agreements must be done before any construction begins.

Disallow this facility!

Sue Runyan
63 Lighthouse View Dr.
Sequim, WA 98382
360477-4892

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Wednesday, April 8, 2020 10:04 AM
To: Barry Berezowsky; Tim Woolett
Subject: MDNS & SEPA Comments on Proposed Jamestown S'Klallam Tribe MAT facility by Costco

There is an inadequacy of the MDNS conditions item Q - "JST will ensure no graffiti on the JST Healing Center site, and JSY will immediately report any such vandalism to the city if any occurs on nearby properties. JST will take steps to immediately remediate the graffiti on their property."

If the person who does the defacing of neighboring properties is a client of JST's MAT facility, then JST ought to be liable for the clean up. If there is no MAT facility this becomes a non-issue until the Tribe wants to build something else on that piece of ground.

Disallow this facility. This facility only serves a very small segment of people. Again, disallow this facility.

Sue Runyan
63 Lighthouse View Dr.
Sequim, WA 98382
360-477-4892

Tim Woolett

From: Sue Landis Runyan <landis3@yahoo.com>
Sent: Tuesday, April 7, 2020 3:17 PM
To: Barry Berezowsky; Tim Woolett
Subject: SEPA Comments on Proposed JSK MAT facility next to Costco

Item 5.c. - "Is the site part of a migration route? If so, explain.

The site is part of the migration route for the winter steelhead, coho and pink salmon odd year." The answer in item 3.2 - "The project will require work adjacent to and within the irrigation ditch. The irrigation ditch will be hard-piped and buried within the proposed easement, which will bisect the site."

It is my understanding that fish will not swim through a pipe. Remember, the Elwha Dam was removed to restore fish migration routes.

Disallow this facility.

Sue Runyan
63 Lighthouse View Dr.
Sequim, WA 89382
360-477-4892

Tim Woolett

From: Pepai Whipple <pepalapu@sbcglobal.net>
Sent: Wednesday, April 8, 2020 4:05 PM
To: Tim Woolett; Barry Berezowsky
Cc: William Armacost; Ted Miller; Troy Tenneson; Brandon Janisse; Tom Ferrell
Subject: SEPA

To Whom it may concern Barry Berezowsky and Tim Woolett April 7, 2020

We are in opposition to the Mitigated Determination of Non-Significance (MDNS) Jamestown Outpatient Clinic Application File No. CDR 20-001

We are writing in response to the SEPA report filed by the JST, questionably signed by Tim Woolett 3/23/20. During which time Clallam County Emergency Proclamation 3/17/2020, Governor's Proclamation 3/23/2020, WA Essential Critical Infrastructure 3/23/2020, and Governor's Amendment to Original Proclamation 3/24/2020 have all been put into effect due to the World Wide crisis of COVID-19.

I would like to add our son, age 40, is hospitalized. We are now burdened with this SEPA matter that has taken priority over people's lives and has caused an undue hardship at least for our household and probably many more in spite of the above noted Proclamations & World wide crisis.

Regarding the filing it is difficult to determine fact or fiction throughout the presentation as noted below. There are many misrepresentations, contradictions, omissions per SEPA rules and SEPA handbook, and it is obvious the documents were rushed, mis-stated and incomplete.

Examples as noted:

1. Animals a. Answer: Per DOE, Northern Spotted Owl, Winter Steelhead, Ohio, and Pink Salmon Odd Year inhabit the site. However, the irrigation ditch is used for irrigation purposes and does not have fish.
- b. List any threatened and endangered species known to be on or near the site. Answer: Northern Spotted Owl, Coho.

"a" says "does not have fish" yet "b" says endangered species is "Northern Spotted Owl, Coho" a complete contradiction. A barn known to house the Northern Spotted Owl was destroyed by JST without justification of an endangered species. How has the JST determined their findings, there is not note, no studies, nothing provided to justification the answers whether true or accurate. "c" answer: the site is part of migration route for the winter steelhead, coho, and pink salmon odd year. Again no proof provided.

D. Supplemental sheet for non-project actions state item 2: Very little to no effect on plants, animals, fish or marine life is expected. Where are the studies to determine this statement? Is this because Tim Woolett and Barry Berezowsky say so? It is because the public knows how much they are looking out for the tribe's interest instead of the public interest?

There is no proof or studies to substantiate any claims in this report of water, earth, environmental elements, air, energy and natural resources, environmental health, noise, land and shoreline use, housing, aesthetics, light and glare, recreation, historical and cultural preservation, transportation, public services, and utilities.

Regarding JST Preliminary Medical Outpatient Clinic and Community Response Plan the report is crippled with inaccuracies, omissions, and vague concerning information to be determined? Who will determine?

Statements such as:

“There is still too much opioid use and too many overdoses”, I do not believe this to be true based on research provided online and posted on Save Our Sequim.

“Despite all these measures, there are still people in our community who need more intensive services and better access to care”. Actually we could all use better care in this community, however the addicts are served well in the community currently by many other providers. There are no waiting lists, no person is being turned away, and drug use has been reduced using the facilities currently serving Clallam the last several years since 2016. Their model of bussing people or transporting them will cause problems with employment and an addicts personal support already in place.

Under Considerations for MAT Clinic, states “The property is zoned as a business and employment district, and medical clinics are among the many uses that are already allowed on the property. The property was also a good location for the clinic because of its proximity to Highway 101 and the distances from other retail and residential areas.

The aforementioned is totally misrepresented and verges on more lies. This is not a simple medical facility, it was proposed as a psych facility by the developer, including a child care center. The facility is right behind Costco, Michael's, Ulta, Grocery Outlet, Sally's, ATT store, Home Depot, bike shop, Bento restaurant, a bank and Ross. There is senior housing within 1 block of the proposed facility and residential houses within 300 feet.

#2 Summary of Clinic Services

The significance of a two year ramp-up period as claimed to serve 250 patients will cause other providers serving patients currently in the area to go out of business. The reimbursement rates will be significantly higher than local providers can successfully treat patients currently. There is no determination of how a clients residence will be determined, such as resident in county for 1 year or 2 years, or 1 day. This is another concerning omission.

The services provided will serve addicts ONLY. As the JST states, individual and group mental health counseling, on-site childcare services, and other state of the art services. Our general population is expected to pay for all the services but have no access to the mental health care or child care services unless they are or become addicted. There is something drastically wrong with this philosophy of health care.

According to Anacortes model JST uses the administrator states there are problems due to the fact most patients are unemployed, homeless, have no drivers license & no place to live, so the center there is handing out blankets and tents.

One last issue is off property and patients falling out of the treatment program. The JST has done nothing, stated nothing, and has not discussed nothing about the real problem of those patients who leave and vacate their property. Those individuals become the problem of the city of Sequim but there is no mention how this will be mitigated.

We have many more concerns but the time is short and we have much more important life issues to deal with at this time.

Regards,
Tom & Pepai Whipple

Sent from my iPad

Tim Woolett

From: Tom White <heartman@olyphen.com>
Sent: Wednesday, April 8, 2020 9:29 AM
To: Tim Woolett; William Armacost
Subject: Fwd: MAT Clinic

----- Forwarded Message -----

Subject: MAT Clinic
Date: Sun, 5 Apr 2020 11:55:20 -0700
From: Tom White <heartman@olyphen.com>
To: "<mailto:twoolett@sequimwa.gov>", Warmacost@sequimwa.gov

Dear Mr. Woolett and Mr. Armacost,

This email is in regard to the April 8, 2020 response deadline for community comments on the proposed Jamestown Tribe MAT clinic.

First, when the COVID-19 outbreak was first making news and communities around the country were beginning to react with restrictions on movement and business I commented to my wife that this is when the Tribe will make a move on the MAT clinic because everyone will be preoccupied with personal safety. Now, lo and behold, an article appears in the Gazette giving people what appears to be limited time to digest a 349 page document and provide feedback when everyone is more concerned about getting sick. That this would be foisted on people at this time is unconscionable, but not surprising. The Tribe gets what the Tribe wants. It will likely turn out this opportunity to comment will have no effect on the outcome.

Given that premise, secondly, what I and many others would like to know is not what the community leaders and tribe leaders want us to know about this project. It is, in fact, what they hope we will not know about this project. Any project of this magnitude involves many players, much politics and tons of money. That, in a nut shell, is the recipe for deceit.

The project is given an emotional appeal by stating it will serve people with "opioid-use disorder" rendering this as some unpreventable disease that one catches by inhaling foul air or contaminated water. Opioid abuse begins with a personal choice. It is a serious problem everywhere in America wrought by bad personal choices. Treatment and prevention are necessary, but don't play the emotional card to try to make this something it is not. This program treats drug addicts who, by choices most make on their own, become drug addicts. The current culture avoids personal responsibility everywhere it can.

To the issue at hand, a clinic in Sequim, until the current virus outbreak subsides the clinic should be tabled. Other construction projects in Clallam county are at dead standstills, many not even reviewable at this time. Why is the MAT clinic different? Is it because the Tribe has clout? Is there something in it for the City of Sequim that the general public does not know that they should push forward on this? Like I mentioned earlier, it's what we don't know that is most concerning - the behind-closed-doors stuff, the stuff people will say, "Why weren't we told about this in the beginning?"

My wife sells real estate. She will soon be listing the house of very long-time Sequim residents who are leaving

specifically because of the MAT clinic. Others will follow. We will see this project in the end the way many see the current battle against COVID-19. At first even people like the famed Dr. Fauci were telling us this would not be a severe problem in much the same way backers of the MAT clinic are telling us it will be great for the community. Now, some weeks later Dr. Fauci is having to eat those words having been unable to foresee just how devastating this pandemic would be. People in Sequim will view the MAT clinic with the same hindsight prism. "How could we not have seen the problems this clinic will bring to our community?" they will ask themselves when it is too late.

At least delay the project until people can give it the attention it is due.

Sincerely,

Tom White

Sequim, WA

Tim Woolett

From: Tyler King x268 <tylerk@clallampud.net>
Sent: Wednesday, April 1, 2020 6:55 PM
To: Tim Woolett
Cc: Troy Tenneson; 'csmith@sequimwa.gov'; William Armacost; Ted Miller; Tom Ferrell; Brandon Janisse
Subject: SEPA for MAT facility

Hello Sequim Officials,

Under "Potential Significant Environmental Impacts":

- The potential for adverse environmental impact to public services due to the possibility of increased law enforcement and emergency services.

Based on the proposed mitigating measure by the Jamestown S'Klallam Tribe none of the listed measures will help with the problems this regional facility will bring to the City of Sequim. If you look to the West, you will see Port Angeles and they have not been able to mitigate the problems imposed by MAT facilities. With a large scale facility, the problems are made much more pronounced and will no doubt cause major issues with children going to the elementary and middle schools. We will need to have classes for children on how to deal with the drug addicts and paraphernalia all over the streets. There is a reason the tribe did not want this anywhere near Blyn.

Please deny this application, this is not the correct environment for a MAT facility.

Thank you for taking this under consideration.

One last thing I would like to mention, please get a better attorney for Sequim. Kristina Nelson-Gross is not competent enough to provide legal advice even on simple municipal issues. I realize that city governments have small budgets for such positions and end up with poor legal representation. This is certainly a problem, the current attorney is the bottom of the barrel even for a municipal lawyer. It would be in the City's best interest to replace her immediately.

Life long resident,
Tyler King
51 Alpine Loop
Sequim, WA 98382
Phone: 360-681-3898

Tyler King
Power Analyst
PUD #1 of Clallam County
360-565-3268
tking@clallampud.net