



CAPE COD COMMISSION

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DATE: October 20, 1994 TR# 94013

TO: Mr. Joseph Martyna, Falmouth Hospital Association, Inc.
100 Ter Heun Drive
Falmouth, MA. 02540-2559

FROM: Cape Cod Commission

RE: Development of Regional Impact Application
Cape Cod Commission Act, Section 12

APPLICANT: Falmouth Hospital Association, Inc.

PROJECT: A 40,933 Sq. Ft. addition for Outpatient Care and Maternity Center

BOOK/PAGE: Book 3384, Page 215

DECISION OF THE CAPE COD COMMISSION

SUMMARY

The Cape Cod Commission (the Commission) hereby approves with conditions the application of Falmouth Hospital Association, Inc., for a Development of Regional Impact under Section 3(6) of the Cape Cod Commission DRI Enabling Regulations, Barnstable County Ordinance 90-12, as amended, for the construction of a 40,933 sq.ft. addition to the existing Falmouth Hospital. The decision is rendered pursuant to the vote of the Commission on October 20, 1994.

PROJECT DESCRIPTION

The hospital property is located on Ter Huen Drive just to the west of the intersection with Palmer Avenue (Route 28) in Falmouth. The proposed 40,933 sq.ft. addition will be located adjacent to the southeast corner of the existing hospital. The three story addition will include a new maternity floor, a new outpatient care and ambulatory care unit floor and a basement with a mechanical room and a storage area. There will also be 13,600 sq.ft. in renovations to the existing hospital buildings.

PROCEDURAL HISTORY

The project was referred by the Falmouth Planning Board on August 16, 1994. Two Subcommittee public hearings were held (9/13/94 continued to 9/27/94, with subsequent notice provided), to receive testimony and discuss issues relevant to the Project. A site visit was conducted by the subcommittee on 9/13/94. At the 9/27/94 hearing the subcommittee voted to close the public hearing and record. As a result of the testimony received at the two public hearings, first-hand site information, application materials submitted by the Applicant, and technical information provided by staff, the Subcommittee voted to recommend to the full Commission that the proposed Falmouth Hospital Expansion be approved as a DRI, with conditions. A subcommittee report and draft decision was presented to the full Commission on 10/20/94. At this meeting the Commission voted unanimously to approve with conditions the subcommittee report and decision.

MATERIALS SUBMITTED FOR THE RECORD

A. Materials submitted by the applicant:

1. DRI Application	TRO	Aug. 15, 1994
2. Plan of land for the Hospital	Holmes and McGrath, Inc.	Sept. 6, 1994
3. Memo on last pre-applic. meeting	TRO	Sept. 6, 1994
4. To DEP/Hazardous Waste	Joseph Martyna	Sept. 7, 1994
5. Hazardous Waste	Joseph Martyna	Sept. 9, 1994
6. Open Space Amounts	Robert Ament	Sept. 7, 1994
7. Open Space Proposal	Robert Ament	Sept. 13, 1994
8. Revised Traffic Study	HSA Corp.	Sept. 13, 1994
9. Existing Conditions Plan	Holmes & McGrath	Sept. 26, 1994
10. Concept Plan (25% design)	Holmes & McGrath	Sept. 26, 1994
11. Cost of proposed traffic imp.	HSA Corp.	Sept. 27, 1994
12. Amount of credit (traffic)	Robert Ament	Sept. 27, 1994
13. Open Space Proposal	Robert Ament	Sept. 27, 1994
14. Proposed changes to findings	Robert Ament	Sept. 27, 1994
15. Plan of dedicated Open Space	Michael McGrath	Oct. 7, 1994

B. Materials submitted by the State:

1. Mass. Historical Com.	No significant resources	Sept. 12, 1994
2. U.S. EPA	No problems on record	Sept. 23, 1994

C. Materials submitted by the Town:

1. Brian Currie, Town Planner	DRI Referral Form	Aug. 16, 1994
2. R. A. Jack, Dept. of Public Works	Sewer Connection	Aug. 23, 1994
3. Brian Currie, Town Planner	Growth Centers Designation	Sept. 13, 1994

D. Materials submitted by the public:

1. Visiting Nursing Assoc.	Letter of support	Aug. 29, 1994
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The application and notice of the public hearing relative thereto, the Commission's staff reports, and exhibits, minutes of all hearings and all submissions received in the course of the proceedings, including materials submitted on file TR# 94013 are incorporated into the record by reference.

TESTIMONY

The subcommittee received testimony at the September 13, 1994 public hearing on this project in the Morse Pond Elementary School Auditorium.

Michael McGrath, Professional Land Surveyor, presented the site plan. He described the location of the Hospital and surrounding land uses. He noted that the site is in a public use zoning district as well as an overlay district for a future well site. He stated that most traffic currently leaves the site by a one way easterly entrance. This entrance will be modified and widened to make it 2 way roadway to provide access to the new facility. He showed the additional drainage areas. The catch basins will have gas traps and the detention basins will be vegetated, with a diversion into the former septic beds. This conforms to the town's requirements. He noted that the site has municipal water and sewer.

Kim Hazarvartian of HSA Corp did the traffic study and wrote a response to staff comments on traffic. He distributed copies to the subcommittee and staff. The analysis was done for a 41,000 sq. ft. addition to a 160,000 sq. ft. building with 64 new parking spaces. He noted traffic volumes on surrounding streets and stated that the "build" condition that they analyzed included a 1% annual growth rate, the assisted living center, a possible courthouse and 18,000 sq. ft. medical office building.

Mr. Hazarvartian provided two methods projecting potential trip generation. The lower numbers were based on the hospital's business plan and the higher numbers were from the ITE manual. The first resulted in an estimated 50 vehicle trips per day increase, the second resulted in 528 vehicle trips per day, 50 during the am peak and 39 during the pm peak. He feels that this does not represent a large traffic impact.

He also presented the results of an origin-destination study which showed that new traffic will come primarily from outside Falmouth including: 37% from Rt. 28 north, 60% from Jones Rd. and 3% from the south. He indicated the relevant percentage traffic increases on local roadways.

He summarized the results of their capacity analysis which shows that the intersection of Route 28, Ter Heun Drive and Jones Road is currently at LOS C-D. He said that the 1999 condition for both build and no-build will be LOS D at the am peak and LOS F at the pm peak. He noted that the intersection is an existing problem. They are proposing improvement to LOS C at am peak and LOS D at pm peak by better defining turning lanes and lengthening them to 300' on Route 28 and Jones Rd. The

widening will only add a few feet of pavement within the right of way. He noted that a new signal is also needed.

They have also considered trip reduction. The Hospital has a courtesy bus and ridership has tripled to 400/month. They may add a second bus and increase efforts to attract bus riders. They also have sidewalks and bike racks.

Nancy Phelps, Architect, explained the location of the building and the design of the three story addition. She said the old maternity wing will house offices, library, conference rooms, etc. The existing emergency room will be expanded by the relocation of the Outpatient facilities to the new addition. She also presented the landscaping plan.

Robert Ament, Attorney for the applicant, said there are already four (4) means of emergency access to the hospital through Burnham Dr., Sippewisset Highlands (a gated subdivision), across the Falmouth Academy fields and through Bramblebush. He noted that there has never been a need for emergency access and the Hospital does not feel that there is an emergency access problem.

Mr. Marks, Chair of the Board of Selectmen, said they are supportive of this project.

The Falmouth Fire Chief said they are fortunate to have the hospital but have a problem with traffic. He asked that the Commission ask the Hospital to provide traffic light controls on Jones Road at three intersections for ambulances responding to the Hospital. He said that the Fire Department supports the extension of Ter Heun Drive and believes that the other emergency options are not advantageous when time is of the essence.

Pat Flynn, Falmouth Board of Selectman, supported the project but said that she is sensitive to the traffic issue and has been working with a task force to address this issue.

Tom Olsen, Chair of the Hospital Board of Trustees noted changes in the health care system necessitating this project and said they are supportive.

Janet Hand, resident, said she is concerned about the project and believes that it is the wrong direction to go in terms of health care -- people want a more personal approach. She said that she was disappointed in the Commission's decision on the assisted living center and felt there were inaccuracies in the report. She said that Phase 1 did not include the hospital; town meeting voted to allow the hospital to hook up to the sewage treatment plan. Mr. Herbert Olsen, Subcommittee Chairman, asked her to focus on the current hospital proposal. Ms. Hand said the Commission should give as much scrutiny to this project as they would to a more controversial project. She said that the Selectmen are paralyzed over the issue of completion of Ter

Heun Drive and that the Commission should press the Board of Selectmen to support completion of the road as part of this project.

The subcommittee received additional public testimony at the September 27, 1994 continued public hearing held in the Library of the Cape Cod Commission.

Robert Ament, Attorney for the Hospital, noted that they have developed conceptual plans for improvements to the Ter Heun Drive/Route 28/Jones Road intersection as well as cost estimates and fair share information.

Kim Hazarvartian presented a site plan showing existing conditions and conceptual intersection improvements for the Jones/Ter Heun/Route 28 intersection. He noted that the improvements include creation of 350' turning lanes, signage and an upgraded signal. This will aid left turning vehicles. He believes that this would more than mitigate for the impact of the project. They have estimated the total cost of the improvements, including design work, at \$450,000.

Paul Tilton, staff member, asked if this includes the Opti-Con system requested by the town. It was noted that this is not specifically included, however, Mr. Hazarvartian said that he believed that it would be covered by the excess in the estimate. He said that the work includes 40' of pavement, 5' sidewalks and the relocation of 8-10 telephone poles. They anticipate that state and federal aid will be available for construction and that no additional right-of-way taking will be required.

The subcommittee then discussed the open space issue. Mr. Ament reiterated that the language is okay. However, they would prefer alternate language which would allow the Hospital to seek a waiver of the open space obligation if the Hospital is included in a designated growth center, even after occupancy of the project. He noted the flexibility they need is there. They would prefer approval today if changing it is a concern.

Don LeBlanc moved to close the hearing and record. Ms. Bebout seconded the motion and it was approved unanimously.

Mr. LeBlanc said that on the basis of conceptual agreement on the open space to provide for a narrower right of way, open space along the railroad tracks and upgrading of the x-ray machine, he would move to recommend approval of the DRI. Ms. Bebout seconded the motion and it was approved unanimously. The staff was asked to prepare the subcommittee report and decision on the project and bring it to the Commission on October 20th for their review and approval.

JURISDICTION

The proposed addition to the Falmouth Hospital qualifies as a Development of Regional Impact under Section 3(6) of the Cape Cod Commission DRI Enabling Regulations, Barnstable County Ordinance 90-12, as amended, because it is an addition greater than ten thousand square feet.

FINDINGS

The Commission has considered the Development of Regional Impact application of Falmouth Hospital Association, Inc., to construct a Hospital addition including Outpatient Care and Maternity Center on Ter Huen Drive in Falmouth. Based on consideration of such application, the information presented, Subcommittee and staff recommendations, the Commission makes the following findings pursuant to Sections 12 and 13 of the Act:

1. The proposed expansion will improve the level of health care available to residents of Cape Cod by updating the facilities for outpatient and maternity care.
2. The site contains the existing hospital, landscaping and parking areas. The property abuts JML Care Center to the west, the future FHF Assisted Living Center and Bramble Bush Medical Offices to the south, the MBTA railroad tracks to the east and Ter Huen Drive to the north.
3. The site will be served by natural gas, electric and municipal water. All the above-referenced utilities are located underground.
4. The proposed project has received a "no further review" determination from the Massachusetts Historical Commission.
5. The applicant has proposed to set aside a total of 8.41 acres of dedicated open space on the plan entitled "Plan of Dedicated Open Space", prepared by Michael McGrath Professional Land Surveyor, dated October 6, 1994. This meets the requirement for forty percent (40%) upland open space in Section 6.1.4 of the Regional Policy Plan.
6. Wastewater from the hospital expansion is proposed to be directed via a sewer connection to the Falmouth Municipal Wastewater Treatment Facility (FWTF).
7. The FWTF is discharging within the Marine Water Recharge Area (MWRA) to the West Falmouth Harbor ecosystem. A nitrogen loading study of the MWRA indicates that existing nitrogen within the MWRA may exceed the nitrogen loading limit of the Harbor ecosystem. The Town of Falmouth is in the process of completing a flushing study to more closely define the flushing characteristics of the Harbor and its subembayments.

8. Since studies completed to date have indicated that nitrogen loading within the MWRA may currently exceed the loading limit of the Harbor, the MWRA may be classified as a Water Quality Improvement Area (WQIA) under the RPP. The Minimum Performance Standards for WQIA's require improvement of water quality through a reduction in nitrogen loading in the area.

9. Reasonable options have not yet been defined for mitigating the Project's nitrogen loading to the West Falmouth Harbor via the FWTF. However, the Town has acknowledged the need to address the problem and to develop remedial strategies that may include assessment of fair-share contributions from all FWTF users. The Commission is committed to ensuring that a detailed parcel-based nitrogen loading assessment of the watershed is completed and a management plan is developed based on the assessment and flushing study findings.

10. The hospital expansion is located within the zone of contribution to the Wellhead Protection Area (WHPA) to the proposed Beebe Woods town well. Preliminary results from the Cape Cod Commission/US Geological Survey Cooperative Project screening for potential water supply sites has indicated that the Beebe Woods well site is one of very few large areas in Falmouth that is both outside the flowpaths of the hazardous waste plumes from the Massachusetts Military Reservation and near a major population center.

11. State plumbing code (248 CMR 2.09 (1)(c)) prohibits floor drains in areas of a building where hazardous materials are used if said building is located within zones of contribution to a WHPA and Water Resource Districts, respectively.

12. Falmouth Hospital is currently registered with the state as a Small Quantity Generator of hazardous waste.

13. Small Quantity Generators are allowed to accumulate waste only in certain types and sizes of containers. They must also remove any subsequently accumulated waste in 180 days or less.

14. Massachusetts' hazardous waste regulations require Small Quantity Generators to accumulate waste only in areas "...designed, constructed, maintained, and operated to prevent and to minimize the possibility of any threat to public health, safety, or welfare, or the environment...". Such areas must also have appropriate containment and signage. Other requirements stipulate employee training in waste management, proper labeling of waste containers, routine inspections of containers and waste accumulation areas, and preparation and distribution to local fire and police departments of release response plans. Any accumulated waste must also be removed using a licensed hazardous waste transporter.

15. Falmouth Hospital currently generates approximately 20 gallons per month each of xylene and formaldehyde as well as about 280 gallons per month of X-ray developer as hazardous waste.
16. It is the intent of Falmouth Hospital to remain a Small Quantity Generator of hazardous waste after completion of the proposed addition and accompanying facility reorganization.
17. Falmouth Hospital representatives confirmed that the inventory and size of the current on-site pharmacy would remain unchanged even with the proposed addition and facility reorganization.
18. It is the intent of Falmouth Hospital to use electrolytic silver recovery systems on its X-ray and CT-scan developers. In addition, the hospital representatives have stated that the vendor selected "...will be responsible...for removal of cartridges and residual fluid."
19. Current procedure at the Hospital for infectious waste is to collect it in biohazard containers located on each unit. The contents of these biohazard containers is picked up twice daily and transferred to a central holding area. The infectious waste is then transferred to sealed boxes which are picked up by a licensed hauler on a weekly basis.
20. The existing emergency generator at the Hospital has sufficient reserve capacity to service the Hospital with the proposed expansion and reorganization.
21. The proposed hospital expansion is not located within a District of Critical Planning Concern.
22. The proposed hospital expansion complies with Falmouth Zoning requirements.
23. The applicant has performed a level of service analysis at five intersections in the study area. Four of the intersections operate at LOS A with one intersection operating at LOS D during the existing conditions.
24. Based upon the Institute of Transportation Engineers (ITE) Trip Generation manual, the hospital is expected to generate approximately 528 daily vehicle trips with 50 peak hour trips in the morning/ 39 peak hour trips in the afternoon. These numbers are higher than the trip generation found in the hospital's Business Plan. The ITE numbers were used to represent a most conservative analysis.
25. The addition of future hospital traffic would result in a Regional Policy Plan violation at one of the intersections. The Route 28 (Palmer Avenue) at Ter Heun Drive and Jones Road intersection operates at LOS D under existing conditions and

worsens to LOS E with the addition of project traffic. The applicant has identified the need to mitigate impacts at this intersection.

26. A fair share analysis was performed to determine the applicant's proportional share of costs for improvements at the Route 28/Ter Heun Drive/Jones Road intersection. The fair share percentage was determined to be 7.25%. The cost of mitigation (including the 75% and 100% design plans, inspection, and maintenance) was calculated to be approximately \$527,437. The applicant's proportional share of costs equals \$38,239. (7.25% X \$527,437). The hospital has provided the conceptual improvement plan for the Route 28/ Ter Heun Drive/ Jones Road intersection, as part of the DRI review. Therefore, fees associated with the conceptual improvement plan (\$6,659) may be subtracted from the fair share amount. This results in a final fair share amount of \$31,580. (\$38,239 - \$6,659).

27. The applicant has submitted trip reduction strategies to meet the 20% trip reduction requirement of the Regional Policy Plan. The applicant's program consists of a courtesy bus to pick up patients and a campus wide ridesharing program offering other alternatives to reduce single occupant vehicles. The applicant has also encouraged walking and bicycling by providing sidewalks and bicycle racks on site.

CONDITIONS

GENERAL

1. The applicant shall meet the following conditions prior to the issuance of the Certificate of Compliance. These conditions shall apply to the applicant, its successors or assigns, and any owner or tenant.
2. The applicant shall obtain a Certificate of Compliance from the Commission or its designee before the local official responsible for issuing Certificates of Occupancy may issue a permanent or temporary Certificate of Occupancy for any portion of the proposed addition. The addition shall not be opened to the public prior to Commission issuance of a Certificate of Compliance.
3. The applicant shall obtain all necessary state and local permits for the project.
4. All final submissions, designs, plans, and written representations by the Applicant shall, by reference hereto, be incorporated as conditions of approval.

SOLID WASTE

5. The applicant shall recycle all corrugated cardboard waste.
6. All infectious waste shall be transported by a firm licensed to do this work, and shall be sent for disposal only to facilities permitted/licensed to handle such waste.

7. The Hospital shall provide to the Falmouth Police and Fire Departments the name and corporate address of the licensed infectious waste hauler, and provide information on the anticipated pickup schedule and route of trucks. The Hospital shall take steps to insure that this information remains current.

8. All wastage or otherwise unusable pharmacy products shall be disposed of in accordance with all applicable regulations, including those of the Massachusetts Board of Pharmacy.

HAZARDOUS WASTE

9. The Hospital, both existing and with the proposed addition, shall be limited to Small Quantity Generator status. The Falmouth Health Department and Cape Cod Commission shall be notified prior to any change in the project which would result in a change in its hazardous waste generator status.

10. The "shell space" which is part of the basement floor of the proposed addition, shall not contain any floor drains and shall be constructed with a poured concrete floor of sufficient design, thickness, and reinforcing to prevent cracking. It shall be sealed with a concrete sealer designed to prevent leakage of hazardous materials or waste through the floor.

11. The "shell space" which is part of the basement floor of the proposed addition, shall not be used to store hazardous materials or hazardous waste.

12. All wastewater or resulting residual fluids generated from the X-ray film or CT developers shall be processed through an electrolytic silver recovery system as identified in the information provided by the applicant.

13. All wastewater or resulting residual fluids generated from the X-ray film or CT developers shall be transported off site by a licensed hauler.

14. If, in the future, Falmouth Hospital should wish to modify or replace the silver recovery system, it shall provide to the Cape Cod Commission and Falmouth Health Department documentation to show that the modifications or new system proposed will at least be one which:

- a. is a closed-loop process which continuously removes silver;
- b. will initially process any fixer to 5 ppm silver or less;
- c. has a sedimentation and neutralization step for any de-silvered fixer, spent developer, and wash water overflow;
- d. results in effluent from the sedimentation and neutralization step of less than 2 ppm silver;
- e. incorporates a containment system for any overflow storage containers;
- f. meets the requirements of the Department of Environmental protection; and
- g. meets the requirements of the Falmouth Health Department.

15. Any modified or new silver recovery system which demonstrates that it meets the requirements specified in Condition 14 shall be allowed to be installed and used on site at Falmouth Hospital without further review by the Cape Cod Commission.

16. The Hospital and proposed addition will be limited to the existing emergency generator and the existing fuel storage capacity which is a 10,000 gallon main fuel tank and a 2,000 gallon tank for the emergency generator.

17. The Cape Cod Commission, Falmouth Health Department, Falmouth Fire Department, and County Department of Health and the Environment shall be notified prior to any change in the project which would cause a change in the size of the fuel tank, a change in fuel type, or removal of the fuel tank.

18. The Hospital shall register with the Falmouth Health Department under the local hazardous materials users by-law and with the Barnstable County Department of Health and the Environment's hazardous materials users program.

WATER RESOURCES

19. At such time as the Town of Falmouth identifies remedial actions to be undertaken to address nitrogen loading to the West Falmouth Harbor from the Falmouth Wastewater Treatment Facility, the Applicant shall pay its fair share of the costs of such remediation, as determined by the Town.

20. Floor drains shall be connected to tight tanks or to the municipal waste water system if allowed by the Falmouth Sewer Department. If tight tanks are used, the Hospital shall determine whether or not the collected waste water is hazardous waste and use a hazardous waste hauler as appropriate.

TRANSPORTATION

21. The applicant shall implement a Travel Demand Management (TDM)/Transportation Systems Management (TSM) that includes the following:

- a) The applicant shall implement off-peak shift changes for appropriate personnel at approximately 7:00 AM, 3:00 PM, and 11:00 PM in an effort to reduce traffic impacts during the peak hours.
- b) The applicant shall appoint an employee to serve as a part-time Transportation Coordinator. The Coordinator shall be responsible for informing employees about ridesharing, carpooling and alternative transportation available for commuting to work. In addition, the coordinator shall develop an incentive program for employees who use carpooling, ridesharing, and alternative transportation. Upon completion of the expansion, the applicant shall inform the Cape Cod Commission of the name and telephone number of

the appointed coordinator to allow interaction between the two. The Coordinator shall submit reports to the Cape Cod Commission, quarterly for the first two years and annually thereafter, which shall address the Project's compliance with these conditions for a period of five years after the Issuance of a Certificate of Occupancy.

- c) At least four (4) parking spaces shall designated as "carpool only" spaces. These spaces shall be conveniently located near the staff entrance to the building. Every effort shall be made to increase preferential parking for carpools, as demand increases.
- d) The applicant shall provide information to Martha's Vineyard and Nantucket Island patients and visitors on available public transportation from the ferry terminals to the hospital. Some examples may include an on-call shuttle service run by the hospital, coordinating transit service for patients using the b-bus, and local cab companies.
- e) The applicant shall provide secure bicycle storage racks or lockers and shower facilities for employees wishing to bike to work.
- f) A program shall be implemented to monitor future peak hour project traffic and adjacent street traffic. The monitoring program shall include two reviews. The first shall be conducted six (6) months after the issuance of a occupancy permit. The second shall be conducted two (2) years after the issuance of the occupancy permit.
- g) Through implementation of the above measures, the applicant shall set a goal of twenty (20) percent trip reduction in single-occupancy vehicle use.

22. The applicant shall provide a one-time payment of \$ 31,580., to be held in escrow by the Commission, as its fair share contribution towards necessary traffic mitigation. The fair share contribution amount is based on the conceptual improvement plan for the intersection of Route 28/Ter Heun Drive/Jones Road prepared by HSA Corporation and Holmes and McGrath, Inc., dated September 15, 1994. The escrow fund shall be expended, upon a vote of the Cape Cod Commission, for the design (75% and 100%) of the above noted intersection, with the remaining funds to be used towards the purchase of an opti-con system or similar traffic pre-emption device for use by the Falmouth Board of Selectmen. Interest shall follow principal to offset inflation. If the conceptual improvement plan is not approved by the Town of Falmouth, the cost of the revisions to said plan shall be taken from the escrow fund. Monies not expended or obligated for the design and/or construction of transportation improvements within ten (10) years of the date of deposit shall revert to the Cape Cod Regional Transit Agency (CCRТА) for general transit service expenses. The escrow fund agreement shall be of a form and content satisfactory to the Commission's counsel.

OPEN SPACE

23. The applicant has provided a site plan entitled "Plan of Dedicated Open Space", prepared by Michael McGrath, dated October 6, 1994, showing 8.4 acres of open space located on-site and on other Falmouth Hospital property shall be set aside as permanent open space. Any change in the reserved open space as shown on said plan shall require a major modification to the DRI permit.

24. The open space designated or acquired pursuant to Condition# 23 (above) shall remain permanently protected open space and shall be used solely for passive, non-motorized recreation and conservation purposes. The removal or alteration of naturally- occurring vegetation or topography is prohibited within the open space. No development may occur within this area.

25. If the Falmouth Hospital site is included within a growth center certified by the Cape Cod Commission as part of Falmouth's Local Comprehensive Plan prior to issuance of the Certificate of Compliance, the applicant may request a modification of this decision to delete the open space requirement contained in conditions 23 and 24 above pursuant to section 6.1.4 of the Regional Policy Plan.

ECONOMIC DEVELOPMENT

26. The applicant shall, to the greatest extent possible, hire employees who reside within Barnstable County. The applicant shall within six months of the Certificate of Compliance provide a report to the Commission on the use of Cape Cod suppliers, sub-contractors and the efforts made to use people from the Barnstable County labor force for construction and staffing of this facility.

COMMUNITY CHARACTER

27. Only externally illuminated signs shall be permitted.

CONCLUSION

Based on the findings above, the Cape Cod Commission hereby concludes:

The project is consistent with the Commission's Regional Policy Plan. This conclusion is supported by Findings # 4, 5 and Conditions # 3, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 and 27 listed above.

The project is consistent with local development by-laws. This conclusion is supported by Finding # 22 listed above.

The project is not located within a District of Critical Planning Concern. This conclusion is supported by Finding #21 listed above.

The benefits of the proposed project outweigh the detriments resulting from the development. This conclusion is supported by Findings # 4, 5 and Conditions # 3, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26 and 27 listed above.

The Commission hereby approves with conditions a Development of Regional Impact Application for the Falmouth Hospital Expansion, pursuant to Section 13 of the Act.

Kenneth Brock
Kenneth Brock, Chairman

10-20-94
Date

COMMONWEALTH OF MASSACHUSETTS

Barnstable, ss.

Subscribed and sworn to before me this 20th day of Oct 19 94

Katharine K Peters
NAME, Notary
My Commission expires:

[Faint notary seal text]