



STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
LAND DIVISION

75 Aupuni Street, Room 204  
Hilo, Hawaii 96720  
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May 14, 2014

Ref. No.: 12HD-024  
Author: LD-CMM

REC'D OF ENVIRONMENTAL QUALITY CONTROL  
14 MAY 28 PM 3:05  
PROCESSED

MEMORANDUM

TO: Ms. Jessica Wooley, Director  
Office of Environmental Quality Control

FROM: William J. Aila, Jr., Chairperson  
Board of Land and Natural Resources

SUBJECT: Final Environmental Assessment (FEA) and Finding of No Significant Impact (FONSI) for Puna Community Medical Center; Pahoia, Puna, Hawaii, TMK: (3) 1-5-008:005.

FILE COPY

~~MAY 28 2014~~ af  
JUN 08 2014

The Department of Land and Natural Resources, Land Division, hereby transmits the final environmental assessment and finding of no significant impact for the above referenced project for publication in the next available edition of the Environmental Notice.

The Department of Land and Natural Resources, Land Division, has included copies of public comments and the corresponding responses from the applicant that were received during the 30-day comment period on the draft environmental assessment and anticipated finding of no significant impact (DEA-AFONSI).

Enclosed is a completed OEQC Bulletin Publication Form, one copy of the FEA-FONSI, an Adobe Acrobat PDF file of the same, and an electronic copy of the publication form in MSWord.

If there are any questions, please contact Candace Martin at (808) 961-9590. Thank you.

Enclosures

cc: Applicant  
Land Board Member  
Central Files  
District Files

Section 343-5©, HRS, Applicant Action  
Section 11-200-3(d), HAR, Information Form for Publication in the  
Environmental Notice of the OEQC

**Project Name:** Puna Community Medical Center

**Island:** Hawaii

**District:** Puna

**TMK:** (3) 1-5-008:005

**Permits:** Special Use Permit, Grubbing/Grading, Construction, Building

**Applicant:** Puna Community Medical Center (PCMC)  
15-2662 Pahoia Village Rd, Ste. 306, PMB 8741  
Pahoia, Hawaii 96778

**Contact:** Daniel DiDomizio, Director of Clinical Operations  
(808) 930-6001

**Approving Agency:** Department of Land and Natural Resources – Land Division  
Hawaii District Land Office  
75 Aupuni Street, Room 204  
Hilo, Hawaii 96720

**Contact:** Candace Martin, Land Agent  
(808) 961-9590

**Consultant:** Malama O Puna  
P.O. Box 1520  
Pahoia, Hawaii 96778

**Contact:** Rene Siracusa  
(808) 965-2000

**Status:** FEA – FONSI

**Summary:** PCMC proposes to enter into a direct long-term lease with the Department of Land and Natural Resources in order to construct, in phases, a comprehensive medical center on 5 acres of State land zoned agriculture. The parcel has been vacant and unencumbered for many years, is unsuitable for farming, contains no threatened or endangered biota, and does not have any archaeological or cultural resources. The first phase planned will be a free-standing emergency room.

OFFICE OF ENVIRONMENTAL  
QUALITY CONTROL

14 MAY 28 P3:15

RECEIVED

**PUNA COMMUNITY MEDICAL CENTER  
Keonepokonui Ahupua'a, Puna, Hawai'i  
TMK (3) 1-5-008:005**

**Final Environmental Assessment**



**February 2014**

**Submitted Pursuant to the Hawai'i Environmental Policy Act (HEPA),  
Chapter 343, Hawai'i Revised Statutes (HRS).**

**State of Hawai'i  
Board of Land and Natural Resources, Land Division  
1151 Punchbowl Street  
Honolulu, HI 96813**

**FINAL ENVIRONMENTAL ASSESSMENT**

**PUNA COMMUNITY MEDICAL CENTER**

**Keonepokonui Ahupua'a, Puna, Hawai'i**

**TMK (3)1-5-008:005**

**APPLICANT:**

**Puna Community Medical Center  
15-2662 Pahoia Village Rd., Ste. 306, PMB 8741  
Pahoia, Hawai'i 96778**

**APPROVING  
AGENCY:**

**State of Hawai'i  
Department of Land and Natural Resources, Land Division  
1151 Punchbowl Street  
Honolulu, Hawai'i, 96813**

**CONSULTANT:**

**Malama O Puna  
P.O.Box 1520  
Pahoia, Hawai'i, 96778**

**CLASS OF ACTION:**

**Direct Lease of State Land  
State Land Use District: agriculture**

Submitted Pursuant to the Hawai'i Environmental Policy Act (HEPA),  
Chapter 343, and Sections 171-13, 171-16 and 171-43.1,  
Hawai'i Revised Statutes (HRS), as amended.

“Health care is central to economic sustainability.”

Mark Bertollini, CEO, Aetna  
on an NPR interview November 21, 2012

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## REFERENCES

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| Table 2 | Emergency Room Volume and % of Visits from Zip Code of 96778 |

### LIST OF MAPS\*

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\* there are additional maps within the Archaeological Survey and the Approval in Concept.

### SUPPORT LETTERS

|                     |  |
|---------------------|--|
| November 25, 2008:  | US Attorney Edward H. Kubo, Jr.  |
| July 12, 2011:      | Dan Taylor, Chair, Puna Community Development Plan Action Committee          |
| February 15, 2012:  | Howard N. Ainsley, CEO, Hilo Medical Center                                  |
| February 23, 2012:  | William P. Kenoi, Mayor, County of Hawai'i                                   |
| March 23, 2012:     | Robert K. Lindsey, Jr., Trustee - Hawai'i Island, Office of Hawaiian Affairs |
| June 3, 2013:       | Russell Ruderman, Senator District #2, Hawaii State Senate.                  |
| July 1, 2013:       | Zendo Kern, Hawai'i County Council District #5, Puna.                        |
| September 26, 2013: | Greggor Ilagan, Hawai'i County Council District #4, Puna.                    |
| October 2, 2013:    | Nanawale Community Association.  |

### OTHER DOCUMENTS

- Approval in Concept for the Issuance of a Direct Lease. April 27, 2012, Board of Land and Natural Resources.
- Cultural Impact Assessment Notice, Hawaii Tribune-Herald Advertising Receipt. December 3, 2012.
- Cultural Impact Assessment Notice, *Ka Wai Ola Newspaper*, email acknowledgement, Office of Hawaiian Affairs. December 4, 2012.
- DEED EXHIBIT "A".
- FreemanWhite, Inc. Proposal and Agreement for Consulting Services, planning study Phases One and Two. January 10, 2012.
- Hawaii Tribune-Herald, "Funding measure for new isle ambulances advances". February 14, 2014.
- An Archaeological Assessment Survey for the Proposed Puna Community Medical Center, Rechtman Consultants, February 2013.

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Letter to Sal Panem, District Engineer, State DOT.

February 15, 2012.

Palmer and Associates Consulting, Cover letter, Botanical Survey and Plant List.

May 21, 2012

AGENCY COMMENT LETTERS (\*indicates letter received after close of November 23 comment period)

|                    |  |
|--------------------|--|
| April 22, 2013     | DLNR - Historic Preservation Division                        |
| October 18, 2013   | Hawai'i Fire Department                                      |
| November 15, 2013  | Department of Health   |
| November 18, 2013  | Department of Health   |
| November 19, 2013  | Planning Department  |
| *November 21, 2014 | Department of Health - Wastewater Branch (11/27/13)          |
| November 21, 2013  | Department of Water Supply                                   |
| *November 22, 2013 | Department of Health - OEQC (11/26/13)                       |
| *November 22, 2013 | Department of Health - Safe Drinking Water Branch (11/26/13) |
| *December 10, 2013 | Department of Health - Clean Air Branch (12/18/13)           |
| *January 11, 2014  | Hawaii County Civil Defense                                  |

PUBLIC COMMENTS

|                   |  |
|-------------------|--|
| October 28, 2013  | M. Eileen O'Hara<br>Greggor Ilagan<br>Ralph Boyea<br>Robert Golden<br>Ariela Murphy<br>Weston K. Yamada, Sr.<br>Tiffany Edwards Hunt<br>Fran Calvert<br>Chet Kamaka wiwo'ole |
| October 29, 2013  | Charles J. Maas  |
| October 30, 2013  | Elyse Morishita  |
| November 7, 2013  | Steve Sparks   |
| November 8, 2013  | Mark Hinshaw, Chair, Pahoia Regional Town Center Plan<br>Mark Hinshow, President, Mainstreet Pahoia Assn.  |
| November 11, 2013 | Gilbert Aguinaldo, Big Island Electrical<br>Glen Calvert   |
| November 16, 2013 | Andrea Rosanoff, Ctr. of Magnesium Educ. & Res., LLC   |
| November 17, 2013 | Russell F. Jones   |

APPLICANT RESPONSE LETTERS

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## **SUMMARY OF PROJECT, ENVIRONMENTAL IMPACTS AND MITIGATION MEASURES**

The Puna Community Medical Center (PCMC), a 501(c)(3) nonprofit, seeks a long term (65 year), Direct Lease from the Board of Land and Natural Resources for the purpose of constructing a comprehensive medical center, beginning with a free-standing emergency room. The parcel consists of 4.920 acres, more or less, and is zoned agricultural in the State Land Use District and Agriculture-20 in the County of Hawai'i CZO. Portions of the parcel were previously cleared when it was leased by Puna Certified Nursery, Inc. under General Lease No. S-5005 for intensive agricultural purposes, but it has lain idle since 3/30/2002 and its current use status is vacant and unencumbered. Upon discussion with the DLNR-Land Division regarding possible suitable parcels for the project, this is the one that was suggested.

PCMC became a nonprofit on May 3, 2007. The Puna Community Development Plan (PCDP), which passed as a County Ordinance in August, 2008, includes the development of a comprehensive medical center with trauma care as one of its goals and objectives. The PCDP-Action Committee, which is charged with the implementation of the plan, has kept the project at the top of its Priority List. PCMC opened the doors of its Phase 1 Urgent/Acute Care Clinic in February, 2009, and to date has managed more than 23,000 patient visits. Hilo Medical Center has confirmed that this clinic's presence has reduced their Emergency Room caseload by a significant amount - and with population growth that amount is expected to increase.

For the initial Emergency Room phase, landclearing and construction activities over less than one quarter of the lot, would produce minor short-term impacts to noise, air, water quality and scenery. Applicant plans to retain as much of the native vegetation as possible, and an uncleared buffer (primarily 'ōhi'a lehua and 'uluhe fern) would be left undisturbed on the southern boundary and highway frontage. There is a five-acre lot separating the project site from the nearest residence; and to the north the nearest parcel is the Department of Water Supply; vacant State land is to the rear of the parcel. Therefore any impacts will not affect residents in any noticeable way. Subsequent future phases would maintain the southern buffer and the policy of retaining as much native vegetation as possible, working it into the landscaping theme.

Any such impacts would also be mitigated by Best Management Practices that are expected to be required as Conditions of the County Special Use Permit and grading permit. The applicant will ensure that its contractor performs all earthwork and grading in conformance with applicable laws, regulations and standards. the project has been fully surveyed for threatened and endangered biota, and none are present.

An Archaeological Survey has been completed and accepted by DLNR-SHPD. Notices of Cultural Impact Assessment have been published in the Hawaii Tribune-Herald and the OHA monthly newsletter, Ka Wai 'Ola with no responses. In the unlikely event that undocumented archaeological resources, including rock walls, shell, bones, middens, lava tubes or similar finds are encountered during construction within the project site, work in the immediate area of the discovery will be halted and the State Historic Preservation Division will be notified to determine the appropriate actions.

Public comments during the scoping period and PCMC's own assessment of the financial realities of this project have resulted in an added request in the Final EA that the lease from the State be for a period of 65 years. Each increment that is constructed on the parcel will take several years and cost millions of dollars. 35 years would not be sufficient time to achieve complete build-out and would create major obstacles for a nonprofit like PCMC to secure adequate and timely funding through public and foundation grants and private donations. The growth rate of the Puna District (24% since the 2000 Census) indicates that the need for medical services that PCMC will offer on this site will increase with time.

Pursuant to Chapter 343 Hawaii Revised Statutes, an EA is required to be prepared



## **PART 1: PROJECT NEED, DESCRIPTION AND E.A. PROCESS**

### **1.1 Project Need, Description and Location**

Puna Community Medical Center seeks a Finding of No Significant Impact (FONSI) so that it can contract a Direct Lease of State land on which to construct a comprehensive medical center, in phases, starting with a free-standing emergency room, on a 4.920 acre lot. The lot is zoned Ag-20 and is located on Highway 130 (Kea'au-Pāhoa Road) 0.8 miles north of Pāhoa Marketplace. The Board of Land and Natural Resources has granted it an "Approval in Concept" and is requiring the successful completion of an Environmental Assessment. The parcel is bounded by the highway on the east, by the County Department of Water Supply (DWS) on the north, and by State land on the west and south. The parcel across the highway from it is also County DWS. The parcel vegetation is primarily 'uluhe fern and young 'ōhi'a lehua (*Metrosideros polymorpha*), as well as invasive *Melastoma* (Glory Bush). Although it has been vacant and unused for many years, the previous lessee had cleared a long driveway and an area in the rear of the lot for shade houses and nursery use. Most of the alien weed species are found in this area and along the highway frontage. The archaeological survey has found no cultural resources of significance, and neither the scoping meeting nor notices of Cultural Impact Assessment have yielded comments. This location is close to the Pāhoa Town center but not in the middle of the hustle-bustle, has easy highway access, with available electric and cable, and water close at hand. It is a short distance (6 lots) from the new Fire Station and the ambulance. The project to be developed will provide more benefits to the community than the vacant, weed-infested parcel it currently is.

Puna has a federal designation as a MUA (Medically Underserved Area) with a PCP (Primary Care Provider) shortage. It has similar federal designations for Mental Health and Dental Health (State of Hawai'i Primary Care Needs Assessment Data Book 2012). Due to a 24.5 percent growth rate since the 2000 Census, Puna now has added an additional County Council District and a new State Legislative District. Medical services have not kept pace with this growth. Puna (both districts) is about the same size as the island of O'ahu, yet Council District 4 has no medical or dental facilities at all; Council District 5 has the Bay Clinic's facilities in Kea'au and Pāhoa. These are open from 8:00 a.m. to 5:00 p.m. on Monday through Friday and are closed on holidays. Although they accept walk-ins, the waiting time has been known to be as long as 4 hours. Appointments often require a 45 day wait. In other words, they are over extended and as a result many of their patients will go to the Hilo Medical Center Emergency Room even for non-emergent complaints. There is an urgent care clinic in Kea'au which is closed on Sundays and holidays. To fill in these service gaps, Puna Community Medical Center does not require appointments, will accept overflow patients from Bay Clinic, is open on

weekends and holidays, sees patients regardless of health insurance or lack thereof, and is now seeking to expand services to fill the needs of this economically depressed and underserved rural community.

The critical need that has been identified as the top priority for expansion of services is that of a free-standing (i.e., not connected to a hospital) emergency room. This also assumes the adjunct services of a clinical laboratory, x-ray and cat scan capability. Discussions with the EMTs stationed at the Pāhoā Fire Station have informed us that with only one ambulance, when there are back-to-back calls for emergency services, if no other ambulance is immediately available to respond, the second call in has to wait until the first has picked up its patient, delivered him or her to Hilo Medical Center's Emergency Department, returned to Puna and then gone on to the second patient. The time expended in travelling means that the second patient has to wait longer for treatment and pain relief. Sometimes they don't last the wait; other times the condition worsens and becomes harder to treat. With an Emergency Room virtually across the street, EMTs envision a shorter turnaround response time that will save lives and avert needless suffering. (See: Other Documents, "Funding measure for new isle ambulances advances", Hawaii Tribune-Herald, February 14, 2014.

Construction will be done in phases. The first phase will consist of the Intake/Reception, Emergency Room, Acute Care Clinic, Clinical Laboratory, X-Ray area and office space, as well as the required infrastructure, such as Septic System, Cesspool, Parking, Ambulance Turn-Around Area, Landscaping with medicinal and native plants, Driveway and Sidewalks. Additional phases will be added as community need dictates and funding becomes available. These future phases may include, in no specific order, a Birthing Center, Helipad, Dental Clinic, Hospital, Maintenance & Storage Building, Alternative Healing Center, Senior Day-Care, and possibly other related elements. All construction will be in compliance with the Americans with Disabilities Act )as well as state and federal requirements for these types of facilities.

The facility will be owned and operated by the Puna Community Medical Center (PCMC), a federally and state recognized 501(c)(3) nonprofit. It formed in May 2007 in response to the needs articulated in the Puna Community Development Plan (see 3.6.2), which became an Ordinance in August 2008, amending the Hawai'i County General Plan. PCMC opened the doors of its first phase, an Urgent/Acute Care Clinic, on February 1, 2009. It does not deny treatment on the basis of age, gender or gender identity, race, ethnicity, religion or lack thereof, residency, insurance coverage or lack thereof. It is open 7 days a week including holidays. It accepts almost all types of insurance. For uninsured patients it charges on a sliding scale based on income and has easy-payment plans. It also maintains a special grant-supported fund for those patients who are totally indigent, so that no one is turned away. At present the clinic has seen more than 10,500 clients over 23,000+ patient visits, with a monthly average of 500.

## **1.2 Environmental Assessment Process**

Since the proposed action would involve the use of State land, the preparation of an Environmental Assessment (EA) is triggered, and the process is being conducted in accordance with Chapter 343 of the Hawai'i Revised Statutes (HRS). This law, along with its implementing regulations, Title 11, Chapter 200, of the Hawai'i Administrative Rules (HAR), is the basis for the environmental impact assessment process in the State of Hawai'i. According to Chapter 343, an EA is prepared to determine impacts associated with an action, to develop mitigation measures for adverse impacts, and to determine whether any of the impacts are significant according to thirteen specific criteria. A draft of the EA was published in the October 23, 2013 issue of the Environmental Notice of the Department of Health, and copies and CDs were available to relevant State and County departments and to requesting individuals. A scoping meeting was held in Pahoia on October 28th. All input received is incorporated into this Final EA, which will be presented to the Board of Land and Natural Resources.

Part 4 of this document states the anticipated finding that no significant impacts are expected to occur, based on the preliminary findings for each criterion made by the consultant in consultation with the Hawai'i State Department of Land and Natural Resources, the approving agency. Any comments about potential impacts from agencies are discussed below, and mitigations identified, as appropriate. If, after considering comments to the Draft EA, DLNR concludes that, as anticipated, no significant impacts would be expected to occur, then the agency will issue a Finding of No Significant Impact (FONSI), and the action will be permitted to proceed. If the agency concludes that significant impacts are expected to occur as a result of the proposed action, then an Environmental Impact Statement (EIS) will be prepared.

## **1.3 Public Involvement and Agency Coordination**

The following agencies, organizations and individuals have been or will be consulted during the Environmental Assessment Process:

### County:

Mayor William Kenoi  
Planning Department  
Puna Community Development Plan Action Committee  
Pahoia Plan Steering Committee  
District 4 & 5 Councilmen Greggor Ilagan and Zendo Kern  
Department of Water Supply  
Fire Department  
Department of Environmental Management  
Hawaii County Civil Defense

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State:

Department of Land and Natural Resources (DLNR)  
State Historic Preservation Division  
Office of Conservation and Coastal Lands  
Forestry and Wildlife Division  
Land Division  
Department of Transportation (DOT)  
Office of Hawaiian Affairs  
Department of Health  
State Senator Russell Ruderman (Puna and Ka'u)  
State Legislator Faye Hanohano (Puna)  
Hilo Medical Center

Private:

|                       |                                       |
|-----------------------|---------------------------------------|
| Kokua Paho            | Nanawale Community Association        |
| Mainstreet Paho Assn. | Hawaiian Shores Community Association |
| Sierra Club           | HPP Owners Association                |

No communications were received during early consultation. Support Letters are a section of the Appendix. Presentations on the project were made to Fern Forest C.A., Nanawale C.A., Hawaiian Shores C.A. and HPP Owners Association. All groups responded enthusiastically, and NCA donated \$1,000 and HSCA donated \$1,285 to the Emergency Room Building Fund in a show of support.

## **PART 2: ALTERNATIVES**

### **2.1 Proposed Project**

The proposed project and its location are described in Section 1.1 above and illustrated in the Maps section of the REFERENCES.

### **2.2 No Action**

Under the No Action Alternative, the health facility would not be built. The lot, which has gone unleased for more than twenty years, would probably continue to be vacant and overgrown. No other alternative uses for the property have been put forth, and thus none are addressed in this EA. The community of Puna Makai would continue to be medically underserved, and the

Emergency Room at the Hilo Medical Center would be the only venue for both emergent and non-emergent complaints, taxing it's system and negatively impacting its ability to provide quality and timely emergency services. Residents of Puna Makai would continue to suffer the delay in emergency care and bear the additional costs of being transported to Hilo.

### **2.3 Locating the Project on Another Parcel**

This would require finding another parcel of five or more acres, conveniently sited on a major arterial road in a centralized location for Puna Makai; the parcel would have to have access to water, electric, internet service and other amenities; and it would have to be zoned or be reasonable so that it meets the requirements of the Puna Community Development Plan and the Hawai'i County General Plan. It would also require a willing donor or seller. That all of these requirements could be found in a single parcel is not only problematic, but highly unlikely. The PCMC board and Director of Clinical Operations had already exhausted this approach (viewed 6 parcels) prior to contacting DLNR Land Management Division. Siting an ER within the Pahoia Village Center, with its heavy traffic, would be bad planning. The time required to find an ideal property and owner negotiations would, in itself, delay the construction process for a project whose need is already about twenty years overdue. Additionally, if the owner will not donate the parcel, PCMC would have to raise the funds to acquire it. This not only delays the provision of emergency medical services even longer, but it creates obstacles in finding funding (most grants require site control and will not fund land acquisition). Thus, this alternative is neither practicable nor viable.

## **PART 3: ENVIRONMENTAL SETTING, IMPACTS AND MITIGATION**

### **3.1 Physical Environment**

#### **3.1.1 Geology, Soils and Geologic Hazards**

##### *Environmental Setting*

The island of Hawai'i , youngest and largest of the Hawaiian chain, formed from the coalescence of five volcanoes during the last million years. The Puna district encompasses the active Kilauea Volcano, which first erupted between 300,000 and 600,000 years ago and has erupted continually since 1983 (USGS 2005). Puna is essentially the land created by Kilauea Volcano. While activity in the last few decades has originated from Pu'u O'o, there has been some closer recent activity on the East Rift Zone of Kilauea, including lava flows into the Wao Kele O Puna from above what was once the Royal Gardens subdivision.

The entire Big Island is subject to geologic hazards, especially lava flows and earthquakes.

Volcanic hazard as assessed by the U.S. Geological Survey in the project area is Zone 3 on a scale of ascending risk 9 to 1 (Heliker 1990:23). Volcanic hazard Zone 3 areas are at lower risk than Zones 1 and 2, because they are not in themselves active zones and are not adjacent to or downslope of active rift zones.

In terms of seismic risk, the entire Island of Hawai'i is rated Zone 4 Seismic Hazard (Uniform Building Code, 1997 Edition, Figure 16-2). Zone 4 areas are at risk from major earthquake damage, especially to structures that are poorly designed or built. The project site does not seem to be subject to subsidence, landslides or other forms of mass wasting.

The project site consists entirely of "p4o" flow, which dates from 400 to 750 years B.P. (Wolfe and Morris 1996: sheet 2). It is fairly level with only a moderate slope. Elevation varies from 1,000 to 1,800 feet.

### **3.1.2 Flood Zones and Hydrology**

The average rainfall in the general vicinity of the project area falls between approximately 120 and 160 inches (Juvik and Juvik 1998:57). Temperatures in this area of the Puna District usually fall between the sixties and eighties. As expected, the cooler temperatures and heavier rainfall occur in the winter months (October through April) and warmer temperatures and lighter rainfall occur during the summer months (May-September). Waters of the U.S. include coastal waters, streams, tidal wetlands and ponds, and wetlands that are tributary to other waters of the U.S. Because of the very recent geology, streams are rare in Puna and none are present in or near the project area.

A drainage plan for the parcel will be developed and will undergo review, revision and approval by the Hawai'i County Department of Public Works (DPW) to ensure compliance with standards related to storm water runoff management.

### **3.1.3 Water Quality**

Because the property is several miles from the shoreline, with no water features on or nearby, land clearing and construction activities, which will include best management practices, are not expected to result in sedimentation, erosion or pollution of coastal waters. Thus, the project would require a grading permit but not a National Pollutant Discharge Elimination System permit. While grubbing, excavation and paving may temporarily alter the existing hydrology, properly designed drainage structures, landscaping and best management practices during construction can effectively mitigate construction-associated impacts. In addition, Puna

Community Medical Center and its architect will require that the construction contractor implement the following practices:

- Minimal land disturbance, retaining as much of the native plant species as possible.
- Any construction activities with the potential to produce polluted runoff will not be allowed during heavy rains.
- Cleared area will be replanted or otherwise stabilized as soon as possible.

### **3.1.4 Flora and Fauna**

The subject parcel was included in SHPD File #01255, "An Archaeological Inventory Survey of the Pohoiki #2 Transmission Line Corridor, Puna District, Island of Hawaii, April 1992", although only the section fronting Highway 130 was included in the study. The flora section states:

"Most of the project area [referring to the highway frontage along the entire alignment], however, has a substrate of lava (predominantly *pahoehoe*) with very little soil development. These flows still support a mantle of vegetation which is dominated by two native species: '*ōhia*'a (*Metrosideros polymacropus*) and *uluhe* (*Dicranopteris* spp.) ... the vigor of the trees, as well as reports by local informants that the area was grazed by cattle until the middle of this century [i.e., the 20<sup>th</sup> c.] indicates that what is happening is regrowth. In either case, the forest is dominated by trees less than 10 m in height which are spread out enough that a canopy does not exist. *Uluhe*, or False Staghorn fern, covers more ground than any other species. Weedy orchid, Hilo grass (*Paspalum conjugatum*) and other grasses, various ferns, occasional guava, and several unidentified shrubs also characterize this type of vegetation zone."

A botanical survey conducted by Palmer & Associates Consulting in 2012 concurs with the above description, with the additional mention of Glory Bush (*Tibouchina urvelleana*):

"The site is occupied by early successional 'Ohia forest characteristic of pahoehoe flows [sic] of similar age in the surrounding area. Cover of 'Ohia averaged about 50% with *uluhe* (*Dicranopteris linearis*) forming a dense growth between the trees. The stands of *uluhe* are infested with glory bush (*Tibouchina urvelleana*), which varies in relative cover over the site. A portion of the site was formerly a nursery and the vegetation shows evidence of significant past disturbance. At the former nursery site, introduced grasses and ruderal weeds dominate the vegetation.

"No federal or state listed threatened or endangered plants, or 'species of concern' plants were found on the site. Nor were any unique or important habitats or other significant

biological resources found. We conclude that the proposed project will have no significant effect on biological resources.”

It should be noted that not only the nursery site, but the highway frontage of the parcel is also dominated by alien weed species, as is to be expected along major arterial roads and, at least partly, as a result of the highway widening project and the land clearing involved. Palmer & Associates letter of May 21, 2012 (quoted above) and species list are reproduced in their entirety in the APPENDIX Section. During at least five visits to the site, no fauna, including avifauna, were seen although transects from the highway moving mauka were conducted every fifteen feet. The site was not visited at night, so coquí frogs may be present.

### **3.1.5 Air Quality, Noise and Scenic Resources**

#### **a. Air Quality**

Air quality in a given location is generally dictated by regional and local climate plus the type and amount of human activity. The entire State of Hawai‘i is considered by Federal and State air quality standards to have acceptable air quality. In Puna the air quality is mostly affected by motor vehicles and natural sources, primarily volcanic emissions. Motor vehicles emit carbon, nitrogen oxides and hydrocarbon (an ozone precursor), as well as smaller amounts of other pollutants. Drivers and passengers of motor vehicles on Highway 130 also periodically cause litter of various sorts (mostly paper and plastic) to be left along the highway, including the portion that fronts the project site. The planned project will not increase traffic in the area and, indeed may reduce it, as patients will not have to travel all the way to Hilo to access emergency care and services.

Due to the close proximity to Kilauea Volcano, volcanic emissions of sulfur dioxide (SO<sub>2</sub>) which convert into particulate sulfate causes volcanic haze (vog) to blanket the area during periods of light and variable winds, and when Kona winds are present. Vog frequently impairs air quality in the Puna District (Sutton et al 1997). Needless to say, there is nothing that can be done to mitigate volcano-caused impairments to the local air quality. However, for those persons with respiratory problems, the presence of an emergency medical facility with oxygen and appropriate medications and trained staff will partially mitigate health problems caused by vog.

The third source of air pollution in Puna is emitted by the geothermal power plant operated by Puna Geothermal Venture (PGV), which supplies about 10-20% of the island’s electricity. During the 1991 blowout and in the more than 70 upset conditions at the plant since then, the primary pollutant emitted has been H<sub>2</sub>S (Hydrogen sulfide). As far as can be determined, unless there is

another major accident involving high emission levels coupled with long emission duration, the air quality at the project site, more than 5 miles away, will not be adversely affected. However, residents neighboring the plant, plant workers and emergency responders will all benefit from the presence of an emergency facility in the event of a large-scale release of toxic gasses into the community.

**b. Noise**

The area is presently very quiet, with the primary noise source being traffic on Highway 130, tour aircraft overflights and rare landings (there is a helipad across the highway and behind the water spigot area) and sounds generating from the County of Hawaii Department of Water Supply abutting the northern project boundary (pumping noise) and across the highway (use of the water spigots provided by the DWS for residents on catchment). During the construction phase of the project there will be noise generated. However, the nearest residence is separated from the site by a five acre undeveloped parcel as well as the southern boundary which will be left in its natural state of *uluhe* fern and *‘ōhia*. There are some parcels on the other side of the highway and closer to Pāhoa, and these have shade houses for commercial anthurium production blocking the homes from the highway. Once the facility is in operation, there is expected to be only some minor traffic noise and the periodic sound of the ambulance sirens. Eventually a helipad would be sited to medivac critical cases to Queens Hospital on ‘Oahu, but this noise would be of an occasional nature. In general, vehicular traffic noise would not add to the present ambient noise levels, which would continue all the way into Hilo if the project were not built. Therefore, there are no residences, schools, churches or other noise-sensitive uses that are located in the area of the proposed project site, and the project itself would not produce objectionable or avoidable noise impacts.

**c. Scenic Resources**

The project site is not, in itself, scenic. It is bounded by the County Department of Water Supply pumping station to the north, the highway and water spigot area on the east, a vacant five-acre parcel of State land on the south, and more vacant State land on the west. There are no scenic viewplanes that would be blocked by the buildings. PCMC plans to leave as much of the native vegetation intact as is possible, and utilize native plants and medicinal plants, with instructive signage, in its landscaping design, which will enhance the scenic resources of the area.

**3.1.6 Hazardous Substances, Toxic Waste and Hazardous Conditions**

Based on onsite inspection and the number of years since the parcel was used as a nursery, it appears that the site contains no hazardous or toxic substances and exhibits no other

hazardous conditions. A small blister lava bubble found during the archaeological survey will be filled in.

During construction, unused materials and excess fill, if any, will be removed and disposed of at an authorized disposal site. The contractor will be encouraged to recycle or donate for reuse excess material, as appropriate.

Also during construction, emergency spill treatment, storage, and disposal of all hazardous materials, will be explicitly required to meet all State and County requirements, and the contractor will be asked to adhere to “Good Housekeeping” for all appropriate substances, per HAR §11-60.1-33, et alia with the following instructions:

- onsite storage of the minimum practical quantity of hazardous materials necessary to complete the job;
- fuel storage and use will be conducted to prevent leaks, spills or fires;
- products will be kept in their original containers unless unresealable, and original labels and safety data will be retained, and disposal of surplus will follow manufacturer’s recommendation and adhere to all regulations;
- manufacturers’ instructions for proper use and disposal will be strictly followed;
- regular inspection by contractor to ensure proper use and disposal;
- onsite vehicles and machinery will be monitored for leaks and receive regular maintenance to minimize leakage;
- construction materials, petroleum products, waste, landscaping materials (herbicides, pesticides, chemical fertilizers - used to the minimal extent possible) fugitive dust and debris will be prevented from blowing, falling, flowing, washing or leaching off site;
- all spills will be cleaned up immediately after discovery, using proper materials that will be properly disposed of, and regardless of size, spills or toxic or hazardous materials will be reported to the appropriate government agency;
- should spills occur, the spill prevention plan will be adjusted to include measures to prevent spills from re-occurring and for modified clean-up procedures.

### **3.2 Socioeconomic and Cultural**

#### **3.2.1 Land Use, Designations and Controls**

The property is bordered by Highway 130 to the east, the County Department of Water Supply (DWS) pumping station on the north, and vacant State land on the west and south.

The State Land Use District for the property, and adjacent properties within the Keonepoko Nui

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ahupua’a is agriculture; the County zoning ordinance designation is Ag-20 acres. Section 5(b)

lands of the Hawaii Admission Act is the Trust Land Status, and the parcel is not one of the DHHL 30% entitlement lands pursuant to the State Constitution. The property is a portion of Government lands of Keonepoko Nui, Puna, Hawaii, identified as TMK #(3)1-5-08:05, as shown on the attached maps, and contains 4.920 acres, more or less.

Although the zoning is for agriculture, history of the parcel leads to the conclusion that it is not suitable for farming. PCMC will request the issuance of a Special Permit from the Hawaii County Planning Department and Windward Planning Commission. The consistency of the project with the Puna Community Development Plan is discussed in 3.6.2.

### **3.2.2 Socioeconomic Characteristics and Recreation**

The project site is .08 miles from the intersection of Highway 130 and the Pāhoā Bypass Rd., as well as the Woodland Center (Longs Drugs, Burger King) and Pāhoā Marketplace (Malama Market, Lex Brodies, Ace Hardware, CU Hawaii, etc.). It is also .04 miles from the Pāhoā Police and Fire Stations and immediately abuts the County Department of Water Supply pumping station. No adverse socioeconomic impacts are expected to result from the project. The project will have a positive economic impact, with construction generating temporary jobs, and hiring medical professionals will generate higher paying jobs than most commercial developments. Another positive impact is that patients will get treated sooner and be able to return to their productive activities (school, work) sooner than if they sought medical care in Hilo or not at all. The site has never been used recreationally by the public, so the project will not negatively affect recreation.

### **3.2.3 Cultural and Historic Resources**

#### **a. Cultural Impact Assessment**

When the State Department of Transportation initiated the planning for the widening of Highway 130 (Kea'au-Pāhoā Road Widening Project) it subcontracted the Cultural Impact Assessment to Cultural Surveys, Hawai'i. The part of the PCMC project site that fronts the highway was included in the CIA. None of the resource persons interviewed identified the subject parcel as a known location for hunting and/or gathering and/or other cultural activities, nor were any of the adjacent parcels so noted. The parcel was not identified as providing access to areas used for cultural, recreational, religious or spiritual activities. either by CIA's resource persons or by the archeological surveys conducted for the Department of Water Supply parcel abutting or the one across the highway.

Malama O Puna published a Notice of Cultural Impact Assessment in the Hawaii

Tribune-Herald, under the Legal Notices section of the Classified and also in the January, 2013 issue of the newsletter of the Office of Hawaiian Affairs, Kai Wai 'Ola. The text of the Notice was:

**CULTURAL IMPACT ASSESSMENT NOTICE**

Information requested by Malama O Puna of cultural resources or ongoing cultural practices at lands Pāhoa side of Dept. of Water Supply parcel .08 mile outside of Pāhoa, mauka-Kea'au side of Highway 130, Keonepoko-Nui ahupua'a, Puna District, Island of Hawai'i, TMK No. (3) 1-5-8:05. Please respond within 30 days to René Siracusa at [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com).

The Tribune-Herald notice ran for one week in December, 2012. Neither notice elicited any responses. Malama O Puna held a scoping meeting in Pāhoa on October 28, 2013 to present the draft EA to the community, and no comments were received regarding cultural impacts.

**b. Archaeological Survey**

Malama O Puna engaged Rechtman Consulting, LLC, to conduct the archaeological survey. Robert Rechtman, Ph.D. has conducted several surveys of the area, and has considerable familiarity with it. These are listed in the references cited in the survey:

Desilets, M., and R. Rechtman

2004 Archaeological Survey of the DHHL-Maku'u Residential Subdivision (TMK: 3-1-5-08:03).

Kasberg, A., and R. Rechtman

2004 Archaeological Monitoring Report for the DHHL-Maku'u Water System (TMK: 3-1-5-08:01).

Rechtman, R.

2004 Request for SHPO Concurrence with a Determination of No Historic Properties Affected Pursuant to the National Environmental Policy Act and in Compliance with Section 106 of the National Historic Preservation Act (TMK: 3-1-5-07:17).

Rechtman, R.

2005 Request for SHPD Issuance of a No Historic Properties Affected Determination (TMK: 3-1-5-09:056).

Rechtman, R.

2012 An Archaeological Assessment Survey of TMK: 3-1-5-09:056.

The complete survey, An Archaeological Assessment Survey for the Proposed Puna Community Medical Center, is incorporated herein and is located in the REFERENCES section. It was accepted by SHPD in a letter dated April 22, 2013 by Archaeology Branch Chief Theresa K. Donham, also in the REFERENCES section. The survey concluded that development of the proposed medical facility will not significantly impact any known historic properties. However, given the “density of the vegetation in portions of the study area and the concomitant impairment of ground visibility, it is recommended that a qualified archaeologist conduct a field inspection of the proposed development area after the initial grubbing has been completed and prior to any grading activities. If any archaeological resources are observed during this time they can be documented in a supplemental survey report. If no resources are observed then grading activities can commence. In the unlikely event that any unanticipated resources are unearthed during grading activities, DLNR-SHPD should be contacted as outlined in Hawai‘i Administrative Rules 13§13-280.”

### **c. Historic Resources**

The subject parcel was leased to Puna Certified Nursery, and the back portion was cleared and developed, as noted by Rechtman. A rough unpaved driveway runs from Highway 130 through the middle of the lot to the rear. Rusted pieces of metal shade house frames and torn remnants of shade cloth are still in evidence, as well as some few nursery plants (areca palms, dracaena) that were left behind, and nonnative weeds. The nursery’s General Lease No. S-5005 expired on March 30, 2002 and the site has remained vacant since then.

The highway frontage contains the largest assortment of nonnative weed species, as is to be expected. The widening of Highway 130 probably contributed its share of these, as is discussed in 3.1.4 Flora and Fauna. Rechtman noted in his survey that parts of the possible wall remnants and boulder alignment are “either the result of bulldozing activities or natural occurrences and not culturally significant sites. No archaeological resources were identified during the current survey”.

## **3.3 Public Roads, Services and Utilities**

### **3.3.1 Roads and Access**

On February 15, 2012, PCMC wrote to Sal Panem, District Engineer with the Hawaii State Department of Transportation, informing him of the plans for development of a medical center on this parcel. It was known at the time that DOT was designing the widening of Hwy. 130, and the letter was both a courtesy and a request for input. To date there has been no response. The BLNR sent out a preliminary solicitation for comments prior to April 27, 2012 with no objection from those who responded. PCMC has no information as to whether or not DOT was one of the respondents. DOT was sent a copy of the Draft EA and has submitted no comments. However the support letter from Sen. Ruderman (attached) states that the DOT “plans to install a flashing light (short term) and will later install a traffic signal...”.

The parcel fronts State Hwy. 130 and is sited in the middle of a straight-away with a long line of sight in both directions. The speed limit is 55 mph, but traffic has to slow periodically to allow for turns onto both DWS parcels on either side of the highway. There has been talk about the possible installation of a flashing light at that location, but nothing firm has been officially announced. BLNR staff has verified (see REFERENCES, OTHER DOCUMENTS, Approval in Concept for the Issuance of a Direct Lease, page 2, PROPERTY CHARACTERISTICS) that there is a legal access to the property off of Hwy. 130, also known as Kea'au-Pāhoa Road. This access is the unpaved road used by Puna Certified Nursery, Inc. prior to 2002 and is the access that PCMC intends to use, unless required otherwise.

Traffic volume: Of the patients from the Pahoia service area that are seen at Hilo Medical Center's Emergency Room, many are not emergent cases (302 in 2009, 753 in 2010 and 667 in 2011); they go to the ER because either their primary care physician (PCP) is unavailable, or because they have no PCP. At present there are three pending projects before the Planning Department for medical clinics in Pahoia: Gilbert Aguinaldo (just approved by the Hawaii County Planning Commission), Linda Hirakami, and Bryson Kuwahara (approved with conditions). The presence of these clinics will reduce the number of non-emergent patients utilizing either the Hilo or the proposed Pahoia ER. Thus, it is expected that there will be a dramatic drop in patients and the resulting traffic.

At PCMC's urgent care clinic, from January through September 2013 there were 4,520 patient visits. This breaks down to 16-17 per day between 8:00 a.m. and 5:00 p.m. Adding staff brings the number up to 20-21 per day, turning in off the highway and turning back onto the highway. However, once other clinics open in Pahoia, that number will decrease. PCMC keeps an ER referral log that shows how many patients are referred to the Hilo ER, and the range is between 5 - 10 per week. Thus, the project is not expected to generate a statistically significant amount of traffic for at least the first eight years. It should also be noted that with the Pahoia Ambulance and EMTs less than a ½ mile from the project site, there will be less ambulance traffic between Hilo and Pahoia than at present.

Per "Trip Generation", Institute of Transportation Engineers, 7<sup>th</sup> edition, vol. 3: peak trip hours can be based on either the number of employees x 1.31 average rate or the square footage of the building, whichever is greater. Once the ER is operational, there will only be one shift for at least a year, and then possibly two shifts. At two shifts, 4 employees/shift x 1.31 = 11 peak hour trips. Although there are no architectural plans drawn up at present, it is estimated that the initial facility will be approximately 4,800 square feet = 24 peak hour trips. It should be noted, however, that not all the rooms will be occupied (storage closets) or occupied most of the time (x-ray room, staff lunch room, etc.) and that square footage will not be relevant to traffic numbers.

### **3.3.2 Public Services and Utilities**

Water is available to the project site, with the DWS pumping station immediately abutting to the north, and applicant will petition the DWS for service. DWS comment letter confirms (item #4) that “there are existing 6-inch and 12-inch waterlines within Kea’au-Paho Road fronting the subject parcel. “ The DWS requests water usage calculations prepared by a Hawaii-licensed professional engineer prior to issuing a determination of the water commitment deposit amount, the facilities charge and other conditions of final approval. The DWS letter states that the 12-inch waterline should be adequate to provide the 2,000 gallons/minutes for fire protection. Applicant will ensure that its architectural team compute those estimates.

Utility poles along the highway frontage carry electricity, telephone, and cable/internet lines, but do not enter the property. PCMC will be asking its architects to design their facility to be completely off-grid, with on-site backup systems.

There is no sewer system to the parcel, or in the Puna District at all. However, because of an EPA mandate that requires an end to cesspools, a subcommittee of the Puna Community Development Plan Action Committee has submitted a CIP request to the County for funding for a sewer feasibility study for the Pāhoā area. If a sewer system is constructed prior to the groundbreaking for the emergency room, and if it extends to the project site, then PCMC will hook up to it. In the interim, PCMC is willing to install an above-ground storage and treatment system approved by and in conformance with the requirements of the State Department of Health. This will be designed to prevent any wastewater from contaminating the groundwater next door (more than 300 feet away). At present PCMC’s urgent care clinic does source separation at the clinic in lined red medical waste containers and disposes of its medical waste, i.e. sharps and biohazards, by having a licensed contractor collect it and deliver it to HMC for processing. This will probably continue to be the case for the emergency room and any future elements.

There will be no adverse impact to any public or private utilities. The construction of the emergency room and, ultimately, the comprehensive medical center will have no measurable adverse impact to or additional demand on public facilities such as schools, police or fire services, or recreational areas.

### **3.4 Secondary and Cumulative Impacts**

Due to the type of development planned for the subject parcel, the proposed project would not produce any major secondary adverse impacts, such as population changes or effects on public facilities. It would entail more traffic slowing for making the turns onto the site, but this is occurring anyway for the water fill-up facility and the rapid population growth, and it appears that the State DOT is already planning to address this.

Cumulative impacts result when several projects that individually have limited impacts may combine to produce more severe impacts or conflicts in mitigation measures once implemented. The adverse impacts of construction involve temporary disturbances to air quality, noise, traffic and visual quality. The precautions to be taken during construction would mitigate these to the greatest extent possible. The lack of immediately sited residences decrease the usual expected construction impacts. And the long term benefits of a medical facility far outweigh those temporary impacts.

### **3.5 Required Permits and Approvals**

With publication in the Environmental Notice, the applicant provided copies of the Draft Environmental Assessment to the relevant government agencies for their comments, and will provide copies of the Final Environmental Assessment to them as well; those received during the comment period of the draft EA have been incorporated into the final EA. Once the EA process is completed, and a FONSI (Finding of No Significant Impact) granted by the (OEQC) Office of Environmental Quality Control, the BLNR is expected to approve the direct lease. The County Planning Department's previous Director, Bobby Jean Leithead Todd has assured PCMC that it will support the project and the Special Permit that would be required. The BLNR's preliminary solicitation to various agencies received a response from the Planning Department, indicating that a Special Permit will be required. There is now a new Planning Director, and his comments are addressed herein. He has also informed applicant that Plan Approval will be required, as will compliance with Rule 17, Landscaping. The Hawaii County Fire Department, when solicited, responded that they request that the applicant follow the most current fire codes in the development of the project. With the direct lease and as part of the Special Permit and Plan approval process, PCMC will once again solicit comments from the relevant agencies.

For construction to take place, the applicant will have to submit its plans to the County Department of Public Works, Building Division and the Environmental Management Department for grubbing and grading permits, building permits, and whatever other permits and approvals may be required. As stated above, the DWS will require calculations from a Hawaii-licensed engineer regarding water needs, and assurances that medical and hazardous waste will not contaminate ground water. The State Department of Health will also require certifications, plans and other documents, including adherence to their applicable standard comments. If any cultural remains are discovered during the land clearing process, all work in the area will cease until a certified archaeologist can inspect, suggest mitigation, and process the necessary paperwork with SHPD.

### 3.6 Consistency with Government Plans and Policies

#### 3.6.1 Hawaii County General Plan

The General Plan for the County of Hawaii is the document expressing the broad goals and policies for the long-range development of the Island and County of Hawaii. The plan was adopted by ordinance in 1989 and revised in 2005. The General Plan's Land Use Allocation Guide Map designates the subject parcel as Agriculture, and the County CZO as 20-acre Agriculture. Thus, since the parcel is 5 acres, it is a 'non-conforming' parcel. (BLNR staff have verified that it is a legally subdivided lot.) The General Plan is organized into 13 elements, with policies, objectives, standards and principles for each. There are also discussions of the specific applicability of each element to the nine judicial districts comprising the County of Hawaii. Below are pertinent sections followed by a discussion of conformance.

#### ECONOMIC GOALS

(a) Provide residents with opportunities to improve their quality of life through economic development that enhances the County's natural and social environments.

(b) Economic development and improvement shall be in balance with the physical, social and cultural environments for the island of Hawaii.

(c) Provide an economic environment that allows new, expanded or improved economic opportunities that are compatible with the County's cultural, natural, and social environment.

*Discussion:* The proposed project is in balance with the natural, cultural and social environment of the County and, specifically of the Puna District. The project would not only create temporary construction jobs for local residents, and would indirectly boost the economy through construction industry purchases from local suppliers, but medical equipment and supplies would also be purchased locally. Presently PCMC employees are all Puna residents, and the expanded medical facility would provide permanent full-time employment for even more highly skilled professional workers. Very few, if any, of the employees would be earning low wages. The expanded facility would be able to offer jobs to the new graduates of our UH Medical, Pharmaceutical and Nursing Programs. A multiplier effect takes place when these employees spend their income for food, housing and other living expenses in the retail sector of the economy. Such activities are in keeping with the overall economic development of the island.

#### ENERGY GOALS

(a) Strive towards energy self-sufficiency for Hawaii County.

(b) Establish the Big Island as a demonstration community for the development and use of natural energy resources.

*Discussion:* The applicant's plans to utilize solar electric and hot water with alternate energy backups is consistent with these goals. Ample windows in the building design will minimize the need for artificial light. The facility will serve as a model for future medical facility development that is sustainable.

#### ENVIRONMENTAL QUALITY GOALS

Maintain and, if feasible, improve the existing environmental quality of the island.

*Discussion:* The Applicant plans to control the nonnative plants currently on the site, with a goal of totally eliminating them. Also planned is to leave as much of the existing native vegetation as possible undisturbed, using it as part of the landscaping plan. The landscaping plan will meet or exceed the requirements of Planning Department's Rule 17. Applicant will also bring in other appropriate natives for outplanting. In addition, a medicinal plants garden is planned. The environmental quality of the parcel will thus be improved and act as a demonstration showing how construction and development can utilize endemic plant species.

#### PUBLIC FACILITIES GOAL:

Encourage the provision of public facilities that effectively service community needs and seek ways of improving public service through better and more functional facilities which are in keeping with the environmental and aesthetic concerns of the community.

*Discussion:* Applicant will ensure that this public facility will be in keeping with the local environmental and aesthetic concerns, and to that end has been working with the Pahoia Plan Steering Committee and its Design Guidelines.

#### HEALTH AND SANITATION POLICY

The County should encourage the development of new or improvement of existing health care facilities to serve the needs of Hamakua, North and South Kohala, and North and South Kona. The relevant STANDARDS are:

- Hospitals should be on sites capable of handling moderate expansion of facilities. Quiet surroundings, convenient and adequate access, and compatibility with adjoining uses shall be required. [The project site meets these criteria.]
- Hospitals shall be served by a public sewerage system or have self-contained sewerage systems. Hospital solid waste disposal methods shall be by incineration. [See 3.1.6]

*Discussion:* The section of the Hawaii County General Plan dealing with Puna fails to mention any courses of action relating to the provision of Health Services, as do the Public Facilities and Health and Sanitation sections. However, this omission was subsequently rectified in the Puna Community Development Plan (see 3.6.2 below).

### 3.6.2 Puna Community Development Plan

The section on MANAGING GROWTH, 3.3 SOCIAL SERVICES AND HOUSING, is prefaced with the statement, “Puna’s high percentage of low-income residents tends to increase the need for social services, yet discourages private health care providers from locating in Puna due to insurance issues.” The issues in question are the Lava Zone designations, with most of Puna being in lava zones 1 or 2. It is not only hard to find insurance policies to cover these zones, but banks do not consider projects in these zones to be good risks.

3.3.1 Goals (a): Puna residents have improved access to emergency and primary medical care and preventive public health programs.

3.3.2 Objectives (a): Seek additional locations for medical/substance abuse/senior home care treatment facilities in both lower and upper Puna.

3.3.3 Actions (a): Develop a centrally-located, 24-hour, full-service medical facility, with trauma care, in Puna. Establish multiple clinic level facilities offering primary medical and dental services in village centers in Upper and Lower Puna.

(b): Establish “one-stop centers” at Pāhoa...to provide referrals, support and advocacy related to the following issues: Access to medical services and complementary health services, including nursing programs for homebound clients...

In the next section, 3.4 PUBLIC SAFETY AND SANITATION SERVICES, the first objective is:

3.4.2 Objective (a): Provide additional locations for emergency services to reduce the response time to a larger percentage of residents.

*Discussion:* The Puna Community Development Plan (PCDP) acknowledges the need and fills in what is missing from the General Plan. The PCDP was passed as an ordinance amending the General Plan in August 2008. The Plan mandates an Action Committee to implement its provisions, under the umbrella of the Hawai’i County Planning Department. That committee has maintained the creation of a comprehensive medical center with trauma care as one of its top priorities, and it has written support letters to help fundraising efforts.

A keystone element of the PCDP is the Regional Town Center concept, which calls for civic, medical, educational and entertainment facilities to be located in the town center. The project site is just one parcel outside of the designated town center. Applicant previously did seek land within the town center area, but without success. A minimum of five acres is required and, as stated in the General Plan (HEALTH AND SANITATION POLICY, above) there should be room for later expansion. Failing an available five-acre site within the Regional Town Center area, the current project site was chosen as the best “Plan B”.

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### **3.6.3 Special Management Area**

The property is situated at the 1,000 - 1,800 foot elevation and several miles from the shoreline. It is therefore not in the Special Management Area.

### **3.6.4 County Zoning Ordinance**

The project site is zoned Agriculture 20 acres. However, the SCS Soil Series identifies it as almost bare pahoehoe, and it is therefore not suited for agriculture. That the only previous tenant vacated it, and it has since remained vacant and unencumbered, testifies to this. The previous director of the County Planning Department has therefore indicated that a Special Permit would be favorably reviewed by the Department. The current director, Duane Kanuha, has provided comments that applicant has addressed herein, but not indicated any preference.

### **3.6.5 Federal Health Designations and Medical Waste**

The State of Hawai'i Primary Care Needs Assessment Data Book 2012, published biennially by the Family Health Services Division of the Department of Health, has once again stated that the federal government has identified the entire island of Hawaii as being a MUA/P (Medically Underserved Area/Population) with a HPSA (Health Professional Shortage Area). The island also has federal designations as being Dentally and Mental Health Underserved. Therefore, any medical facility cannot but fail to improve these ratings.

As stated on page 15, above, all medical waste generated at the proposed facility will be handled in accordance with standards and equipment approved by the Department of Health, and therefore there will be no adverse impacts on air, soil or water quality.

## **PART 4: DETERMINATION, FINDINGS AND REASONS**

### **4.1 Determination**

Based on the findings below, and upon consideration of comments and support letters already received based on discussions of the project, and comments expected during the scoping phase, the Hawai'i State Board of Land and Natural Resources is expected to determine that the Proposed Action will not significantly alter the environment, as impacts will be minimal and benefits great, and is therefore expected to issue a Finding of No Significant Impact (FONSI).

## 4.2 Findings and Supporting Reasons

1. *The proposed project will not involve an irrevocable commitment or loss or destruction of any natural or cultural resources.* No valuable or cultural resource would be committed or lost. Common native plants are present but native ecosystems would not be adversely affected. As much of the on site native vegetation as possible would be retained, and invasive alien plant species would be replaced with native plants appropriate to the area as part of the landscaping design. No archaeological resources are present. The driveway and rear of the parcel were previously cleared by the last lessee and host most of the weeds, which will be removed. No valuable cultural resources and practices, or access to same, are present.
2. *The proposed project will not curtail the range of beneficial uses of the environment.* No restriction of beneficial uses would occur by the development of an emergency room and comprehensive medical center on this lot.
3. *The proposed project will not conflict with the State's long-term environmental policies.* The State's long-term environmental policies are set forth in Chapter 343, HRS. The broad goals of this policy are to conserve natural resources and enhance the quality of life. The project is minor (selected portions of five acres) and basically environmentally benign (no endangered or species of concern, retention of current native vegetation and incorporation of same in the landscaping plan, outplanting of additional native plants suitable to the site, etc.), and it is thus consistent with all elements of the State's long-term environmental policies.
4. *The proposed project will not substantially affect the economic or social welfare of the community or State.* Actually, the project will affect the economic and social welfare of the community and the State, but for the better. It will provide better-paying jobs and much needed health care services close to the center of the fastest growing rural population in the State.
5. *The proposed project does not substantially affect public health in any detrimental way.* The project will substantially affect public health in a positive way, by providing essential services now lacking.
6. *The proposed project will not involve substantial secondary impacts, such as population changes or effects on public facilities.* The project would not produce any detrimental secondary impacts to population or public facilities.
7. *The proposed project will not involve a substantial degradation of environmental quality.* The project is environmentally benign and would not contribute to environmental quality degradation.

8. *The proposed project will not substantially affect any rare, threatened or endangered species of flora or fauna or habitat.* Thorough survey has determined that no rare, threatened or endangered species of flora or fauna are known to exist on or near the project site, and thus none would be affected by project activities.

9. *The proposed project is not one which is individually limited but cumulatively may have considerable effect upon the environment or involves a commitment for larger actions.* Development of the complete project will be modular and constructed in phases, as funding permits. Each phase of construction, spaced several years apart, will involve only temporary disturbances to traffic, air quality, noise and visual quality during construction. A buffer of o'hia and 'uluhe that will be left in place along the highway frontage will mitigate visual impacts. Best construction practices as described above will mitigate the temporary disturbances to traffic, air quality and noise. The project site is fairly isolated from residences, the closest being separated from the site by a five-acre parcel. No cumulative adverse construction effects are expected.

10. *The proposed project will not detrimentally affect air or water quality or ambient noise levels.* No substantial effects to air, water, or ambient noise would occur. Brief, temporary effects would occur during construction and would be mitigated.

11. *The project does not affect nor would it likely to be damaged as a result of being located in environmentally sensitive area such as a flood plain, tsunami zone, erosion-prone area, geologically hazardous land, estuary, fresh water, or coastal area.* The project area is not located in any of the above named areas. The entire island of Hawai'i is geologically hazardous, but the project site is in hazard zone 3, which is at lower risk than zones 1 and 2: the site is not in an active zone and it is not adjacent to or downslope of an active rift zone.

12. *The project will not substantially affect scenic vistas and viewplanes identified in county or state plans or studies.* The current view from Hwy. 130 is across the lot facing *mauka*. There is no view of either ocean or mountains, only of the existing vegetation and sky. The structures planned for the parcel will be low and will not substantially affect what view there currently exists.

13. *The project will not require substantial energy consumption.* Negligible amounts of energy input would be required during construction. The plan to utilize solar energy and hot water augmented by on-site alternative energy backup, will result in a very small consumption level.

For the reasons above, the proposed project will not have any significant effect in the context of Chapter 343, Hawai 'I Revised Statutes as amended and sections 171-13, 171-16 and 171-43.1.

# **APPENDICES**

**REFERENCES**

**LIST OF TABLES**

**LIST OF MAPS**

**SUPPORT LETTERS**

**OTHER DOCUMENTS**

**AGENCY COMMENT LETTERS**

**PUBLIC COMMENTS**

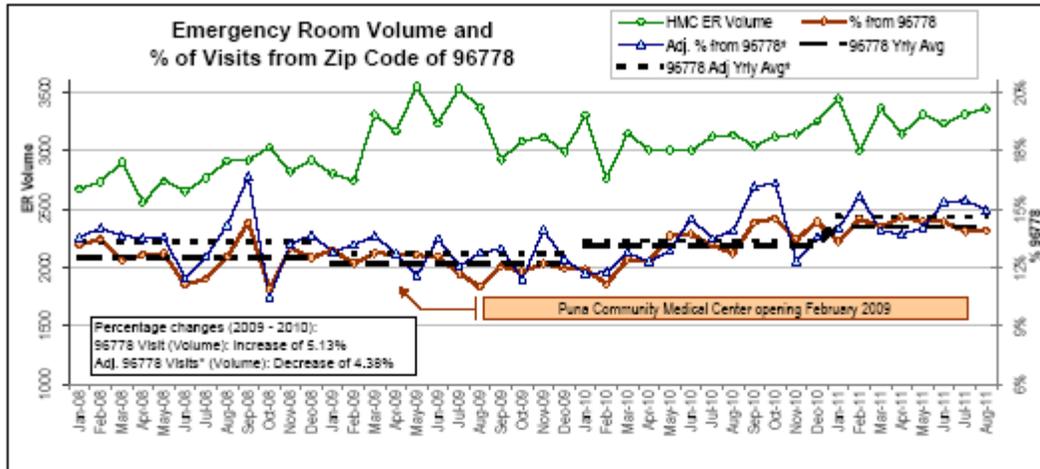
**APPLICANT RESPONSES TO COMMENTS**

## REFERENCES

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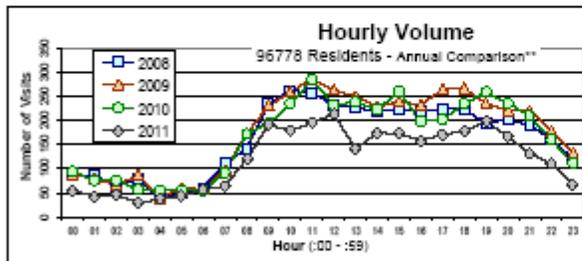
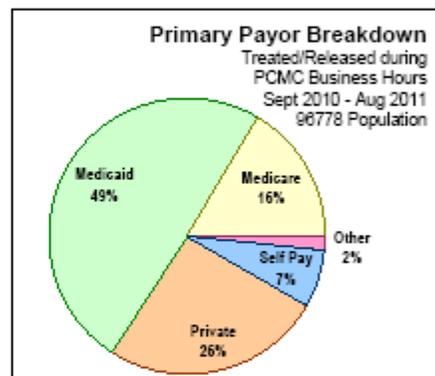
## LIST OF TABLES

- Table 1. PCMC ER USAGE Update 052011 [1].txt  
Table 2. Emergency Room Volume and % of Visits from Zip Code of 96778

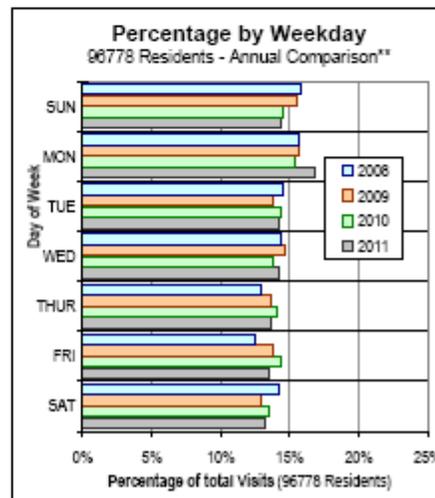


|  | 2009  | 2010  | 2011** |
|--|-------|-------|--------|
| <b>TOTAL</b> Patients Seen             | 37794 | 37010 | 26151  |
| Treated and Released                   | 35090 | 31386 | 21461  |
| Treated and Released - during PCMC Hrs | 14683 | 13326 | 9655   |

|  | 2009 | 2010 | 2011** |
|--|------|------|--------|
| <b>96778</b> Patients Seen             | 4513 | 4744 | 3604   |
| Treated and Released                   | 4211 | 3991 | 2937   |
| Treated and Released - during PCMC Hrs | 1828 | 1748 | 1378   |
|  | 12%  | 13%  | 14%    |



|                           | 2008 | 2009 | 2010 | 2011** |
|---------------------------|------|------|------|--------|
| <b>DAY OF WEEK</b> Sunday | 557  | 612  | 622  | 421    |
| Monday                    | 559  | 649  | 624  | 496    |
| Tuesday                   | 564  | 608  | 552  | 418    |
| Wednesday                 | 541  | 585  | 584  | 419    |
| Thursday                  | 524  | 596  | 548  | 399    |
| Friday                    | 536  | 608  | 552  | 395    |
| Saturday                  | 611  | 574  | 515  | 389    |



Hourly and weekday drilldown includes visits discharged to Home, AMA or LWOBs  
 \* Adjusted percentages take into account PCMC hours of operation:  
 Beginning 2010: Sun & Tue 8-12; Monday, Wednesday - Saturday 8-5  
 Beginning Mar 2011: Sun 8-12; Mon - Sat 8-5

\*\* 2011 data includes Jan - Aug only

Data Sources: Midas (data through 4/2010); Medisolv (data from 5/2010)

Treated and Released 35090 31386 21461  
Treated and Released - during PCMC Hrs 14683 13326 9655  
4513 4744 3604  
**12% 13% 14%**  
4211 3991 2937  
**12% 13% 14%**  
1828 1748 1378  
**12% 13% 14%**

Sunday 557 612 622 421  
Monday 559 649 624 496  
Tuesday 564 608 552 418  
Wednesday 541 585 584 419  
Thursday 524 596 548 399  
Friday 536 608 552 395  
Saturday 611 574 515 389

Data Sources: Midas (data through 4/2010); Medisolv (data from 5/2010)

\* Adjusted percentages take into account PCMC hours of operation:

Beginning 2010: Sun & Tue 8-12; Monday, Wednesday - Saturday 8-5

Beginning Mar 2011: Sun 8-12; Mon - Sat 8-5

\*\* 2011 data includes Jan - Aug only

Hourly and weekday drilldown includes visits discharged to Home, AMA or LWOBS

Treated and Released - during PCMC Hrs

Treated and Released

Patients Seen

### **Emergency Room Volume and % of Visits from Zip Code of 96778**

1000 1500 2000 2500 3000 3500

Jan-08

Feb-08

Mar-08

Apr-08

May-08

Jun-08

Jul-08

Aug-08

Sep-08

Oct-08

Nov-08

Dec-08

Jan-09

Feb-09

Mar-09

Apr-09

May-09

Jun-09

Jul-09

Aug-09

Sep-09

Oct-09

Nov-09

Dec-09

Jan-10

Feb-10

Mar-10

Apr-10

May-10

Jun-10

Jul-10

Aug-10

Sep-10

Oct-10

Nov-10

Dec-10

Jan-11

Feb-11

Mar-11

Apr-11

May-11

Jun-11

Jul-11

Aug-11

**ER Volume**

6% 9% 12% 15% 18% 20%

**% 96778**

HMC ER Volume % from 96778

Adj. % from 96778\* 96778 Yrly Avg

96778 Adj Yrly Avg\*

Puna Community Medical Center opening February 2009

**Primary Payor Breakdown**

Treated/Released during

PCMC Business Hours

Sept 2010 - Aug 2011

96778 Population

**Private**

**26%**

**Medicaid**

**49%**

**Medicare**

**16%**

**Self Pay**

**7%**

**Other**

**2%**

**Hourly Volume**

96778 Residents - Annual Comparison\*\*

0 50 100 150 200 250 300 350

00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23

Hour (:00 - :59)

**Number of Visits**

2008

2009

2010

2011

**Percentage by Weekday**

96778 Residents - Annual Comparison\*\*

0% 5% 10% 15% 20% 25%

SAT

FRI

THUR

WED

TUE

MON

SUN

**Day of Week**

**Percentage of total Visits (96778 Residents)**

2008

2009

2010

2011

Percentage changes (2009 - 2010):

96778 Visit (Volume): Increase of 5.13%

Adj. 96778 Visits\* (Volume): Decrease of 4.38%

*Puna Community Medical Center Final Environmental Assessment*

**LIST OF MAPS**

- Map 1. Road Map
- Map 2. Keonepoko Area Map
- Map 3. Site Map
- Map 4. Conceptual Site Plan
- Map 5. Plat Map

# Map 1.

B

C

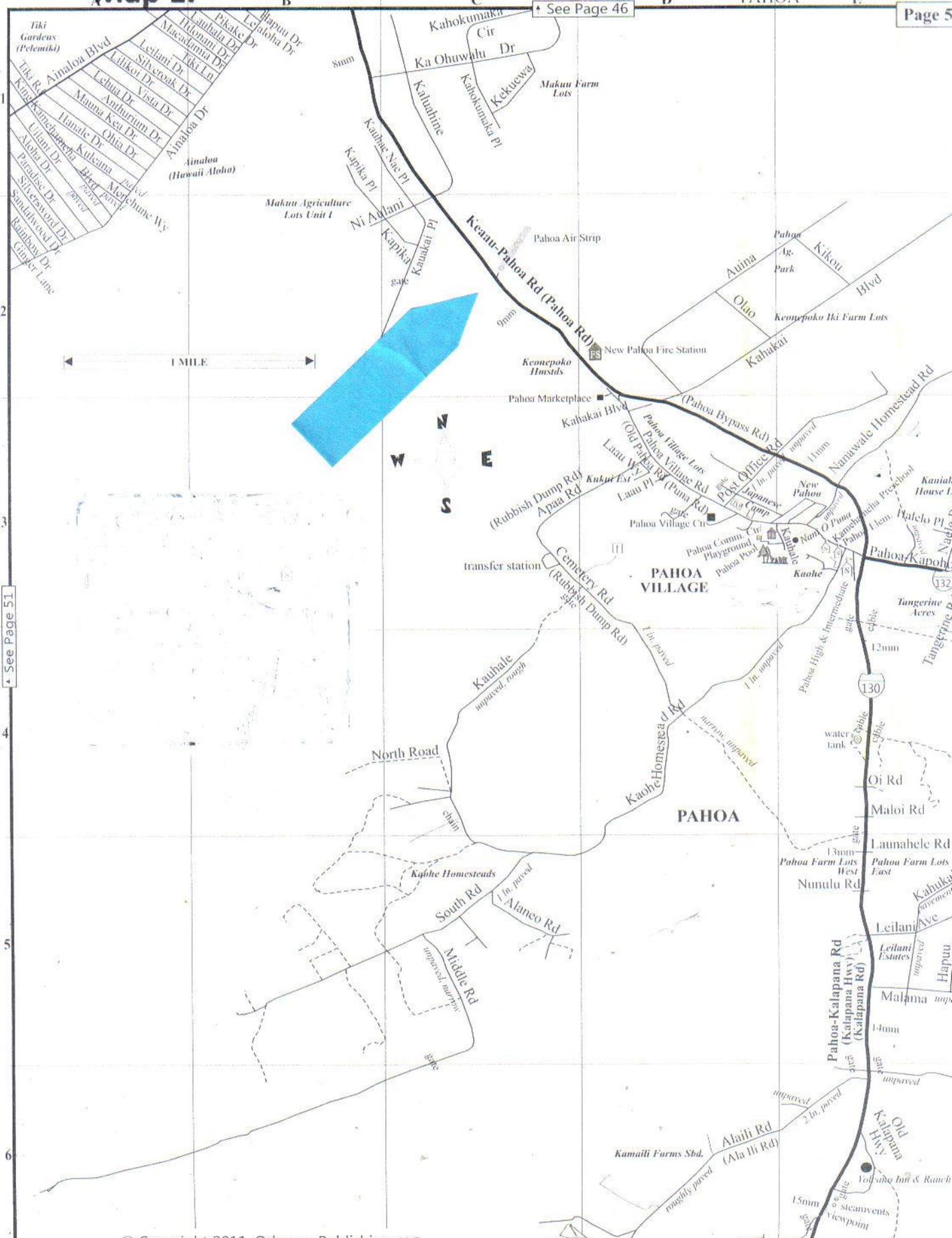
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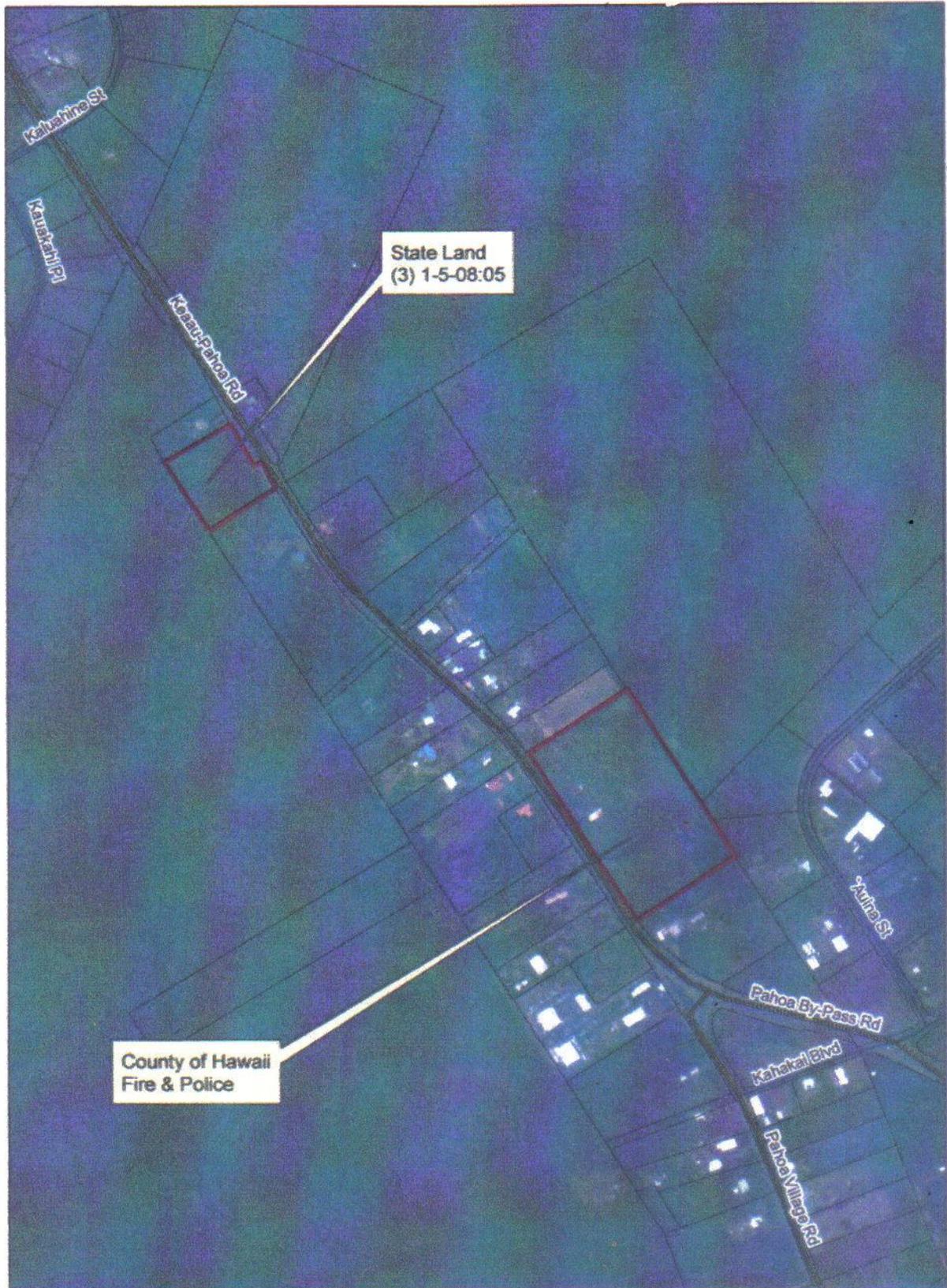
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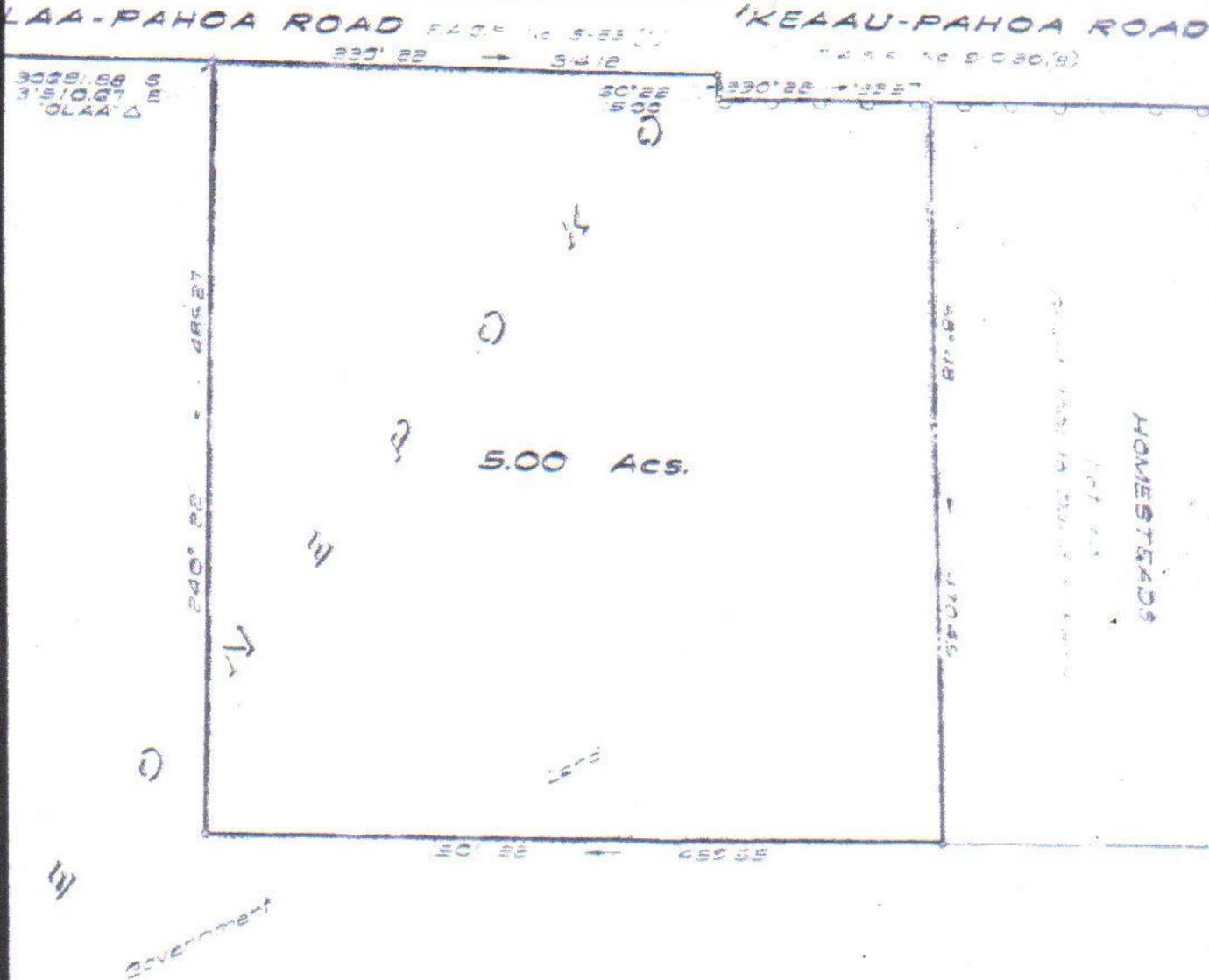
See Page 51

# Map 2.

# Keonepoko



# Map 3. Site Map



## PORTION OF THE GOVERNMENT LAND OF KEONEPOKO-NUI

Adjoining Grant 700 to David K. Kama (Lot 23 of Keonepoko Homesteads), and on the southwest side of Laa-Pahoia Road (Federal Aid Secondary Project No 9-23(1)) and Keaaui-Pahoia Road (Federal Aid Secondary Project No 9-030(8))

Keonepoko-Nui Puna Hanua

Scale 1 inch = 100 feet

352'

E. H. Fernandes

NOTE:

○ denotes access permitted  
 ○ denotes no vehicle access permitted

AP 15-09

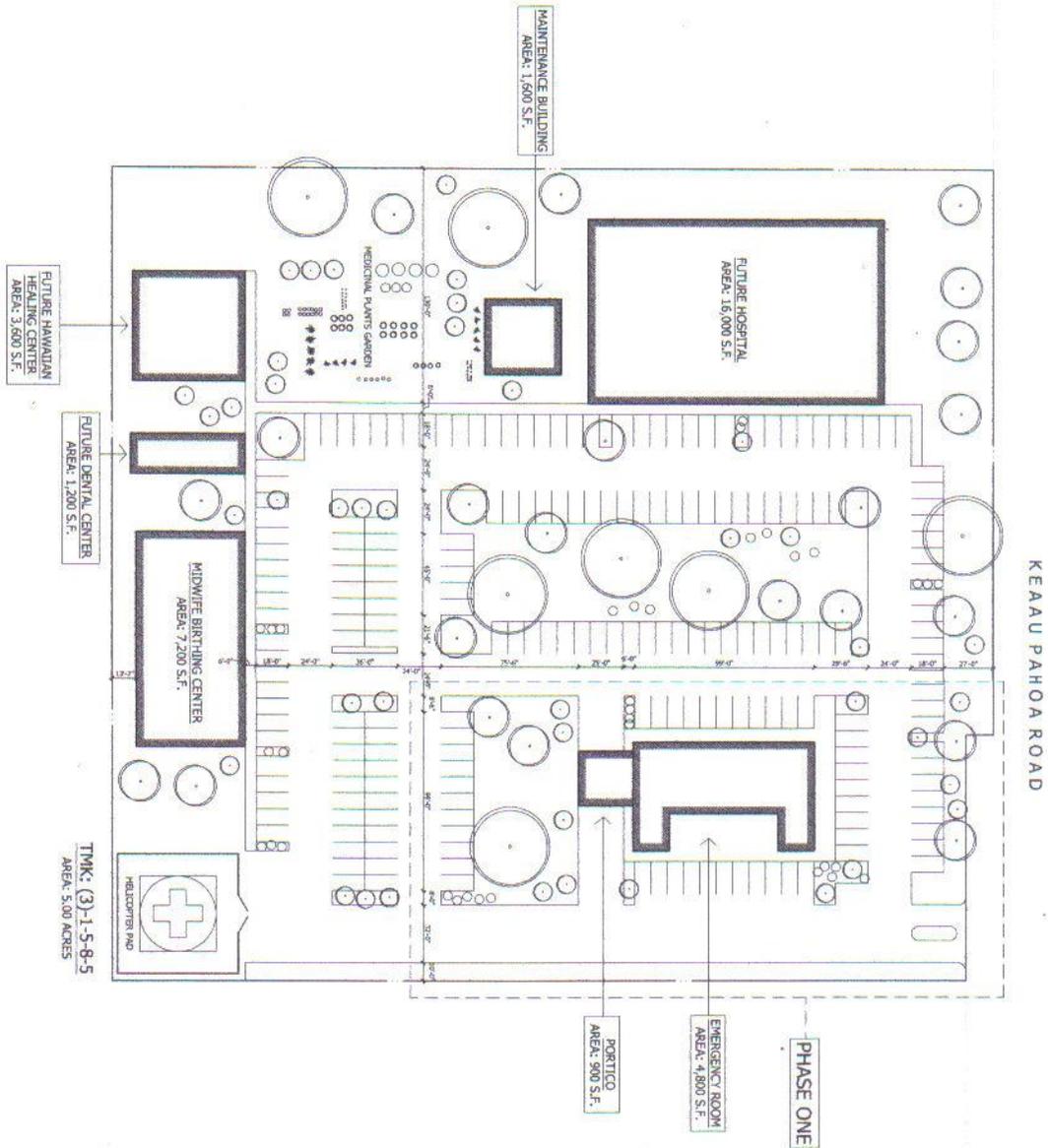
SURVEY DIVISION  
 DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

STATE OF HAWAII

No. 15 118

22 May 31 1959

# Map 4. Conceptual Site Plan



TMK: (3)-1-5-8-5  
AREA: 5.00 ACRES

KEAAU PAHOA ROAD



1 SITE PLAN  
SCALE: 1" = 30'

|                          |               |             |  |  |
|--------------------------|---------------|-------------|--|--|
| DRAWING TITLE: SITE PLAN | DATE: 1/20/10 | ISSUE:      | Conceptual Master Plan for Puna Community Health Center<br>TMK (3)-1-5-8-5 | <small>                 K.O.A. ARCHITECTURE, LLC<br/>                 85-6002 Kamehameha Highway<br/>                 Honolulu, HI 96813<br/>                 PH: 808-531-6200<br/>                 FAX: 808-531-6201<br/>                 WWW.KOAAARCHITECTURE.COM             </small> |
|                          | PROJECT NO:   | REVISIONS:  |  |  |
| DRAWN BY:                | CHECKED BY:   | PROJECT NO: | DATE:  | ISSUE:   |
| PROJECT NO:              | DRAWING NO:   |             |  |  |



Puna Community Medical Center Final Environmental Assessment

**SUPPORT LETTERS**

|                    |   |
|--------------------|---|
| November 25, 2008  | US Attorney Edward H. Kubo, Jr.   |
| July 12, 2011      | Dan Taylor, Chair, Puna Community Development Plan Action Committee.            |
| February 15, 2012  | Howard N. Ainsley, CEO, Hilo Medical Center.                                    |
| February 23, 2012  | William P. Kenoi, Mayor, County of Hawai'i                                      |
| March 23, 2012     | Robert K. Lindsey, Jr., Trustee - Hawaii 'i Island, Office of Hawaiian Affairs. |
| June 3, 2013       | Russell E. Ruderman, Senator District 2, Hawai'i State Senate.                  |
| July 1, 2013       | Zendo Kern, Council District 5, Hawai'i County Council.                         |
| September 26, 2013 | Greggor Ilagan, Council District 4, Hawai'i County Council.                     |
| October 3, 2013    | Madeline K. Greene, President, Nanawale Community Assn., Inc.                   |



U.S. Department of Justice

United States Attorney  
District of Hawaii

PJKK Federal Building  
300 Ala Moana Blvd., Room 6-100  
Honolulu, Hawaii 96850

(808) 541-2850  
FAX (808) 541-2958

November 25, 2008

HMSA Foundation

Subject: Support for Application for Grant by Puna Community Medical Center.

To Whom It May Concern:

Please allow me to strongly support the application by the Puna Community Medical Center for grant funding by your Foundation.

As the United States Attorney for Hawaii, I am keenly aware of those disadvantaged areas in Hawaii which are in need of assistance. The area of Puna is uniquely in a crisis situation and in dire need of your help.

Several years ago, I fought for a federal designation that Puna be considered a federally protected Weed and Seed area. This designation was due to the high statistical instances of crime, drug abuse, neglect, income and wages, unemployment, and other important factors which signified that they were a depressed community. Since that point in time, I have seen the community fighting back and trying to improve the quality of their lives.

As you know, however, the quality of life issues are not only based on reducing crime and improving the educational opportunities of people. A very important factor is also healthcare. Right now, I know that our citizens in Puna have to travel a long way just to seek decent medical attention. Many times, because of no transportation, gas, or the length of travel, our citizens forego visiting a doctor for their important medical needs. This should never be so, especially when we ourselves are in a position and are able to help them improve their way of life.

That is why I am completely and strongly behind the community and the Puna Community Medical Center in its request for funding from your Foundation to open a urgent care facility in Pahoa. Because of your kind hearts and your compassion, you have the ability to help thousands of our citizens get the urgent care they so desperately need. Whereas I can protect them from crime, and help them make their community safer, - you can help them live longer and live healthier lifestyles.

It is universally known how important healthcare is today. Your grant will allow a disadvantaged community meet the goals of caring for and helping our elders, our children, and

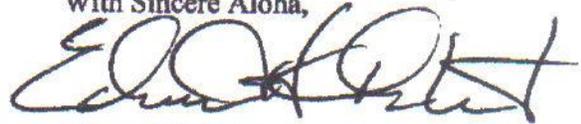
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HMSA Foundation  
November 25, 2008  
Page 2

our sick. For this noble understanding and attempt to address their medical needs, you would be true heroes in our community.

Thank you for your consideration of my strong support for this funding opportunity, and please let me know if I may be of any assistance to you and your Foundation in the future.

With Sincere Aloha,

A handwritten signature in black ink, appearing to read "Edward H. Kubo, Jr.", written in a cursive style.

Edward H. Kubo, Jr.  
United States Attorney  
District of Hawaii

---

noi



RECEIVED JUL 14 20

**County of Hawai'i  
PLANNING DEPARTMENT**

**PUNA COMMUNITY DEVELOPMENT PLAN ACTION COMMITTEE**

Aupun Center • 101 Pauahi Street, Suite 3 • Hilo, Hawai'i 96720  
Phone (808) 961-8288 • Fax (808) 961-8742

July 12, 2011

**SUPPORT LETTER**

Whom It May Concern:

The Puna Community Development Plan (PCDP), which was passed by ordinance by the Puna County Council in August, 2008, included the formation of an Action Committee to oversee the implementation of the plan. This letter has been approved by said committee.

The PCDP, with input from over 1,300 residents, recognized the need for additional medical care in this rural, underserved area, and the first Action listed in the Management Services and Housing section, is "Develop a centrally-located, 24-hour, full-service medical facility, with trauma care, in Puna." Even prior to the passage of the plan, residents involved in the creation of the PCDP had already begun the process to improve the non-profit Puna Community Medical Center (PCMC).

PCMC is developing in phases, with the first phase being an acute care clinic located at Puna Marketplace. It opened its doors in February, 2009 and to date has provided services, 7 days a week, no appointment needed, to more than 5,700 individuals and numerous emergency visits. They care for almost 500 patients a month, about 18% of whom have no insurance or ability to pay. They are now ready to expand their services to meet the needs of the rapidly growing population.

The PCDP Action Committee is in full support of the PCMC and its vision, and encourages potential future funders, as well as planners and permitting agencies, that the planned expansion of PCMC is in conformance with the PCDP. We believe that this facility will be an appropriate addition to the Pahoia Village Center area.

Sincerely,



February 15, 2012

Mr. Dan Damizio  
Clinic Director  
Puna Community Medical Center  
15-2662 Pahoia Village Road #303  
Pahoia, HI 96778

Dear Mr. Damizio:

**Subject: Statement of Support  
Puna Community Medical Center Emergency Room**

Hilo Medical Center (HMC) operates the State's second busiest emergency room, treating more than 40,000 patients annually. Puna, which is a portion of HMC's service area, is the fastest growing area of the State. Clearly, these two factors combined illustrate the need for an additional emergency room in the District of South Hilo. On behalf of the East Hawaii Region of the Hawaii Health System, I wish to express support of Puna Community Medical Center's (PCMC) development of a free-standing Emergency Facility in Pahoia.

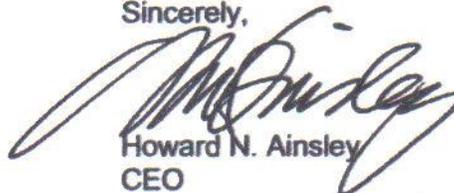
HMC's emergency room is 35 miles from Puna, and many residents do not have transportation for the trip to Hilo. Ambulance response times, coupled with the drive to HMC on a two lane road, equate to an hour's journey, even when the traffic is light. Improved access to emergency services are needed for the residents of Puna.

PCMC is a valued partner in the provision of health services to our East Hawaii communities. We endorse the Center's strategic plans to develop a number of health programs to serve this fast growing area of the State. In addition to the emergency facility, PCMC's planned adult day care center would be an asset as would a birthing center.

Hilo Medical Center endorses PCMC's plan to ensure high quality care is available in Puna. We also applaud the Center's vision for air evacuation [helicopter landing], so that this valuable service is available to patients that require immediate access to more intense levels of care at HMC's Level III Trauma Center.

HMC stands ready to participate in the planning of this facility within the guidelines established by the Puna Community Development Plan.

Sincerely,



Howard N. Ainsley  
CEO

HNA:sd

**William P. Kenoi**  
*Mayor*



**William T. Takaba**  
*Managing Director*

**Walter K.M. Lau**  
*Deputy Managing Director*

## County of Hawai'i Office of the Mayor

25 Aupuni Street, Suite 2603 • Hilo, Hawai'i 96720 • (808) 961-8211 • Fax (808) 961-6553  
KONA: 74-5044 Ane Keohokalole Hwy., Bldg. C • Kailua-Kona, Hawai'i 96740  
(808) 323-4444 • Fax (808) 323-4440

February 23, 2012

Mr. Dan Domizio  
Clinical Director  
Puna Community Medical Center  
15-2662 Pahoa Village Rd #303  
Pahoa, HI 96778

RE: Statement of Support for Puna Community Medical Center Emergency Room

Dear Mr. Domizio:

I am pleased to provide this letter of support for the Puna Community Medical Center's development of a free-standing emergency facility in Pahoa.

This will help serve one of the fastest growing districts on the island and address one of our most critical needs, improved access to emergency services in our rural areas.

Since opening in 2009, The Puna Community Medical Center has provided comprehensive primary healthcare visits to over 7,000 clients, and over 3,000 patients from Puna are transported annually to the Hilo Medical Center's emergency room for trauma care.

Puna experiences some of the highest rates of poverty, health disparities than anywhere else in the State of Hawai'i and this much-needed project will be of great benefit to the community.

Aloha,

A handwritten signature in black ink, appearing to read "W.P.K.", written over a horizontal line.

**William P. Kenoi**  
MAYOR

PHONE (808) 594-1888

FAX (808) 594-1865



**STATE OF HAWAII**  
**OFFICE OF HAWAIIAN AFFAIRS**  
711 KAPI'OLANI BOULEVARD, SUITE 500  
HONOLULU, HAWAII 96813

23 Malaki 2012

Mr. Dan Domizio  
Clinical Director  
Puna Community Medical Center  
15-2662 Pahoia Village Road #303  
Pahoia, HI 96778

Aloha Mr. Domizio:

I want to applaud the community based effort and strategy the Puna Community Medical Center (PCMC) is employing in developing and establishing a free standing Emergency Facility for Puna in Pahoia; an effort I wholeheartedly support and endorse.

Puna is the fastest growing region in the State of Hawai'i; the nearest Trauma Center is at the Hilo Medical Center (HMC); a half hour drive north on a two lane highway. A major accident on Highway 130 equates to gridlock; a problem if there is a need to move a patient by ambulance from Puna to Hilo within the 'golden hour.' My understanding is since Puna Community Medical Center opened its doors in 2009 it has provided medical services to 15,000 clients; cared for over 7,500 individuals; reduced the number of local ambulance runs and lessened referrals to HMC's emergency room.

Once Puna has its own Emergency Facility the citizens and residents of the largest district on Hawai'i Island will have the access to emergency services they truly deserve and sorely need; quickly, efficiently and close to home. I wish you well in this worthy endeavor and noble cause.

With kind regards,

Robert K. Lindsey, Jr.  
Trustee – Hawai'i Island  
Office of Hawaiian Affairs

---



## The Senate

STATE CAPITOL  
HONOLULU, HAWAII 96813

June 3, 2013

Department of Land and Natural Resources  
Attn: Board Members  
1151 Punchbowl Street, Room 130  
Honolulu, Hawaii 96813

RE: Support of the Puna Community Medical Center Lease of State land TMK 3-1-5-008:005 at  
Keonepoko Nui Ahupua'a

Dear Board Members,

I am writing to express my support of the lease to the Puna Community Medical Center (PCMC). The Puna community has the worst socio-economic statistics in the entire state, and has a Federal designation as a medically-underserved area with provider shortages. With Puna having the highest growth rate of 24% in the State, the area is in dire need of a medical facility.

PCMC currently sees 500-600 patients a month and provides care for patients that are underinsured, uninsured or those unable to pay. The facility is open 7 days a week, including holidays.

The parcel for the Puna Community Medical Center Lease is off of Highway 130 and is in an area with a long straight-away with a good line of sight. The State Department of Transportation plans to install a flashing light (short term) and will later install a traffic signal to address traffic concerns.

PCMC is ready to provide emergency room services, a clinical laboratory and x-ray facility as their next phase and the lease is crucial to the expansion of services.

Thank you for allowing me the opportunity to express my support of this worthwhile project.

Sincerely,

A handwritten signature in cursive script that reads "Russell E. Ruderman".

Russell E. Ruderman, Senator District #2  
Hawaii State Senate  
415 S. Beretania Street, Room #217  
Honolulu, HI 96813

---

**Zendo Kern**  
Council Member  
Council District 5



Phone: (808) 961-8263  
Fax: (808) 961-8912  
Email: zkern@co.hawaii.hi.us

Mailing Address:  
Hawai'i County Building  
25 Aupuni Street  
Hilo, Hawai'i 96720

Planning Committee Chair

Environmental Management  
Committee Chair

*Hawai'i County Council*  
*County of Hawai'i*

July 1, 2013

Rene Siracusa, President  
Puna Community Medical Center  
Pāhoā, Hawai'i 96778

Re: Support for Puna Community Medical Center

Aloha Rene,

I'm writing today in strong support of an agreement to lease State lands in the Keonepoko Nui Ahupua'a, near Pāhoā for the Puna Community Medical Center. As a County Council representative for the district, I fully understand the need for emergency medical services, a clinical laboratory and X-ray services in Pāhoā. Pāhoā currently has one ambulance, one clinic and the urgent care center. Additional ambulances must come from Kea'au or Hilo which can take up to thirty minutes. This is unacceptable. The proposed emergency facility physicians will be able to administer the first few critical minutes of care almost immediately.

According to the 2010 Census, the district of Puna experienced the highest rate of growth (24%) in the state. Located on the East side of Hawai'i Island, Puna is similar in size to the island of O'ahu, with a population of just over 40,000. Although Puna has experienced an increase in population the delivery of important services has not changed. Most of the district is extremely rural, lacking even the most basic infrastructure with many of its residents living at or below poverty level. For these reasons Puna has received the Federal designation of a "medically-underserved" area with "provider shortages".

I urge federal, state and county officials to support this or any effort to establish emergency services in Pāhoā for the Puna district. It is my hope that officials will take this opportunity and partner with your non-profit group to secure land, grants, permits, and funding to build and operate a free standing emergency facility in Puna. Your organization's record of successes with the Urgent Care facility in Pāhoā demonstrates that you have the capacity and commitment to succeed in realizing this project.

I'm impressed and grateful for your organization's willingness to address this serious issue and undertake this important project. You remind us of the wise words of Margret Mead: "Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has." Thank you for your continued commitment to this project and for all you do for our community.

Thank you,

A handwritten signature in black ink, appearing to be "Zendo Kern", written over a light blue horizontal line.

*From the office of -*  
Council Member  
District 4 - Puna Makai



Office: (808) 965-2712  
Fax: (808) 965-2707  
Email: [gilagan@hawaiicounty.gov](mailto:gilagan@hawaiicounty.gov)

**GREGGOR ILAGAN**

25 Aupuni Street, Hilo, Hawai'i 96720

September 26, 2013

Mr. Dan Domizio, Clinical Director  
Puna Community Medical Center  
15-2662 Pāhoa Village Rd #303  
Pāhoa, HI 96778

RE: Support for Puna Community Medical Center Emergency Room

Aloha Director Domizio,

I was very excited to hear about the Puna Medical Center's development to provide an emergency facility in this underserved district. Puna's need for infrastructure, social services and healthcare is vital to the well-being of its increasing populace. This facility will be a major improvement to this area. I fully support this project, and wish to express my appreciation to the crucial work the Puna Community Medical Center continues to provide.

Puna is just slightly smaller than the entire island of Kauai. According to the 2010 U.S. Census, there are approximately 45,236 individuals who try to subsist in Puna. Poverty levels are high. Hawai'i County is ranked first in poverty levels within the state, where more than a third of residents survives at or below 200% of the Federal Poverty Level. Puna specifically is one of the districts named as the most poverty stricken, with estimates of 45% to 55% of the population living 200% below the Federal Poverty Level, according to a 2010 U.S. Census American Survey report.

Where there is a high level of need, there is high demand for services. Healthcare is just one basic component that is of extreme importance to this multi-faceted and beautiful community. The Police, Fire and EMS are inundated with calls for emergency services. This medical facility will be a literal life-saver for the community.

Mahalo,

A handwritten signature in black ink, appearing to read "Greggor Ilagan".

Greggor Ilagan



**NANAWALE COMMUNITY ASSOCIATION, INC.**  
RR4 BOX 2250 PAHOA, HAWAII 96778-9703 TELEPHONE (808) 965-8080

*"Working to keep Nanawale the Big Island's most beautiful community"*

October 3, 2013

The Board of Directors of the Nanawale Estates Community Assn. acknowledges receipt of a hard copy of the Puna Community Medical Center Draft Environmental Assessment and Anticipated Finding of No Significant Impact (DEA-AFNS). We are familiar with this parcel and are in agreement with the Findings and Determination as outlined therein.

At present, and for many years, TMK No (3) 1-5-008-005 has been vacant and unencumbered, and has not provided any benefits to the Puna community. Since there are no endangered species or archaeological or cultural resources, and because Puna has a critical need for access to health care, we are in total support of Puna Community Medical Center's request for a long-term lease. To demonstrate our support and commitment, we have donated \$1,000 to the Building Fund to expedite the project.

Please do not hesitate to contact me if you have any questions.

*Madeline K. Greene*

With warmest aloha,  
Madeline K. Greene, President

---

## **OTHER DOCUMENTS**

Approval in Concept for the Issuance of a Direct Lease  
April 27, 2012, BLNR.

Cultural Impact Assessment Notice, Hawaii Tribune-Herald Advertising Receipt.  
December 3, 2012.

Cultural Impact Assessment Notice (email acknowledgement), *Ka Wai Ola Newspaper*, Office of  
Hawaiian Affairs.  
December 4, 2012.

Deed Exhibit "A"

FreemanWhite, Inc. Proposal and Agreement for Consulting Services, planning study Phase  
One.  
January 10, 2012.

FreemanWhite, Inc. Proposal and Agreement for Consulting Services, planning study Phase  
Two.  
January 10, 2012.

Letter to Sal Panem, District Engineer, State Department of Transportation.  
February 15, 2012.

Palmer and Associates Consulting  
2012 Cover letter, botanical survey, plant list.

"Funding measure for new isle ambulances advances", Hawaii Tribune-Herald.  
February 14, 2014.

D-

**STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
Land Division  
Honolulu, Hawaii 96813**

April 27, 2012

Board of Land and Natural Resources  
State of Hawaii  
Honolulu, Hawaii

PSF No.: 12HD-024

Hawaii

Approval in Concept for the Issuance of Direct Lease to Puna Community  
Medical Center for Comprehensive Medical Center Purposes, Keonepoko Nui,  
Puna, Hawaii, Tax Map Key: 3<sup>rd</sup>/ 1-5-08:05.

**APPLICANT:**

Puna Medical Center, a Hawaii non-profit 501 (c) (3) corporation.

**LEGAL REFERENCE:**

Sections 171-13, 171-16 and 171-43.1, Hawaii Revised Statutes, as amended.

**LOCATION:**

Portion of Government lands of Keonepoko Nui, Puna, Hawaii, identified by Tax Map  
Key: 3<sup>rd</sup>/ 1-5-08:05, as shown on the attached maps labeled Exhibits A.

**AREA:**

4.920 acres, more or less.

**ZONING:**

State Land Use District: agriculture  
County of Hawaii CZO: 20-acre agriculture

**TRUST LAND STATUS:**

Section 5(b) lands of the Hawaii Admission Act

DHHL 30% entitlement lands pursuant to the Hawaii State Constitution: NO

**CURRENT USE STATUS:**

Vacant and unencumbered.

**CHARACTER OF USE:**

Comprehensive medical center purposes.

**LEASE TERM:**

Thirty five (35) years

**COMMENCEMENT DATE:**

The first day of the month to be determined by the Chairperson.

**ANNUAL RENT:**

Pursuant to HRS §171-43.1, and the minimum rent policy established by the Board at its meeting of May 13, 2005 under agenda item D-19, the annual rent will be set at \$480.00.

**METHOD OF PAYMENT:**

Semi-annual payments, in advance.

**RENTAL REOPENINGS:**

At the 10<sup>th</sup>, 20<sup>th</sup> and 30<sup>th</sup> years of the lease term, by staff or independent appraisal.

**PERFORMANCE BOND:**

Twice the annual rental amount.

**PROPERTY CHARACTERISTICS:**

Utilities – water, electricity, telephone

Slope – moderate

Elevation – 1,000 feet to 1,800 feet

Rainfall – exceeds 100 inches

SCS Soil Series – almost bare pahoehoe.

Land Study Bureau – University of Hawaii

Legal access to property – Staff has verified that there is legal access to the property off of Route 130 also known as Keaanui- Pahoehoe Road.

Subdivision – Staff has verified that the subject property is a legally subdivided lot.

Encumbrances - Staff has verified that there are no encumbrances on the property.

**CHAPTER 343 - ENVIRONMENTAL ASSESSMENT:**

Applicant will have an environmental assessment prepared and published in accordance with the requirements of Hawaii Revised Statutes (HRS) Chapter 343 and Chapter 11-200, Hawaii Administrative Rules (HAR).

**DCCA VERIFICATION:**

|   |              |              |
|---|--------------|--------------|
| Place of business registration confirmed: | YES <u>X</u> | NO <u>__</u> |
| Registered business name confirmed:       | YES <u>X</u> | NO <u>__</u> |
| Applicant in good standing confirmed:     | YES <u>X</u> | NO <u>__</u> |

**APPLICANT REQUIREMENTS:**

Applicant shall be required to:

- 1) Pay for the costs of public notice pursuant to HRS Section 171-16;
- 2) Publish an environmental assessment with the Office of Environmental Quality Control in compliance with the HRS Chapter 343 and HAR Chapter 11-200, and obtain Finding of No Significant Impact (FONSI) for the project.

**REMARKS:**

This property was previously leased to Puna Certified Nursery, Inc. under General Lease No. S-5005 for intensive agriculture purposes. The lease expired on 3/30/2002 and land has been vacant from that date.

The Puna Community Development Plan, now a part of the County of Hawaii General Plan since 2008, has as a goal, a comprehensive medical center to serve the Puna makai population. The Puna District has a federal designation as an area with provider shortages and is a medically underserved community.

Puna Community Medical Center (PCMC) formed as a grassroots nonprofit entity in May 2007 for the purpose of addressing this need. PCMC began with an acute care facility that has been in operation since February 2009. To date, PCMC has managed over 14,000 patient encounters.

Puna's population is the fastest growing in the state and its health care needs are critical. Services have not kept pace with growth. As a non-profit corporation serving a rural population in an economically depressed area, PCMC cannot afford the commercial land prices in order to expand and provide greater services. PCMC proposes to utilize the State land to build and operate a modular comprehensive medical center including a 24/7

emergency room, clinical laboratory, x-ray facility, dental clinic, pediatric clinic, etc. These elements will be built incrementally, as funding permits. The site will also include an administration building and equipment storage structure, parking lot, large capacity cesspool/septic system, covered sidewalks and landscaping (Exhibit B).

The Applicant has not had a lease, permit, easement or other disposition of State lands terminated within the last five years due to non-compliance with such terms and conditions.

A preliminary solicitation for comments from various agencies was sent out with no objection from those who responded. The County of Hawaii, Planning Department indicated that a Special Permit for the proposed use will be required and the Fire Department has requested the Applicant follow the most current fire codes in the development of their project. Upon approval in concept from the Board for the issuance of a direct lease for medical center purposes, the Applicant will solicit comments from various agencies as part of the Environmental Assessment process.

**RECOMMENDATION:** That the Board:

That the Board, subject to the Applicant fulfilling all of the Applicant requirements listed above, approve in concept the issuance of a direct lease to Puna Community Medical Center, covering the State-owned parcel identified as Tax Map Key: 3<sup>rd</sup>/ 1-5-08:05 for a comprehensive medical center operation pursuant to Section 171-43.1 with the understanding that the approval in concept shall not be deemed to be an approval of a lease as staff shall return to the Board at a later date for approval of the lease disclosing the Environmental Assessment and its Finding of no Significant Impact (FONSI).

Respectfully Submitted,



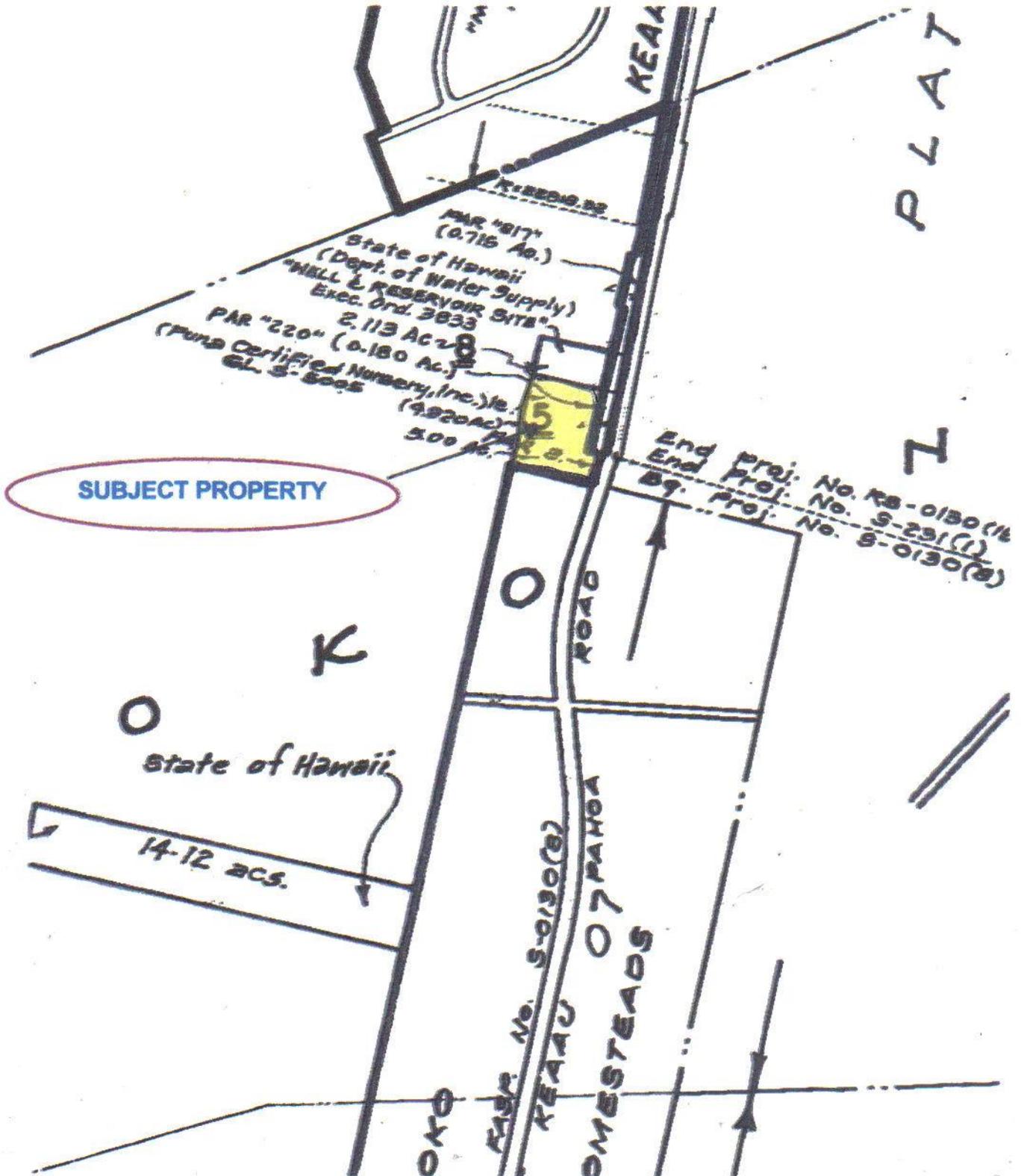
Gordon C. Heit  
District Land Agent

APPROVED FOR SUBMITTAL:

  
William J. Aila, Jr., Chairperson

EXHIBIT A

TMK: 3<sup>RD</sup>/1-5-08:05



# Puna Community Medical Center

# EXHIBIT /



0 280 560 1,120 1,680 2,240



# Advertising Receipt

**Hawaii Tribune-Herald**

355 Kinoole St.  
PO Box 767  
Hilo, HI 96721

Phone: 808.935.6619  
Fax: 808.969.9100

Rene Siracusa  
P.O. Box 1520  
Pahoa, HI 96778

**Acct #:** 13126742  
**Ad #:** 00421567  
**Phone:** (808)965-2000  
**Date:** 12/03/2012  
**Ad taker:** 160      **Salesperson:**

**Sort Line:** CULTURAL IMPACT ASSESSMENT NOT  
**Classification** 020

**Ad Notes:** ofc rene 7x wed hth Legal Notice req. no affi  
kk

| Description              | Start      | Stop       | Ins. | Total |
|--------------------------|------------|------------|------|-------|
| 03 Hawaii Tribune-Herald | 12/05/2012 | 12/11/2012 | 7    | 53.2  |

**CULTURAL IMPACT ASSESSMENT NOTICE.** Information requested by Malama O Puna of cultural resources or ongoing cultural practices at lands Pahoa side of Dept. of Water Supply parcel .08 mile outside of Pahoa, mauka-Kea'au side of Highway 130, Keonepoko-Nui ahupua'a, Puna District, Island of Hawaii'i, TMK No. (3) 1-5-8:05. Please respond within 30 days to Rene Siracusa at [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)

**Ad Text:**

CULTURAL IMPACT ASSESSMENT NOTICE. Information requested by Malama O Puna of cultural resources or ongoing cultural practices at lands Pahoa side of Dept. of Water Supply parcel .08 mile outside of Pahoa, mauka-Kea'au side of Highway 130, Keonepoko-Nui ahupua'a, Puna District, Island of Hawaii'i, TMK No. (3) 1-5-8:05. Please respond within 30 days to Rene Siracusa at [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)

**Payment Reference:**

Rene Siracusa CC NO. 1036 10/1  
-55.38 Auth: 071511Y 23390100

**Total:** 53  
**Tax:** 2  
**Net:** 55  
**Prepaid:** -55

MAIL

Re: Public Notice/Ho'olaha Lehulehu

Monday, 3 December, 2012 16:19

"Lisa E. Asato" <lisaa@oha.org>

"Rene Siracusa" <malamaopuna@yahoo.com>

Aloha, we received your notice. It will run in the next (Jan) issue.

Mahalo nui,

—  
Lisa Asato  
Ka Wai Ola Newspaper  
(808) 594-1925

Office of Hawaiian Affairs  
711 Kapiolani Boulevard, Suite 500  
Honolulu, HI 96813

On 12/3/12 9:44 AM, "Rene Siracusa" < > wrote:

>Please print the attached in your next issue of Ka Wai Ola.

>

>Mahalo,

>Rene Siracusa, President

>Malama O Puna

EXHIBIT "A"

PORTION OF THE GOVERNMENT LAND OF KEONEPOKO NUI

Adjoining Grant 7001 to David K. Kama (Lot 23 of Keonepoko Homesteads) and on the southwest side of Olaa-Pahoa Road (Federal Aid Secondary Project No. S-231 (1) and Keaau-Pahoa Road (Federal Aid Secondary Project No. S-0130 (8)).

Keonepoko Nui, Puna, Hawaii

Beginning at the north corner of this parcel of land, and on the southwest side of Olaa-Pahoa Road (Federal Aid Secondary Project No. S-231 (1), the coordinates of said point of beginning referred to Government Survey Triangulation Station "OLAA" being 30,681.88 feet South and 31,510.67 feet East, as shown on Government Survey Registered Map 2191 and running by azimuths measured clockwise from True South:-

1. 330° 22' 314.12 feet along the southwest side of Olaa-Pahoa Road (Federal Aid Secondary Project No. S-231 (1);
2. 60° 22' 15.00 feet along a jog on the southwest side of Keaau-Pahoa Road (Federal Aid Secondary Project No. S-0130 (8);
3. 330° 22' 132.57 feet along a jog on the southwest side of Keaau-Pahoa Road (Federal Aid Secondary Project No. S-0130 (8);
4. 58° 48' 470.45 feet along Grant 7001 to David K. Kama (Lot 23 of Keonepoko Homesteads);
5. 150° 22' 459.55 feet along the remainder of the land of Keonepoko Nui;
6. 240° 22' 485.27 feet along the remainder of the land of Keonepoko Nui, to the point of beginning and containing an AREA OF 5.00 ACRES.

Vehicle access into and from Keaau-Pahoa Road, Federal Aid Secondary Project No. S-0130 (8), shall not be permitted over and across Course 3 of the above described portion of the government land of Keonepoko Nui.

**Healthcare SBOTF** taeuprccaseihitrlneinategtoiiiseiloessnsg sy  
8845 Red Oak Blvd.  
Charlotte, NC  
28217-5593  
704.523.2230  
Fax 704.523.2235

## **PROPOSAL AND AGREEMENT FOR CONSULTING SERVICES**

### **Puna Community Rapid Planning Study Phase One Pahoa, Hawaii**

January 10, 2012

FreemanWhite, Inc. proposes to provide services defined in the following agreement for a **Rapid Planning Study** for the **Puna Community Medical Center, Pahoa, Hawaii**. The services, terms, and conditions specified below will constitute the Agreement between **Puna Community Medical Center** and **FreemanWhite, Inc.**

Upon your written acceptance and return of one executed copy of the Agreement to the undersigned, we will commence with the scope of services defined herein.

#### **Agreement between Architect and Consultant:**

This Agreement is made as of the **10<sup>th</sup> day of January in the year of Two Thousand and Twelve**

**Between the Architect: Puna Community Medical Center**

**15-2662 Pahoa Village Rd.**

**Suite 306, PMB 8741**

**Pahoa, HI 96778**

**And the Consultant: FreemanWhite, Inc.**

**8845 Red Oak Blvd.**

**Charlotte, NC 28217-5593**

**(704) 523-2230 Fax (704) 523-2235**

The Owner/Owner and the Consultant agree as set forth below.

### **ARTICLE 1 SCOPE OF CONSULTANT'S SERVICES**

#### **1.1 OBJECTIVE**

The objectives of this Study is for the Consultant to deliver analysis, programming and conceptual planning services in a two phase project. During Phase One the Consultant will create a site plan, determine land requirements and construction cost estimate for your new Freestanding ED. Phase Two will be defined under separate contract.

##### **1.1.1 Phase One**

To accomplish the initial costing and site estimation foot print, the Consultant will require basic programming information and initial patient demand information. This information along with phone discussions with the Owner will allow the Consultant to create a preliminary site plan.

#### **1.2 ASSUMPTIONS**

This contract proposal is based on the following assumptions. Any changes in these assumptions during this engagement would be considered **Changes in Service** and would entitle the Consultant to additional compensation in accordance with **Article 4 Additional Services** below. This Contract Agreement is based on the following assumptions:

##### **1.2.1 Rapid Plan Schedule**

As noted in Paragraph 2.3, Phase One of this contract covers work to be completed over two phone conferences and a total of three weeks.

FreemanWhite, Inc.

Proposal for Services: Rapid Planning Study Phase One

**Puna Community Medical Center**

January 10, 2012

Page 2 of 5

##### **1.2.2 Consulting Services**

This contract is for planning services and does not include detailed architectural or engineering design. Detailed architectural or engineering design services as requested by the Owner would be delivered under separate contract at the Owner's discretion.

##### **1.2.3 Data requirements**

Fulfilling this contract requires Owner specific data. Neither phase can proceed without the Owner data.

### **1.3 STUDY SCOPE**

The following defines the list of activities and tasks as defined in this agreement for consulting services.

#### **1.3.1 PHASE ONE: RAPID CONSTRUCTION COST ESTIMATION**

The Consultant will utilize the Owner's baseline data describing patient demand and site options to develop a site plan, land requirements and construction cost estimate for the freestanding emergency department. This work will be completed via phone discussions and video conferences if available. Once the Owner receives the necessary data, the Consultant will schedule the first of two conference call meetings. From this information the Consultant will prepare a site plan and construction cost estimate. The second and final conference call meeting of Phase One can occur 1-2 weeks after the first meeting. During this meeting the Consultant will present the site plan, land requirements, and construction cost estimation. Within one week of this call, the Consultant will deliver final recommendations for Phase One.

### **1.4 DELIVERABLES**

The deliverables for this engagement include the following.

#### **1.4.1 Final Report and Owner Specific Web Site**

The Consultant will develop a final report that summarizes all findings and recommendations for Phase One. Data results, conceptual designs, presentations and the final reports developed during this engagement will be disseminated via an Owner specific web site.

The Phase One report will include:

- Site Plan
- Quantified Land Requirements
- Estimate of cost of construction

## **ARTICLE 2**

### **PROPOSED SCHEDULE**

#### **2.1 PERFORMANCE OF SERVICES**

The Consultant will perform services as expeditiously as is consistent with professional skill and care and the orderly progress of the Study.

#### **2.2 QUANTITY OF ONSITE VISITS**

This engagement is scheduled for one extended onsite visit as defined by the schedule below.

#### **2.3 SCHEDULE**

This contract and scope of services is based on the following schedule of activities and onsite visits. Phase One can consist of two phone conference meetings over a 2-3 week timeframe.

Any extension to this schedule, or addition of extra onsite visits, will be considered Changes in Service and shall entitle the Consultant to additional compensation in accordance with **Paragraph 4.5 Compensation for Additional Services**.

## **ARTICLE 3**

### **COMPENSATION**

FreemanWhite, Inc.

Proposal for Services: Rapid Planning Study Phase One

**Puna Community Medical Center**

January 10, 2012

Page 3 of 5

#### **3.1 CONSULTANT'S FEE**

Phase One: For the **Scope of Services** identified in **ARTICLE 1.1.1 and 1.3.1**, the Consultant's fee shall be a stipulated sum of **Eighteen-Thousand-Dollars (\$18,000) including cost for project related reimbursable for travel and accommodations**.

##### **3.1.1 Owner Directed Change of Scope**

There are no additional charges for startup or ad hoc reports. The Owner reserves the right to change the Scope of Services at any time in accordance with its needs and will notify the Consultant in writing regarding the requested change in scope. If such instances arise, the Consultant agrees that the focus and cost of the original scope of services may change, and that supplemental agreement is required to cover these changes. And if no additional funds are available to cover the increased costs, the Scope of Services in the original scope of services must be reduced. In all instances, it shall be the responsibility of the Consultant to inform the Owner of the cost consequence of any changes in the Scope of Services before work is completed.

#### **3.2 PAYMENT FOR SERVICES**

Payments for Services shall be made monthly. Payments are due and payable upon receipt of the Consultant's invoice. Amounts unpaid Sixty (60) days after the invoice date shall bear interest at a rate of One Percent (1%) per month.

### **3.3 INVOICE OBJECTIONS**

If the Owner objects to all or any portion of any invoice, the Owner shall notify the Consultant of the objection within fifteen (15) days from the date of the invoice, give reasons for the objection, and pay that portion of the invoice not in dispute.

### **3.3 FAILURE TO MAKE PAYMENT**

Should the Owner fail to make any payment properly due under this Agreement, the Owner shall pay all expenses of the Consultant related to the collection or settlement of such payments including, but not limited to, attorney's fee, court cost, and the Consultant's time.

### **3.4 REIMBURSABLE EXPENSES**

Reimbursable Expenses are in addition to compensation for Services and include expenses incurred by the Consultant and Consultant's employees and consultants in the interest of the work. Reimbursable expenses shall be computed as a multiple of 1.1 times the expense incurred by the consultant for:

**3.4.1** Air transportation, accommodations and subsistence.

**3.4.2** Long distance and electronic communications.

**3.4.3** Printing, mailing and shipping cost.

**3.4.4** Other similar direct work-related expenditures.

Reimbursables may include:

**3.4.5** Automobile Rental Car Expense

**3.4.6** Printing & Handling (Larger than 11 x 17) \$2.50/Sheet

**3.4.7** Copies (11 x 17 or smaller) \$0.15/Sheet

**3.4.8** Copies (11 x 17 or smaller, color) \$2.00/Sheet

**3.4.9** Fax \$1.00/Sheet

**3.4.10** Plots \$7.50/Plot

## **ARTICLE 4**

### **TERMINATION, SUSPENSION, OR ABANDONMENT**

#### **4.1 PERFORMANCE**

This Agreement may be terminated by either party upon not less than seven days' written notice should the other party fail substantially to perform in accordance with the terms of this Agreement through no fault of the party initiating the termination.

#### **4.1.1 TERMINATION DUE TO FAILURE TO MAKE PAYMENT**

Failure of the Owner to make payments to the Consultant in accordance with this Agreement shall be considered substantial nonperformance and cause for termination. If the Owner fails to make payment when due the Consultant for services and expenses, the Consultant may, upon seven days' written notice to the Owner, suspend performance of services under this Agreement. Unless the Consultant receives payment in full within seven days of the date of the FreemanWhite, Inc.

Proposal for Services: Rapid Planning Study Phase One

**Puna Community Medical Center**

January 10, 2012

Page 4 of 5

notice, the suspension shall take effect without further notice. In the event of a suspension of services, the Consultant shall have no liability to the Owner for delay or damage caused by the Owner because of such suspension of services.

#### **4.2 TERMINATION WITHOUT CAUSE**

This Agreement may be terminated without cause by the Owner upon not less than seven days' written notice to the Consultant.

#### **4.3 CONSULTANT COMPENSATION**

In the event of termination not the fault of the Consultant, the Consultant shall be compensated for Services performed prior to termination with applicable Reimbursable Expenses.

## **ARTICLE 5**

### **MISCELLANEOUS PROVISIONS**

#### **5.1 GOVERNMENT**

This Agreement shall be governed by the law of the principal place of business of the Consultant.

#### **5.2 SETTLEMENT**

If a claim or dispute arises out of or related to this Agreement, or breach thereof, the parties shall first try in good faith to settle the claim or dispute by mediation under the Construction Industry Mediation Rules of the American Arbitration Association before resorting to arbitration or other legal remedy.

#### **5.3 USE OF DOCUMENTS**

Any documents prepared by the Consultant as part of this work are instruments of the Consultant's service for use solely with respect to the identified engagement. The Consultant shall be deemed the author of these documents and shall retain all

common law, statutory and other reserved rights, including the copyright. Notwithstanding the foregoing, nothing in this Agreement shall preclude the Owner from utilizing the work of the Consultant for the intended purpose as identified in original request for hourly services.

**5.4 THIRD PARTY**

Nothing contained in this Agreement shall create a contractual relationship with or cause of action in favor of a third party against either the Owner or Consultant.

**5.5 CONFIDENTIALITY**

The Consultant while providing services may obtain confidential and proprietary information from the Owner. All such information shall be considered confidential and shall not be released by the Consultant to outside parties without the Owner's written consent.

**5.6 METHODS**

The Consultant's methods and analytical systems to be used in providing his services are confidential and proprietary. The Owner shall not reveal such methods and analytical systems to outside parties without the Consultant's permission.

FreemanWhite, Inc.

Proposal for Services: Rapid Planning Study Phase One

**Puna Community Medical Center**

January 10, 2012

Page 5 of 5

**ARTICLE 6**

**ACCEPTANCE**

This Agreement entered into as of the day and year first written above.

Consultant:

FreemanWhite, Inc.

Charlotte, North Carolina

Owner:

Puna Community Medical Center

Pahoa, Hawaii

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Jon Huddy

Managing Principal

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Date: January 10, 2012** Date: \_\_\_\_\_

**BILLING INFORMATION** Federal tax identification number: \_\_\_\_\_

**Invoicing Information**

Project Name:

Contact name:

Title:

Telephone:

Fax:

Email:

END OF CONTRACT

**Healthcare SBOTF** taeuprccaseihitrIneinategtoiiseilooessnsg sy

8845 Red Oak Blvd.

Charlotte, NC

28217-5593

704.523.2230

Fax 704.523.2235

**PROPOSAL AND AGREEMENT FOR CONSULTING SERVICES**

**Puna Community Rapid Planning Study Phase Two  
Pahoa, Hawaii**

January 10, 2012

FreemanWhite, Inc. proposes to provide services defined in the following agreement for a **Rapid Planning Study** for the **Puna Community Medical Center, Pahoia, Hawaii**. The services, terms, and conditions specified below will constitute the Agreement between **Puna Community Medical Center** and **FreemanWhite, Inc.**

Upon your written acceptance and return of one executed copy of the Agreement to the undersigned, we will commence with the scope of services defined herein.

**Agreement between Architect and Consultant:**

This Agreement is made as of the **10<sup>th</sup> day of January in the year of Two Thousand and Twelve**

**Between the Architect: Puna Community Medical Center**

**15-2662 Pahoia Village Rd.**

**Suite 306, PMB 8741**

**Pahoia, HI 96778**

**And the Consultant: FreemanWhite, Inc.**

**8845 Red Oak Blvd.**

**Charlotte, NC 28217-5593**

**(704) 523-2230 Fax (704) 523-2235**

The Owner/Owner and the Consultant agree as set forth below.

**ARTICLE 1 SCOPE OF CONSULTANT'S SERVICES**

**1.1 OBJECTIVE**

The objectives of this Study is for the Consultant to deliver analysis, programming and conceptual planning services in a two phase project. During Phase One the Consultant will create a site plan, determine land requirements and construction cost estimate for your new Freestanding ED. During Phase Two the Consultant will start with the Phase One documents and work with the Owner to provide further detail to the design, operations and demand model for the new facility. The Phase One contract is a separate agreement. Phase Two cannot commence without completion of Phase One.

**1.1.1 Phase Two**

To accomplish the operational analysis and detailed planning component, the Consultant will work with the Owner's staff to determine the future operational parameters and space needs. The detailed operational and space needs will feed into the final recommendations for the project planning solution. This plan will identify the immediate project(s) and long term growth opportunities.

FreemanWhite, Inc.

Proposal for Services: Rapid Planning Study Phase Two

**Puna Community Medical Center**

January 10, 2012

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**1.2 ASSUMPTIONS**

This contract proposal is based on the following assumptions. Any changes in these assumptions during this engagement would be considered **Changes in Service** and would entitle the Consultant to additional compensation in accordance with **Article 4 Additional Services** below. This Contract Agreement is based on the following assumptions:

**1.2.1 Rapid Plan Schedule**

Phase Two will be completed over a five day period. Any extension of this schedule or follow up work will be considered Additional Services.

**1.2.2 Consulting Services**

This contract is for planning services and does not include detailed architectural or engineering design. Detailed architectural or engineering design services as requested by the Owner would be delivered under separate contract at the Owner's discretion.

**1.2.3 Data requirements**

Fulfilling this contract requires Owner specific data. Neither phase can proceed without the Owner data.

**1.3 STUDY SCOPE**

The following defines the list of activities and tasks as defined in this agreement for consulting services.

**1.3.1 PHASE TWO**

**1.3.1.1 PROGRAMMING AND EMERGENCY DEPARTMENT OPERATIONAL ANALYSIS**

During Phase Two, the Consultant will refine future space needs estimated in Phase One based on streamlined operations and efficient workflow. To accomplish this, the Consultant will work with the staff to develop step-bystep flowchart diagrams of existing operations for identification of existing process bottlenecks, redundancies and inefficiencies. The Consultant will work with physicians, nurses, technicians and staff members to understand current technology applications, workflow patterns, and staffing roles/responsibilities within the existing

department.

As part of the Operational Analysis, existing operations will be quantified by the Consultant's computer simulation software. The baseline computer simulation of existing operations will be used as a starting point for the operational improvement services. As part of the Future Process Improvement Services, the Consultant will identify opportunities for efficiency gains both within the emergency department as well as with the ancillary departments. The process improvement work will include interviews with staff and ancillary departmental representatives, analysis of applicable data, and observation of existing operations. FreemanWhite will work closely with the staff and leadership to identify how workflow can be redesigned to support effective and efficient ways to deliver care. Process improvement items proposed by FreemanWhite will recognize industry trends and best practice targets. FreemanWhite will quantify future efficiency gains through testing of various operational processes with our computer simulation software. FreemanWhite will define and document the future operational and technological applications for the proposed emergency department project. The intent of the Operational Analysis component is that the staff and leadership are focused on streamlining operations prior to the discussion/implementation of any architectural planning concepts. The Operational Analysis defines the future operational parameters of the ED and focuses on streamlined workflow and reduction of length of stay times in the department.

#### **1.3.1.2 DEVELOPMENT OF PLANNING CONCEPT**

The final physical plan will utilize the operational models created and detailed in section 1.3.2 to define the future overall clinic organization, including the recommended size, building configuration, and site location for emergency services. Site circulation, parking needs, patient access and potential future facility expansion will be planning drivers for this engagement.

#### **1.4 DELIVERABLES**

The deliverables for this engagement include the following.

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#### **1.4.1 Final Report and Owner Specific Web Site**

The Consultant will develop a final report that summarizes all findings and recommendations for Phase Two. Data results, conceptual designs, presentations and the final reports developed during this engagement will be disseminated via an Owner specific web site.

Phase Two deliverables will include:

- Existing workflow diagrams with associated narrative describing the existing process bottlenecks/redundancies with the Emergency Department
- Future utilization projections including identification of ED patient types and associated volumes 5 and 10 years out
- Comparison of Puna Community Medical Center ED data to FreemanWhite database, benchmark and best practice data
- Proposed workflow diagrams with associated narrative defining future workflow/operations and staffing patterns
- Quantified results from computer simulation documenting expectations for future length of stay times and future space needs (space program)
- Interim ED operations plan that defines process improvement targets with associated "responsible person/team," step-by-step action items, recommended due dates, and applicable reporting tasks and educational processes.
- Analysis of how the future ED design will effect campus parking, pedestrian, and automobile circulation
- Site Diagrams defining the recommended future renovations and expansions
- Plan diagrams defining long-term clinic development

### **ARTICLE 2**

#### **PROPOSED SCHEDULE**

##### **2.1 PERFORMANCE OF SERVICES**

The Consultant will perform services as expeditiously as is consistent with professional skill and care and the orderly progress of the Study.

##### **2.2 QUANTITY OF ONSITE VISITS**

This engagement is scheduled for one extended onsite visit as defined by the schedule below.

##### **2.3 SCHEDULE**

This contract and scope of services is based on the following schedule of activities and onsite visits. Phase Two can occur on site over the course of one week once Phase One is complete.

Any extension to this schedule, or addition of extra onsite visits, will be considered Changes in Service and shall entitle the

Consultant to additional compensation in accordance with **Paragraph 4.5 Compensation for Additional Services.**

## **ARTICLE 3**

### **COMPENSATION**

#### **3.1 CONSULTANT'S FEE**

Phase Two: For the **Scope of Services** identified in **ARTICLE 1.1.2 and 1.3.2**, the Consultant's fee shall be a stipulated sum of **Sixty-Thousand-Dollars (\$60,000) including cost for project related reimbursable for travel and accommodations.**

##### **3.1.1 Owner Directed Change of Scope**

There are no additional charges for startup or ad hoc reports. The Owner reserves the right to change the Scope of Services at any time in accordance with its needs and will notify the Consultant in writing regarding the requested change in scope. If such instances arise, the Consultant agrees that the focus and cost of the original scope of services may change, and that supplemental agreement is required to cover these changes. And if no additional funds are available to cover the increased costs, the Scope of Services in the original scope of services must be reduced. In all instances, it shall be the responsibility of the Consultant to inform the Owner of the cost consequence of any changes in the Scope of Services before work is completed.

FreemanWhite, Inc.

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#### **3.2 PAYMENT FOR SERVICES**

Payments for Services shall be made monthly. Payments are due and payable upon receipt of the Consultant's invoice. Amounts unpaid Sixty (60) days after the invoice date shall bear interest at a rate of One Percent (1%) per month.

#### **3.3 INVOICE OBJECTIONS**

If the Owner objects to all or any portion of any invoice, the Owner shall notify the Consultant of the objection within fifteen (15) days from the date of the invoice, give reasons for the objection, and pay that portion of the invoice not in dispute.

#### **3.3 FAILURE TO MAKE PAYMENT**

Should the Owner fail to make any payment properly due under this Agreement, the Owner shall pay all expenses of the Consultant related to the collection or settlement of such payments including, but not limited to, attorney's fee, court cost, and the Consultant's time.

#### **3.4 REIMBURSABLE EXPENSES**

Reimbursable Expenses are in addition to compensation for Services and include expenses incurred by the Consultant and Consultant's employees and consultants in the interest of the work. Reimbursable expenses shall be computed as a multiple of 1.1 times the expense incurred by the consultant for:

**3.4.1** Air transportation, accommodations and subsistence.

**3.4.2** Long distance and electronic communications.

**3.4.3** Printing, mailing and shipping cost.

**3.4.4** Other similar direct work-related expenditures.

Reimbursables may include:

**3.4.5** Automobile Rental Car Expense

**3.4.6** Printing & Handling (Larger than 11 x 17) \$2.50/Sheet

**3.4.7** Copies (11 x 17 or smaller) \$0.15/Sheet

**3.4.8** Copies (11 x 17 or smaller, color) \$2.00/Sheet

**3.4.9** Fax \$1.00/Sheet

**3.4.10** Plots \$7.50/Plot

## **ARTICLE 4**

### **TERMINATION, SUSPENSION, OR ABANDONMENT**

#### **4.1 PERFORMANCE**

This Agreement may be terminated by either party upon not less than seven days' written notice should the other party fail substantially to perform in accordance with the terms of this Agreement through no fault of the party initiating the termination.

##### **4.1.1 TERMINATION DUE TO FAILURE TO MAKE PAYMENT**

Failure of the Owner to make payments to the Consultant in accordance with this Agreement shall be considered substantial nonperformance and cause for termination. If the Owner fails to make payment when due the Consultant for services and expenses, the Consultant may, upon seven days' written notice to the Owner, suspend performance of services under this Agreement. Unless the Consultant receives payment in full within seven days of the date of the notice, the suspension shall take effect without further notice. In the event of a suspension of services, the Consultant shall have no liability to the Owner for delay or damage caused by the Owner because of such suspension of services.

**4.2 TERMINATION WITHOUT CAUSE**

This Agreement may be terminated without cause by the Owner upon not less than seven days' written notice to the Consultant.

**4.3 CONSULTANT COMPENSATION**

In the event of termination not the fault of the Consultant, the Consultant shall be compensated for Services performed prior to termination with applicable Reimbursable Expenses.

**ARTICLE 5**

**MISCELLANEOUS PROVISIONS**

**5.1 GOVERNMENT**

FreemanWhite, Inc.  
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**Puna Community Medical Center**  
January 10, 2012  
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This Agreement shall be governed by the law of the principal place of business of the Consultant.

**5.2 SETTLEMENT**

If a claim or dispute arises out of or related to this Agreement, or breach thereof, the parties shall first try in good faith to settle the claim or dispute by mediation under the Construction Industry Mediation Rules of the American Arbitration Association before resorting to arbitration or other legal remedy.

**5.3 USE OF DOCUMENTS**

Any documents prepared by the Consultant as part of this work are instruments of the Consultant's service for use solely with respect to the identified engagement. The Consultant shall be deemed the author of these documents and shall retain all common law, statutory and other reserved rights, including the copyright. Notwithstanding the foregoing, nothing in this Agreement shall preclude the Owner from utilizing the work of the Consultant for the intended purpose as identified in original request for hourly services.

**5.4 THIRD PARTY**

Nothing contained in this Agreement shall create a contractual relationship with or cause of action in favor of a third party against either the Owner or Consultant.

**5.5 CONFIDENTIALITY**

The Consultant while providing services may obtain confidential and proprietary information from the Owner. All such information shall be considered confidential and shall not be released by the Consultant to outside parties without the Owner's written consent.

**5.6 METHODS**

The Consultant's methods and analytical systems to be used in providing his services are confidential and proprietary. The Owner shall not reveal such methods and analytical systems to outside parties without the Consultant's permission.

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**ARTICLE 6**

**ACCEPTANCE**

This Agreement entered into as of the day and year first written above.

Consultant:

FreemanWhite, Inc.  
Charlotte, North Carolina

Owner:

Puna Community Medical Center  
Pahoa, Hawaii

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Jon Huddy  
Managing Principal

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Date: January 10, 2012** Date: \_\_\_\_\_

**BILLING INFORMATION** Federal tax identification number: \_\_\_\_\_

**Invoicing Information**

Project Name:

Contact name:

Title:

Telephone:

Fax:

Email:

END OF CONTRACT

2-14-14

# Funding measure for new isle ambulances advances

By ERIN MILLER  
Stephens Media Hawaii

The state Senate's Ways and Means Committee approved a measure Thursday to fund two new ambulances on the Big Island.

Senate Bill 2348 moved out of the committee without "any fuss or

discussion," Sen. Russell Ruderman, D-Puna, said. The bill would authorize the ambulance service at the Makalei Fire Station in North Kona, as well as one in Puna. "It's a big deal to both of our districts."

Next comes getting the state House

See **AMBULANCES** Page A8



The state Senate Ways and Means Committee on Thursday approved a bill that would fund an ambulance for the Makalei Fire Station in North Kona, as well as add another ambulance in the Puna District.

Stephens Media  
Hawaii file photo

# AMBULANCES

From front page

to concur, something bill sponsor Sen. Josh Green, D-Kona, Ka'u, said he hopes will happen.

"This is one of my top three priorities in the health committee," Green said. "I think we have a real shot of getting resources. Our chances are pretty good this year."

That the committee had already approved the measure Thursday was a good sign, Green added.

To get a new ambulance, the Fire Department needed either the governor to include it on his budget or for the Legislature to authorize it. Last year, a Health Department official said the governor had only authorized one new ambulance in the preceding five years, for Ewa Beach on Oahu.

Sen. Gil Kahele, D-Hilo, said the measure was a great bill, adding both areas are in need of additional ambulance services.

Fire Chief Darren Rosario did not respond to a phone message left Thursday. In his written testimony for a January hearing on the bill, Rosario laid out the reasons supporting adding two ambulances to his department's fleet.

In North Kona, medics at the Kailua Fire Station on Palani Road and the Keauhou Fire Station take 17 percent of the EMS calls for the island. The Makalei Station is eight miles from the Kailua station, 15 miles from the Keauhou station and 27 miles from the Waikoloa Fire Station, which also responds to medical calls in North Kona. Even with the best circumstances, Rosario wrote, medics from Kailua and Keauhou will take eight to 15 minutes to get to an emergency call in North Kona. If both of those units are busy, the response time from Waikoloa is about 25

to 30 minutes.

"To compound this, the approximate transport time from North Kona to Kona Community Hospital is 25 to 30 minutes," he wrote. "Given the current circumstances, the outcomes of patients who have an injury or illness in which definitive treatment is time sensitive, the odds are stacked against them in North Kona."

The growing population and subsequent increase in medical emergencies in Puna has an impact on that district, as well as Hilo, Rosario said, because when Puna's ambulances are busy, ambulances are called in from Hilo. Calls to 911 from Puna make up more

than 27 percent of all such calls in the county, he said.

"To compound this, the round trip time from response to back in quarters on a patient transport is approximately two hours," he said. "It is become common for Medics 5 and 10 to have 10 or more transports in a 24-hour shift. The resulting simple math means our personnel can essentially be on the road for nearly 24 consecutive hours. As a result the potential for fatigue, errors in judgment, driving and overall safety are of great concern for our personnel."

Email Erin Miller at [emiller@stephensmedia.com](mailto:emiller@stephensmedia.com).

**RC-0828**

# An Archaeological Assessment Survey for the Proposed Puna Community Medical Center

(TMK: 3-1-5-008:005)

Keonepoko Nui Ahupua‘a

Puna District

Island of Hawai‘i

## **FINAL VERSION**

PREPARED BY:

Robert B. Rechtman, Ph.D.

and

Lauryl Zenobi, B.A.

PREPARED FOR:

Renè Siracusa

Puna Community Medical Center

February 2013

(revised April 2013)

# An Archaeological Assessment Survey for the Proposed Puna Community Medical Center

(TMK: 3-1-5-008:005)

Keonepoko Nui Ahupua‘a

Puna District

Island of Hawai‘i

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## **MANAGEMENT SUMMARY**

At the request of Renè Siracusa, President and Board of Directors member representing Puna Community Medical Center, Rechtman Consulting, LLC conducted an archaeological survey of a roughly 4.92 acre parcel (TMK:3-1-5-008:005) in Keonepoko Nui Ahupua‘a, Puna District, Island of Hawai‘i. Proposed development will consist of an comprehensive medical facility, to be constructed on State land under a direct lease agreement. The current study was undertaken in accordance with Hawai‘i Administrative Rules 13§13–284, and was performed in compliance with the Rules Governing Minimal Standards for Archaeological Inventory Surveys and Reports as contained in Hawai‘i Administrative Rules 13§13–276. According to 13§13-284-5 when no archaeological resources are discovered during an archaeological survey the production of an Archaeological Assessment report is appropriate. Compliance with the above standards is sufficient for meeting the historic preservation review process requirements of both the Department of Land and Natural Resources–State Historic Preservation Division (DLNR–SHPD) and the County of Hawai‘i Planning Department. The entire project area was surveyed on-foot employing transects with fieldworkers maintaining a 5-meter spacing interval. The boundaries of the project area were clearly visible and no historic properties were identified as a result of the fieldwork. Given the negative findings of the current study, it is concluded that the development of the proposed medical facility will not significantly impact any known historic properties. However, given the density of vegetation in portions of

the study area and the concomitant impairment of ground visibility, it is recommended that a qualified archaeologist conduct a field inspection of the proposed development area after the initial grubbing has been completed and prior to any grading activities. If any archaeological resources are observed during this time they can be documented in a supplemental survey report. If no resources are observed then grading activities can commence. In the unlikely event that any unanticipated resources are unearthed during grading activities, DLNR-SHPD should be contacted as outlined in Hawai‘i Administrative Rules 13§13–280.

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## INTRODUCTION

At the request of Rene Siracusa, President and Board of Directors member representing Puna Community Medical Center, Rechtman Consulting, LLC conducted an archaeological survey of a roughly 4.92 acre parcel (TMK:3-1-5-008:005) in Keonepoko Nui Ahupua‘a, Puna District, Island of Hawai‘i. Intended development consists of a proposed medical facility, to be constructed on State land under a direct lease agreement.

The current study was undertaken in accordance with Hawai‘i Administrative Rules 13§13–284, and was performed in compliance with the Rules Governing Minimal Standards for Archaeological Inventory Surveys and Reports as contained in Hawai‘i Administrative Rules 13§13–276. According to 13§13-284-5 when no archaeological resources are discovered during an archaeological survey the production of an Archaeological Assessment report is appropriate. Compliance with the above standards is sufficient for meeting the historic preservation review process requirements of both the Department of Land and Natural Resources–State Historic Preservation Division (DLNR–SHPD) and the County of Hawai‘i Planning Department.

This report contains background information outlining the project area’s physical and cultural contexts, a presentation of previous archaeological work in the area and current survey expectations based on that previous work, along with an explanation of the project methods.

## Study Area Description

The study area is located adjacent to the Kea‘au-Pāhoa Road (Highway 130), approximately a half mile northeast of Pahoia Village (Figure 1). The parcel is bounded by the State of Hawai‘i Department of Water Supply Well and Reservoir Site to the northeast and Keonepoko Homestead Lots to the southwest (Figures 2, 3 and 4). A fallen fence and metal fence posts line the southwest boundary of the property, and Norfolk pine trees delineate the *mauka* property edge and follow the southwest boundary for roughly half the length of the parcel. Portions of the property have been bulldozed in the past, evidenced by at least two bulldozer cuts that allow access from Kea‘au-Pāhoa Road through the parcel (Figure 5), a graded area at the *mauka* edge of the property (Figure 6), and bulldozing between the highway and the *makai* property boundary that resulted in a pushed alignment of rocks and soil (Figure 7) along the *makai* parcel boundary where it is distant from the highway corridor. Vegetation throughout the parcel consists predominately of a dense ‘ōhi‘a (*Metrosideros polymorpha*) and uluhe (*Dicranopteris linearis*) forest. Ground visibility at the time of the survey was poor in the undisturbed portions of the property, and excellent in the area that had been subjected to land clearing activities. Prior to the bulldozing, the ground surface within the study area likely consisted of *pāhoehoe* bedrock dating from between 200 to 750 year old (Wolfe and Morris 1996). The current proposed development plans call for the construction of a comprehensive medical center that will include an emergency room, clinical labs, x-ray capability, dental clinic, birthing center, pediatric clinic, administration and maintenance buildings, parking lot, and septic system.

## Study area

0 .25 .5 1 km

Figure 1. Study area location.

*N*

*true*

2

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Portion of U.S.G.S. 7.5 minute series quadrangle Pahoia North, HI 1997

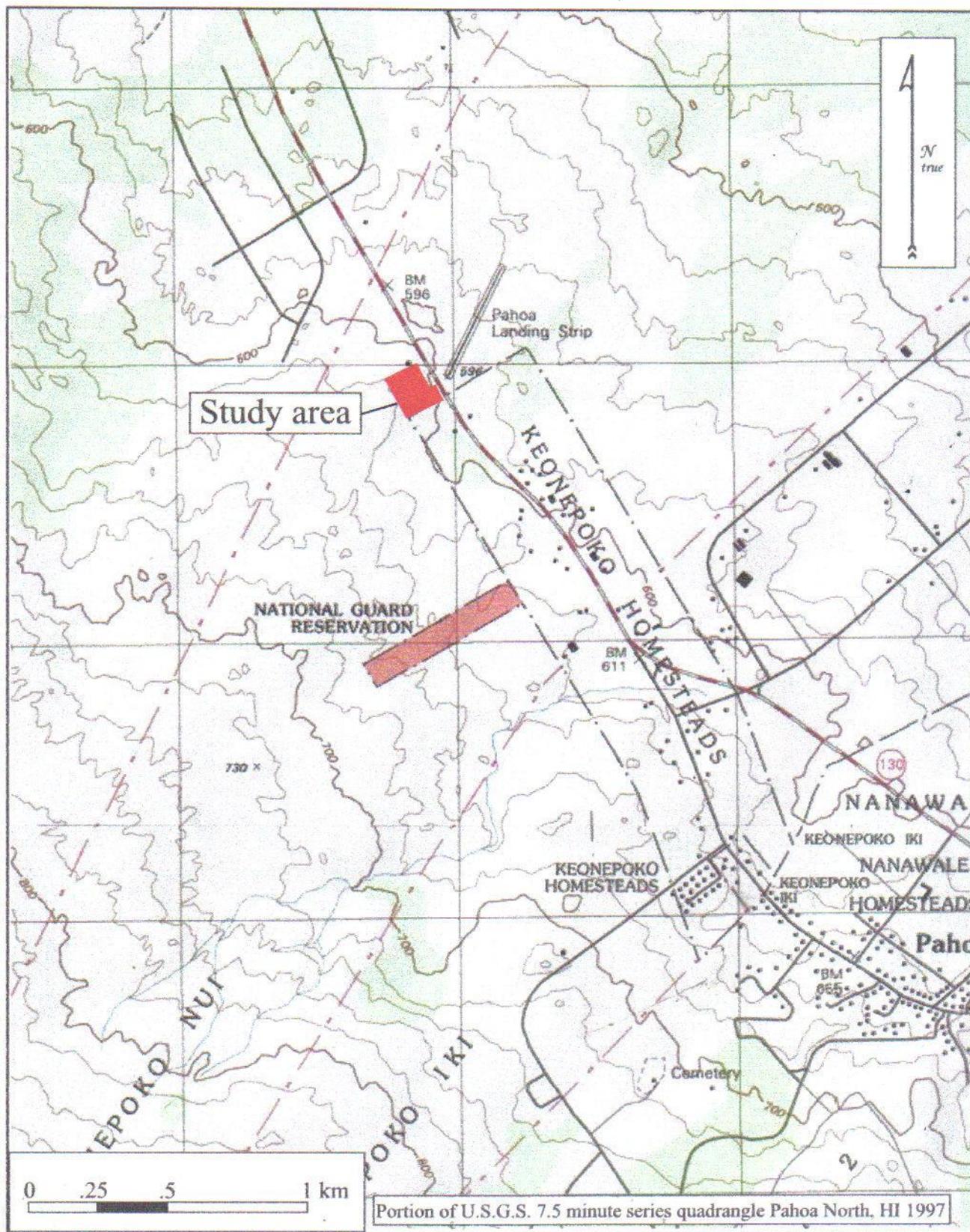


Figure 1. Study area location.

## Study parcel

Figure 2. Portion of Tax Map 3-1-5-08 showing study parcel (005).

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*N*

*true*

Figure 3. Google™ earth image showing the current study parcel.

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# Study area

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Figure 4. State of Hawai‘i Department of Water Supply Well and Reservoir Site, view to the southwest.

Figure 5. Bulldozer cut allowing access from Kea‘au-Pāhoa Road through parcel, view to the northeast.

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Figure 6. Graded area at *mauka* property edge, view to the south.

Figure 7. Bulldozer push along portion of *makai* parcel boundary, view to the northwest.

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Figure 3. Google™ earth image showing the current study parcel.



Figure 4. State of Hawai'i Department of Water Supply Well and Reservoir Site, view to the southwest.



Figure 5. Bulldozer cut allowing access from Kea'au-Pāhoa Road through parcel, view to the northeast.



Figure 6. Graded area at *mauka* property edge, view to the south.



Figure 7. Bulldozer push along portion of *makai* parcel boundary, view to the northwest.

# BACKGROUND

To generate expectations regarding the nature of the historic properties that might exist within the study area, and to provide an appropriate background to assess any resources that are encountered, the specific as well as general physical and cultural contexts are presented along with prior archaeological studies relevant to the project area.

## Culture-Historical Context

A generalized Cultural-Historical context for Hawai‘i Island, Puna District, and the specific study *ahupua‘a*, along with the expected settlement patterns for the area are presented in order to establish current project area expectations.

The question of the timing of the first settlement of Hawai‘i by Polynesians remains unanswered. Several theories have been offered derived from various sources of information (i.e., genealogical, oralhistorical, mythological, radiometric), but none of these theories is today universally accepted (c.f., Kirch 2011). The three most popular theories place the first settlement at around A.D. 300, A.D. 600, and A.D. 1000, respectively. What is more widely accepted is the answer to the question of where Hawaiian populations came from and the transformations they went through on their way to establish a uniquely Hawaiian culture.

For generations following initial settlement, communities were clustered along the watered, windward (ko‘olau) shores of the Hawaiian Islands. Along the ko‘olau shores, streams flowed and rainfall was abundant, and agricultural production became established. The ko‘olau region also offered sheltered bays from which deep sea fisheries could be easily accessed, and near shore fisheries, enriched by nutrients carried in the fresh water, could be maintained in fishponds and coastal waters. It was around these bays that clusters of houses where families lived could be found (McEldowney 1979:15). In these early times, Hawai‘i’s inhabitants were primarily engaged in subsistence level agriculture and fishing (Handy et al. 1972:287).

Over a period of several centuries, areas with the richest natural resources became populated and perhaps crowded, and by about A.D. 1200, the population began expanding to the *kona* (leeward side) and more remote regions of the island (Cordy 2000:130). In Kona, communities were initially established along sheltered bays with access to fresh water and rich marine resources. The primary “chiefly” centers were established at several locations—the Kailua (Kaiakeakua) vicinity, Kahalu‘u-Keauhou, Ka‘awaloa-Kealakekua, and Hōnaunau. The communities shared extended familial relations, and there was an occupational focus on the collection of marine resources. By the fourteenth century, inland elevations to around the 3,000-foot level were being turned into a complex and rich system of dryland agricultural fields (today referred to as the Kona Field System). By the fifteenth century, residency in the uplands was becoming permanent, and there was an increasing separation of the chiefly class from the common people. In the sixteenth century the population stabilized and the *ahupua‘a* land management system was established as a socioeconomic unit (see Ellis 1963; Handy et al. 1972; Kamakau 1992; Kelly 1983; and Tomonari-Tuggle 1985).

Over the generations, the ancient Hawaiians developed a sophisticated system of land and resources management. By the time ‘Umi-a-Līloa rose to rule the island of Hawai‘i in ca. 1525, the island (*mokupuni*) was divided into six districts or *moku-o-loko* (cf. Fornander 1973–Vol. II:100-102). On Hawai‘i, the district of Puna is one of six major *moku-o-loko* within the island.

Puna like other large districts on Hawai‘i, was subdivided into *‘okana* or *kalana* (regions of land smaller than the *moku-o-loko*, yet comprising a number of smaller units of land. The *moku-o-loko* and *‘okana* or *kalana* were further divided into manageable units of land, and were tended to by the *maka‘āinana* (people of the land) (cf. Malo 1951:63-67). Of all the land divisions, perhaps the most significant management unit was the *ahupua‘a*. *Ahupua‘a* are subdivisions of land that were usually marked by an altar with an image or representation of a pig placed upon it (thus the name *ahu-pua‘a* or pig altar). In their configuration, the *ahupua‘a* may be compared to wedge-shaped pieces of land that radiate out from the center of the island, extending to the ocean fisheries fronting the land unit. Their boundaries are generally defined by topography and geological features such as *pu‘u* (hills), ridges, gullies, valleys, craters, or areas of a particular vegetation growth.

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The *ahupua‘a* were also divided into smaller individual parcels of land (such as the *‘ili*, *kō‘ele*, *māla*, and *kīhāpai*, etc.), generally oriented in a *mauka-makai* direction, and often marked by stone alignments (*kuaiwi*). In these smaller land parcels the native tenants tended fields and cultivated crops necessary to sustain their families, and the chiefly communities with which they were associated. As long as sufficient tribute was offered and *kapu* (restrictions) were observed, the common people, who lived in a given *ahupua‘a* had access to most of the resources from mountain slopes to the ocean. These access rights were

almost uniformly tied to residency on a particular land, and earned as a result of taking responsibility for stewardship of the natural environment, and supplying the needs of the *ali'i* (see Kamakau 1992:372-377 and Malo 1951:63-67).

Entire *ahupua'a*, or portions of the land were generally under the jurisdiction of appointed *konohiki* or lesser chief-landlords, who answered to an *ali'i-ai-ahupua'a* (chief who controlled the *ahupua'a* resources). The *ali'i-ai-ahupua'a* in turn answered to an *ali'i ai moku* (chief who claimed the abundance of the entire district). Thus, *ahupua'a* resources supported not only the *maka'āinana* and *'ohana* who lived on the land, but also contributed to the support of the royal community of regional and/or island kingdoms. This form of district subdividing was integral to Hawaiian life and was the product of strictly adhered to resources management planning. In this system, the land provided fruits and vegetables and some meat in the diet, and the ocean provided a wealth of protein resources.

The current study area is located within Keonepoko Nui Ahupua'a, a land unit of the District of Puna, one of six major districts on the island of Hawai'i. As McGregor relates, "Puna is where new land is created and new growth and new life sprout. The new land is sacred, fresh, clean, and untouched. After vegetation begins to grow upon it, it is ready for human use." (2007:145). In Precontact and early Historic times the people lived in small settlements along the coast where they subsisted on marine resources and agricultural products. According to McEldowney (1979), six coastal villages were present along the Puna coast between Hilo and Cape Kumakahi (Kea'au or Haena, Maku'u, Waiakahiula, Honolulu, Kahuwai, and Kula or Koa'e. Each of the villages, McEldowney notes:

...seems to have comprised the same complex of huts, gardens, windbreaking shrubs, and utilized groves, although the form and overall size of each appear to differ. The major differences between this portion of the coast and Hilo occurred in the type of agriculture practiced and structural forms reflecting the uneven nature of the young terrain. Platforms and walls were built to include and abut outcrops, crevices were filled and paved for burials, and the large numbers of loose surface stones were arranged into terraces. To supplement the limited and often spotty deposits of soil, mounds were built of gathered soil, mulch, sorted sizes of stones, and in many circumstances, from burnt brush and surrounding the gardens. Although all major cultigens appear to have been present in these gardens, sweet potatoes, ti (*Cordyline terminalis*), noni (*Morinda citrifolia*), and gourds (*Lagenaria siceraria*) seem to have been more conspicuous. Breadfruit, pandanus, and mountain apple (*Eugenia malaccensis*) were the more significant components of the groves that grew in more disjunct patterns than those in Hilo Bay. [1979:17]

Barrère (1959) summarized the Precontact geopolitics of the Puna District as follows: Puna, as a political unit, played an insignificant part in shaping the course of history of Hawaii Island. Unlike the other districts of Hawaii, no great family arose upon whose support one or another of the chiefs seeking power had to depend for his success. Puna lands were desirable, and were eagerly sought, but their control did not rest upon conquering Puna itself, but rather upon control of the adjacent districts, Kau and Hilo. (Barrère 1959:15)

Despite the perceived lack of importance with respect to the emerging political history of Hawaiian leadership, Puna was a region famed in legendary history for its associations with the goddess Pele and god Kāne (Maly 1998). Because of the relatively young geological history and persistent volcanic activity the region's association with Pele has been a strong one. However, the association with Kāne is perhaps more ancient. Kāne, ancestor to both chiefs and commoners, is the god of sunlight, fresh water, verdant growth, and forests (Pukui 1983). It is said that before Pele migrated to Hawai'i from Kahiki, there was "no place in

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the islands . . . more beautiful than Puna" (Pukui 1983:11). Contributing to that beauty were the groves of fragrant *hala* and forests of *'ōhi'a lehua* for which Puna was famous:

*Puna pāia 'ala i ka hala* (Puna, with walls fragrant with pandanus blossoms).

Puna, Hawai'i, is a place of *hala* and *lehua* forests. In olden days the people would stick the bracts of *hala* into the thatching of their houses to bring some of the fragrance indoors. (Pukui 1983:301)

Following the death of Kamehameha I in 1819, the Hawaiian religious and political systems began a radical transformation; Ka'ahumanu proclaimed herself "*Kuhina nui*" (Prime Minister), and within six months the ancient *kapu* system was overthrown. Within a year, Protestant missionaries arrived from America (Fornander 1973; I'i 1959; Kamakau 1992). In 1823, British missionary William Ellis and members of the American Board of Commissioners for Foreign Missions (ABCFM) toured the island of Hawai'i seeking out communities in which to establish church centers for the growing Calvinist mission. Ellis recorded observations made during this tour in a journal (Ellis 1963). His writings contain descriptions of residences and practices that are applicable to the general study area:

As we approached the sea, the soil became more generally spread over the surface, and vegetation more luxuriant. About two p.m. we sat down to rest. The natives ran to a spot in the neighbourhood, which had formerly been a plantation, and brought a number of pieces of sugar-cane, with which we quenched our thirst, and then walked on through several plantations of sweet potato belonging to the inhabitants of the coast . . . (Ellis 1963:182-183)

The population in this part of Puna, though somewhat numerous, did not appear to possess the means of subsistence in any great variety or abundance; and we have often been surprised to find desolate coasts more thickly inhabited than some of the fertile tracts in the interior; a circumstance we can only account for, by supposing that the facilities which the former afford for fishing, induce the natives to prefer them as places of abode; for they find that where the coast is low, the adjacent water is usually shallow. We saw several fowls and a few hogs here, but a tolerable number of dogs, and quantities of dried salt fish, principally albacores and bonitos. This latter article, with their *poë* [*poi*] and sweet potatoes, constitutes nearly the entire support of the inhabitants, not only in this vicinity, but on the sea coasts of the north and south parts of the island.

Besides what is reserved for their own subsistence, they cure large quantities as an article of commerce, which they exchange for the vegetable productions of Hilo and Mamakua [Hāmākua], or the *mamake* and other tapas of Ora [‘Ōla‘a] and the more fertile districts of Hawaii.

When we passed through Punau [Pānau], Leapuki [Laeapuki], and Kamomoa [Kamoamo], the country began to wear a more agreeable aspect. Groves of coca-nuts ornamented the projecting points of land, clumps of kou-trees appeared in various directions, and the habitations of the natives were also thickly scattered over the coast . . . (Ellis 1963:190-191)

One year after Ellis’ tour, the ABCFM established a base church in Hilo. From that church (Hāili), the missionaries traveled to the more remote areas of the Hilo and Puna Districts. David Lyman who came to Hawai‘i in 1832, and Titus Coan who arrived in 1835 were two of the most influential Congregational missionaries in Puna and Hilo. As part of their duties they compiled census data for the areas within their missions. In 1835, 4,800 individuals are recorded as residing in the district of Puna (Schmitt 1973); the smallest total district Population on the island of Hawai‘i. In 1841, Titus Coan recorded that most of the 4,371 recorded residents of Puna, lived near the shore, though there were hundreds of individuals who lived inland (Holmes 1985). In that same year, Commander Charles Wilkes of the United States Exploring Expedition, toured the Hawaiian Islands (Wilkes 1845). His expedition traveled through lower Puna not far from the current study area:

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Almost all of the hills or craters of any note have some tradition connected with them; but I found that the natives were now generally unwilling to narrate these tales, calling them “foolishness.” After leaving the *pahoihoi* [pāhoehoe] plain, we passed along the line of cone-craters towards Point Kapoho, the Southeast part of the island.

Of these cone-craters we made out altogether, large and small, fifteen, trending about east-northeast. The names of the seven last are Pupukai, Poholuaokahoweke [Pu‘u-hōluao-Kahawali], Punomakalua, Kapoho, Puukea, Puuku, and Keala. On some of these the natives pointed out where there had formerly been slides, an amusement or game somewhat similar to the sport of boys riding down hill on sleds. These they termed *kolua* [*hōlua*].

This game does not appear to be practiced now, and I suppose that the chiefs consider themselves above such boyish amusements. The manner in which an old native described the velocity with which they passed down these slides was, by suddenly blowing a puff; according to him, these amusements were periodical, and the slides were usually filled with dried grass.

As we approached the seashore, the soil improved very much, and was under good cultivation, in taro, sweet potatoes, sugar cane, and a great variety of fruit and vegetables. At about four o’clock, we arrived at the house of our guide, Kekahunanui, who was the “head man.” I was amused to find that none of the natives knew him by this name, and were obliged to ask him . . . the view from the guide’s house was quite pretty, the eye passing over well-cultivated fields to the ocean, whose roar could be distinctly heard. (Wilkes 1845 Vol. IV:186)

During the night, one of the heaviest rains I had experienced in the island, fell; but the morning was bright and clear—every thing seemed to be rejoicing around, particularly the singing-birds, for the variety and sweetness of whose notes Hawaii is distinguished.

Previous to our departure, all the tenantry, if so I may call them, came to pay their respects, or rather to take a look at us. We had many kind wishes, and a long line of attendants, as we wended our way among the numerous taro patches of the low grounds, towards Puna; and thence along the sea-coast where the lava entered the sea, at Nanavalie [Nānāwale]. The whole population of this section of the country was by the wayside, which gave me an opportunity of judging of their number; this is much larger than might be expected from the condition of the country, for with the exception of the point at Kapoho, very little ground that can be cultivated is to be seen. The country, however, is considered fruitful by those who are acquainted with it, notwithstanding its barren appearance on the roadsides. The inhabitants seemed to have an abundance of bread-fruit, bananas, sugar-cane, taro, and sweet-potatoes. The latter, however, are seen to be growing literally among heaps of stones and pieces of lava, with scarcely soil enough to cover them; yet they are, I am informed, the finest on the island...

In some places they have taken great pains to secure a good road or walking path; thus, there is a part of the road from Nanavalie to Hilo which is built of pieces of lava, about four feet high and three feet wide on the top; but notwithstanding this, the road is exceedingly fatiguing to the stranger, as the lumps are so arranged that he is obliged to take a long and short step alternately; but this the natives do not seem to mind, and they pass over the road with great facility, even when heavily laden... (Wilkes 1970, Vol. IV:188-193)

In 1846, Chester S. Lyman, "a sometime professor" at Yale University visited Hilo, Hawai'i, and stayed with Titus Coan (Maly 1998). Traveling the almost 100 mile long stretch of the "Diocese" of Mr. Coan, Lyman reported that the district of Puna had somewhere between 3,000-4,000 inhabitants (Maly 1998). Entering Puna from Hilo, and traveling to Kea'au along the coast, Lyman offered the following observations:

...The groves of Pandanus were very beautiful, and are the principal tree of the region. There is some grass and ferns, and many shrubs; but the soil is very scanty. Potatoes are

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almost the only vegetable that can be raised, and these seem to flourish well amid heaps of stone where scarcely a particle of soil could be discovered. The natives pick out the stones to the depth often of from 2 to 4 feet, and in the bottom plant the potato—how it can expand in such a place is a wonder.

Nearly all Puna is like this. The people are necessarily poor—a bare subsistence is all they can obtain, and scarcely that. Probably there are not \$10 in money in all Puna, and it is thought that not over one in five hundred has a single cent. The sight of some of these potato patches would make a discontented N.E. farmer satisfied with his lot. Yet, I have nowhere seen the people apparently more contented & happy. (Maly 1998:35)

In Precontact Hawai'i, all land and natural resources were held in trust by the high chiefs (*ali'i 'ai ahupua'a* or *ali'i 'ai moku*). The use of lands and resources were given to the *hoa'āina* (native tenants), at the prerogative of the *ali'i* and their representatives or land agents (*konohiki*), who were generally lesser chiefs as well. In 1848, the Hawaiian system of land tenure was radically altered by the *Māhele 'Āina*. This change in land tenure was promoted by the missionaries and the growing Western population and business interests in the island kingdom. Generally these individuals were hesitant to enter business deals on leasehold land.

By the middle of the nineteenth century the ever-growing population of Westerners forced socioeconomic and demographic changes that promoted the establishment of a Euro-American style of land ownership, and the *Māhele* became the vehicle for determining ownership of native lands. The *Māhele* defined the land interests of Kamehameha III (the King), the high-ranking chiefs, and the *konohiki*. As a result of the *Māhele*, all land in the Kingdom of Hawai'i came to be placed in one of three categories: (1) Crown Lands (for the occupant of the throne); (2) Government Lands; and (3) Konohiki Lands (Chinen 1958: vii, Chinen 1961:13). The chiefs and *konohiki* were required to present their claims to the Land Commission to receive awards for lands provided to them by Kamehameha III. They were also required to provide commutations to the government in order to receive royal patents on their awards. The lands were identified by name only, with the understanding that the ancient boundaries would prevail until the land could be surveyed. This process expedited the work of the Land Commission (Chinen 1961:13). The "Enabling" or "*Kuleana Act*" (December 21, 1849) laid out the frame work by which native tenants could apply for, and be granted fee-simple interest in "*kuleana*" lands, and their rights to access and collection of resources necessary to their life upon the land in their given *ahupua'a*. The lands awarded to the *hoa'āina* (native tenants) became known as "*Kuleana Lands*." All of the claims and awards (the Land Commission Awards or LCA) were numbered, and the LCA numbers remain in use today to identify the

original owners of lands in Hawai'i.

As a result of the *Māhele*, Keonepoko Nui Ahupua'a was retained by Charles Kana'ina, father of William Lunalilo, and one of the primary landholders of Hawai'i Island 'āina among the *kaukau* (lesser) *ali'i* prior to the *Mahele* (Kame'eleihiwa 1992:263). No Land Commission Award claims were made in Keonepoko Nui Ahupua'a (Waihona 'Āina database).

In 1862, the Commission of Boundaries (Boundary Commission) was established in the Kingdom of Hawai'i to legally set the boundaries of all the *ahupua'a* that had been awarded as a part of the *Māhele*. Subsequently, in 1874, the Commissioners of Boundaries were authorized to certify the boundaries for lands brought before them. The primary informants for the boundary descriptions were old native residents of the lands, many of which had also been claimants for *kuleana* parcels during the *Māhele*. This information was collected primarily between A.D. 1873 and 1885 and was usually given in Hawaiian and transcribed in English as they occurred. The boundaries of Keonepoko Nui were surveyed in 1880 for the estate of Charles Kana'ina (Boundary Commission #127), and place names along the common boundary with Keonepoko Iki are shown on a survey map (Figure 8), which also shows the location of the old Government Road. Beginning in 1903 a *mauka* portion of the Keonepoko Iki *a* (adjacent to the current study area) was commuted as grant parcels and homestead lots (Figure 9).

Figure 7. Hawai'i Registered Map 367 prepared in 1880.

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Figure 8. Hawai'i Registered Map 2084 originally prepared in 1903 and updated in 1947, showing current study area.

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Current Study Area

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The population of Puna declined during the early nineteenth century and Hawaiians maintained marginalized communities outside of the central population centers. These communities were located in “out-of-the-way” places. In the aftermath of the *Māhele*, economic interests in the region swiftly changed from the traditional Hawaiian land tenure system of subsistence farming and regional trading networks to the more European based cash crops including coffee, tobacco, sugar, and pineapple, and emphasized dairy and cattle ranching. While large tracts of land in lower Puna were used for cattle grazing and sugarcane cultivation, the current project area does not appear to have been used for either purpose. A Google™ earth image (see Figure 3) updated in 2013 show the bulldozer cuts and the graded area within the property, suggesting that those have been done recently. No permits were on record with the County of Hawai‘i, so the extents of activities that may have impacted the landscape within the study parcel are unknown.

## Prior Archaeological Studies

Records on file at the Department of Land and Natural Resources-State Historic Preservation Division indicate that the subject parcel has never been surveyed for historic properties. However, multiple studies have been conducted within the Keonepoko *ahupua‘a* (Nui and Iki) and within adjacent *ahupua‘a* in inland areas comparable to the current study parcel. The results of these studies (Bordner 1977; Conte and Kolb 1994; Desilets and Rechtman 2004; Franklin et al 1992; McEldowney and Stone 1991; Rechtman 2004; Yent 1983) demonstrate that while the possibility exists that historic properties could be present in the current study area, such sites are few and dispersed across this upland zone. Aside from the extensive lava tube systems containing cultural material and burials documented in two of these studies (McEldowney and Stone 1991; Yent 1983), only five other features were recorded in a over 2,000 acres of total survey area (Bordner 1977; Conte and Kolb 1994; Desilets and Rechtman 2004; Franklin et al. 1992). One of these features was an *ahu*, or cairn (Bordner 1977); three were small terraces interpreted as agricultural planting areas (Desilets and Rechtman 2004; Franklin et al. 1992), and one was interpreted as a ceremonial enclosure (Desilets and Rechtman 2004). A recent study (Rechtman 2012) of a road remnant parcel located to the southeast of the current study area resulted in a determination of no historic properties affected; and a monitoring project (Kasberg and Rechtman 2004) for a reservoir and waterline located to the northwest of the current study area also produced negative results.

Additional studies (Rechtman 2005, 2012) conducted in the *makai* portions of the Keonepoko *ahupua‘a* have produced negative findings. One prominent feature of the coastal area is the Old Government Road (SIHP Site 21273), which extended along the coast from Hilo to at least Kalapana. The Old Government Road (also referred to as the Puna Trail) was previously studied by Lass (1997) and Maly (1999) within the *ahupua‘a* of Kea‘au, well to the east of the current project area. Currently, this road is dirt covered and maintained for vehicular access. Maly (1999) relates that the current alignment of the Old Government Road, which evolved from earlier trail routes, was under construction by the 1840s. The road remained the preferred route of travel between Hilo and the out-lying areas of Puna until 1895, when the Kea‘au-Pāhoa Road (Highway 130) was established to access the growing inland population centers and agricultural areas (Maly 1999:6).

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## CURRENT SURVEY EXPECTATIONS

Given the culture-historical background and the results of previous archaeological work, the expectations for the current study area are limited, and include stacked stone and terraced agricultural features, ceremonial enclosures, and habitation and burial features both Precontact and Historic that may be associated with lava tubes. Previous bulldozing activities within the parcel may have negatively impacted any archaeological resources present in the study area.

## FIELDWORK

On December 28, 2012, Robert B. Rechtman, Ph.D., Dave Nelson, B.A., Amy Ketner, B.A., and Lauryl Zenobi, B.A. conducted a thorough surface examination of the study parcel, employing transects with fieldworkers maintaining a 5-meter spacing interval. The property corners were marked with property pins and flagging at the time of the survey. Ground visibility was poor in the undisturbed portions of the parcel, and excellent within areas that had been bulldozed and graded. Previous pedestrian transects conducted in the southern portion of the parcel on October 24, 2012 by SHPD staff archaeologist Theresa Donham

identified potential archaeological resources, including possible wall remnants, a lava blister (no evidence of human modification), and a possible boulder alignment. All previously identified potential resources were relocated but were determined to be either the result of bulldozing activities or natural occurrences and not culturally significant sites. No archaeological resources were identified during the current survey.

## CONCLUSION AND RECOMMENDATIONS

Given the negative findings of the current study, it is concluded that the development of the proposed medical facility will not significantly impact any known historic properties. However, given the density of vegetation in portions of the study area and the concomitant impairment of ground visibility, it is recommended that a qualified archaeologist conduct a field inspection of the proposed development area after the initial grubbing has been completed and prior to any grading activities. If any archaeological resources are observed during this time they can be documented in a supplemental survey report. If no resources are observed then grading activities can commence. In the unlikely event that any unanticipated resources are unearthed during grading activities, DLNR-SHPD should be contacted as outlined in Hawai'i Administrative Rules 13§13-280.

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February 15, 2012

Sal Panem, District Engineer  
Hawai'i Dept. of Transportation  
P. O. Box 4277  
Hilo, HI 96720

Aloha Mr. Panem:

I am writing to inform you about some upcoming development plans that will be of interest to you, as you proceed with your plans for the incremental widening of Hwy. 130. I attended the meeting in Pāhoa hosted by Sen. Kahele, which is how I know about those plans.

Puna Community Medical Center (PCMC) has applied to the Dept. of Land and Natural Resources - Land Division, for a long term lease of parcel TMK No. (3) 1-5-08:05, which fronts the highway. Pursuant to the Puna Community Development Plan (3.3.1, 3.3.3a and 3.4.2a), which passed as an ordinance amending the County General Plan in August 2008, we are proposing to construct a 24/7 ER, together with an associated clinical laboratory and x-ray facility as our first phase. Future phases will include a dental clinic, a birthing center, and various other elements leading to our ultimate vision of a comprehensive medical center for Puna makai.

Although it will take several months before the Board of Land and Natural Resources makes its determination about our lease request, we wanted to let you know ahead of time because we are sure that some accommodation for left turns onto the parcel (especially by the ambulance) will have to be made, and that is your area of expertise, not ours. I know that once we apply for our Special Use Permit, the Planning Dept. will solicit your input, but since we can't do that until we have the go-ahead from DLNR, and your plans for the highway widening have a timeline, I thought it best to give you this advance notice.

If you have any questions, comments or suggestions at this time we would be very open to them. I would also be happy to meet with you at your convenience.

Mahalo,

René Siracusa  
President

# PALMER & ASSOCIATES CONSULTING

BOTANICAL SURVEYS

P.O. Box 637 Pahoa, Hawaii 96778 808-936-0341

rpalmer@palmerassociatesconsulting.com

May 21, 2012

Rene Siracusa  
Malama O Puna  
Pahoa, HI 96778

Re: Pahoa Urgent Care site botanical survey

Rene:

This letter and the attached species list will serve as our report on the botanical resources found on the proposed Pahoa Urgent Care facility site (TMK 1-5-08-05) we surveyed on May 14, 2012.

The site is occupied by early successional 'Ohia forest characteristic of pahoehoe flows of similar age in the surrounding area. Cover of 'Ohia averaged about 50% with uluhe (*Dicranopteris linearis*) forming a dense growth between the trees. The stands of uluhe are infested with glory bush (*Tibouchina urvelleana*), which varies in relative cover over the site.

A portion of the site was formerly a nursery and the vegetation shows evidence of significant past disturbance. At the former nursery site, introduced grasses and ruderal weeds dominate the vegetation.

No federal or state listed threatened or endangered plants, or "species of concern" plants were found on the site. Nor were any unique or important habitats or other significant biological resources found. We conclude that the proposed project will have no significant effect on biological resources.

Please let me know if you need any other information. Thanks again.

Sincerely,

Rex Palmer, Ph.D.

# Vascular Plants of TMK 1-5-08-05 Pahoa Urgent Care Site

FAMILY Genus / species Common Name Distribution\*

PTERIDOPHYTES  
(Ferns and Fern Allies)

GLEICHENIACEAE False Staghorn Fern Family  
*Dicranopteris linearis* Uluhe I

LOMARIOPSIDACEAE Elaphoglossum Family  
*Elaphoglossum crassifolium* (Gaudich.)  
W. R. Anderson & Crosby 'Ekaha E

NEPHROLEPIDACEAE Boston Fern Family  
*Nephrolepis multifora* (Roxb.) C. Morton sword fern A

POLYPODIACEAE Polypod Fern Family  
*Microsorium scolopendria* (Burm. f.) Copel. laua'e I

PSILOTACEAE Whisk Fern Family  
*Psilotum nudum* (L.) P. Beauv. moa I

PTERIDACEAE Pteris Family  
*Pityrogramma calomelanos* (L.) Link silver fern A

GYMNOSPERMS

ARAUCARIACEAE Araucaria Family  
*Araucaria columnaris* (G. Forster) J. D. Hooker Cook Pine A

DICOTYLEDONS

ASTERACEAE Sunflower Family  
*Ageratum houstonianum* Mill. maile hohono A  
*Conyza canadensis* (L.) Cronq. horseweed A  
*Pluchea carolinensis* (Jacq.) G. Don. sourbush A  
*Sphagneticola trilobata* (L.) Pruski wedellia A

CECROPIACEAE Cecropia Family  
*Cecropia obtusifolia* Bertol. cecropia A

CLUSIACEAE Clusia Family  
*Clusia rosea* Jacq. autograph tree A

EUPHORBIACEAE Spurge Family  
*Euphorbia glomerifera* (Millsp.) L. C. Wheeler graceful spurge A

FABACEAE Bean Family

*Albizia lebbbeck* (L.) Benth. albizia A  
*Chamaecrista nictitans* (L.) Moench partridge pea A  
*Mimosa pudica* L. var. *unijuga*  
(Duchass. & Walp.) Griseb. sleepy grass A

MALVACEAE Hibiscus Family

*Sida rhombifolia* L. false 'ilima A

MELASTOMATACEAE Melastoma Family

*Clidemia hirta* (L.) D. Don Koster's curse A  
*Dissotis rotundifolia* (Sm.) Triana dissotis A  
*Tibouchina urvelleana* (DC) Cogn. glorybush A

MYRTACEAE Myrtle Family

*Metrosideros polymorpha* Gaud. 'Ohia E  
*Psidium cattleianum* Sabine strawberry guava A  
*Psidium guajava* L. common guava A

PASSIFLORACEAE Passion Flower Family

*Passifora foetida* L. pohapoha A

POLYGALACEAE Milkwort Family

*Polygala paniculata* L. milkwort A

STERCULIACEAE Cacao Family

*Melochia umbellata* (Houtt.) Stapf melochia A  
*Waltheria indica* L. 'uhaloa I

VERBENACEAE Verbena Family

*Stachytarpheta urticifolia* (Salisb.) Sims false vervain

MONOCOTS

AGAVACEAE Agave Family

*Cordyline fruticosa* (L.) A. Chev. ti P  
*Dracaena fragrans* (L.) Ker Gawler fragrant dracaena A  
*Dracaena marginata* Lamarck money tree A

CYPERACEAE Sedge Family

*Cyperis rotundus* L. nut sedge A  
*Rhynchospora caduca* Elliott beak rush A  
*Scleria testacea* Nees razor grass I

ORCHIDACEAE Orchid Family

*Arundina graminifolia* (D. Don) Hochr. bamboo orchid A  
*Spathoglottis plicata* Blume Malayan ground orchid A

PALMAE

<depauperate cultivated palms – cf. *Chrysalidocarpus* or *Veitchia* spp. > A

POACEAE Grass Family

*Andropogon virginicus* L. broomsedge A

*Anthoxanthum odoratum* L. sweet vernal grass A

*Axonopus compressus* (Sw.) P. Beauv. carpet grass A

*Melinis minutiflora* P. Beauv. molasses grass A

*Panicum maximum* Jacq. Guinea grass A

*Paspalum conjugatum* Bergius Hilo grass A

*Paspalum dilatatum* Poir. Dallis grass A

*Pennisetum purpureum* Schumach. elephant grass A

*Sacciolepis indica* (L.) Chase Glenwood grass A

*Schizachyrium condensatum* (Knuth) Nees beardgrass A

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\*Distribution:

I = Indigenous (native, found in Hawai'i and elsewhere)

E = Endemic (native, found only in Hawai'i)

A = Alien, introduced in modern times

P = Polynesian introduction

## AGENCY COMMENT LETTERS

1. April 22, 2013 Department of Land and Natural Resources - Historic Preservation Division (
2. October 18, 2013 Hawai'i Fire Department
3. November 15, 2013 Department of Health
4. November 18, 2013 Department of Health
5. November 19, 2013 Planning Department
6. November 21, 2013 Department of Health - Wastewater Branch
7. November 21, 2013 Department of Water Supply
8. November 22, 2013 Department of Health - OEQC
9. November 22, 2013 Department of Health - Safe Drinking Water Branch
10. December 10, 2013 Department of Health - Clean Air Branch
11. January 11, 2014 Hawaii County Civil Defense (email)

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



**HISTORIC PRESERVATION DIVISION  
DEPARTMENT OF LAND AND NATURAL RESOURCES**

601 Kamokila Boulevard, Suite 555  
Kapolei, HI 96806

CHAIRPERSON  
BOARD OF LAND AND NATURAL RESOURCES  
COMMISSION ON WATER RESOURCE MANAGEMENT

ESTHER KIA'AINA  
FIRST DEPUTY

WILLIAM M. TAM  
DEPUTY DIRECTOR - WATER

AQUATIC RESOURCES  
BOATING AND OCEAN RECREATION  
BUREAU OF CONVEYANCES  
COMMISSION ON WATER RESOURCE MANAGEMENT  
CONSERVATION AND COASTAL LAND  
CONSERVATION AND RESOURCES ENFORCEMENT  
ENGINEERING  
FORESTRY AND WILDLIFE  
HISTORIC PRESERVATION  
KAHOOLAWE ISLAND RESERVE COMMISSION  
LAND  
STATE PARKS

April 22, 2013

Robert B. Rechtman, Ph.D.  
Rechtman Consulting, LLC  
507-A E. Lanikaula St.  
Hilo, Hawai'i 96720

LOG NO: 2013.2481  
DOC NO: 1304SN14  
Archaeology

Dear Dr. Rechtman:

**SUBJECT: Chapter 6E-42 Historic Preservation Review –  
Archaeological Assessment Survey for the Puna Community Medical Center (RC-0828)  
Keonepoko Nui Ahupua'a, Puna District, Island of Hawai'i  
TMK: (3) 1-5-008:005**

Thank you for the opportunity to review your revised document titled *Archaeological Assessment Survey for the Proposed Puna Community Center, Keonepoko Nui Ahupua'a, Puna District, Island of Hawai'i, TMK: (3) 1-5-008:005* (Rechtman February 2013). This document was received in our Hilo office on April 2, 2013. The proposed project area is a 4.92 acre parcel. An archaeological survey was conducted in response to letter dated December 7, 2012 from our office recommending that an archaeological survey be conducted for the parcel (*Log 2012.0481, Doc 1212TD03*).

A draft of this report was reviewed by our office, and on March 12, 2013 SHPD archaeologists Theresa Donham and Sean Naleimaile conducted an additional site visit to the project area as part of the review. During that site visit we cleared an area along what we believe to be a man-made alignment rather than a natural occurrence or a result of bulldozing activities near the parcel. It appeared that no clearing had been done along the area of the possible alignment that could have potentially affected the previous conclusion. Additional vegetation clearing was recommended to adequately access our concerns relating to the potential presence of historic properties (*Log 2013.1969, Doc 1303SN01*).

Additional fieldwork was conducted and the report confirms that the possible alignments were the result of bulldozer push from the construction of the roadway. No historic properties were recorded during the survey of this parcel. SHPD concurs with your recommendation that a qualified archaeologist conduct a field inspection following initial grubbing and prior to grading in order to assess portions of the project area where ground visibility was highly impaired.

This report meets the requirements of Hawai'i Administrative Rule 13-284-5 (b) (5) (A) and is accepted by SHPD. Please send one hardcopy of the document, clearly marked FINAL, along with a copy of this review letter and a text-searchable PDF version on CD to the Kapolei SHPD office, attention SHPD Library. Please contact Sean P. Naleimaile (808) 933-7651 or [Sean.P.Naleimaile@hawaii.gov](mailto:Sean.P.Naleimaile@hawaii.gov) if you have any questions or concerns regarding the letter.

Aloha,

A handwritten signature in black ink, appearing to read "Theresa K. Donham".

Theresa K. Donham  
Archaeology Branch Chief

**William P. Kenoi**  
*Mayor*



**Darren J. Rosario**  
*Fire Chief*

**Renwick J. Victorino**  
*Deputy Fire Chief*

**County of Hawai'i**  
**HAWAII FIRE DEPARTMENT**  
25 Aupuni Street • Room 2501 • Hilo, Hawai'i 96720  
(808) 932-2900 • Fax (808) 932-2928

October 18, 2013

Rene Siracusa  
Malama O Puna  
PO Box 1520  
Pahoa, HI 96778

Dear Mr. Siracusa,

PROJECT: PUNA COMMUNITY MEDICAL CENTER  
PUNA, HAWAII  
TMK: (3) 1-5-008:005

The Hawai'i Fire Department does not have any comments to offer at this time regarding the above-referenced early consultation on Environmental Assessment. However assurances that this occupancy meets the fire department's minimum water and access requirements is expected.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Darren J. Rosario".

DARREN J. ROSARIO  
Fire Chief

GA:lc





RECEIVED

2013 NOV 19 AM 10:46

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. BOX 916  
HILO, HAWAII 96721-0916

DEPT. OF LAND  
& NATURAL RESOURCES  
STATE OF HAWAII

MEMORANDUM

DATE: November 15, 2013

TO: Board of Land and Natural Resources  
1151 Punchbowl St., Room 130  
Honolulu, HI 96813  
William J. Aila, Chair

FROM: Newton Inouye *NI*  
District Environmental Health Program Chief

SUBJECT: Draft Environmental Assessment  
Name of Project: Puna Community Medical Center  
Applicant: Puna Community Medical Center (PCMC)  
15-2662 Pahoia Village Rd., Ste. 306, PMB 8742  
Pahoia, HI. 96778  
Daniel DiDomizio

DEPT. OF LAND & NATURAL RESOURCES  
STATE OF HAWAII  
2013 NOV 26 PM 3:08

DEPT. OF LAND & NATURAL RESOURCES  
STATE OF HAWAII  
2013 NOV 29 12:12:23

The proposed project is located within 1000 feet of a public drinking water source. One individual wastewater system will be allowed to be used for the project and must either contain an aerobic unit with disinfection or a non-discharge disposal system.

Wastewater Branch is unable to make comments to the proposed project at this time. Before we can offer any comments, the applicant needs to address the following:

- a. The amount of wastewater to be generated by the project.
- b. The quality of the wastewater to be generated by project.
- c. The treatment and disposal of wastewater from the project.

Underground Injection Systems (Ph. 586-4258) which receive wastewater or storm runoffs from the proposed development need to address the requirements of Chapter 23, Hawaii State Department of Health Administrative Rules, Title 11, "Underground Injection Control."

The applicant would need to meet the requirements of our Department of Health Air Pollution Rules, Chapter 60.1, Title 11, State of Hawaii for fugitive dust control. If there is need to discuss these requirements, please contact our Clean Air Branch staff at Ph. 933-0401.

November 15, 2013

Page 2 of 4

The Department of Health (DOH), Clean Water Branch (CWB), acknowledges receipt of the subject document on October 16, 2013. The CWB has reviewed the limited information contained in the subject document and offers the following comments:

1. The Army Corps of Engineers should be contacted at (808) 438-9258 for this project. Pursuant to Federal Water Pollution Control Act (commonly known as the "Clean Water Act" (CWA)), Paragraph 401(a)(1), a Section 401 Water Quality Certification (WQC) is required for "[a]ny applicant for Federal license or permit to conduct any activity including, but not limited to, the construction or operation of facilities, which may result in any discharge into the navigable waters...". The term "discharge" is defined in CWA, Subsections 502(16), 502(12), and 502(6); Title 40, Code of Federal Regulations, Section 122.2, and Hawaii Administrative Rules (HAR), Chapter 11-54.
2. In accordance with HAR, Sections 11-55-04 and 11-55-34.05, the Director of Health may require the submittal of an individual permit application or a Notice of Intent (NOI) for general permit coverage authorized under the National Pollutant Discharge Elimination System (NPDES).
  - a. An application for an NPDES individual permit is to be submitted at least 180 days before the commencement of the respective activities. The NPDES application forms may also be picked up at our office or downloaded from our website at:  
<http://www.hawaii.gov/health/environmental/water/cleanwater/forms/individual-index.html>.
  - b. An NOI to be covered by an NPDES general permit is to be submitted at least 30 days before the commencement of the respective activity. A separate NOI is needed for coverage under each NPDES general permit. The NOI forms may be picked up at our office or downloaded from our website at:  
<http://www.hawaii.gov/health/environmental/water/cleanwater/forms/general-index.html>.
    - i. Storm water associated with industrial activities, as defined in Title 40, Code of Federal Regulations, Sections 122.26(b)(14)(i) through 122.26(b)(14)(ix) and 122.26(b)(14)(xi). [HAR, Chapter 11-55, Appendix B]
    - ii. Construction activities, including clearing, grading, and excavation, that result in the disturbance of equal to or greater than one (1) acre of total land area. The total land area includes a contiguous area where multiple separate and distinct construction activities may be taking place at different times on different schedules under a larger common plan of development or sale. An NPDES permit is required before the commencement of the construction activities. [HAR, Chapter 11-55, Appendix C]

- iii. Discharges of treated effluent from leaking underground storage tank remedial activities. [HAR, Chapter 11-55, Appendix D]
  - iv. Discharges of once through cooling water less than one (1) million gallons per day. [HAR, Chapter 11-55, Appendix E]
  - v. Discharges of hydrotesting water. [HAR, Chapter 11-55, Appendix F]
  - vi. Discharges of construction dewatering effluent. [HAR, Chapter 11-55, Appendix G]
  - vii. Discharges of treated effluent from petroleum bulk stations and terminals. [HAR, Chapter 11-55, Appendix H]
  - viii. Discharges of treated effluent from well drilling activities. [HAR, Chapter 11-55, Appendix I]
  - ix. Discharges of treated effluent from recycled water distribution systems. [HAR, Chapter 11-55, Appendix J]
  - x. Discharges of storm water from a small municipal separate storm sewer system. [HAR, Chapter 11-55, Appendix K]
  - xi. Discharges of circulation water from decorative ponds or tanks. [HAR, Chapter 11-55, Appendix L]
3. In accordance with HAR, Section 11-55-38, the applicant for an NPDES permit is required to either submit a copy of the new NOI or NPDES permit application to the State Department of Land and Natural Resources, State Historic Preservation Division (SHPD), or demonstrate to the satisfaction of the DOH that the project, activity, or site covered by the NOI or application has been or is being reviewed by SHPD. If applicable, please submit a copy of the request for review by SHPD or SHPD's determination letter for the project.
  4. Any discharges related to project construction or operation activities, with or without a Section 401 WQC or NPDES permit coverage, shall comply with the applicable State Water Quality Standards as specified in HAR, Chapter 11-54.

Hawaii Revised Statutes, Subsection 342D-50(a) requires that "[n]o person, including any public body, shall discharge any water pollutants into state waters, or cause or allow any water pollutant to enter state waters except in compliance with this chapter, rules adopted pursuant to this chapter, or a permit or variance issued by the director."

If you have any questions, please contact Mr. Alec Wong, Supervisor of the Engineering Section, CWB, at (808) 586-4309.

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November 15, 2013

Page 4 of 4

Construction activities must comply with the provisions of Hawaii Administrative Rules, Chapter 11-46, "Community Noise Control."

1. The contractor must obtain a noise permit if the noise levels from the construction activities are expected to exceed the allowable levels of the rules.
2. Construction equipment and on-site vehicles requiring an exhaust of gas or air must be equipped with mufflers.
3. The contractor must comply with the requirements pertaining to construction activities as specified in the rules and the conditions issued with the permit.

Should there be any questions on this matter, please contact the Department of Health at 933-0917.

We recommend that you review all of the Standard Comments on our website: <http://hawaii.gov/health/environmental/env-planning/landuse/landuse.html>. Any comments specifically applicable to this project should be adhered to.

The same website also features a Healthy Community Design Smart Growth Checklist (Checklist) created by Built Environment Working Group (BEWG) of the Hawaii State Department of Health. The BEWG recommends that state and county planning departments, developers, planners, engineers and other interested parties apply the healthy built environment principles in the Checklist whenever they plan or review new developments or redevelopments projects. We also ask you to share this list with others to increase community awareness on healthy community design.

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

13-214

Puna Com. Medical Center

November 18, 2013

Mr. Daniel DiDomizio  
Puna Community Medical Center  
15-2662 Pahoia Village Road, Suite 306, PMB 8741  
Pahoia, Hawaii 96778

Dear Mr. DiDomizio:

**SUBJECT: Draft Environmental Assessment for Puna Community Medical Center  
Puna, Hawaii, TMK: (3) 1-5-008: 005**

The Department of Health (DOH), Environmental Planning Office (EPO), acknowledges receipt of your document dated October 23, 2013. Thank you for allowing us to review and comment on the subject document. EPO received a copy of your project on November 15, 2013. We request that you extend your November 23, 2013 deadline to December 13, 2013, to give our staff sufficient time to respond. We routed your document to the Clean Air Branch, Clean Water Branch, Safe Drinking Water Branch, Solid & Hazardous Waste Branch, Wastewater Branch, Hazard Evaluation & Emergency Response Office, and our Hawaii District Health Office. They will provide specific comments to you if necessary. EPO recommends that you review the standard comments at: <http://health.hawaii.gov/epo/home/landuse-planning-review-program/>.

You are required to adhere to all standard comments specifically applicable to this application.

EPO suggests the applicant examine the many sources available on strategies to support the sustainable design of communities, including the:

State of Hawaii, Office of Planning: [www.planning.hawaii.gov](http://www.planning.hawaii.gov) and the new 2013 ORMP;

U.H., School of Ocean and Earth Science and Technology: [www.soest.hawaii.edu](http://www.soest.hawaii.edu);

U.S. Environmental Protection Agency's sustainability programs: [www.epa.gov/sustainability](http://www.epa.gov/sustainability); and

U.S. Green Building Council's LEED program: [www.usgbc.org/leed](http://www.usgbc.org/leed).

The DOH encourages everyone to apply these sustainability strategies and principles early in the planning and review of projects. We also request that for future projects you consider conducting a Health Impact Assessment (HIA). More information is available at:

[www.cdc.gov/healthypplaces/hia.htm](http://www.cdc.gov/healthypplaces/hia.htm). We request you share all of this information with others to increase community awareness on sustainable, innovative, inspirational, and healthy community design.

In the future, please send all environmental planning projects to the Director of Health, as well as the local District Health Office:

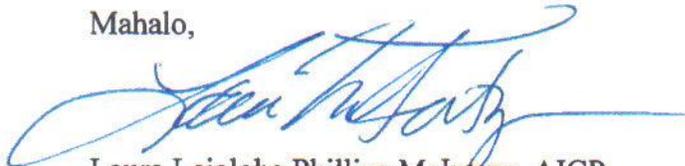
Mr. Daniel DiDomizio  
November 18, 2013  
Page 2

Loretta J. Fuddy, A.C.S.W., M.P.H, Director  
Department of Health  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378

Newton Inouye, Environmental Health Program Chief  
Hawaii District Health Office  
75 Aupuni Street, #201  
Hilo, Hawaii 96720

We require a written response confirming receipt of this letter and any other letters you receive from DOH in regards to this submission. You may mail your response to 919 Ala Moana Blvd., Ste. 312, Honolulu, Hawaii 96814. However, we would prefer an email submission to: [epo@doh.hawaii.gov](mailto:epo@doh.hawaii.gov). We anticipate that our letter(s) and your response(s) will be included in the final document. If you have any questions, please contact me at (808) 586-4337.

Mahalo,



Laura Leialoha Phillips McIntyre, AICP  
Manager, Environmental Planning Office

c: Rene Siracusa, Malama O Puna (via email)  
Herman Tuiolosega, Office of Environmental Quality Control (via email)

---

William P. Kenoi  
Mayor



Duane Kanuha  
Director

Bobby Command  
Deputy Director

West Hawai'i Office  
74-5044 Ane Keohokalole Hwy  
Kailua-Kona, Hawai'i 96740  
Phone (808) 323-4770  
Fax (808) 327-3563

**County of Hawai'i**  
**PLANNING DEPARTMENT**

East Hawai'i Office  
101 Pauahi Street, Suite 3  
Hilo, Hawai'i 96720  
Phone (808) 961-8288  
Fax (808) 961-8742

November 19, 2013

Ms. Rene Siracusa  
Malama O Puna  
P.O. Box 1520  
Pāhoa HI 96778

Dear Ms. Siracusa:

**SUBJECT: Draft Environmental Assessment  
Puna Community Medical Center (PCMC)  
Tax Map Key: 1-5-008:005, Puna, Hawai'i**

The following are our comments on the Draft Environmental Assessment (DEA) for the proposed long term lease of State land to construct, in phases, a comprehensive Puna Community Medical Center:

1. Page 3 Public Involvement and Agency Coordination  
Civil Defense should have been included in the list of the agencies contacted.
  
2. Page 13 3.3.1 Roads and Access  
The DEA should include Department of Transportation (DOT) comments since the property abuts State Hwy 130 (Keaau-Pāhoa Road). Further, since the PCMC will be developed in phases, the cumulative traffic volume may then require improvements to Hwy 130. Finally, the proposed access location, as shown on Map 4, to Hwy 130 should be confirmed by DOT.

We also have concerns regarding the traffic impact of the project due to the proximity to the County water spigots across Hwy 130.

3. Page 14 3.3.2 Public Services and Utilities
  - a. Water: The DEA states that water is available to the project site. However, if service is denied, applicant will construct two large catchment tanks. The DEA does not include an estimate of maximum daily usage which the Department of Water Supply will require to determine the necessary water system improvements required to support the development. Further, confirmation that the required waterline can be run in the State right-of-way must be confirmed. Also, the Department of Health (DOH) requirements for using catchment tanks for potable water should be discussed.

Ms. Rene Siracusa  
November 19, 2013  
Page 2

- b. Sewer: The DEA states that there is no County sewer system. Any private wastewater collection system must be designed and constructed to DOH standards and qualified to handle medical wastes.
4. Page 15 3.5 Required Permits and Approvals  
Plan Approval will be required for the proposed development. Compliance with Planning Department Rule 17, Landscaping Requirements will be addressed at that time.

SPP No. 05-014 for the construction of Pāhoa Fire Station and related improvements was approved at a public hearing on September 2, 2005. An amendment of SPP No. 05-014 to allow for a Pāhoa Police Station and related improvements was approved at a public hearing on April 4, 2008. However, these developments were approved before the Puna Community Development Plan became effective on September 10, 2008. As stated in the Puna CDP, *"While police and fire stations are essential community facilities, they do not necessarily need to be located directly within town or village centers"*.

In Chapter 3 Managing Growth of the Puna DCP, Section 3.3.3(a), one of the courses of actions include *"Develop a centrally-located, 24-hour, full-service medical facility, with trauma care, in Puna"*. According to the Puna CDP Glossary, a Regional Town Center was described as *"A concentrated area intended for mixed use, higher density residential, retail, commercial employment, and/or regional one-of-a-kind facilities such as major civic, **medical**, education, and entertainment facilities"*. (emphasis supplied) Therefore, although the Puna CDP did not designate a specific location for a comprehensive major medical center, it does call for such facilities to be located within a Regional Town Center.

Thank you for the opportunity to provide comments. If you have questions, please contact Esther Imamura of this office at (808) 961-8139.

Sincerely,



 DUANE KANUHA  
Planning Director

ETI:

P:\Wpwin60\ETI\Eadraftpre-Consul\Puna Community Medical Ctr Siracusa 1-5-8-5.Doc  
cc: Mr. Daniel DiDomizio  
Puna Community Medical Center  
15-2662 Pāhoa Village Rd., Ste. 306, PMB 8741  
Pāhoa HI 96778

---

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

LUD-3 1 5 008 005-ID1506  
Puna Comm Med Cntr Draft EA

November 21, 2013

Mr. William J. Aila, Jr. Chairperson  
Board of Land and Natural Resources  
Department of Land & Natural Resources  
75 Aupuni Street, Room 204  
Hilo, Hawaii 96720  
Attn: Ms. Candace Martin, Land Agent

Dear Mr. Aila:

Subject: Draft Environmental Assessment (EA) for Puna Community Medical Center  
15-2662 Pahoa Village Road, Suite 306, PMB 8741, Pahoa, Hawaii 96778  
TMK (3) 1-5-008: 005

Thank you for allowing us the opportunity to review the above subject project which requests comments on the Draft Environmental Assessment (EA) for Puna Community Medical Center. We have the following information and comments for the subject project.

We are concerned about the comment in the subject document that states an above ground system may be installed to treat the medical waste. Additional information about the medical waste to be treated will be required to be provided to the Department for our review and evaluation.

Please be informed that all wastewater plans must conform to applicable provisions of the Hawaii Administrative Rules, Chapter 11-62, "Wastewater Systems." We do reserve the right to review the detailed wastewater plans for conformance to applicable rules. Should you have any questions, please contact Mr. Mark Tomomitsu of my staff at telephone (808) 586-4294.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sina Pruder".

SINA PRUDER, P.E., CHIEF  
Wastewater Branch

LM/MST:lmj

c: Mr. Daniel DiDomizio, Puna Community Medical Center  
✓ Ms. Rene Siracusa, Malama O Puna  
Ms. Laura McIntyre, DOH-Environmental Planning Office  
Ms. Amy Cook, DOH-WWB's Hilo Staff



**DEPARTMENT OF WATER SUPPLY • COUNTY OF HAWAII**

345 KĒKŪANAŌ'A STREET, SUITE 20 • HILO, HAWAII 96720

TELEPHONE (808) 961-8050 • FAX (808) 961-8657

November 21, 2013

Rene Siracusa  
Malama O Puna  
P.O. Box 1520  
Pahoa, HI 96778

**DRAFT ENVIRONMENTAL ASSESSMENT  
PUNA COMMUNITY MEDICAL CENTER  
TAX MAP KEY 1-5-008:005**

We have reviewed the subject Draft Environmental Assessment and have the following comments:

1. The entire subject property (1-5-008:005) is located within 700 feet of the Department's Keonepoko wells. Based on the USGS topographical maps, the subject property appears to be at the same elevation as the Department's facility. Based on the proximity to Department's existing facilities, the proposed facility and the medical/hazardous solid waste and wastewater it generates could potentially have an adverse impact to the water quality of Department's potable water wells.
2. The Department would experience undue financial and technical hardships, if the existing water quality conditions were adversely impacted and advanced water treatment was required prior to distribution. This scenario could severely impact Department's ability to provide affordable water to the Department's existing customers.
3. Any future medical/hazardous solid waste and wastewater should be treated and disposed of properly according to all Federal, State, and County rules and regulations.
4. Please be informed there are existing 6-inch and 12-inch waterlines within Kea'au-Pāhoa Road fronting the subject parcel. Water availability in the area, which is subject to change without notice, allows for up to whatever the current zoning allows, not to exceed a maximum of seven (7) units of water, at an average of 400 gallons per day (GPD), per unit, or a total of 2,800 GPD, per pre-existing lot of record.
5. Prior to issuing a water commitment for the project, the Department would request estimated maximum daily water usage calculations prepared by a professional engineer, licensed in the State of Hawai'i, for review and approval. After review of the calculations, the Department will determine the water commitment deposit amount, facilities charges due, and other conditions for final approval.
6. Please be informed that the proposed facility will require that there be 2,000 gallons per minute available at the site for fire protection. The existing 12-inch waterline described above should be adequate to provide the required fire flow.

Rene Siracusa  
Page 2  
November 21, 2013

7. Any meter(s) serving the proposed project will require the installation of a reduced principle type backflow prevention assembly within five feet of the meter on private property. The Department must inspect and approve the installation prior to commencement of water service.

Please keep in mind that this letter shall not be construed as a water commitment. In other words, unless a water commitment is officially effected, water availability is subject to change, depending on the water situation.

Should there be any questions, please contact Mr. Ryan Quitoriano of our Water Resources and Planning Branch at 961-8070, extension 256.

Sincerely yours,

  
Quirino Antonio, Jr., P.E.  
Manager-Chief Engineer

RQ:dfg

copy – Puna Community Medical Center  
Board of Land and Natural Resources

---

NEIL ABERCROMBIE  
GOVERNOR



Vacant  
DIRECTOR

STATE OF HAWAII  
OFFICE OF ENVIRONMENTAL QUALITY CONTROL

Department of Health  
235 South Beretania Street, Suite 702  
Honolulu, Hawaii 96813  
Telephone (808) 586-4185  
Facsimile (808) 586-4186  
Email: oeqchawaii@doh.hawaii.gov

November 22, 2013

Ref. No.: 12HD-024  
Author: LD-CMM

TO: William J. Aila, Jr., Chairperson  
Board of Land and Natural Resources

THROUGH: Gary Gill, Deputy Director of Environmental Health  
Department of Health

FROM: Herman Tuiolosega, Senior Planner   
Office of Environmental Quality Control, Department of Health

SUBJECT: Draft Environmental Assessment (EA) for Puna Community Medical  
Center; Pahoā, Puna, Hawaii, TMK: (3) 1-5-008:005

Aloha. The Office of Environmental Quality Control published the subject draft EA in the October 23, 2013 issue of The Environmental Notice. The office also conducted a review of the proposed community medical center and offers these comments:

1. Please include a legible vicinity map and site plan at the beginning of the document to assist reviewers with the exact project location and general geographic area. Inserting a map with the summary or with Part 1 would be very helpful.
  2. Including more maps in Part 3: ENVIRONMENTAL SETTING, IMPACTS AND MITIGATION would further assist the reviewer(s) about the physical environment. Please include a map with Part 3.3 PUBLIC ROADS, SERVICES and UTILITIES, on page 13 (p. 23, Acrobat Reader). A map would provide better disclosure of the conditions at the project location and gives a better sense of orientation to the reviewer.
  3. Part 3.3.2, page 14 (p. 24, Acrobat Reader), discusses the possible construction of two large catchment tanks. Please include a description of the intended catchment tanks site. In addition, include schematics or conceptual plans in the final EA to provide more information for disclosure.
-

Name  
Date  
Page 2 of 2

4. Map 1 and Map 2 in the LIST OF MAPS do not delineate the project site and does not provide any visual information about the site location and orientation. Please provide a map that delineates the project site and shows the vicinity.

Thank you very much for the opportunity to provide comments to the subject proposed project. If you have further questions, please call (808) 586-4185.

FCUB. 11-26-13

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
SAFE DRINKING WATER BRANCH

919 ALA MOANA BLVD., ROOM 308  
HONOLULU, HI 96814-4920

In reply, please refer to:  
File: SDWB  
Puna Medical1.docx

November 22, 2013

Malama O Puna  
P.O. Box 1520  
Pahoa, Hawaii 96778

To Whom It May Concern:

SUBJECT: DRAFT ENVIRONMENTAL ASSESSMENT (EA) FOR  
PUNA COMMUNITY MEDICAL CENTER  
PAHOA, PUNA, HAWAII  
TMK: (3) 1-5-008-005

The Safe Drinking Water Branch (SDWB) has reviewed the subject document and has the following comments:

1. The description of the project does not clearly identify the source of drinking water for the project. Please clearly identify the source of drinking water.
2. This project may qualify as a public water system. Federal and state regulations define a public water system as a system that serves 25 or more individuals at least 60 days per year or has at least 15 service connections. All public water system owners and operators are required to comply with Hawaii Administrative Rules (HAR), Title 11, Chapter 20, "Rules Relating to Public Water Systems."
3. All new public water systems are required to demonstrate and meet minimum capacity requirements prior to their establishment. This requirement involves demonstration that the system will have satisfactory technical, managerial and financial capacity to enable the system to comply with safe drinking water standards and requirements in accordance with HAR Section 11-20-29.5, "Capacity demonstration and evaluation."
4. Projects that propose development of new sources of drinking water serving or proposed to serve a public water system must comply with the terms of HAR Section 11-20-29, "Use of new sources of raw water for public water systems." This section requires that all new public water system sources be approved by the Director of Health prior to its use. Such approval is based primarily upon the submission of a satisfactory engineering report which addresses the requirements set in HAR Section 11-20-29.

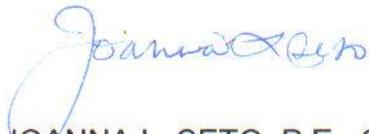
5. The engineering report must identify all potential sources of contamination and evaluate alternative control measures which could be implemented to reduce or eliminate the potential for contamination, including treatment of the water source. In addition, water quality analyses for all regulated contaminants, performed by a laboratory certified by the State Laboratories Division of the State of Hawaii, must be submitted as part of the report to demonstrate compliance with all drinking water standards. Additional parameters may be required by the Director for this submittal or additional tests required upon his or her review of the information submitted.
  6. All sources of public water systems must undergo a source water assessment which will delineate a source water protection area. This process is preliminary to the creation of a source water protection plan for that source and activities which will take place to protect the source of drinking water.
  7. Projects proposing to develop new public water systems or proposing substantial modifications to existing public water systems must receive approval by the Director of Health prior to construction of the proposed system or modification in accordance with HAR Section 11-20-30, "New and modified public water systems." These projects include treatment, storage and distribution systems of public water systems. The approval authority for projects owned and operated by a County Board or Department of Water or Water Supply has been delegated to them.
  8. All public water systems must be operated by certified distribution system and water treatment plant operators as defined by HAR, Title 11, Chapter 25, "Rules Relating to Certification of Public Water System Operators."
  9. All projects which propose the use of dual water systems or the use of a non-potable water system in proximity to an existing drinking water system to meet irrigation or other needs must be carefully designed and operated to prevent the cross-connection of these systems and prevent the possibility of backflow of water from the non-potable system to the drinking water system. The two systems must be clearly labeled and physically separated by air gaps or reduced pressure principle backflow prevention devices to avoid contaminating the drinking water supply. In addition backflow devices must be tested periodically to assure their proper operation. Further, all non-potable spigots and irrigated areas should be clearly labeled with warning signs to prevent the inadvertent consumption on non-potable water. Compliance with HAR, Title 11, Chapter 21, "Cross-Connection and Backflow Control" is also required.
  10. The project proposes the establishment of a potentially contaminating activity identified in the Hawai'i Source Water Assessment Plan (i.e., medical clinic and hospital) within the source water protection area of the County of Hawaii, Department of Water Supply's existing source of water for a public water supply.
-

The project should address this potential and activities that will be implemented to prevent or reduce the potential for contamination of the drinking water source, including the above-ground waste disposal system for sewage and medical waste as described in Section 3.3.2.

11. For further information concerning the application of capacity, new source approval, operator certification, source water assessment, backflow/cross-connection prevention or other public water system programs, please contact the SDWB at (808) 586-4258.
12. The Underground Injection Control (UIC) program has reviewed the document and has the following comments:
  - a. The project is located above the UIC line. Areas above the UIC line are considered to overly underground sources of drinking water. The construction of new injection wells used for the disposal of sewage is prohibited above the UIC line.
  - b. The County of Hawaii's Keonepoko Nui Wells No. 1 and 2, State Well Nos. 3188-01 and 3188-02, are located adjacent to the project. The construction of new drainage injection wells for the disposal of rainfall runoff is prohibited within ¼ mile of a drinking water well.
  - c. If you have any question regarding UIC program, please contact Mr. Norris Uehara of the Safe Drinking Water Branch at (808) 586-4258.

If there are any questions, please call Ms. Jennifer Nikaido of the SDWB Engineering Section at (808) 586-4258.

Sincerely,



JOANNA L. SETO, P.E., CHIEF  
Safe Drinking Water Branch

JN:cb

- c: EPO email on 11/14/13 [via email only]  
Ms. Theresa McGeehan-Takiue, East Hawaii EHS, [via e-mail only]  
Mr. Kawika Uyehara, Hawaii DWS, [via e-mail only, [kuyehara@hawaiiidws.org](mailto:kuyehara@hawaiiidws.org)]
-

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



COPY

LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

13-1027A CAB

December 10, 2013

Ms. Rene Siracusa  
Malama O Puna  
P.O. Box 1520  
Pahoa, Hawaii 96778

Dear Ms. Siracusa:

SUBJECT: Draft Environmental Assessment  
Puna Community Medical Center, Puna, Hawaii  
Tax Map Key: (3) 1-5-008:005

RECEIVED  
12-16-13

A significant potential for fugitive dust emissions exists during all phases of construction. The activities must comply with the provisions of Hawaii Administrative Rules, §11-60.1-33 on Fugitive Dust. We encourage the contractor to implement a dust control plan, which does not require approval by the Department of Health, to comply with the fugitive dust regulations. Dust control measures may include, but are not limited to, the following:

- a) Planning the different phases of construction, focusing on minimizing the amount of dust-generating materials and activities, centralizing on-site vehicular traffic routes, and locating potential dust-generating equipment in areas of the least impact;
- b) Providing an adequate water source at the site prior to start-up of construction activities;
- c) Landscaping and providing rapid covering of bare areas, including slopes, starting from the initial grading phase;
- d) Minimizing dust from shoulders and access roads;
- e) Providing adequate dust control measures during weekends, after hours, and prior to daily start-up of construction activities; and
- f) Controlling dust from debris being hauled away from the project site. Also, controlling dust from daily operations of material being processed, stockpiled, and hauled to and from the facility.

If you have any questions, please contact Mr. Barry Ching of the Clean Air Branch at (808) 586-4200.

Sincerely,

NOLAN S. HIRAI, P.E.  
Manager, Clean Air Branch

BC:rg

c: William J. Aila, Chair, Board of Land and Natural Resources  
Daniel DiDomizio, Puna Community Medical Center

## Fwd: Puna Community Medical Center

From: **Oliveira, Darryl** (doliveira@co.hawaii.hi.us) This sender is in your [contact list](#).  
Sent: Sat 1/11/14 3:56 PM  
To: renesiracusa@hotmail.com

Sent from my iPad

Begin forwarded message:

**From:** "Oliveira, Darryl" <[doliveira@co.hawaii.hi.us](mailto:doliveira@co.hawaii.hi.us)>  
**Date:** January 11, 2014, 3:26:44 PM HST  
**To:** <[malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)>  
**Subject:** Puna Community Medical Center

Hi Rene,

Sorry for not sending a reply sooner. I reviewed the materials you ave me regarding the Puna Comm. Medical Center. Very well put together document and obviously a great deal of hard work. I would like to suggest a few comments for the Project Needs Section.

1. You have some anecdotal information from the fire staff at the Pahoia station. I would suggest requesting some stats from the Chief as it relates to the call volume and call profile of the Pahoia and Keaau ambulance units. The numbers would likely illustrate the demands placed on the units and the geographic concentration of those calls for medical emergencies. In addition these calls represent the reliance of the community on the 911 system for access to health care in the absence of other services that will be provided by the proposed facility. Although the anecdotal statement that emergencies wait for an available ambulance that is a very rare occurrence. The more come scenario is the response of units from Hilo and even Volcano to take eh calls in the area thereby stressing the system and depleting resources in other communities.
2. The establishment of the proposed facility would have a benefit from a EMS perspective when considering critical cases if transport times could be lessened. Present transport times to Hilo average over 20 minutes and have an impact on outcomes. This stat can be illustrated through Fire's data.
3. The proposed facility would have a benefit from a mass casualty or disaster perspective. In addition the Puna and in particular the lower Puna area is vulnerable to isolation due to any event affecting the highways and roadways. Having a facility in the community greatly improves and enhances capability and resiliency in the face of disaster events.

Sorry again for the delayed response and hopefully this is helpful.

Please e-mail to confirm you got this.

Thanks,  
Darryl

Puna Community Medical Center Final Environmental Assessment

PUBLIC COMMENT LETTERS and EMAILS (listed by date received)

M. Eileen O'Hara

Greggor Ilagan (Hawai'i County Council District 4)

Charles J. Maas

Elyse Morishita

Ralph Boyea

Robert Golden

Ariela Murphy

Weston K. Yamada, Sr.

Tiffany Edwards Hunt

Fran Calvert

Chet Kamakawiwo'ole (for Royal Order of Kamehameha)

Charles J. Maas

Steve Sparks

Mark Hinshaw (Chair, Pahoehoe Regional Town Center Plan Steering Committee)

Mark Hinshaw (President, Mainstreet Pahoehoe Association)

Gilbert Aguinaldo (owner, Big Island Electrical Service)

Glen Calvert

Andrea Rosanoff, Ph.D. (Center for Magnesium Education & Research, LLC)

Russell F. Jones

Howard Ainsley (forwarding an article, highlighted, via email)

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: M. EILEEN O'HARA date: 10/28/13

email or snail mail address: 15-2782 Puna St, Pahoehoe HI 96778

eohara@hawaii.rr.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

We need a sustainable medical center that  
will grow with Puna's growing needs. The  
vision is long term and should be secured  
with a lease that has conditions  
as 65 years with ability to renew.  
need is already acute in lower Puna for medical  
and medical emergency services and will continue  
to expand. This was needed yesterday! There is a

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoehoe, HI 96778.

Mahalo.

urgency to this project.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Greggor Ilagon date: Oct 28, 2013

email or snail mail address: emailgreggor@gmail.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoia, HI 96778.  
Mahalo.

## Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Ralph Boyea date: 10/28/13

email or snail mail address: HC 2 Box 5626, Keaau HI 96749

I have read the DEA or attended the scoping meeting: yes  no   
I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: I believe the proposed 35  
year lease period is far too short. I request that the  
lease be approved for a minimum of 65 years, 99 years  
would be even better. In any case the lease must be  
renewable. Currently emergency services are very limited.  
When an ambulance is taking a patient to the Hilo Medical  
Center Emergency Room (the closest ER) the ambulance is  
tied up for a minimum of 60 minutes. We need an Emergency  
Room in the Pahoa area.

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoa, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Robert Golden date: 10/28/17

email or snail mail address: rgolden46@gmail.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: I strongly support the effort to expand the medical resources of the PUNA community by building this emergency room and a comprehensive medical center. The paucity of available resources in a clean + present danger to this community. I also urge that the County offer a 61 renewable lease to PCMC. A 99-year lease would preclude the visibility to offer these services.

Mahalo - Robert

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoia, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Anita Murphy date: 10/28/2013

email or snail mail address: PO Box 24 Pahoehoe HI 96778

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: long overdue!

I hope that DLNR will give  
the Puna Community Medical Center a 65+ year  
lease. Thank you.

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoehoe, HI 96778.  
Mahalo.

Puna Community Medical Center  
Draft Environmental Assessment & Anticipated Finding of No Significant Impact

**Scoping Survey/Comment Form**

Please print name and address clearly so Applicant can respond to you:

name: Heston K. Yamada Sr. date: 10-28-13

email or snail mail address: Punahandy@yahoo.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: Puna has been in need  
of this medical center for a very long time. The proposed  
location is ideal for this facility to be situated. I  
am in support of this project. The sooner it  
gets up and running, the better for Puna.

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoia, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Tiffany Edwards Hunt date: 10/28/13

email or snail mail address: newswoman@mac.com

P.O. Box 453, Pahoehoe, HI 96778

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

Please ensure the state grants PCMC  
a 65-year lease for the five-  
acre parcel ~~adjacent to~~ <sup>across from</sup> ~~the~~ <sup>near</sup>  
Hawaii Fire Department & ~~the~~ <sup>across next to</sup> Dept. of Water  
supply Well + Reservoir site  
This is a much-needed facility for  
Puna and I am so hopeful I will  
see this project built. Thank you!

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoehoe, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Fran Calvert date: 10-28-13

email or snail mail address: fcalvert@hawaiiantel.net

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

I am 67 years-old and my husband 70 -  
We know how important quick access to urgent care  
is for all emergencies - We are 45 minutes from  
Milo Hospital which is too long & far whether we are  
senior citizens or families with young children. We know  
that this facility is needed for the immediate years &  
long into the future - many years more than 35. Please  
extend the ~~lease~~<sup>lease</sup> to as long as possible - 65 years - 100 extra

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoia, HI 96778.

Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Chief Kamoharuiwale date: 10/28/2011

email or snail mail address: scottfisher32@yahoo

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: Representing  
The Royal Order of Kamehameha  
Heiau O Unaiakiloa Moku O Puna  
Moku O Puna I am co-Chair of  
The Organizational Committee We  
soon be established in the Puna Area  
Considering supplementing our Assistance  
Man Power if needed, Towards Fund Raising  
C.K. etc

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Paho, HI 96778.  
Mahalo.

## Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Charles J. Maas date:10-29-13

email or snail mail address: camas@champhospitality.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns:

- 1) Ground lease – I would ask for the max available time frame for the ground lease, no less than 65 years with automatic renewals.
- 2) Sec.3.3.1 Roads – I find this section lacking quantitative data on the number of visits to the site. The number of visits from the enclosed data tables and the forecasts would suggest that the intersection will be well traveled. I am concerned for the safety of vehicles ingressing or egressing on to a highway where the speed limit is 55 mph at the site. In addition there is a public water station in the very near area that has vehicles already slowing to enter that facility and the addition of emergency vehicles as well as general public entering the proposed medical center will had to the congestion and possible creating a hazardous situation. Although no response has been indicated from the DOT, I would recommend that some written response be demanded from the DOT that they have reviewed this site and they find that the current road structure is safe and adequate to address the plan needs for the site at build out and the surrounding area.
- 3) "Hospitals shall be served by a public sewerage system or have self-contained sewerage systems. Hospital solid waste disposal methods shall be by incineration. [See 3.1.6]" I see nothing in the studying relating to the

location of the incinerator or if it is even required for the emergency care portion of the development. If not required for the Phase One and only for the hospital development, I would like to know what types of wastes are incinerated, what are the emissions and where the incinerator will be located.

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoia, HI 96778.  
Mahalo.

Puna Community Medical Center  
Draft Environmental Assessment & Anticipated Finding of No Significant Impact

**Scoping Survey/Comment Form**

Please print name and address clearly so Applicant can respond to you:

name: Elyse Morishita date: 10/30/13

email or snail mail address: PO Box 2089, Pahoa, HI 96778

I have read the DEA or attended the scoping meeting: yes  no   
I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

A thirty-five year lease does not seem like  
enough time for the community to benefit from  
a facility like this. It will be like a child, you  
never really become an adult officially until age 18,  
and even then have a lot more to learn, share and  
experience. Even @ 30 years ~~that~~ you are at your prime  
but still a lot more life & life. The clinic needs a longer lease

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoa, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Steve Sparks date: 11-7-13

email or snail mail address: 13-1255 Malama St.  
Pahoa HI 96778

I have read the DEA or attended the scoping meeting: yes  no   
I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: A comprehensive  
medical center is much needed  
in this area. It will save  
lives.

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoa, HI 96778.  
Mahalo.



malamaopuna

Profile



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**PCMC Draft Environmental Assessment**

Friday, 8 November, 2013 7:29

From: "Pahoa Plan" &lt;pahoaplan@gmail.com&gt;

To: "Malama O Puna" &lt;malamaopuna@yahoo.com&gt;

Aloha Rene,

We have read the DEA and have the following comments.

We are in full support of the proposed PCMC as the need for this type facility is long overdue. We have two concerns:

1. The State should provide a longer term lease, perhaps 65 years with rights to renew.
2. The State needs to install turn lanes and acceleration lanes on Hwy 130 at the entrance to the facility.

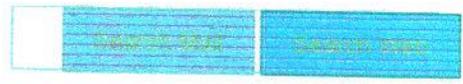
As the planning body for the Pahoa Regional Town Center, our concerns are for the long-term planning for this region. Census data indicates a significant increase in traffic along Hwy 130 and the need for State DOT improvements should be required for this project.

Should you have any questions or concerns, please feel free to contact me.

All the best!

Mark Hinshaw  
Chair  
Steering Committee  
Pahoa Regional Town Center Plan

--  
If you wish to unsubscribe to this active community list, please reply with REMOVE in the subject line.



malamaopuna

Profile



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Ground Floor on TBS

Ground Floor with Skylar Astin & John C McGinley

Sponsored

**PCMC EA**

Friday, 8 November, 2013 7:22

From: "Pahoa Hawaii" <mainstreetpahoa@gmail.com>

To: malamaopuna@yahoo.com

Aloha Rene,

We have read the DEA and have the following comments.

We are in full support of the proposed PCMC as the need for this type facility is long overdue. We have two concerns:

- 1. The State should provide a longer term lease, perhaps 65 years with rights to renew.
- 2. The State needs to install turn lanes and acceleration lanes on Hwy 130 at the entrance to the facility.

As the years go by, a significant amount of traffic will be traveling this already congested highway, thereby the need for some form of traffic mitigation is necessary.

Should you have any questions or concerns, please feel free to contact me.

All the best!

Mark Hinshaw  
President  
Mainstreet Pahoa Association

--  
Pahoa, the Big Island destination for the true adventurers.

Friend Mainstreet Pahoa Association on Facebook.

Malama pono!

**Fw: RE: Aguinaldo 4 LLC**

From: **Rene Siracusa** (malamaopuna@yahoo.com) This sender is in your [contact list](#).  
Sent: Mon 11/11/13 12:19 PM  
To: renesiracusa@hotmail.com  
1 attachment  
image001.jpg (12.6 KB)

--- On Fri, 8/11/13, Big Island Electrical Service  
<bigislandelectrical@hawaii.rr.com> wrote:

> From: Big Island Electrical Service <bigislandelectrical@hawaii.rr.com>  
> Subject: RE: Aguinaldo 4 LLC  
> To: "'Rene Siracusa'" <malamaopuna@yahoo.com>, "'Russell Ruderman'"  
<russell@islandnaturals.com>, "'Kaleo'" <punakalo@gmail.com>  
> Cc: "'Mark Hinshaw'" <baileysdad@hawaiiantel.net>, "'LarryBrown'"  
<LBROWN@co.hawaii.hi.us>, "'Charlie Maas'" <cmaas@champhospitality.com>, "'Dan  
Tayor'" <dtaylor009@wildblue.net>, "'Jon'" <jon631@earthlink.net>, "'Madie'"  
<mgreene385@aol.com>, "'Oshi'" <oshi1950@gmail.com>, "'Rusty'"  
<rustyinpuna@gmail.com>, "'AltheaYabes'" <althea@islandnaturals.com>, "'Big  
Island Book Buyers'" <Mary@bigislandbookbuyers.com>, "'Cat May'"  
<catherine@kalani.com>, "'ColleenMandala'" <ColleenMandala@gmail.com>,  
'"Councilmember Zendo Kern"' <zendokern808@gmail.com>, "'Dave Ewing'"  
<postewing@gmail.com>, "'Dennis Kitsman'" <matnikstym1@msn.com>, "'Felicia  
Orian'" <faorian@hawaiiantel.net>, "'Hawaii IslandDreams'" <joanielehr@aol.com>  
'"Hawaiian Sanctuary"' <sdlund@aol.com>, "'JenniferIslas'"  
<pleasuresoftheheartshop@gmail.com>, "'Jon McElvaney'" <volcanojon@hotmail.com>  
'"Jungle Love"' <naniopele@yahoo.com>, "'Kai Sorte'" <kai@islandnaturals.com>,  
'"Kalani Honua"'  
<tiki@kalani.com>, "'Kaleos Restaurant'" <mauilai@yahoo.com>, "'Kapoho Kai  
Nursery'" <tidepool@hawaiiantel.net>, "'KupukupuCenter'"  
<stephanie.joerke@gmail.com>, "'Malia B MacQuiston'" <maliamacl@yahoo.com>,  
'"Nancy"' <nancy@pahoacpa.com>, "'Olivia Cockcroft'"  
<paradisimotropicalspa@gmail.com>, "'Ophelia'" <islandparadiseinn@yahoo.com>,  
'"Pahoa Auto Parts"' <shadybrady96778@yahoo.com>, "'Pahoa Chiropractic'"  
<pahoachiropractic@hotmail.com>, "'Pahoa Feed and Fertilizer'"  
<hghqinc@hotmail.com>, "'Pahoa Properties'" <juliepaul@hawaiiantel.net>,  
'"Pele'sKitchen"' <liz.lovejoyyundt@facebook.com>, "'Richard Bidleman'"  
<richard@bidleman.net>, "'Rob Tucker'" <castleb@aloha.net>, "'Shawn Heard'"  
<shawn\_heard@hotmail.com>, "'Tiffany Edwards Hunt'" <newswoman@mac.com>  
> Date: Friday, 8 November, 2013, 15:36  
> Aloha Renee, I will help you to develop  
> an awesome ER as well. Mahalo, live Aloha and God  
> Bless, Gilbert  
> Aguinaldo  
>

> -----Original Message-----

> From: Rene Siracusa [mailto:malamaopuna@yahoo.com]  
> Sent: Friday, November 08, 2013 12:35 PM  
> To: Russell Ruderman; bigislandelectrical@hawaii.rr.com;



### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: Andrea Rosanoff, Ph.D. date: 11/16/13

email or snail mail address: 13-1255 Malama St.  
Pahoa, HI 96778

I have read the DEA or attended the scoping meeting: yes  no  *I have gotten*  
I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: \_\_\_\_\_

This proposed use of property is  
excellent - Puna needs an  
emergency facility & hospital  
I am so pleased PCMC is  
thinking ahead for the  
health of Puna residents.

A. Rosanoff, Ph.D.  
- Ctr for Magnesium Educ & Res, LLC  
13-1255 Malama St.  
Pahoa, HI 96778

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoa, HI 96778.  
Mahalo.

### Scoping Survey/Comment Form

Please print name and address clearly so Applicant can respond to you:

name: RUSSELL F. JONES date: 11/17/13

email or snail mail address: RUSTYINPUNA@gmail.com

I have read the DEA or attended the scoping meeting: yes  no

I think the State should lease TMK No. (3) 1-5-008:005 to Puna Community Medical Center to construct and operate a free-standing emergency room and, later, a comprehensive medical center.

check one: I agree  I'm undecided  I disagree

I have the following comments or concerns: This Facility is long OVERDUE AND IS A MUST FOR THE FASTEST GROWING COMMUNITY IN THE STATE AND WHAT IS TO BE ONE OF THE MOST POPULATED AREAS OF THE STATE (PAHOA). IN ORDER TO OBTAIN FUNDING FOR THIS PROJECT, NEEDED IS A RENEWABLE LEASE FOR 65yrs..

email to [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) or mail to POB 1520, Pahoā, HI 96778.  
Mahalo.

Darren J. Rosario, Fire Chief  
County of Hawai'i Fire Department.

Newton Inouye, District Environmental Health Program Chief  
State Department of Health.

Laura Leialoha Phillips McIntyre, AICP, Manager  
Environmental Health Planning Office  
State Department of Health.

Duane Kanuha, Planning Director & Esther Imamura, Planning Consultant  
Hawai'i County Planning Department.

Quirino Antonio, Jr., P.E., Manager-Chief Engineer  
Department of Water Supply - County of Hawai'i.

Joanna L. Seto, P.E., Chief  
Safe Drinking Water Branch  
State Department of Health.

Sina Pruder, P.E., Chief  
Wastewater Branch  
State Department of Health.

Gary Gill, Deputy Director of Environmental Health  
and  
Herman Tuiolosega, Senior Planner  
Office of Environmental Quality Control  
State Department of Health.

Nolan D. Hirai, P.E., Manager  
Clean Air Branch  
State Department of Health.

Darryl Oliveira, Administrator  
Hawai'i County Civil Defense

**MALAMA O PUNA**

**P. O. Box 1520  
Pāhoa, HI. 96778  
(808) 965-2000**

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*Preserving Hawai'i's precious natural heritage*

February 26, 2014

Darren J. Rosario, Fire Chief  
County of Hawai'i Fire Department  
25 Aupuni St., Room 2501  
Hilo, HI 96720

RE: PUNA COMMUNITY MEDICAL CENTER - ENVIRONMENTAL ASSESSMENT & FONSI  
FOR THE DIRECT LEASE OF STATE LAND AT KEONIPOKO NUI, PUNA, HI.  
TMK: (3) 1-5-008:005

Dear Chief Rosario:

Thank you for your letter dated October 18, 2013 regarding the subject project. As the planning consultant for Puna Community Medical Center, I am responding to your comments.

We assure the Hawai'i County Fire Department that we intend to fully comply with the minimum water and access requirements. Our architectural and engineering consultants will be instructed to work with your department to ensure that there are no compliance glitches.

Although your letter did not comment on the reasons we presented in favor of a free-standing emergency room in Pahoā, we took the liberty of incorporating the February 14, 2014 article in the Hawaii Tribune-Herald, "Funding measure for new isle ambulances advances", which quotes you extensively. You cited data such as number of 911 calls from Puna, round trip response time, impact of 10+ transports within a 24-hour shift on personnel, etc. These numbers not only validate the need for new ambulances with enhanced capabilities, but are also valid to support our project.

Thank you for reviewing the Draft EA. Your letter and this response will be included in the Final EA, which you will be receiving in CD-ROM form soon.

with warmest aloha,

René Siracusa  
Project Consultant  
cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA  
P. O. Box 1520  
Pāhoa, HI. 96778**

**(808) 965-2000**

[malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) ~ [www.malamaopuna.org](http://www.malamaopuna.org)

***Preserving Hawai'i's precious natural heritage***

February 26, 2014

Newton Inouye  
District Environmental Health Program Chief  
State Department of Health  
P. O. Box 916  
Hilo, HI 96721

RE: PUNA COMMUNITY MEDICAL CENTER - ENVIRONMENTAL ASSESSMENT & FONSI  
FOR THE DIRECT LEASE OF STATE LAND AT KEONEPOKONUI, PUNA, HAWAII.  
TMK: (3) 1-5-008:005

Dear Mr. Inouye:

Thank you for your letter dated November 15, 2013 regarding the subject project. As the planning consultant for Puna Community Medical Center, I am responding to your comments, even though we did not receive them until December 5<sup>th</sup>, after the November 23<sup>rd</sup> close of the comment period. I am addressing your comments in the same order as in your letter, for the sake of clarity.

Because of our proximity to the Department of Water Supply wells, we are strongly considering plans for an above-ground containment and treatment facility for our project's wastewater. This will prevent any contamination of potable drinking water supplies. The amount of wastewater our project will generate is not known at this time. This will be one of the items that will be addressed by an Engineering Study, for which we are currently seeking grant funding. That study will address the relevant issues you raise and, indeed, your letter (and others) will be passed along to the engineering firm to ensure that those points are dealt with.

Of course, some of the points you make are not relevant to our project. For example, we will not be releasing any discharges into navigable waters of the United States. Nor will we be discharging treated effluent from petroleum bulk stations and terminals, from well drilling activities, etc. The DEA already discusses construction activities and mitigation measures and, since we have not yet selected a contractor, those are not carved in stone and can be made more stringent, if required.

DLNR-SHPD has already reviewed the Archaeological Survey that was incorporated into our Draft EA, and has issued its final approval.

Since acquisition of the land lease is a very early step in the entire project, we have not yet selected an architect, engineer or contractor for the construction phase. As a grassroots nonprofit in an economically-depressed area, we must rely on grant funding. Unfortunately, grantors do not provide CIP money until the applicant has site control, i.e., a deed or a long-

term lease. Therefore, we are moving one step at a time in phases. The first step is securing a long term lease from the State. Once we are ready with the architectural and engineering plans to apply to the Planning Department for a Special Permit and Plan Approval, there will be additional opportunities for DOH to comment.

Thank you for reviewing the Draft EA and for informing us about the issues we must be prepared to address. That will be a big help in our planning process. Your letter and this response will be included in the Final EA, which you will soon be receiving in CD-ROM form.

With warmest aloha,

René Siracusa  
Project Consultant

cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA**  
**P. O. Box 1520**  
**Pahoa, Hawai'i 96778**  
**(808) 965-2000**

[www.malamaopuna.org](http://www.malamaopuna.org) \* [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)

*Preserving Hawai'i 's precious natural heritage*

November 20, 2013

Laura Leialoha Phillips McIntyre, AICP  
Manager, Environmental Planning Office  
State Department of Health  
P. O. Box 3378  
Honolulu, HI 96801-3378

RE: DRAFT ENVIRONMENTAL ASSESSMENT FOR PUNA COMMUNITY MEDICAL CENTER, PUNA, HAWAII, TMK (3) 1-5-008:005

Dear Ms. McIntyre:

As the consultant for the applicant, I am officially acknowledging receipt of your agency's comment letter to us dated November 18th. As of this date we have received no other letters from any of the branches of HDOH, but will send along to you any that we do receive. We appreciate the links you sent, as we are totally committed to sustainable community design strategies, and have been actively involved with the Pahoa Strategic Plan Subcommittee of the Puna Community Development Plan Action Committee, and their design guidelines initiative. We will incorporate as much of these strategies as are relevant and practicable for our facility.

Please note that on page 14, 3.3.2 Public Services and Utilities, the DEA states, "In the interim, PCMC is willing to install an above-ground system that is qualified to handle medical waste and is approved by and in conformance with the requirements of the State Department of Health" (emphasis added).

Then on page 15, 3.5 Required Permits and Approvals, the DEA states, "With the direct lease and as part of the Special Permit Process, PCMC will once again solicit comments from the relevant agencies...The State Department of Health will also require certifications, plans and other documents."

We will be happy to include in the Final Environmental Assessment the statement that we will "adhere to all standard comments specifically applicable to this application", thus committing ourselves to following all your requirements.

Regarding your request for an extension of the comment period deadline to December 13: Our records show that the DEA was priority mailed to your agency on October 15, eight days prior to the start of the comment period. If your office did not receive its copy until November 15<sup>th</sup>, then the problem lies within your agency and, although we regret its late arrival, we are not responsible for that delay. If we grant that deadline extension to your agency, then in all fairness we have to grant it to everyone. And such an extension will certainly prevent our ability to meet the submittal deadline for the December 23<sup>rd</sup> issue of The Environmental Notice. This is a key part of our planning process, because if we don't get the FONSI and our lease from DLNR, then we will not be eligible to receive State Grant-in-Aid funding until 2015, and the entire project, which is already long overdue, will be set back. Therefore, we must deny your request for an extension. However, please note that this DEA is strictly to allow us to lease the land from the State, and is only the first of many steps. If your various branches send us comments at any point, we will be happy to incorporate them in our application to the Hawaii County Planning Department when we apply for our Special Permit and Plan Approval. In other words, your agency will have future opportunities to input, and we have already stated that we will follow all the guidelines and requirements of HDOH.

As is required, your comment letter and this response will be incorporated in the final document.

mahalo and malama pono,



René Siracusa, Project Consultant

cc: Daniel DiDomizio, PCMC  
Herman Tuiolosega, OEQC (via email)

# MALAMA O PUNA

P. O. Box 1520

Pāhoa, HI. 96778

(808) 965-2000

[malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com) ~ [www.malamaopuna.org](http://www.malamaopuna.org)

## *Preserving Hawai'i's precious natural heritage*

February 26, 2014

Duane Kanuha, Director  
Hawaii County Planning Department  
Aupuni Center, 101 Pauahi Street  
Hilo, HI 96720

RE: DRAFT ENVIRONMENTAL ASSESSMENT  
PUNA COMMUNITY MEDICAL CENTER  
TMK: (3) 1-5-008:005

Dear Mr. Kanuha:

Thank you for your letter dated November 19, 2013 regarding the subject project. As the planning consultant for the Puna Community Medical Center, I am responding to your comments in the order numbered by you:

1. Page 3 Public Involvement and Agency Coordination

Thank you for noting this oversight. We have since corrected it, extended the comment period for Mr. Oliveira, and incorporated his comments in the Final EA.

2. Page 13 3.3.1 Roads and Access

We would have been happy to include the DOT comments, except that they never provided any. They were notified well in advance (February 15, 2012) and were provided with a CD-ROM of the DEA. However, in his support letter, Sen. Ruderman informs us that DOT plans to "install a flashing light (short term) and will later install a traffic signal to address traffic concerns" at this location.

Finally, the proposed access location, is the same one that was used when the tenant was Puna Certified Nursery, and the DLNR Land Management Division states in the Approval in Concept (bottom of page 2), that "Staff has verified that there is legal access to the property off of Route 130 also known as Keaau-Pahoa Road."

3. Page 14 3.3.2 Public Services and Utilities

a. Water: We are unable to provide an estimate of water usage until an engineering study is done, and that will happen only after we have the FONSI and the lease, giving us the site control that will make us eligible for grant funding for the project. Applicant is a grassroots nonprofit in an economically-depressed area and does not have deep pockets. Architectural and engineering studies are, to a large extent, site specific; it would be inappropriate (and

probably unethical) for applicant to make such a large capital investment prior to securing site control. A comment letter from the Department of Water Supply informs us that there are two waterlines already fronting the parcel - a 6" and a 12". This DWS letter is being incorporated into the Final EA. Applicant much prefers to hook up to County water, as opposed to using catchment tanks - especially for potable water. That would be the worst case scenario. It is known, however, that DOH does have guidelines for this, but that would run into the complications of creating a public water system, which applicant would like to avoid.

b. Sewer: As already stated in the DEA, applicant plans to have their engineer design a wastewater system that is above-ground (to avoid groundwater contamination so close to a potable water well), and is a containment as well as a treatment system. It will be constructed to meet the approval of the DOH.

#### 4. Page 15 3.5 Required Permits and Approvals

Thank you for reminding us about Plan Approval and Rule 17. The DEA (page iii Summary, 3<sup>rd</sup> paragraph) already mentions that "Applicant plans to retain as much of the native vegetation as possible, and an uncleared buffer (primarily 'ōhi'a lehua and 'uluhe fern) would be left undisturbed on the southern boundary and highway frontage". The rear of the parcel is already disturbed from the previous tenant, and the northern half of the property will not be developed for many years, and is currently the same mix of species. "Subsequent future phases would maintain the southern buffer and the policy of retaining as much native vegetation as possible, working it into the landscaping theme." We have since added specific language referring to Rule 17 in the Final EA, and we thank Esther Imamura for bringing this to our attention.

We are confused about your comment in the next paragraph regarding the approval of the Pahoia Fire and Police Stations as pre-dating the Puna CDP. Applicant does not find anything in the DEA that could lead to this paragraph, and we wonder if there is a miscommunication. If so, we would like an opportunity to clarify it.

We are fully aware that the CDP discusses Regional Town Centers as being intended for uses that would include a medical center, and also, as you point out, that "the CDP did not designate a specific location for a comprehensive medical center". That said, on page 5, Alternatives, 2.3 Locating the Project on Another Parcel, we discuss the problems that Applicant previously encountered in seeking a suitable parcel within the Village Center boundaries. Applicant actually met with six different property owners prior to applying for the State land lease. None of the parcels were acceptable, for various reasons (including price). You are surely aware of the rate of population growth in Puna, but as it translates to traffic jams within the boundaries of the Pahoia Village Center, you are probably not aware. Trying to get an ambulance through those narrow congested streets ten times a day would not be a viable alternative and would certainly not be in the best interests of the patients within the ambulance because of the delays that would be created. The proposed site avoids those issues.

Thank you for reviewing the Draft EA and for your thoughtful comments. Your letter and our response will be included in the Final EA. You will be receiving it soon as a CD-Rom.

mahalo and malama pono,

René Siracusa  
Project Coordinator

cc: Candace Martin, Land Management Division, DLNR.  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA**

**P. O. Box 1520  
Pahoa, Hawai'i 96778  
(808) 965-2000**

**[www.malamaopuna.org](http://www.malamaopuna.org) \* [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)**

***Preserving Hawai'i 's precious natural heritage***

February 27, 2014

COUNTY DEPT. OF WATER SUPPLY  
Quirino Antonio, P.E., Chief  
345 Kekūanaō'a Street, Suite 20  
Hilo, Hawai'i 96720

STATE DEPT. OF HEALTH  
Joanna L. Seto, P.E., Chief  
Safe Drinking Water Branch, Ste. 308  
919 Ala Moana Blvd.  
Honolulu, HI 96814-4920

STATE DEPT. OF HEALTH  
Sina Pruder, P.E., Chief  
Wastewater Branch  
P. O. BOX 3378  
Honolulu, HI 96801-3378

RE: PUNA COMMUNITY MEDICAL CENTER DRAFT EA - TMK #(3) 1-5-008:005

Thank you for your letters regarding the subject project and bringing to our attention that our imprecise descriptions have raised red flags. As the planning consultant for Puna Community Medical Center, I am responding to your comments as follows:

Regarding medical waste: Applicant's present urgent care clinic in the Pahoa Marketplace collects its medical waste in lined red containers especially approved for that purpose; then, using a certified courier, these are transported to Hilo Medical Center where they are disposed of with the hospital's waste and in accordance with accepted DOH standards. The proposed emergency room will continue this practice. There will be no contamination of the water table or the potable water wells maintained by the DWS. We are incorporating this clarification in the Final EA.

Regarding wastewater: Applicant's preferred option is to hook up to the proposed Pahoa sewer system if and when it is constructed. A feasibility study for this project is making its way through the County CIP budget process. However, the sewer system, if constructed, may not be completed in time or may not extend as far as the subject parcel, so applicant is considering other options. Because applicant is aware of the proximity of the DWS wells immediately to the north, applicant's Plan B is an above ground containment and treatment system such as is used in The Netherlands, where the entire country is below sea level. This is, of course, contingent on approvals from the relevant agencies. Plan C would be a system designed by an engineer and meeting the requirements of DOH and DWS. However, because engineering plans are site-specific, applicant will not put out an RFP for an engineering study until the lease is secured. At that time, your concerns will be addressed as a condition of the RFP, so that we can

ensure that they will be incorporated into the engineer's wastewater plan. Your agency will have the opportunity to review this during the Special Permit and Plan Approval process. Please feel free to make suggestions along the way. We thank you for bringing these valid concerns to our attention and will ensure that all work will be in compliance and in accordance with DOH and DWS guidelines and regulations.

Regarding water usage: Estimated maximum daily water usage will be prepared by a professional engineer, and we will put out an RFP for this upon securing of the lease. This estimate will include normal daily usage as well as meeting the Fire Department's requirements. DWS's comments #4-7 will be addressed in the engineering plan. The applicant intends to request DWS to provide service, and there are existing 6-inch and 12-inch waterlines along Kea'au-Pahoa Road (Hwy. 130) fronting the subject parcel. If DWS agrees to provide service, then the question of a public water system becomes moot. Applicant does not intend to develop a new source of drinking water, and assumes that the submission of a satisfactory engineering report will address HAR §11-20-29, resulting in DWS approval.

The use of catchment tanks on the parcel is mentioned in the DEA as a backup in the unlikely event that hookup to County water is not approved. This was written prior to the receipt of comments from the involved agencies. Assuming hookup to County water, if a catchment tank is installed it would only be for landscaping use and for additional Fire Department use - but this is not carved in stone. This part of Puna gets an average rainfall of 200" per year, so watering of landscape plants will be rarely needed; the Fire station is less than ½ mile away and the fill-up for helicopters is right across the road, so it is unlikely that a catchment tank will be needed. However, if it is determined by the architect and engineer that there should be such a tank for nonpotable water, then its placement would be determined in the plan and it would not be connected to the structure, precluding the possibility of cross contamination.

The above clarifications will be incorporated into the Final EA. You will receive a CD-ROM of the Final within the next week or two. Applicant will keep you in the loop and is willing to make revisions in its plans based on your continued expertise and input.

Mahalo piha,

René Siracusa

cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA**  
**P. O. Box 1520**  
**Pāhoa, HI. 96778**

***Preserving Hawai'i's precious natural heritage***

February 27, 2014

Gary Gill, Deputy Director of Environmental Health  
and  
Herman Tuiolosega, Senior Planner  
Office of Environmental Quality Control  
Department of Health  
235 S. Beretania Street, Suite 702  
Honolulu, HI 96813

RE: DRAFT ENVIRONMENTAL ASSESSMENT FOR PUNA COMMUNITY MEDICAL CENTER  
TMK: (3) 1-5-008:005  
Your ref. no. 12HD-024

Dear Mr. Gill and Mr. Tuiolosega:

Thank you for your letter dated November 22, 2013 regarding the subject project. As the planning consultant for Puna Community Medical Center, I am responding to your comments as follows:

Items 1 & 2: We have noted when reviewing other EAs and EISs, that the scattering of maps throughout the document is confusing and makes it difficult for the reader trying to re-locate a particular map or to compare maps side by side. It is for this reason that, with the exceptions of the maps already incorporated into the Archaeological Survey and the Approval in Concept, we have placed all the maps together in their own section of the Appendices, as indicated in the Table of Contents. Per your request, however, we have added an aerial Goggle photo and inserted it into the Final EA immediately following the Summary on page *vi*. We hope this will address your concerns.

The maps in the Archaeological Survey clearly show the project site in relation to topography, roads and other landmarks (p. 2), to roads and other parcels (p. 3), and in relation to the Kea'au-Paho Road and the Department of Water Supply above/north of it. All these maps include north arrows for orientation. Page 5 of the Archaeological Survey shows photos of the DWS parcel (and the large tank visible on page 4) and the project site frontage, both as viewed from Hwy. 130 facing mauka. Judging by the remarks at the scoping meeting, no Puna residents had any problems identifying the parcel in question.

Item 3: PCMC's preferred source of potable water is to hook up to the 12" County water line fronting the property. If required for additional non-potable water for landscaping and fire fighting, applicant is willing to install a catchment tank that will not be connected to the plumbing in the structure (thus eliminating any possibility of cross-contamination). PCMC is not a deep-pockets developer, but a grassroots nonprofit operating in one of the most economically-depressed districts of the State. Until applicant has its lease, it cannot get grant

funding to pay for the architectural and engineering studies that will address the questions that DOH is raising. These will be done before applying for any County permits (Special Use, Plan Approval, Building) and so DOH will have ample opportunity to update its comments at that time. However, now that applicant knows what those issues and concerns are, those will certainly be addressed and approved for compliance before going forward with any further planning, land clearing or construction.

Item 4: Map 1 did not show the project site, which was just outside the upper left corner of the map. It was inserted to show the general area and the zoning. Since it seemed to be a source of confusion, we have replaced it with a Road Map, which shows the general area, roads, and subject parcel more clearly.

Map 2 does delineate the project site, which is not only outlined in red but labeled State Land (3)1-5-08:05 with an arrow (upper left). The other parcel outlined in red and labeled County of Hawaii Fire & Police is shown in relation to the Kea'au side of the Bypass, which is also shown in Map 1. Contrary to your comment, Map 2 clearly shows the project site on Kea'au-Pahoa Road, aka Hwy 130, just Kea'au (north) side of the Pahoa Bypass. Being an aerial photograph, this map also indicates that there are no residences in proximity to the site. A compass rose is located in the lower right corner below the map.

Your comment letter and this response are being incorporated into the Final EA, and you will be receiving it shortly in CD-ROM format. Mahalo for your thoughtful comments, and applicant looks forward to working with your agency to construct a *pono* project that will enhance the quality of life for the residents of Puna.

malama pono,

René Siracusa  
Project Coordinator

cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA**  
**P. O. Box 1520**  
**Pāhoa, HI. 96778**  
**(808) 965-2000**

*Preserving Hawai'i's precious natural heritage*

February 27, 2014

Nolan S. Hirai, P.E., Manager  
Clear Air Branch  
State Department of Health  
P. O. Box 3378  
Honolulu, HI 96801-3378

RE: DRAFT ENVIRONMENTAL ASSESSMENT FOR PUNA COMMUNITY MEDICAL CENTER  
TMK: (3) 1-5-008:005  
Your ref: file # 13-1027A CAB

Thank you for your letter dated December 10, 2013 regarding the subject project. As the planning consultant for Puna Community Medical Center, I am responding to your comments as follows:

- a) The project site is *pahoehoe* lava and applicant does not propose to clear pin-to-pin, but to leave as much of the native vegetation as possible ('ohia lehua and 'uluhe fern). This will tend to mitigate the amount of fugitive dust created during the land clearing process. Please note the comments in section 3.1.6 of the Final EA.
- b) The site is adjacent to the Department of Water Supply and across the highway from the public water spigots. Thus, even if applicant is not hooked up to the 12" water line fronting the parcel at the beginning of land clearing, an adequate water source is readily available.
- c) As mentioned in (a), bare areas will be kept to a minimum, as applicant intends to leave as much native vegetation as possible. Also, there are no slopes on the parcel, which has only a minor, gentle rise. Applicant will abide by County Planning Department's Rule 17, Landscaping; the parking lot will be landscaped with native plants and there will be medicinal plant gardens on site as well.
- d, e, & f) The only access road is the paved Hwy 130. The driveway into the parcel and the parking area (except for the plantings) will be paved. This will minimize dust generation. Contractor will be instructed to minimize dust at all times (see 3.1.6, 7<sup>th</sup> bullet).

Thank you for reviewing and commenting on the Draft EA. Your letter and this response will be included in the Final EA, which you will soon be receiving in CD-Rom form.

malama pono,

René Siracusa  
Project Coordinator

cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

**MALAMA O PUNA**

**P. O. Box 1520**

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**(808) 965-2000**

**[www.malamaopuna.org](http://www.malamaopuna.org) ~ [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)**

*Preserving Hawai'i's precious natural heritage*

February 27, 2014

Darryl Oliveira, Administrator  
Hawaii County Civil Defense  
920 Ululani Street  
Hilo, HI 96720

RE: DRAFT ENVIRONMENTAL ASSESSMENT - PUNA COMMUNITY MEDICAL CENTER  
TMK: (3) 1-5-008:005

Dear Darryl:

Thank you for the comments that you emailed to me on January 11, 2014. I would like to take this opportunity to address your suggestions for the Project Needs Section:

1. The very second comment letter we received on our Draft EA was from Fire Chief Rosario. He only wanted assurances (which we have given him) that our occupancy of the parcel would meet his department's minimum water and access requirements. He did not discuss the impact our free-standing emergency room would have on the 911 system, EMT service or response times.
2. Thank you for supporting our position that there is a need to lessen transport time between patient pickup by the ambulance and arrival at the/an ER. I will mention this later in this letter, regarding Fire's data that illustrates transport time stats and the toll it takes on staff.
3. Thank you also for noting the benefit our project would have from a mass casualty or disaster perspective. You, more than anyone, is aware of that, and we probably did not stress it sufficiently in the Draft EA.

All that said, you probably saw the February 14, 2014 article in the Hawaii Tribune-Herald titled "Funding measure for new isle ambulances advances". Darren Rosario is quoted with just the stats that you mention:

The growing population and subsequent increase in medical emergencies in Puna has an impact on that district, as well as Hilo, Rosario said. because when Puna's ambulances are busy, ambulances are called in from Hilo. Calls to 911 from Puna make up more than 27 percent of all such calls in the county, he said.

"To compound this, the round trip time from response to back in quarters on a patient transport is approximately two hours," he said. "It is become common for Medics 5 and 10 to have 10 or more transports in a 24-hour shift. The resulting simple math means our personnel can essentially be on the road for nearly 24 consecutive hours. As a result the potential for fatigue, errors in judgment, driving and overall safety are of great concern for our personnel."

I find it interesting that of the six comment letters we received from the State Department of Health, not a single one of them mentioned the need to improve rural access to health care that our project seeks to address. They were all caught up in the minutiae of bureaucratic details and seemed to fail to see the larger picture. I hope this is not a consistent or a prevailing attitude.

Once again, mahalo for viewing our project with the aloha for people that it deserves, and for your constructive suggestions. Your email and this response will be incorporated into the Final EA and you will soon be receiving a CD-ROM of that document.

malama pono,

René Siracusa  
Project Coordinator

cc: Candace Martin, Land Management Division  
Daniel DiDomizio, DCO, Puna Community Medical Center

APPLICANT RESPONSES TO PUBLIC COMMENTS AT SCOPING MEETING

VIA EMAIL TO:

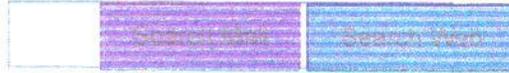
(1) M. Eileen O'Hara  
Greggor Ilagan  
Ralph Boyea  
Robert Golden

Ariela Murphy  
Weston K. Yamada, Sr.  
Tiffany Edwards Hunt  
Fran Calvert  
Elyse Morishita  
Steve Sparks  
Glen Calvert  
Russell F. Jones

- (2) Chet Kamakawiwo'ole
- (3) Charles J. Maas
- (4) Pahoia Regional Town Plan Steering Committee (Mark Hinshaw, Chair)  
Mainstreet Pahoia Assn. (Mark Hinshaw, President)
- (5) Gilbert Aguinaldo

VIA SNAIL MAIL TO:

- (1) Andrea Rosanoff



Rene

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**Environmental Assessment for Emergency Room**

Thursday, 27 February, 2014 13:52

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** eohara@hawaii.rr.com emailgreggor@gmail.com rcb946@gmail.com  
rgolden46@gmail.com arielmurphybigfiles@gmail.com punahandy@yahoo.com  
newswoman@mac.com fcalvert@hawaiiintel.net elysemorishita@edwardjones.com  
asinsparks@gmail.com gcalvert@hawaiiintel.net rustyinpuna@gmail.com [Hide](#)

Aloha mai kakou -

First of all, I want to apologize for taking so long to get back to you after the scoping meeting in October. Thank you all for attending the meeting and for submitting such favorable comments. These comments are being incorporated into the Final EA, which will be submitted this week. The project is moving forward.

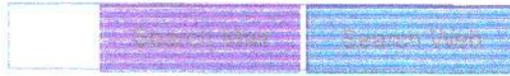
Some good news: Sen. Russell Ruderman encouraged us to submit a proposal for a State Grant-in-Aid for the planning and construction of our free-standing emergency room. We costed it out at \$3,850,040, and it is one of his top 3 CIP priorities, so we have a good chance to get the funding we need.

You can take pride in knowing that, once we are open and running, you will have been part of that success.

Mahalo nui loa for your role in this pono endeavor.

Rene Siracusa  
Project Coordinator





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How a New Device Gives Snoring Sufferers New

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**Environmental Assessment for Emergency Room**

Thursday, 27 February, 2014 13:52

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** eohara@hawaii.rr.com emailgreggor@gmail.com rcb946@gmail.com

rgolden46@gmail.com arielmurphybigfiles@gmail.com punahandy@yahoo.com

newswoman@mac.com fcalvert@hawaiiintel.net elysemorishita@edwardjones.com

asinsparks@gmail.com gcalvert@hawaiiintel.net rustyinpuna@gmail.com [Hide](#)

Aloha mai kakou -

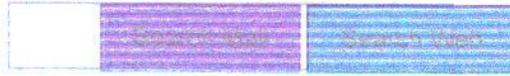
First of all, I want to apologize for taking so long to get back to you after the scoping meeting in October. Thank you all for attending the meeting and for submitting such favorable comments. These comments are being incorporated into the Final EA, which will be submitted this week. The project is moving forward.

Some good news: Sen. Russell Ruderman encouraged us to submit a proposal for a State Grant-in-Aid for the planning and construction of our free-standing emergency room. We costed it out at \$3,850,040, and it is one of his top 3 CIP priorities, so we have a good chance to get the funding we need.

You can take pride in knowing that, once we are open and running, you will have been part of that success.

Mahalo nui loa for your role in this pono endeavor.

Rene Siracusa  
Project Coordinator



Rene

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**Environmental Assessment for Emergency Room**

Thursday, 27 February, 2014 14:43

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** scottishrite32@yahoo.com

Aloha e Chet-

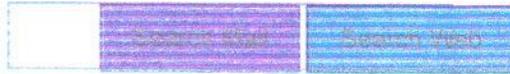
First of all, I want to apologize for taking so long to get back to you after the scoping meeting in October. Thank you for attending the meeting and for submitting such favorable comments. These comments are being incorporated into the Final EA, which will be submitted this week. The project is moving forward.

Some good news: Sen. Russell Ruderman encouraged us to submit a proposal for a State Grant-in-Aid for the planning and construction of our free-standing emergency room. We costed it out at \$3,850,040, and it is one of his top CIP priorities, so we have a good chance to get the funding we need.

Mahalo nui for your offer to consider having your organization volunteer to help us with fundraising. We are planning to celebrate the walk-in clinic's 5th anniversary and have an event planned for Saturday, March 29 starting at 4:30 at the Akebono Theater in Pahoehoe. The organizer is Kaleo'okalani Francisco and she could probably use some help. You can reach her at [punakalo@gmail.com](mailto:punakalo@gmail.com).

You can take pride in knowing that, once the emergency room is open and running, you will have been a part of that success. Mahalo nui loa for your role in this pono endeavor.

Rene Siracusa  
Project Coordinator



Rene

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**Environmental Assessment for Emergency Room**

Thursday, 27 February, 2014 15:04

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** cmaas@champhospitality.com

Aloha Charles -

First of all, I want to apologize for not sending you an official response to your thoughtful and insightful scoping meeting comments in October. Your comments are being incorporated into the Final EA, which will be submitted this week. The project is moving forward.

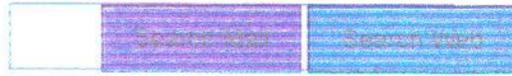
In response to the comments on your form:

1. Thank you for supporting our desire for the longest term lease possible. With an initial phase estimated at \$3,850,040, it would not be cost-effective or practical to enter into a lease for less than 65 years - especially if automatic renewals are not factored in.
2. Although we still have received no response from the State DOT, a recent letter to us from Sen. Ruderman informs us that they plan on installing a flashing light (short term) and a full signal (later) to address traffic concerns. So if appears that even though they have not seen fit to discuss this with us directly, they are including consideration of our project in their plans for that segment of the highway.
3. At present, our urgent care clinic collects its medical waste in specially-designed containers and periodically has it sent to Hilo Medical Center by a certified courier, where it is disposed of along with HMC's own waste. This will also be the case for the ER and future facilities on the property.

Sen Russell Ruderman's latest newsletter, Vol. 2, Issue 1, lists our Grant-in-Aid request for \$3,850,050 as one of his top 3 CIP requests for this legislative session. He indicated at a talk story session in Kea'au on Tuesday, Feb. 25th, that he feels confident about getting us the funding.

thank you so much for your input and continued support. I especially appreciate you sharing your expertise - I am learning a lot. Mahalo nui loa for your role in this pono endeavor.

Rene Siracusa,  
Project Coordinator



Rene

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**Environmental Assessment for Emergency Room**

Thursday, 27 February, 2014 15:18

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** pahoaplan@gmail.com mainstreetpaho@gmail.com

Aloha mark -

First of all, I want to apologize for not responding officially sooner to the comments you provided for both the Paho Plan Steering Committee and Mainstreet Paho Assn. regarding the October scoping meeting. I have been busy and have incorporated your comments and this response into the Final EA, which will be submitted soon.

I agree that a renewable 65 year lease is much preferable to what BLNR has offered in its Approval in Concept, especially considering the tremendous capital investment the project will require. We will be requesting this upgrade in the Final.

We, too have our concerns about traffic. That's why we wrote DOT in February of 2012 to give them a heads up about our project, so that they could take it into consideration as they formulated their plans for the widening of that section of Hwy 130. We never received a response. We sent them a CD-ROM of the Draft EA, and they didn't respond to that either.

In the meantime, Sen. Ruderman is obviously talking to someone there, because he has written me that DOT plans to put a flashing light there as a short term solution, to be followed later by a proper signal. So it seems that even though they are not talking to us, they still are factoring our project into their plans. This is good news.

Thank you so much for submitting your favorable comments and voicing your concerns. We are moving forward and have high hopes that our ER project will become a reality in the foreseeable future.

Rene Siracusa  
Project Coordinator



Rene

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Thursday, 27 February, 2014 15:38

**From:** "Rene Siracusa" <malamaopuna@yahoo.com>**To:** bigislandelectrical@hawaii.rr.com

Aloha Gilbert -

Kala mai for not getting back to you since you sent the support email on November 11th. Puna Community Medical Center has been working hard to respond to all the agency comments and inputting them and the responses into the Final EA. We are finally starting to see the light at the end of the tunnel, and will be submitting the Final this week. Mahalo for your support and positive energy.

I especially want to thank you for your offer to help develop "an awesome ER". You have expertise with construction, electric systems, permitting, and working with State DOT that will prove invaluable. So once we get our lease, I will be getting touch with you to sit down together and work on details.

mahalo nui loa and malama pono,

Rene Siracusa  
Project Coordinator

**MALAMA O PUNA**

**P. O. Box 1520**

**Pāhoa, HI 96778**

**(8080 965-2000**

**[www.malamaopuna.org](http://www.malamaopuna.org) ~ [malamaopuna@yahoo.com](mailto:malamaopuna@yahoo.com)**

***Preserving Hawai'i's precious natural heritage***

February 27, 2014

Andrea Rosanoff, Ph.D.  
Center for Magnesium Education & Research, LLC  
13-1255 Malama St.  
Pahoa, HI 96778

RE: DRAFT ENVIRONMENTAL ASSESSMENT - PUNA COMMUNITY MEDICAL CENTER  
TMK: (3) 1-005:008

Dear Dr. Rosanoff:

First of all, I want to apologize for taking so long to respond officially to your comments during the scoping process. I thank you for your support and for taking the time to submit the comment form. Your comments and this response will be incorporated into the Final EA, which will be submitted this week.

We are not only going ahead with this EA so that we can get a Finding of No Significant Impact (FONSI) and a long term lease. We have also submitted, at the suggestion of Sen. Ruderman, a proposal for a State Grant-in-Aid to cover the planning and construction of the Emergency Room. Sen. Ruderman has designated the project as one of his top 3 CIP priorities, so we have great hopes that once the lease is secured there will be funding so that we can move forward.

Thank you for being part of this community invested project. We will all benefit once the ER is open and running.

malama pono,

René Siracusa  
Project Coordinator

cc: Candace Martin, Land Management Division, DLNR  
Daniel DiDomizio, DCO, Puna Community Medical Center

