



CRITICAL AREA IDENTIFICATION FORM

This identification form is to be submitted in advance or concurrently with a project application if the proposed project is subject to the requirements found in the City's critical area code PMC 21.06. The purpose of this form is to determine if a critical area report is required due to the development site being on or near any critical areas. Please fill out this form completely where applicable.

APPLICATION INFORMATION

OWNER INFORMATION		
NAME: <u>MULTICARE HEALTH SYSTEM</u>		
APPLICANT INFORMATION		
NAME: <u>JIM BEATTY, PRESIDENT</u>		
STREET ADDRESS: <u>401 15TH AVE. SE</u>		
CITY: <u>PUYALLUP</u>	STATE: <u>WA</u>	ZIP CODE: <u>98372</u>
PHONE: <u>(253) 697-1851</u>		EMAIL: <u>jim.beatty@multicare.org</u>
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)		
NAME: <u>BRAD SHIPMAN</u>		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE: <u>210-705-3522</u>		EMAIL: <u>brad.shipman@cbre.com</u>
FAX:		

Project Name

Parcel Number (s) Multiple, see attached table.

Address (s) 401 15th Ave. SE, Puyallup, WA 98372

Applicant Information MultiCare Good Samaritan Hospital

Name Jim Beatty, President

Address 401 15th Ave. SE

City Puyallup State WA Zip 98372

Email jim.beatty@multicare.org Phone (253) 697-1851

Briefly describe the proposed development project:

MultiCare Good Samaritan Hospital (MGSH) in Puyallup, Washington requests approval of a new Master Plan as governed by Chapter 20.88 of the City of Puyallup Zoning Code. In all, the Master Plan seeks approval for up to 1,012,000 additional gross square feet on MGSH's existing campus.

Based on the applicant's knowledge and research of the project site, please select any of the critical areas listed below that are located on or within 300 feet of the property boundaries					
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Lakes/Ponds	<input type="checkbox"/> Streams/Creeks			
<input checked="" type="checkbox"/> Slopes 0% - 15%	<input checked="" type="checkbox"/> Slopes 16% - 39%	<input checked="" type="checkbox"/> Slopes 40% or Greater			
<input type="checkbox"/> Puyallup River Shoreline	<input type="checkbox"/> Clarks Creek Shoreline	<input checked="" type="checkbox"/> Volcanic Hazard Areas			
<input type="checkbox"/> Shoreline Classification	<input checked="" type="checkbox"/> Wellhead Protection Area	<input type="checkbox"/> Habitat Conservation Area			
<input type="checkbox"/> Conservancy	<input checked="" type="checkbox"/> Flood Zones	<input type="checkbox"/> Habitat Corridor			
<input type="checkbox"/> Rural	Flood Classification: See note below.	<input checked="" type="checkbox"/> Aquifer Recharge Area			
<input type="checkbox"/> Urban					

Please describe the critical areas checked above and their location in relation to the proposed development. Please show their location on any plans to be submitted

The hospital campus lies completely within the Central Pierce County Aquifer Recharge Area. It is partially within the wellhead protection areas of multiple City-owned wells. Portions of the MGSH campus have steep slopes attributed with high and moderate landslide hazard risks. Part of the campus along the northern edge lies within the Mount Ranier lahar boundary. The hospital campus is not in a flood zone, but is within 300' of Zone AO to the northeast.

Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope, conclusions, and parcels they included

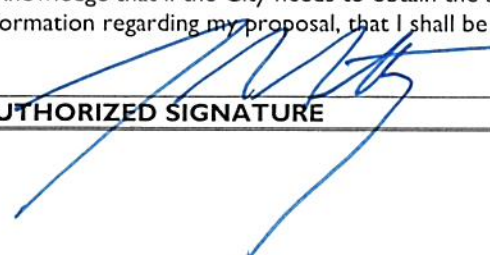
An Environmental Impact Statement (EIS) was completed for the hospital campus in 2007 prior to development of the hospital's most recent patient care tower. The EIS conducted similar critical areas studies to those listed above.

Do you know if any critical areas have been placed inside a tract or a protection easement that is recorded on the title or plat for this site or any adjacent site? Please describe below, including name of tract or easement, location, and Puyallup permit number or recording number

To our knowledge, this is not applicable to this project.

AUTHORIZATION:

I, the undersigned hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted on or with this application is complete and correct. I understand that false statements, errors, and/or omissions may be sufficient cause for denial of any related applications. I acknowledge that if the City needs to obtain the services of an expert third party to review any technical information regarding my proposal, that I shall be responsible for any financial costs of said third party review.

 12/19/22

AUTHORIZED SIGNATURE **DATE**

THIS BOX FOR STAFF USE ONLY				
CRITICAL AREA REPORT REQUIRED:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXEMPT FROM CRITICAL AREA ORDINANCE:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXCEPTION FOR MINOR NEW DEVELOPMENT IN BUFFER:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
STAFF VERIFICATION	COMMENTS			
<input type="checkbox"/> WETLAND				
<input type="checkbox"/> GEOLOGICAL HAZARD AREA				
<input type="checkbox"/> VOLCANIC HAZARD AREA				
<input type="checkbox"/> FLOOD ZONE				
<input type="checkbox"/> FISH AND WILDLIFE HABITAT				
<input type="checkbox"/> AQUIFER RECHARGE/WELLHEAD				
<input type="checkbox"/> STREAM/ShORELINE				

Good Samaritan Hospital Campus Parcel Summary			
Parcel #	Area (ac.)	Parcel #	Area (ac.)
9810000130	0.26	7790000566	3.51
9810000140	0.09	7790000565	1.09
9810000151	0.26	9810000014	3.90
9810000161	0.2	9810000015	6.56
9810000120	0.43	9810000016	0.05
7766000010*	0.24	9810000643	0.44
7766000020*	0.1	9810000644	0.65
7766000030*	0.07	9810000645	0.23
0420342141	0.17	7080000251	3.32
0420342112	0.46	7080000181	0.26
0420342081	0.32	7080000182	1.71
0420342104	0.25	0420342146	1.46
0420342124	0.03	0420342147	1.96
0420342035	0.22	0420342148	0.77
7080000132	1.57	0420342151	0.79
7790000558	0.42	0420342150	0.76
7790000554	1.66	0420342149	0.65
Total Acres		34.86	