

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH # 2023060108

Project Title: Good Samaritan Hospital Project

Lead Agency: City of San Jose Contact Person: Bethlehem Telahun
 Mailing Address: 200 East Santa Clara Street Phone: 408-535-5624
 City: San Jose Zip: 95113 County: Santa Clara

Project Location: County: Santa Clara County City/Nearest Community: San Jose
 Cross Streets: Samaritan Drive and Samaritan Place Zip Code: 95124

Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: 20

Assessor's Parcel No.: 421-36-009 and 421-36-011 Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: 85, 17 Waterways: Ross Creek, Los Gatos Creek

Airports: _____ Railways: _____ Schools: Carlton Elementary School

Document Type:

CEQA: NOP Draft EIR NEPA: NOI Other: Joint Document
 Early Cons Supplement/Subsequent EIR EA Final Document
 Neg Dec (Prior SCH No.) _____ Draft EIS Other: _____
 Mit Neg Dec Other: _____ FONSI _____

Local Action Type:

General Plan Update Specific Plan Rezone Annexation
 General Plan Amendment Master Plan Prezone Redevelopment
 General Plan Element Planned Unit Development Use Permit Coastal Permit
 Community Plan Site Plan Land Division (Subdivision, etc.) Other: Tree Removal Permit

Development Type:

Residential: Units _____ Acres _____
 Office: Sq.ft. _____ Acres _____ Employees _____
 Commercial: Sq.ft. 950,000 Acres _____ Employees 958
 Industrial: Sq.ft. _____ Acres _____ Employees _____
 Educational: _____
 Recreational: _____
 Water Facilities: Type _____ MGD _____
 Transportation: Type _____
 Mining: Mineral _____
 Power: Type _____ MW _____
 Waste Treatment: Type _____ MGD _____
 Hazardous Waste: Type _____
 Other: _____

Project Issues Discussed in Document:

Aesthetic/Visual Fiscal Recreation/Parks Vegetation
 Agricultural Land Flood Plain/Flooding Schools/Universities Water Quality
 Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater
 Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian
 Biological Resources Minerals Soil Erosion/Compaction/Grading Growth Inducement
 Coastal Zone Noise Solid Waste Land Use
 Drainage/Absorption Population/Housing Balance Toxic/Hazardous Cumulative Effects
 Economic/Jobs Public Services/Facilities Traffic/Circulation Other: _____

Present Land Use/Zoning/General Plan Designation:

Neighborhood Community Commercial (NCC) Land Use / A(PD) Agricultural Planned Development Zoning District

Project Description: *(please use a separate page if necessary)*

HCA Healthcare, the project applicant, proposes to demolish the existing bed tower (Building A) and daycare center associated with the existing Good Samaritan Hospital Campus and the phased construction of an eight-story building (i.e., basement plus eight floors), a central utility plant, two new parking garages, a medical office building, underground water and sewer tanks, and the demolition of existing Building A and daycare center associated with the existing Good Samaritan Hospital Campus. It is anticipated that the Project's full buildout would result in the construction of two new hospital wings totaling approximately 750,000 gross square feet, an approximately 200,000 square foot medical office building, and two new parking garage structures totaling approximately 679,000 square feet. Project implementation would require a new Planned Development Zoning District to authorize the uses proposed by the Project.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

<input checked="" type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input checked="" type="checkbox"/> Caltrans District # <u>4</u>	<input checked="" type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input checked="" type="checkbox"/> Regional WQCB # <u>2</u>
<input checked="" type="checkbox"/> Caltrans Planning	<input checked="" type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input checked="" type="checkbox"/> SWRCB: Water Quality
<input checked="" type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>3</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input checked="" type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input checked="" type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input checked="" type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date July 19, 2024 Ending Date September 3, 2024

Lead Agency (Complete if applicable):

Consulting Firm: <u>Kimley-Horn and Associates, Inc.</u>	Applicant: <u>HCA Healthcare</u>
Address: <u>1100 W Town and Country Road, Suite 700</u>	Address: <u>One Park Plaza</u>
City/State/Zip: <u>Orange, CA 92868</u>	City/State/Zip: <u>Nashville, TN 37203</u>
Contact: <u>Kiana Graham</u>	Phone: <u>615-344-9551</u>
Phone: <u>657-999-8473</u>	

Signature of Lead Agency Representative: Bethlehem Telahun Digitally signed by Bethlehem Telahun
Date: 2024.07.10 15:16:30 -0700 Date: _____

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.