NOTICE OF DETERMINATION

To: X	Office of Plant 1400 10th Stre Sacramento, C.		ENDO SACRAMEN AUG 0	H W Want Burner Bress	From:	City of Sacramento Community Development Dept. Planning Division 300 Richards Boulevard, 3 rd Floor				
X	X County Clerk County of Sacramento			LERK/RECORDS		Sacramento CA 95811				
Subject: Filing of Notice of Determination in compliance with Section 21152 of the Public Resources										
Code. Project Title: Kaiser Permanente South Sacramento Medical Center Emergency										
Department Expansion Project (Z18-214) Addendum to the Kaiser South										
Sacramento Medical Expansion Environmental Impact Report										
2005102127		City of Sacramento		Scott Johnson		(916) 808-5842 / srjohnson@cityofsacramento.org				
State Clearinghouse #		Lead Agency		Contact Person		Telephone / Email				
Kaise	er Foundation H	ospitals 788	80 Alta Valle	ey Drive, Su	ite 208	(916) 229-7833/				
Contact: Scott D. S				ento, CA 95823		Scott.D.Siler@kp.org				
	Applicant Nan	ne		ldress		Telephone / Email				
of Sacramento, Sacramento County. (APN: 117-0170-050). Project Description : The project includes development of a new one-story, 28-foot-tall, free-standing 42,000 square feet Emergency Department (ED) building located immediately adjacent to the existing ED building. The new ED building would provide 45 treatment rooms and 44 to 52 new employees. The project also includes partially renovating the existing ED and reconfiguring vehicle access and circulation to the ED. Renovations to the existing ED would include relocating the main entrance from the west to the east side of the building and remodeling the lobby and waiting areas. The new building would include a new Emergency drop off on the east side and would connect to the existing ED at two locations; the north/south connection to the ambulance and Trauma bays, and the north/south connection to the existing treatment area.										
	August 8, 2018 The project v An Addenthe provi	and has made the vill will will not and will not and the control will not a certified sions of the California.	ne following) have a signi Environmen rnia Environn	determinati ificant effect tal Impact Re nental Quality	on regar on the en- port was y Act (CE	s approved the above described rding the above described project: vironment. prepared for this project pursuant to QA) (Public Resources Code Section ode of Regulations Section 15000 et				
A Negative Declaration was prepared for this project pursuant to the provisions of CEQA. Mitigation Measures were ⊠/were not □) made a condition of the approval of the project. A statement of Overriding Considerations was adopted for this project. Findings were made pursuant to the provisions of CEQA										
		final EIR with co ole to the General		d responses o	or Negati	ive Declaration and the record of				
City of Sacramento, Community Development Department, Planning Division 300 Richards Boulevard, Third Floor, Sacramento, California 95811 Office of Planning & Research										
4	(Lead Agency (6 0 9 2019 8-9-19 Date				
Signature	(Lead Agency (Contact)		Title	AU	Date				
				ST	TATEC	LEARINGHOUSE				



		Print	StartOver Finalize&Email
		RECEIPT NUME	BER:
		34 — 08092	2019 — 429
		STATE CLEARIN	NGHOUSE NUMBER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		20051021	27
LEAD AGENCY	LEADAGENCY EMAIL		DATE
City of Sacramento Community Development Department Planning Division	srjohnson@cityofsac	cramento.org	08092019
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER	
Sacramento		190487	
PROJECT TITLE		out filt in the medical course and will receive the first him to be on a water of confirmation and the contraction of the contr	
Kaiser Permanente South Sacramento Medical Center Emergency Department Expansion Proj	ect (Z18-214) Addendum to the Kaise	r South Sacramento Med	ical Expansion Environmental Impact Report
PROJECT APPLICANT NAME	MAIL	PHONE NUMBER	
Kaiser Foundation Hospitals c/o Scott D. Siler	Scott.D.Siler@kp	.org	(916) 229-7833
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
7880 Alta Valley Drive, Suite 208	Sacramento	CA	95823
PROJECT APPLICANT (Check appropriate box)			
Local Public Agency School District	Other Special District	State Ag	gency Private Entity
CHECK APPLICABLE FEES:		\$3 271 00 \$	3,271.00
 ✓ Environmental Impact Report (EIR) ✓ Mitigated/Negative Declaration (MND)(ND) 			0.00
☐ Certified Regulatory Program (CRP) document - payment due d			0.00
	and day to deli vi	Ψ1,112.00 Ψ _	
☐ Exempt from fee			
☐ Notice of Exemption (attach)			
☐ CDFW No Effect Determination (attach)			
☐ Fee previously paid (attach previously issued cash receipt copy)		
			0.00
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.00 \$	
County documentary handling fee		\$.	40.00
Other		\$.	
PAYMENT METHOD: ☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL P	ECEIVED \$	3,311.00
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SIGNATURE AGEN	CY OF FILING PRINTED NA	AME AND TITLE	
J SIMPARAMININ)		/D '	ories Issues Book (1901)
Sacr	amento County Clerk	/Recorder-Jes	ssica Jensen-Deputy Clerk

Governor's Office of Planning & Research

AUG 09 2019

STATE CLEARINGHOUSE