

JOINT
PUBLIC NOTICE

CHARLESTON DISTRICT, CORPS OF ENGINEERS

69A Hagood Avenue

Charleston, South Carolina 29403-5107

and

THE S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Office of Environmental Quality Control

Water Quality Certification and Wetlands Programs Section

2600 Bull Street

Columbia, South Carolina 29201

REGULATORY DIVISION

Refer to: P/N # 2005-2W-393-P

November 18, 2005

Pursuant to Section 10 of the Rivers and Harbors Act of 1899 (33 U.S.C. 403), Sections 401 and 404 of the Clean Water Act (33 U.S.C. 1344), and the South Carolina Coastal Zone Management Act (48-39-10 et.seq.) an application has been submitted to the Department of the Army and the S.C. Department of Health and Environmental Control by

ROPER ST. FRANCIS HEALTH CARE
C/O NEWKIRK ENVIRONMENTAL, INC.
P.O. BOX 746
MT. PLEASANT, SOUTH CAROLINA 29465

for a permit to place fill material into waters of the United States, including wetlands, adjacent to

Long Branch Creek

located west of the intersection of I-526 and Paul Cantrell Boulevard in the West Ashley area of the City of Charleston, Charleston County, South Carolina (Latitude 23.80953, Longitude 80.04104).

In order to give all interested parties an opportunity to express their views

NOTICE

is hereby given that written statements regarding the proposed work will be received by both of the above mentioned offices until

12 O'CLOCK NOON, MONDAY, DECEMBER 19, 2005

from those interested in the activity and whose interests may be affected by the proposed work.

The proposed work consists of placing fill material in 0.99 acres of freshwater wetlands and 0.62 acres of upland buffer, both previously preserved and deed-restricted as mitigation for impacts previously authorized under USACE Permit SAC 26-90-843. In addition, the proposed work will involve placing 0.02 acres of fill and culverts into OCRM critical area. According to the applicant, the purpose of the work in the freshwater wetlands is to construct a freestanding cancer care facility, to include attendant parking and other necessary facilities and service, and the purpose of the impacts to the critical area is to provide more efficient access to the property south of the hospital. The applicant proposes to mitigate for these impacts by preserving and buffering a 0.54 acre wetland located in the southwest corner of the property, continuing an upland buffer around the perimeter of

the larger previously preserved wetland east of the hospital and purchasing 52.6 restoration, non-buffer enhancement credits from the Pigeon Pond Mitigation Bank. Additionally, the impacts to the 0.02 acre of critical area will be mitigated for by restoring the 0.02 acre of critical area currently filled for an access road.

NOTE: Attached is a detailed narrative provided by the applicant. Plans depicting the work described in this notice are available and will be provided, upon receipt of a written request, to anyone that is interested in obtaining a copy of the plans for the specific project. The request must identify the project of interest by public notice number and a self-addressed stamped envelope must also be provided for mailing the drawings to you. Your request for drawings should be addressed to the

**U.S. Army Corps of Engineers
ATTN: REGULATORY DIVISION
69A Hagood Avenue
Charleston, South Carolina 29403-5107**

The District Engineer has concluded that the discharges associated with this project, both direct and indirect, should be reviewed by the South Carolina Department of Health and Environmental Control in accordance with provisions of Section 401 of the Clean Water Act. As such, this notice constitutes a request, on behalf of the applicant, for certification that this project will comply with applicable effluent limitations and water quality standards. The work shown on this application must also be certified as consistent with applicable provisions of the South Carolina Coastal Zone Management Act (15 CFR 930). The District Engineer will not process this application to a conclusion until such certifications are received. The applicant is hereby advised that supplemental information may be required by the State to facilitate the review. Persons wishing to comment or object to State certification must submit all comments in writing to the S.C. Department of Health and Environmental Control at the above address within thirty (30) days of the date of this notice.

This notice initiates the Essential Fish Habitat (EFH) consultation requirements of the Magnuson-Stevens Fishery Conservation and Management Act. Implementation of the proposed project would impact 1.01 acres of estuarine substrates and emergent wetlands utilized by various life stages of species comprising the red drum, shrimp, and snapper-grouper management complexes. Our initial determination is that the proposed action would not have a substantial individual or cumulative adverse impact on EFH or fisheries managed by the South Atlantic Fishery Management Council and the National Marine Fisheries Service (NMFS). Our final determination relative to project impacts and the need for mitigation measures is subject to review by and coordination with the NMFS.

The District Engineer has consulted the most recently available information and has determined that the project will have no effect on any Federally endangered, threatened, or proposed species and will not result in the destruction or adverse modification of designated or proposed critical habitat. This public notice serves as a request to the U.S. Fish and Wildlife Service and the National Marine Fisheries Service for any additional information they may have on whether any listed or proposed endangered or threatened species or designated or proposed critical habitat may be present in the area which would be affected by the activity, pursuant to Section 7(c) of the Endangered Species Act of 1973 (as amended).

The District Engineer has consulted the latest published version of the National Register of Historic Places for the presence or absence of registered properties, or properties listed as being eligible for inclusion therein, and this worksite is not included as a registered property or property listed as being eligible for inclusion in the Register. Consultation of the National Register constitutes the extent of cultural resource investigations by the District Engineer, and he is otherwise unaware of the presence of such resources. Presently unknown archaeological, scientific, prehistorical, or historical data may be lost or destroyed by the work to be accomplished under the requested permit.

Any person may request, in writing, within the comment period specified in this notice, that a public hearing be held to consider this application. Requests for a public hearing shall state, with particularity, the reasons for holding a public hearing.

The decision whether to issue a permit will be based on an evaluation of the probable impact including cumulative impacts of the activity on the public interest and will include application of the guidelines promulgated by the Administrator, Environmental Protection Agency (EPA), under authority of Section 404(b) of the Clean Water Act and, as appropriate, the criteria established under authority of Section 102 of the Marine Protection, Research and Sanctuaries Act of 1972, as amended. That decision will reflect the national concern for both protection and utilization of important resources. The benefit which reasonably may be expected to accrue from the project must be balanced against its reasonably foreseeable detriments. All factors which may be relevant to the project will be considered including the cumulative effects thereof; among those are conservation, economics, aesthetics, general environmental concerns, wetlands, historic properties, fish and wildlife values, flood hazards, flood plain values, land use, navigation, shoreline erosion and accretion, recreation, water supply and conservation, water quality, energy needs, safety, food and fiber production and, in general, the needs and welfare of the people. A permit will be granted unless the District Engineer determines that it would be contrary to the public interest. In cases of conflicting property rights, the Corps of Engineers cannot undertake to adjudicate rival claims.

The Corps of Engineers is soliciting comments from the public; Federal, state, and local agencies and officials; Indian Tribes; and other interested parties in order to consider and evaluate the impacts of this activity. Any comments received will be considered by the Corps of Engineers to determine whether to issue, modify, condition or deny a permit for this project. To make this decision, comments are used to assess impacts on endangered species, historic properties, water quality, general environmental effects, and the other public interest factors listed above. Comments are used in the preparation of an Environmental Assessment and/or an Environmental Impact Statement pursuant to the National Environmental Policy Act. Comments are also used to determine the need for a public hearing and to determine the overall public interest of the activity.

If there are any questions concerning this public notice, please contact me at 843-329-8044 or toll free at 1-866-329-8187.



Elizabeth Jackson
Project Manager
Regulatory Division
U.S. Army Corps of Engineers

- 1.0 Site Location and Description:** The Roper St. Francis Health Care (St. Francis) project site includes an existing crossing of an intertidal drainage canal (Critical Area), and a ± 5 acre portion of a ± 97 acre tract owned by the applicant and is located on the existing St. Francis Hospital campus. The site is adjacent to the Hwy 61 Expressway and I-526 in the West Ashley area of the City of Charleston, Charleston County, South Carolina and can be accessed off of Hwy 61 Expressway via Henry Tecklenburg Drive.

Approximately 61% of St. Francis' property is developed with existing hospital facilities. The project site is approximately 5 acres which consists of 3.29 acres of uplands bisected by 0.99 acres of 404 jurisdictional wetlands and 0.62 acres of previously dedicated upland buffers. Wetlands and uplands within the ± 5 acre project site consist of hardwood species dominating the overstory of the 0.99 acre wetland, including sweetgum (*Liquidambar styraciflua*), swamp chestnut oak (*Quercus michauxii*), laurel oak (*Quercus laurifolia*), red maple (*Acer rubrum*) and water oak (*Quercus nigra*). The understory species include blueberry (*Vaccinium spp.*), possum haw (*Viburnum nudum*), fetterbush (*Lyonia lucida*) and netted chain fern (*Woodwardia areolata*). The 0.62 upland buffer is dominated by southern red oak (*Quercus falcata*), white oak (*Quercus alba*), mockernut hickory (*Carya tomentosa*), American beauty berry (*Callicarpa americana*) and grape (*Vitis rotundifolia*).

A more detailed description of the property is provided in the Threatened and Endangered Species Assessment attached as an addendum to the permit application.

- 2.0 Project Description:** By way of background, the existing hospital facilities were permitted in 1990 (SAC-26-90-843) with a total impact of 2.51 acres. With the purchase of approximately 16 acres of additional property in 1992, St. Francis revised project plans and reduced permitted wetland impacts by 0.69 acres to 1.82 acres. Project revisions were approved by the South Carolina Department of Health and Environmental Control (SC DHEC) and the US Army Corps of Engineers (USACE) in correspondence dated November 13, 1992 and December 28, 1992 respectively. All work authorized under the permit was completed and restrictive covenants were recorded on all on site mitigation areas, including 7.08 acres of wetlands and 4.20 acres of upland buffers. In 1994 St. Francis obtained a permit (OCRM-94-246) to construct three roads across the intertidal drainage canal which drains I-526 to the east and south of the hospital. A ± 23.81 acre tract adjacent to and south of the existing hospital and drainage canal was purchased in 2000 to accommodate additional parking and future long term expansion of diagnostics and imaging facilities. A permit (SAC-26-2000-0232) was obtained to impact a 0.72 acre isolated wetland for this purpose in April of 2000. The work authorized and mitigation required by these permits have been completed.

St. Francis Hospital began receiving patients in 1997. Over the past eight years St. Francis has experienced significant growth in demand for services. St. Francis' first fiscal year, 1997, saw volume of 5,248 inpatient hospital discharges. Eight years later, in 2004, volume reached 8,778 inpatients, a growth of nearly 70%. One of the major sources of growth has been the emergency department (ED) at St. Francis, growing from 13,913 emergency visits in 1997 to 34,344 in 2004, a growth of nearly 150%. So significant is this volume growth that St. Francis has recently expanded its ED from 20 treatment rooms to 30. As growth continues at St. Francis, so must the availability of services offered and the need to use additional grounds on the hospital's campus for expansion. Completed and ongoing expansion of facilities and services at St. Francis includes expansion of the ED, radiology and MRI, addition of a 5th floor patient tower, addition of a second floor to the women and children's center, construction of two new Medical Office Buildings (MOB) and expanded parking areas. This expansion has been accommodated by utilizing available uplands on owned property and purchasing additional properties adjacent to the hospital as described above.

St. Francis is currently seeking to add outpatient cancer services to the hospital campus in the form of a freestanding outpatient facility, the Roper St. Francis Cancer Center. Cancer is a major public health threat for South Carolinians. Estimates indicate that 17,275 citizens of our state are faced with a new cancer diagnosis each year. It is the second leading cause of death in South Carolina accounting for 7,700 annual deaths. Diagnosis and treatment of this dreaded disease is the focus of this proposed project. This facility will offer greater Charleston patients a full spectrum of testing and treatment services conveniently located in their community under one roof. Specifically, the facility will offer radiation therapy, chemotherapy, Positron Emission Tomography (PET) or PET Computed Tomography (CT) services, blood transfusions, physician offices and a small boutique all catering to the specific needs of cancer patients. The objective of this project is to improve the cancer patient's medical outcomes and overall treatment experience by achieving the greatest possible focus on their unique clinical and psychosocial requirements. The planned facility will enclose ± 60,000 square feet with attendant parking and utility services.

It is anticipated that additional planning, approvals and construction of the Roper St. Francis Cancer Center will occur over the next ± 10 years. Therefore, St. Francis requests the USACE to consider this application for a 10 year permit.

- 3.0 **Project Purpose:** The project purpose statement is divided into "basic project purpose" and "overall project purpose". This approach is consistent with the evaluation of alternatives required by the 404(b)(1) guidelines and may assist the USACE in conducting their analysis of alternatives.

The basic purpose of the requested permit is to clear and place fill material in waters of the U. S., including wetlands, to construct buildings, roads, parking,

utilities and attendant facilities associated with the proposed expansion at St. Francis Hospital campus.

The overall purpose of the proposed project is to construct a freestanding cancer care facility for the benefit of the greater Charleston community. The Roper St. Francis Cancer Center will include attendant parking and other necessary facilities and services, at a location relative to the existing hospital to provide for the most convenient and efficient use of the center for patients and care providers as well as the most economically viable operation of the facility.

The key to accomplishing the project purpose is obtaining the necessary state and federal permits to impact previously dedicated mitigation areas, including 404 jurisdictional wetlands and upland buffers, to allow construction of the proposed project.

- 4.0 Description of Proposed Impacts:** In order to accomplish the project purpose as described in Section 3.0 of this document, St. Francis proposes to impact by clearing, filling and grading, the previously described 0.99 acres of 404 jurisdictional wetlands and 0.62 acres of upland buffer. These wetlands and upland buffer areas were previously preserved and restricted as mitigation for impacts authorized under USACE Permit SAC-26-90-843(Revised).

Additionally, St. Francis is proposing to relocate an existing fill crossing the intertidal drainage canal to provide more efficient access to the property south of the hospital. This work will involve excavating and relocating 0.02 acres of fill and culverts in the canal and stabilizing the sides with bulkheading.

5.0 Alternatives Analysis

- 5.1 Market/Economic Analysis:** Reflecting the general trend in the health care industry, the provision of oncology services has steadily shifted from an inpatient to an outpatient setting as a result of advancements in technology and treatment, changes in reimbursement policies, and the patients desire to be treated in a more comfortable, convenient outpatient facility. Nationwide, between 1998 and 2001 over 64 major capital expansion projects for cancer programs were completed or announced, 70 percent of these involving construction of freestanding facilities. In 2001 alone, research indicates that 33 percent of hospitals nationwide were building new cancer centers or expanding existing ones. The community located outpatient center has proven to be the optimal care setting for cancer patients, who may require as many as five treatments a week for six to eight weeks.

The previously noted growth at St. Francis is evidence of a convenient and accessible facility. Growth in the ED, where the nature of the service causes patients to go to the most accessible facility, demonstrates St.

Francis is well positioned for the greater Charleston population. In fact, over 75% of St. Francis' patient population resides outside of what is considered the West Ashley area (ZIP Codes 29407-29444) with North Charleston being the second largest area with 15% of the facility's patient base. Other areas with significant use of the facility include Goose Creek, Moncks Corner, Summerville, James Island, Johns Island, Hollywood and Mt. Pleasant.

- 5.2 Practicable Alternatives:** Alternative properties for this project were not considered as St. Francis already owns property that is contiguous to the existing hospital facility and is appropriately zoned for the planned development. Additionally, the proposed project site allows utilization of existing or planned utility infrastructure, interconnectivity of internal road networks with the adjacent facility and access to existing roadways. Most importantly, it is necessary for the proposed Cancer Center to be located in close proximity to existing hospital facilities.

Proximity to the hospital is crucial to the concept of the Roper St. Francis Cancer Center. Just as the ideal location for a MOB is on the hospital campus, the same is true for the outpatient Cancer Center. Physicians need the proximity in order to see their patients both in and out of the hospital and patients need the proximity so they have direct access to their physician or oncologist. For the oncology physician, the issue of location is paramount. An on-campus facility that is in walking distance of the hospital is a must. The nature of the cancer disease requires a variety of specialty, medical, surgical and radiology physicians that must consult and coordinate on care options and decisions for their patients. Absent the convenience of the location, it would be impossible to pull the required group of experts together to provide the optimal experience and outcome for the patient.

In addition to the convenience and efficiency of patient care, the ability for physicians to float from one setting to another without wasting valuable time and money is becoming a necessity in the days of reducing physician reimbursement. The primary risk of the stand alone Cancer Center is economic inefficiency, as volume may be insufficient to defray infrastructure related fixed costs. To improve financial performance, facilities use their proximity to the "parent" hospital to avoid duplicating costs for services such as housekeeping, security, maintenance, human resources and finance. Another option, and one that St. Francis is seriously considering, is developing a mutually beneficial financial partnership with the physicians that would most use this facility to treat and diagnose their patients. Location and proximity to the hospital is key to making this type of joint venture successful.

In determining the optimum site on the St. Francis Hospital property for the Cancer Center, St. Francis evaluated a number of alternatives, including, existing parking areas, the Live Oak Park/Prayer Garden, undeveloped acreage east of the hospital, undeveloped acreage south of the hospital and the proposed project site. Each of these alternatives is discussed below.

Existing Parking Areas: St. Francis evaluated the option of using existing parking areas for the Cancer Center and locating alternative parking elsewhere. This option was not considered feasible. There is a major natural gas and power easement that bisects the west parking lot. St. Francis is unable to build on top of the gas line or under the powerline and SCE&G is unwilling and/or unable to relocate it as it feeds much of the West Ashley area. This option would also create inconvenience and inefficiency for hospital patients, visitors, employees, MOB physicians and their patients. If the new Cancer Center were constructed on existing parking for the MOB's, thereby consuming the parking for patients of the MOB physician tenants, it would devalue the existing MOB assets. Without the convenience of parking for their patients, physicians will opt to take their office and business elsewhere. It is the goal of the Cancer Center to augment the existing hospital and campus, not diminish it. Convenient parking has been a constant theme in the master plan of the existing St. Francis Hospital campus, one that is significant to both physicians and patient satisfaction. In fact, according to St. Francis' national patient satisfaction firm, Professional Research Consultants, parking is a key issue of satisfaction for patients accessing the east side of the building. This makes sense as the east MOB which is contained within the main building is home to the largest orthopedic practice in the Lowcountry, and these patients suffer from ambulation problems and need up close parking in order to access their physician.

While existing parking at the hospital meets local zoning requirements of 4 spaces per 1,000 square feet, it is still less than the industry standard of 5 spaces per 1,000 square feet. St. Francis has considered constructing a parking garage but at a cost differential of approximately Eight thousand (\$8,000.00) dollars per parking space compared to on-grade parking, this is simply not a cost effective alternative at this time.

Live Oak Park/Prayer Garden: The approximately 3 acre Live Oak Park in front of the hospital was considered as a potential site for the Cancer Center, however, the environmental loss associated with destroying these grand oaks is equally as significant as the loss of wetlands. St. Francis plans to preserve the Live Oak Park and utilize the park as a complimentary component of the cancer patients treatment. Research has shown that because of the distinctly uncomfortable nature of many cancer treatment procedures, patients greatly appreciate and benefit from the

added peace of natural environments. Natural environments enhance comfort, reduce anxiety and create positive feelings for the patient living with this life threatening disease. The objective of the Cancer Center is to improve the cancer patients medical outcomes and overall treatment experience by achieving the greatest possible focus on their unique clinical and psychosocial requirements. This requires going beyond the traditional scope of technology, prescription medication and therapies into the mind/body connection. St. Francis plans to develop a Prayer Garden within the Live Oak Park that will serve as a quiet place for patients and caregivers to go to discuss their illness, treatment and future. It will also be a place that loved ones can go to pray for healing, strength and hope. The purpose is to connect with the patient beyond the physical aspect of their cancer in order to focus on their healing.

Acreage East of the Hospital: St. Francis owns approximately 7.58 acres of property east of the hospital. This acreage was part of the original land purchase and permit for construction of the hospital. There is a significant wetland and buffer preservation area separating this property from the existing hospital campus. Due to its remote proximity from the rest of the hospital campus, this site is and always has been planned for more independent or stand alone services and/facilities, such as primary and specialty care services. This site is simply too far removed from the existing hospital for the proposed Cancer Center.

Acreage South of the Hospital: St. Francis owns approximately 23.81 acres of property south of the hospital. This property is located near the rear of the existing hospital facility and is separated from the rest of the hospital campus by a large drainage canal. This property was purchased in 2000 for remote parking and expansion of diagnostics and imaging facilities and is too far removed from the existing hospital entrance to be a feasible location for the proposed Cancer Center.

Proposed Project Site: The proposed project site has been selected by St. Francis after carefully considering the other alternatives discussed in this document. The site is of sufficient size (\pm 5 acres) and within the appropriate proximity to the existing hospital entrance (within walking distance for patients and physicians). The prominent location within the hospital campus with easy access off of Hwy 61 and adequate parking will provide for convenient and efficient access for patients and care providers. Existing infrastructure is in place, including, roads, water, sewer and power.

The only negative aspect of the selected site is the 1.61 acres of previously preserved and dedicated wetlands and upland buffer bisecting the site.

6.0 Compensatory Mitigation: Compensatory mitigation requirements have been determined by utilizing the current USACE Standard Operation Procedure (SOP). Mitigation credit requirements were calculated for impacting 0.99 acres of 404 jurisdictional wetlands and 0.62 acres of upland buffers. The SOP indicates 17.9 credits are required to mitigate for proposed impacts. Additionally, as recommended during pre-application meetings with the various state and federal agencies, the required credit total was tripled (53.7) to compensate for impacts to already dedicated and preserved mitigation areas.

The property owned by St. Francis is largely developed with the existing hospital campus. The wetlands contained within the original land purchase are all buffered and preserved by restrictive covenant. There is however an opportunity for some on site mitigation on parcels that were purchased by St. Francis subsequent to the original land purchase and permit. These on site mitigation opportunities include preservation and buffering of a 0.54 acre wetland in the southwest corner of the property with 0.54 acres of upland buffer and continuing an upland buffer (0.41 acres at 50') around the perimeter of the larger preserved wetland to the east of the hospital. These on site mitigation activities generate 1.1 credits.

St. Francis evaluated a variety of off site mitigation alternatives in the Hwy 61/Ashley River drainage to generate the additional credits needed before determining to purchase credits from the Pigeon Pond Mitigation Bank. St. Francis believes the Pigeon Pond Mitigation bank to be particularly appropriate compensatory mitigation for this project as Pigeon Pond is a headwater system to the Ashley River, directly connected through the Wassamassaw Swamp.

USACE SOP worksheets for on site and off site compensatory mitigation are attached as an addendum to this application.

Additionally, compensatory mitigation for intertidal ditch impacts of 0.02 acres is provided by restoring 0.02 acres of the canal that is currently impacted by pipe and fill.

7.0 Threatened and Endangered Species: A comprehensive Threatened and Endangered Species Assessment has been completed for the St. Francis project site. This assessment concluded that the proposed project is not likely to result in adverse impacts to any federally listed threatened and endangered species. A copy of the assessment is included as an addendum to this application.

8.0 Archaeological and Cultural Resources: An intensive archaeological and cultural resources assessment of the entire St. Francis project site was completed by Brockington & Associates, Inc. in 1993. A report of findings and conclusion were submitted to the State Historic Preservation Officer (SHPO) for review. No eligible or potentially eligible sites were identified. A copy of Brockington's

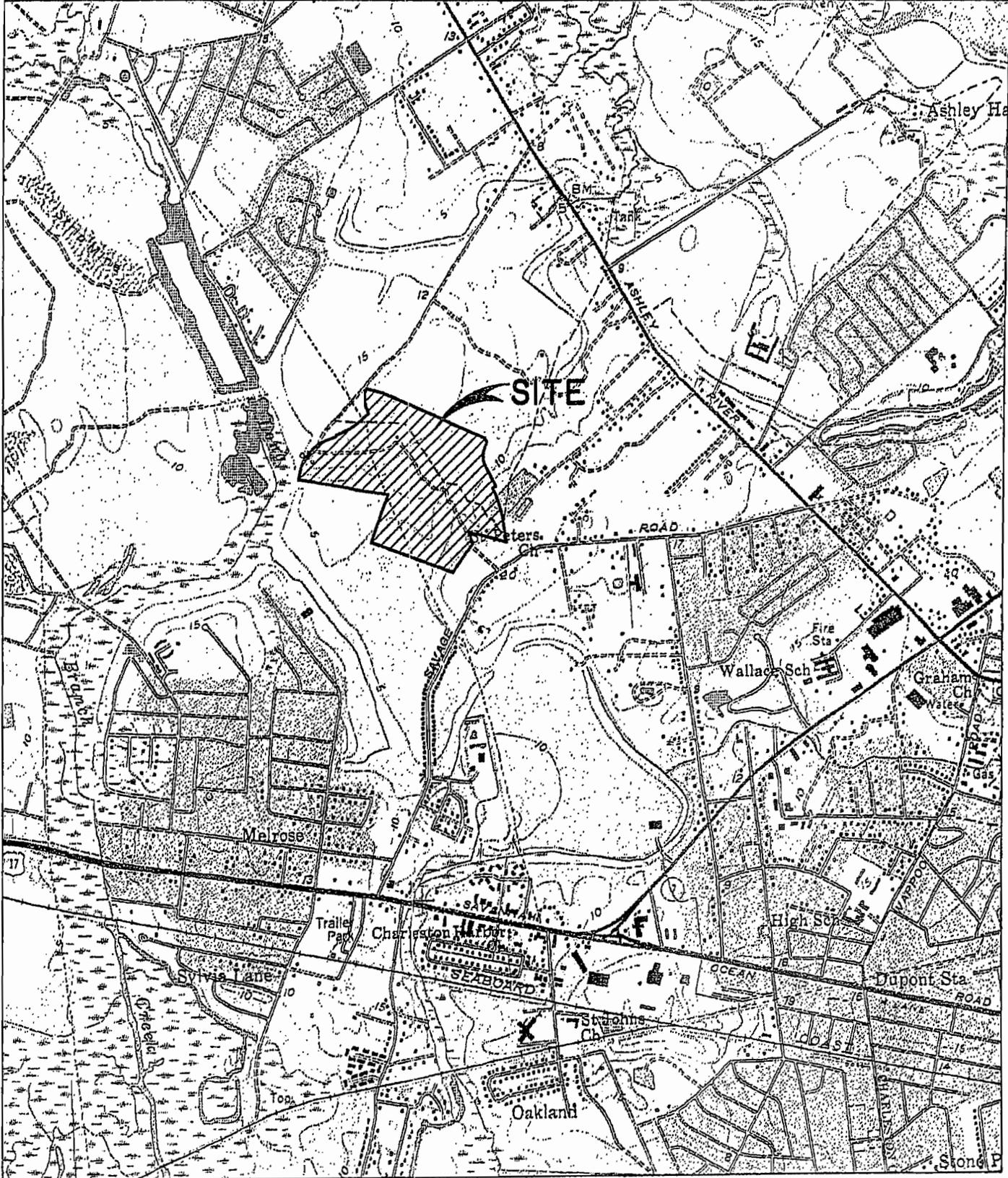
report and SHPO concurrence letter is included as an addendum to the application package provided to the USACE and SC DHEC.

9.0 Cumulative Impacts: Consideration of cumulative impacts is as follows:

Land Development Activities: Given population growth in Charleston, Berkeley, Dorchester Counties and the surrounding area and the fact that the project site is zoned for the intended use, it is likely that other similar developments will occur regardless of the construction of this project.

Infrastructure: Development of the proposed project is not expected to cause additional construction of public infrastructure projects, including roadways, power lines, sewer lines, water lines, and stormwater utilities, since these services and facilities are currently available to the project site. There are no reasonable foreseeable, significant direct or secondary impacts to the environment related to this project when added to other past, present and reasonably foreseeable future projects.

10.0 Summary: St. Francis conducted pre-application meetings with the USACE, SC DHEC, the South Carolina Department of Natural Resources (SC DNR) and the US Fish & Wildlife Service (USFWS) on May 25, 2005 and June 29, 2005 to discuss the proposed project, particularly on site development alternatives and compensatory mitigation. St. Francis believes the proposed site development plan for the Cancer Center at the St. Francis Hospital campus represents the most practicable alternative for accomplishing the project purpose when considering the cumulative effects, both adverse and beneficial, of the overall project.



QUADRANGLE MAP

2005-2W-393-P

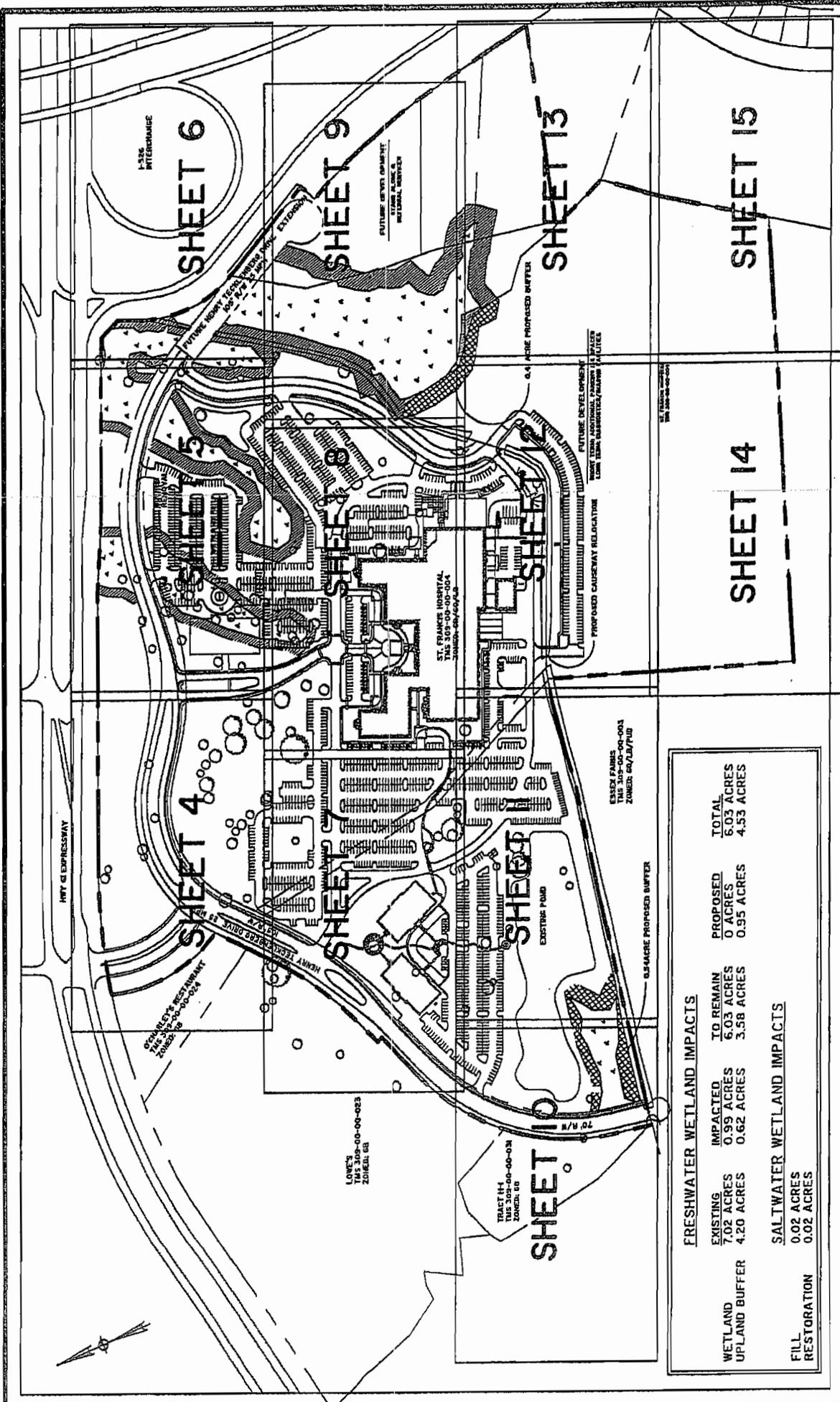
LAT: 32-48-35
LONG: 80-02-29

SOURCE:JOHNS ISLAND QUADRANGLE MAP
DATE: 08-02-05

9 27
SHEET 1 OF 10

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE



FRESHWATER WETLAND IMPACTS		SALTWATER WETLAND IMPACTS			
WETLAND	EXISTING	IMPACTED	TO REMAIN	PROPOSED	TOTAL
UPLAND BUFFER	7.02 ACRES	0.99 ACRES	6.03 ACRES	0 ACRES	6.03 ACRES
FILL RESTORATION	4.20 ACRES	0.62 ACRES	3.58 ACRES	0.95 ACRES	4.53 ACRES

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

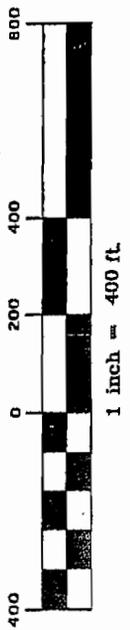
COUNTY: CHARLESTON

APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

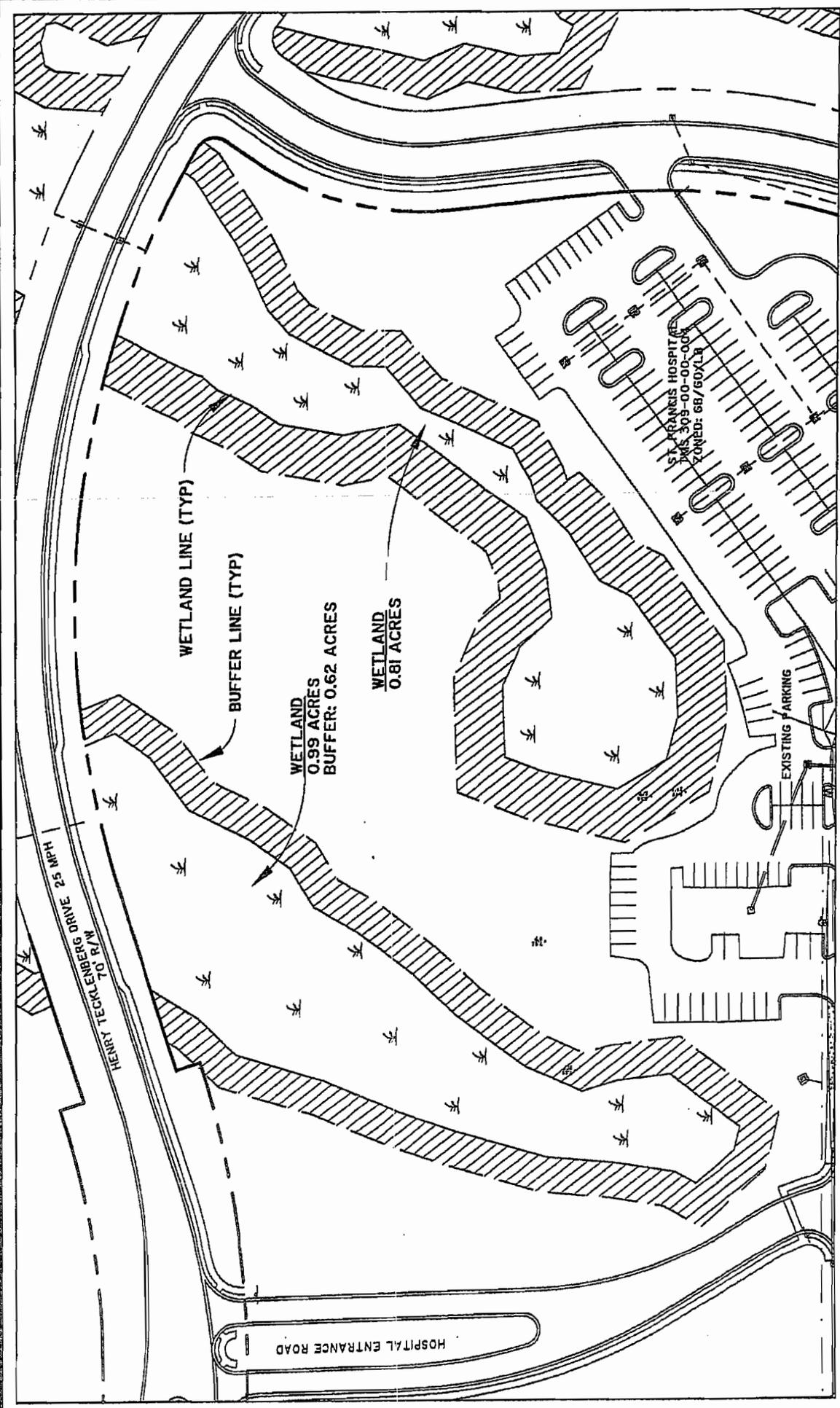
SITE MAP

2005-2W-393-P

DATE: 08-02-05



SHEET 10 OF 15



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

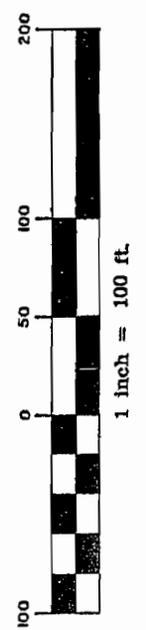
COUNTY: CHARLESTON

APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

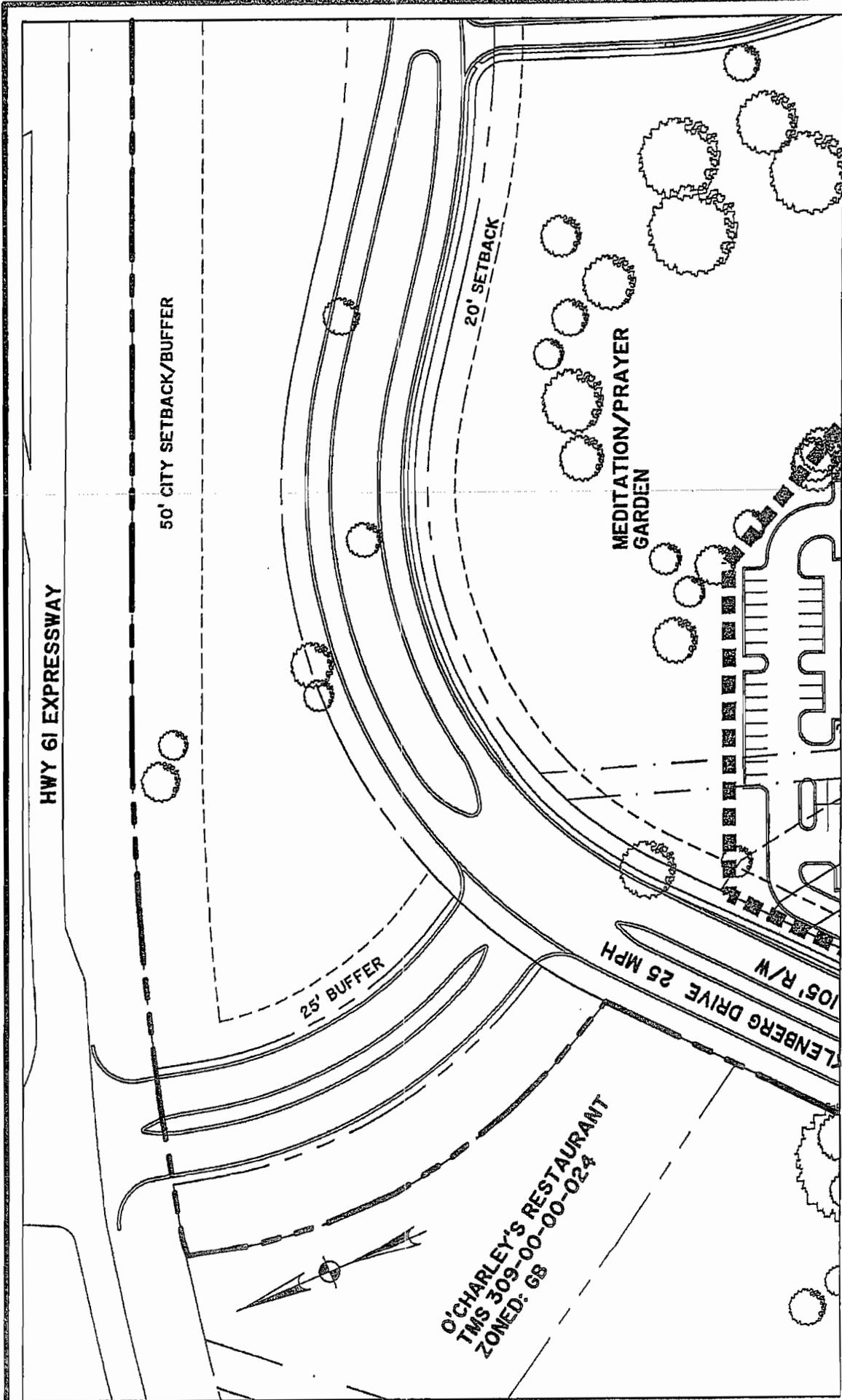
EXISTING CONDITIONS

2005-2W-393-P

DATE: 08-02-05



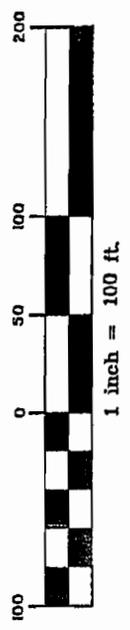
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SHEET 8 OF 18



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

12 27
SHEET # OF 30



SITE PLAN

2005-2W-393-P

DATE: 08-02-05

HWY 61 EXPRESSWAY

50' CITY SETBACK/BUFF

WETLAND
0.73 ACRES

WETLAND
0.31 ACRES

20' SETBACK

WETLAND
0.99 ACRES
TO BE FILLED

DETENTION
0.24 ACRES

20' SETBACK

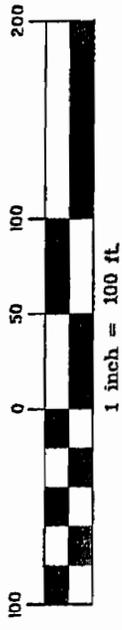
WETLAND
0.81 ACRES

ONCOLOGY CENTER

SCHOOL

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE



13 27
SHEET 20 OF 40

SITE PLAN

2005-2W-393-P

DATE: 08-02-05

HWY 61 EXPRESSWAY

I-526 INTERCHANGE

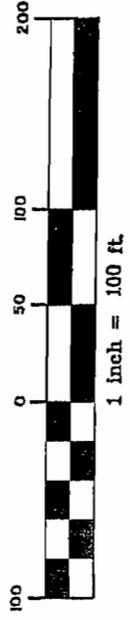
FUTURE HENRY TECKLENBERG DRIVE
105'-R/W 25 MPH

BUFFER

WETLAND
0.26 AC.



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES
COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

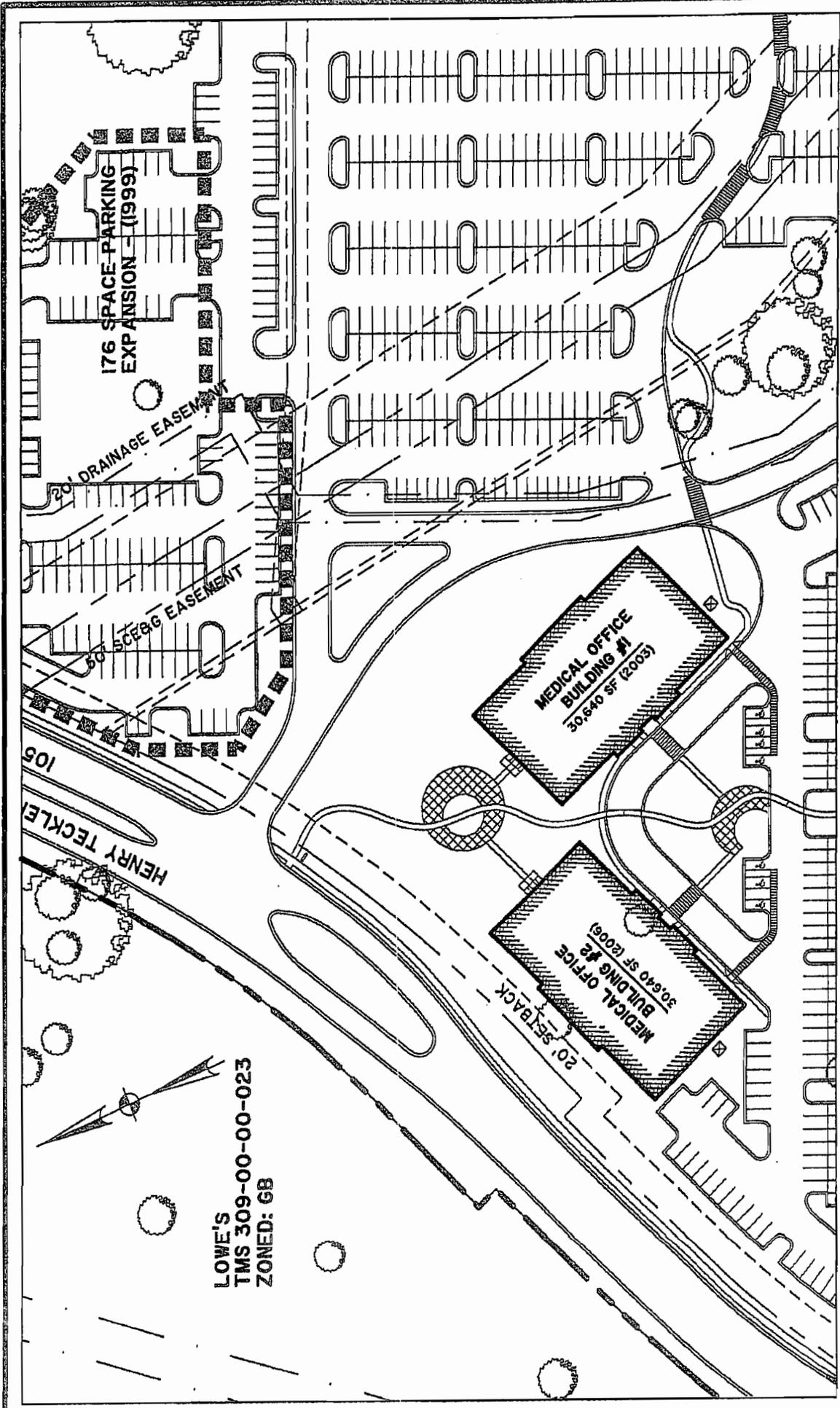


SITE PLAN

2005-2W-393-P

DATE: 08-02-05

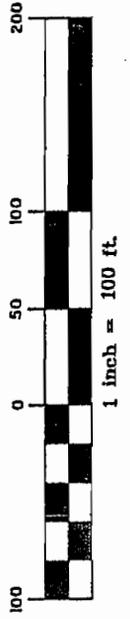
14 27
SHEET 5 OF 8



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

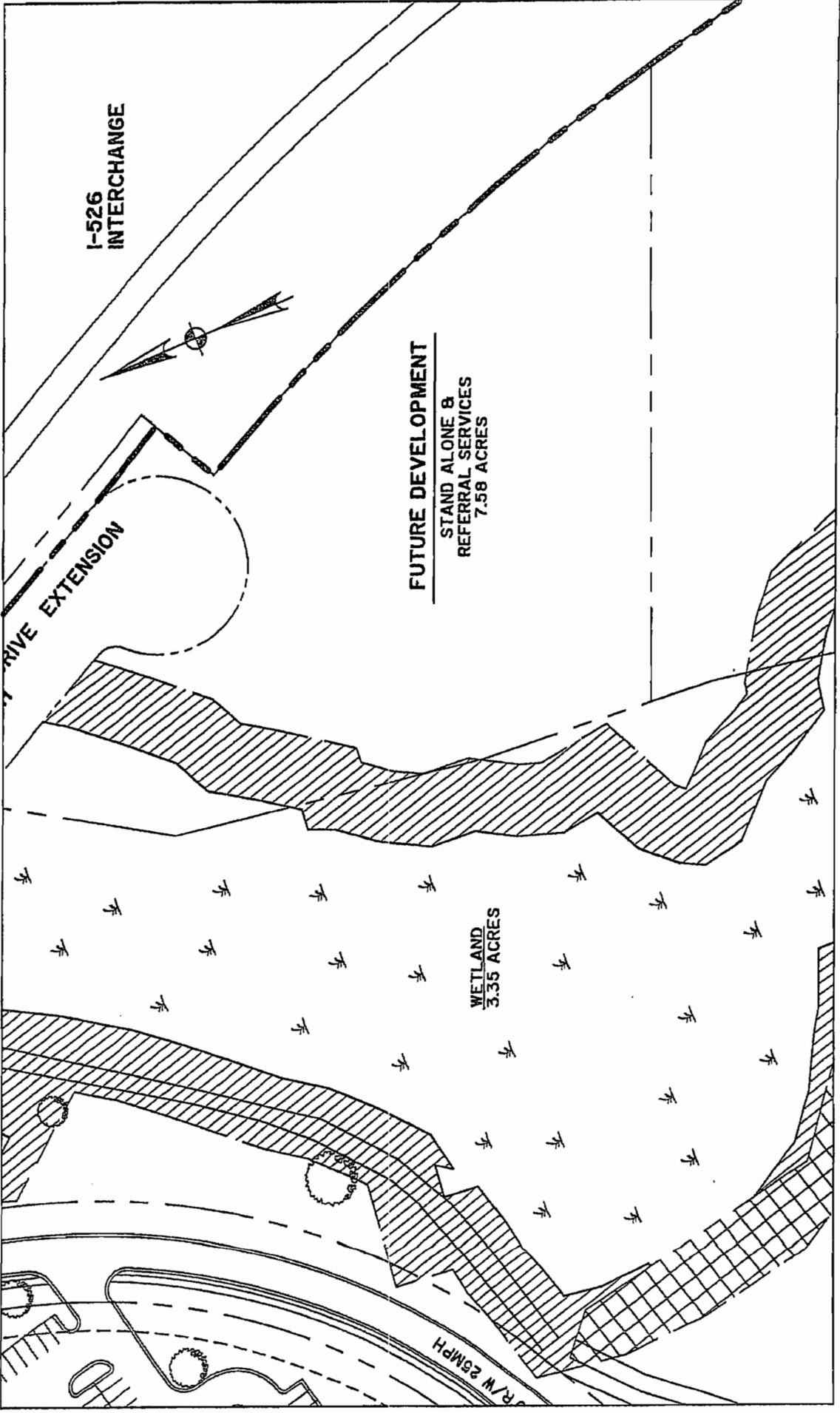
15 27
SHEET OF 27



SITE PLAN

2005-2W-393-P

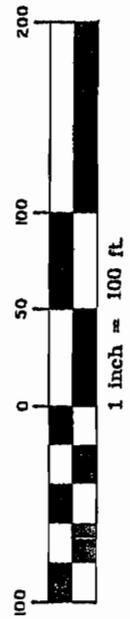
DATE: 08-02-05



SITE PLAN

2005-2W-393-P

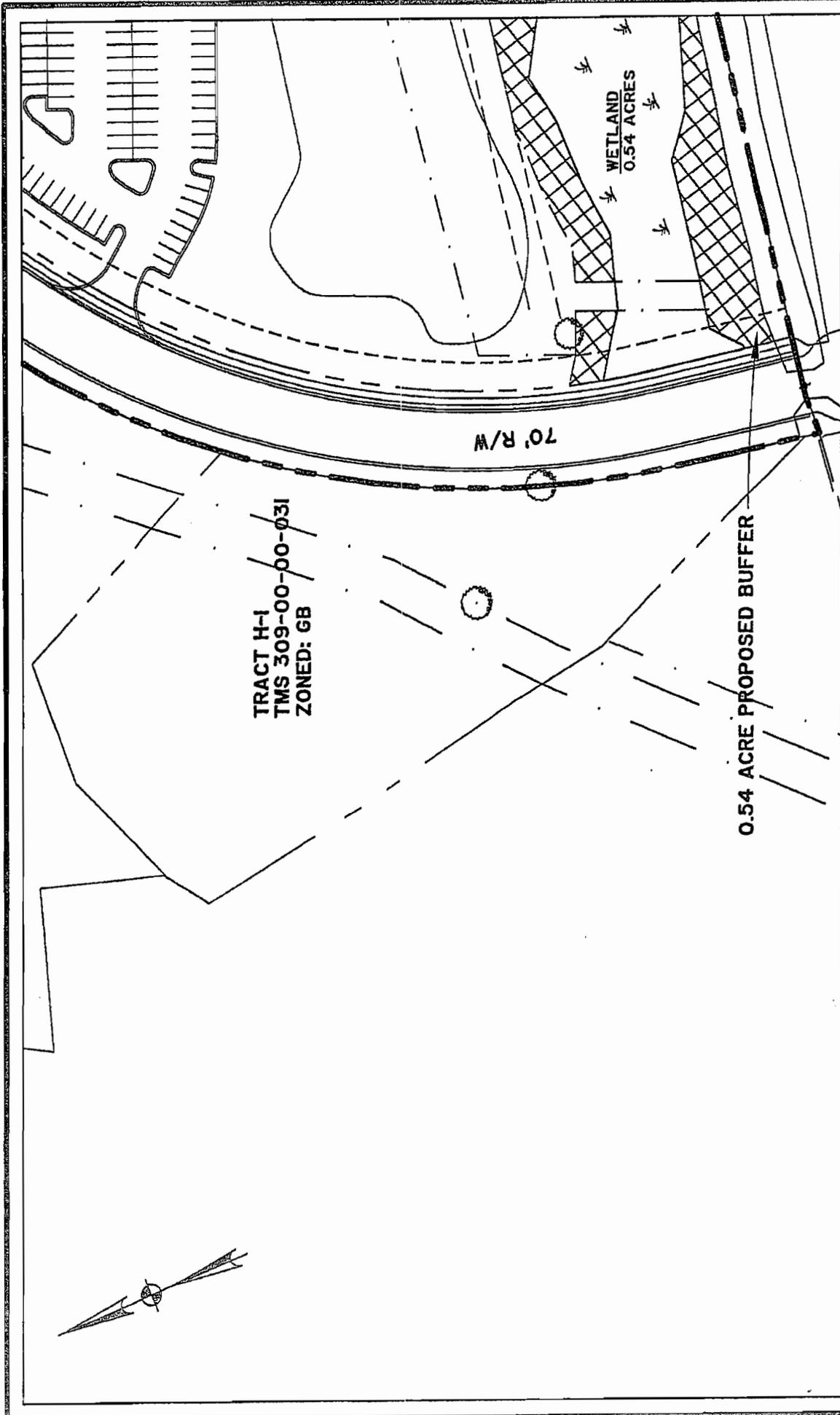
DATE: 08-02-05



17 27
SHEET # OF 28

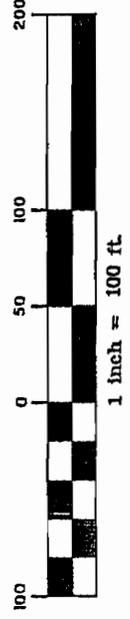
PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

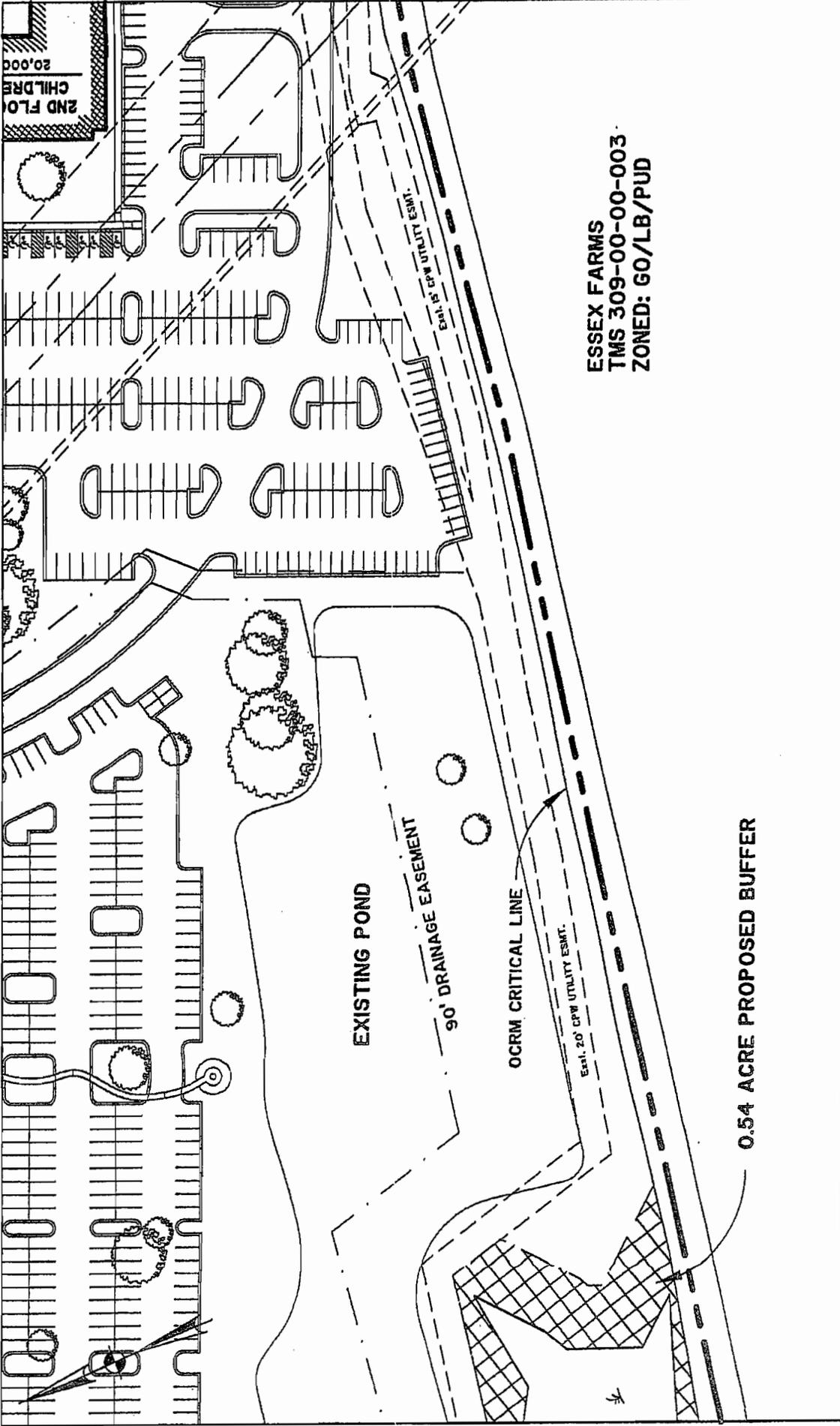


PROPOSED ACTIVITY:
 HEALTH CARE FACILITIES
COUNTY: CHARLESTON
APPLICANT:
 ROPER SAINT FRANCIS
 HEALTHCARE

SITE PLAN
 2005-2W-393-P
 DATE: 08-02-05



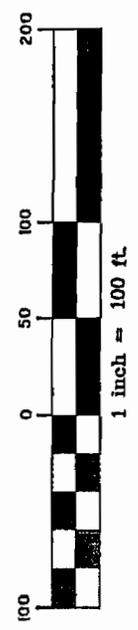
18 27
 SHEET 18 OF 27



ESSEX FARMS
 TMS 309-00-00-003
 ZONED: 60/LB/PUD

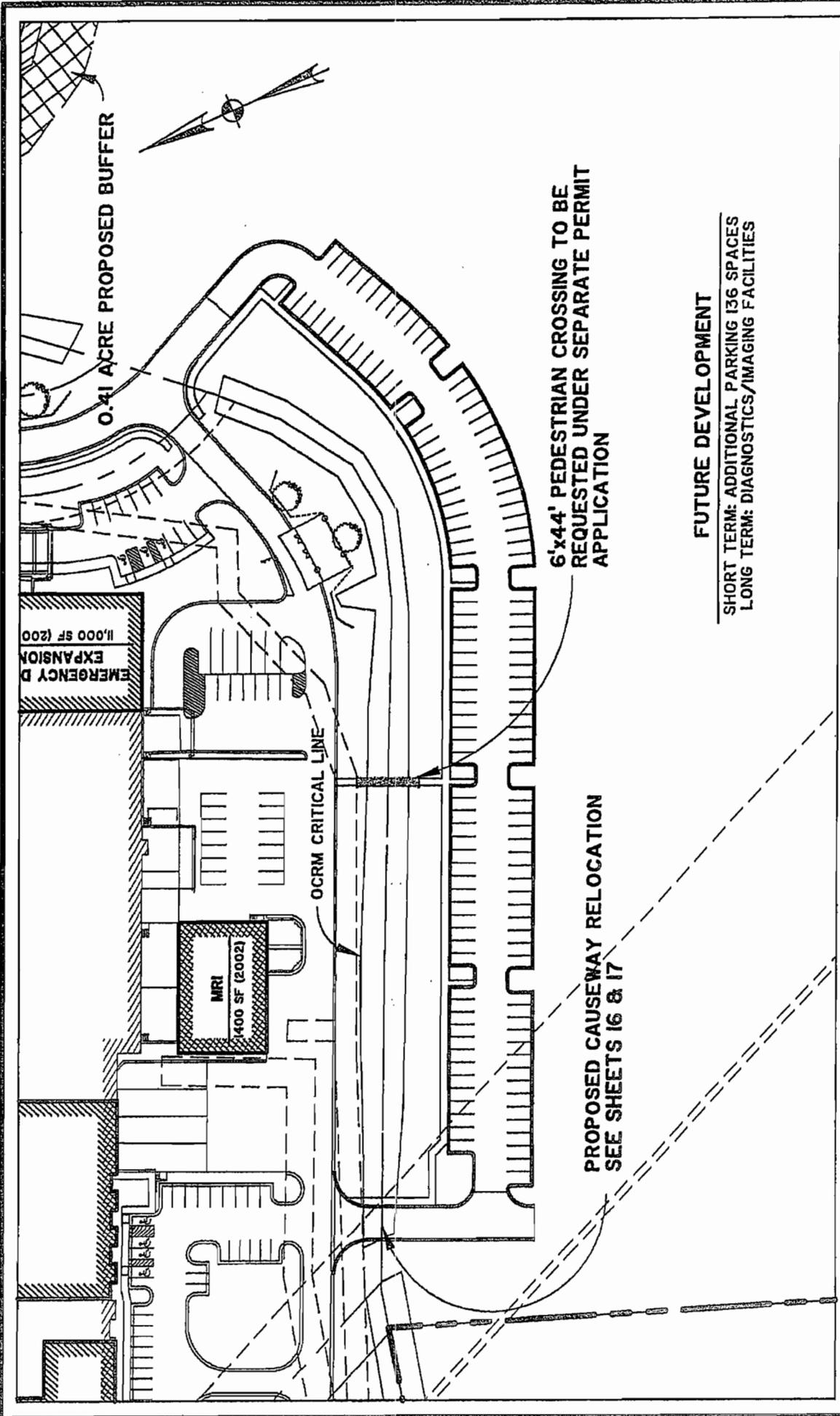
PROPOSED ACTIVITY:
 HEALTH CARE FACILITIES

COUNTY: CHARLESTON
 APPLICANT:
 ROPER SAINT FRANCIS
 HEALTHCARE



19 27
 SHEET # OF 19

SITE PLAN
 2005-2W-393-P
 DATE: 08-02-05



0.41 ACRE PROPOSED BUFFER

EMERGENCY D
EXPANSION
11,000 SF (200)

MRI
1,400 SF (2002)

OCRM CRITICAL LINE

6'x44' PEDESTRIAN CROSSING TO BE
REQUESTED UNDER SEPARATE PERMIT
APPLICATION

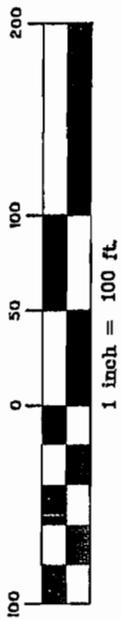
PROPOSED CAUSEWAY RELOCATION
SEE SHEETS 16 & 17

FUTURE DEVELOPMENT

SHORT TERM: ADDITIONAL PARKING 136 SPACES
LONG TERM: DIAGNOSTICS/IMAGING FACILITIES

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

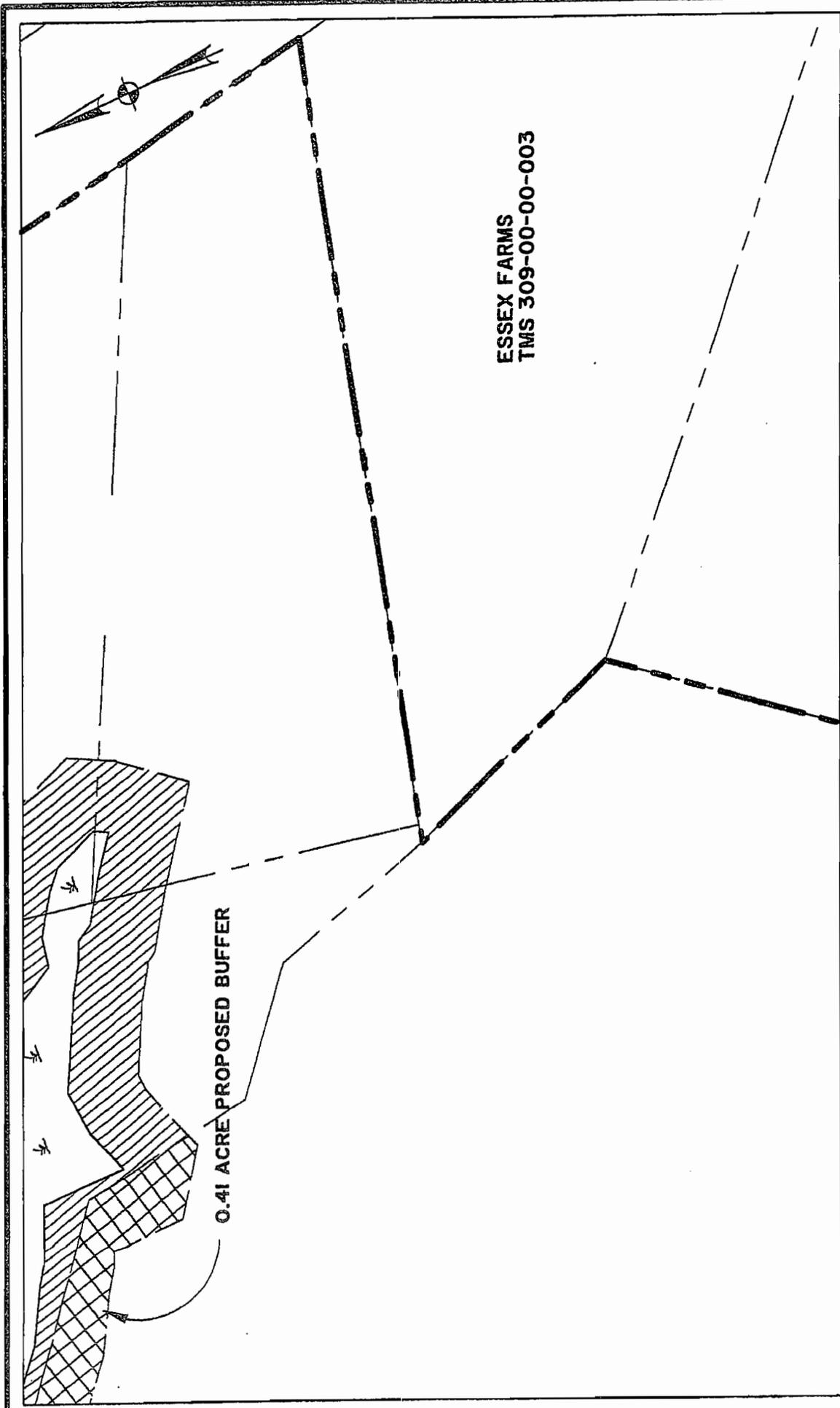


SITE PLAN

2005-2W-393-P

DATE: 08-02-05

30 27
SHEET # OF 28



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON

APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

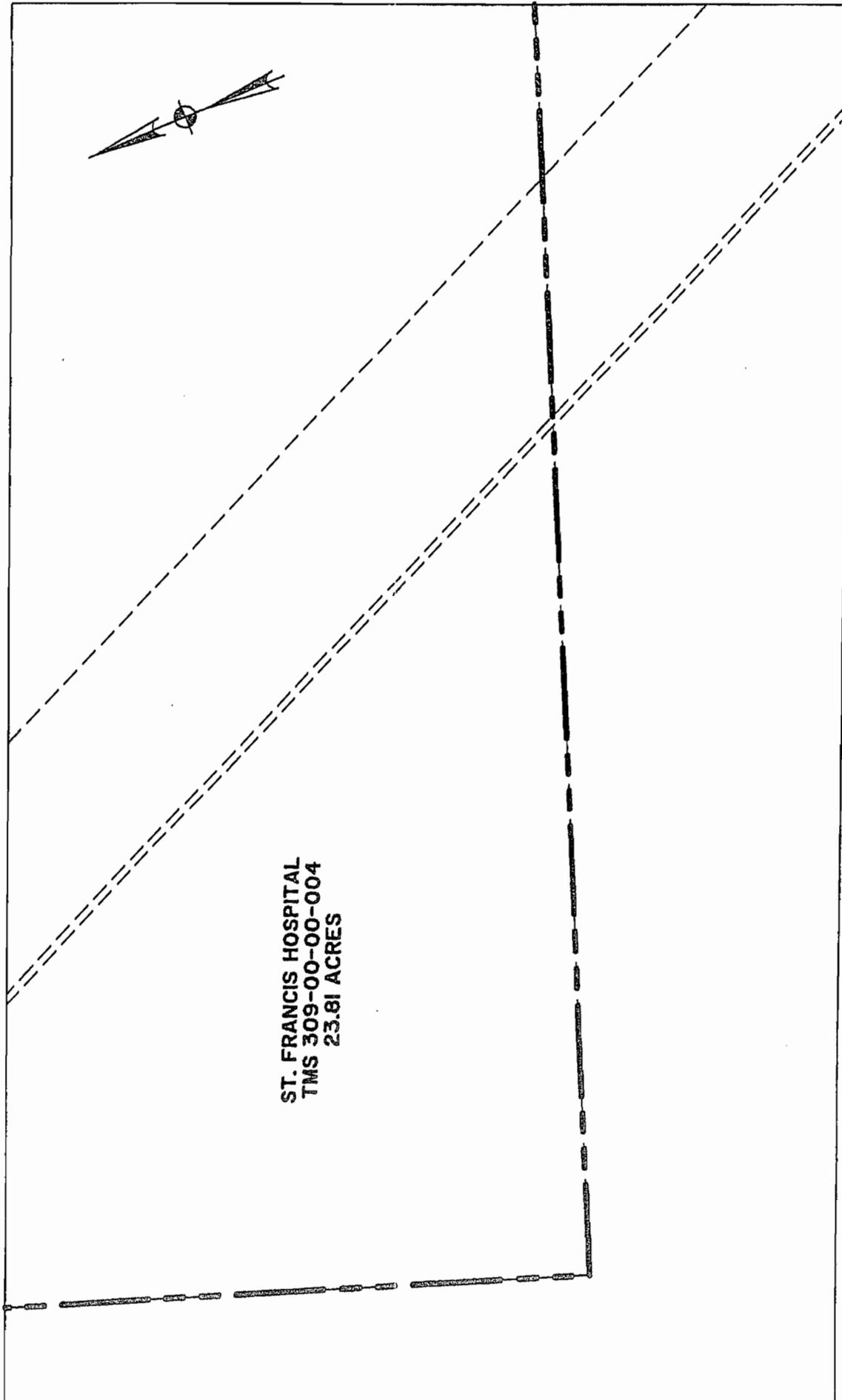
SITE PLAN

2005-2W-393-P

DATE: 08-02-05

1 inch = 100 ft.

21.27
SHEET 2 OF 10



ST. FRANCIS HOSPITAL
 TMS 309-00-00-004
 23.81 ACRES

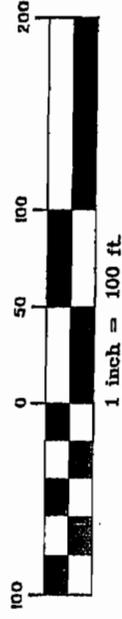
SITE PLAN

2005-2W-393-P

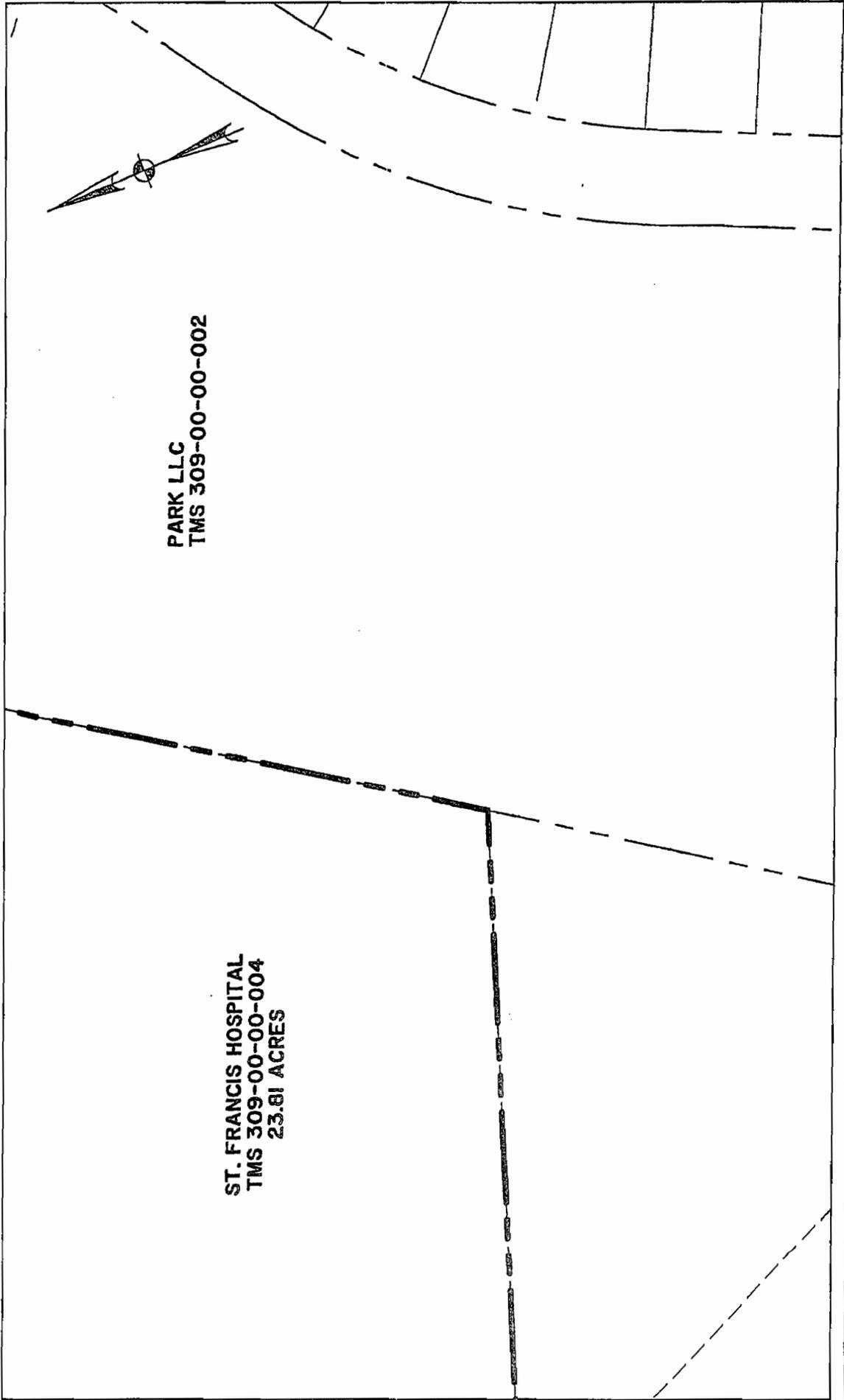
DATE: 08-02-05

PROPOSED ACTIVITY:
 HEALTH CARE FACILITIES

COUNTY: CHARLESTON
 APPLICANT:
 ROPER SAINT FRANCIS
 HEALTHCARE



29 27
 SHEET # OF 19



PARK LLC
TMS 309-00-00-002

ST. FRANCIS HOSPITAL
TMS 309-00-00-004
23.81 ACRES

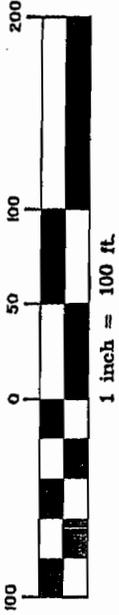
SITE PLAN

2005-2W-393-P

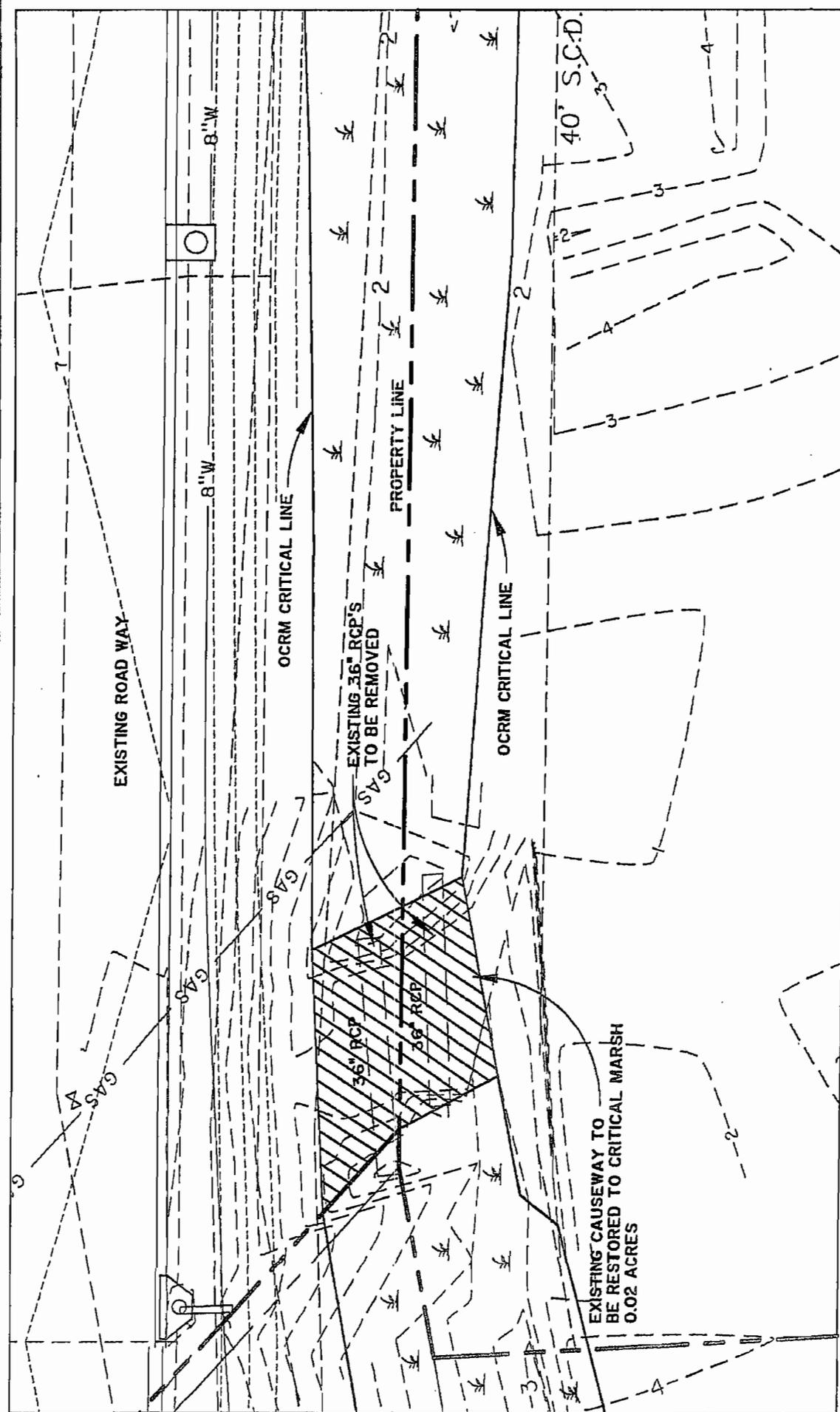
DATE: 08-02-05

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE



23 27
SHEET 5 OF 8

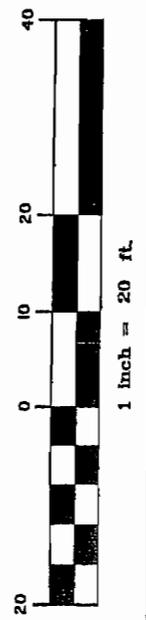


PROPOSED ACTIVITY:
 HEALTH CARE FACILITIES
COUNTY: CHARLESTON
APPLICANT:
 ROPER SAINT FRANCIS
 HEALTHCARE

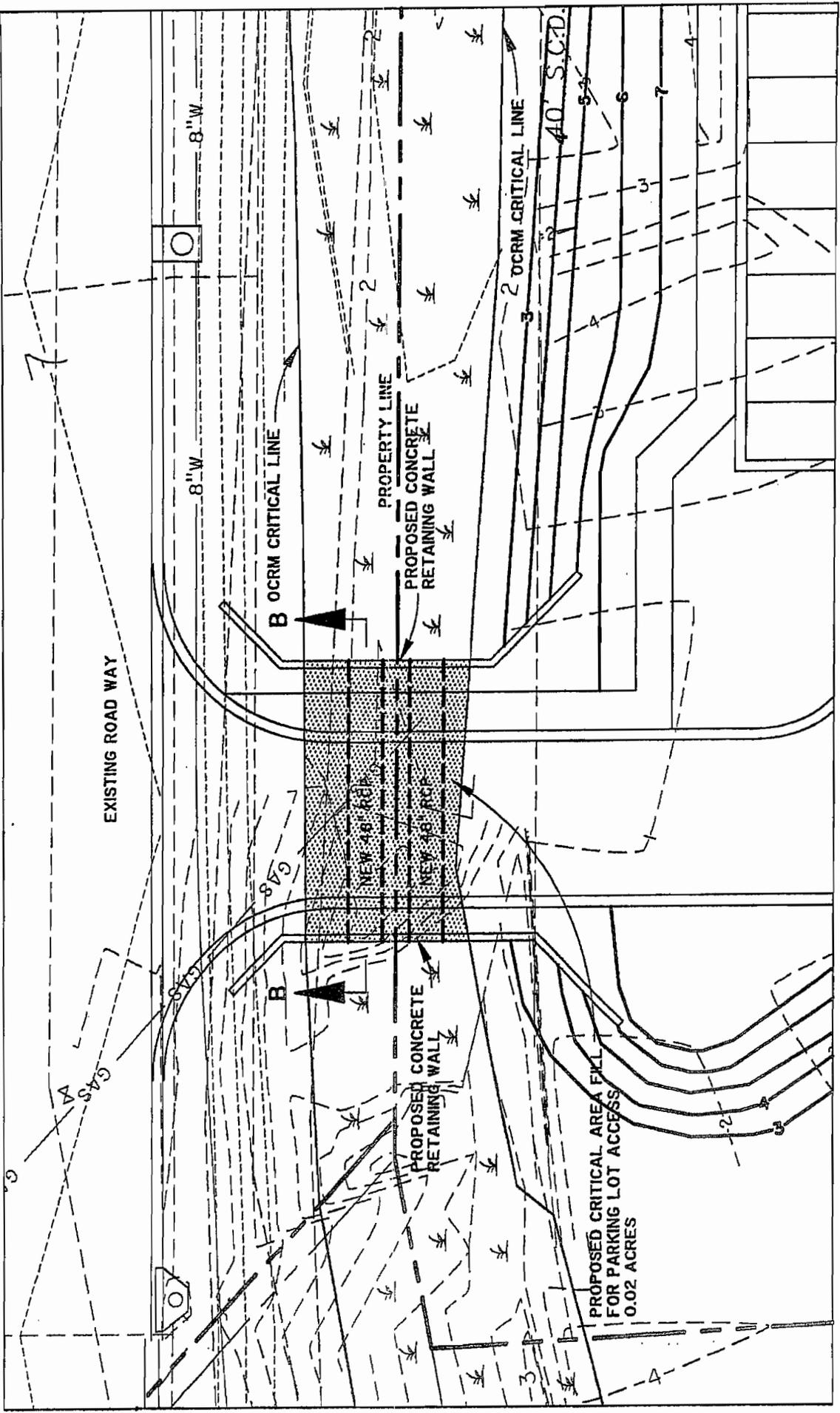
CAUSEWAY RELOCATION, REMOVAL PLAN

2005-21W-393-P

DATE: 08-02-05



27
 SHEET 18 OF 19



PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

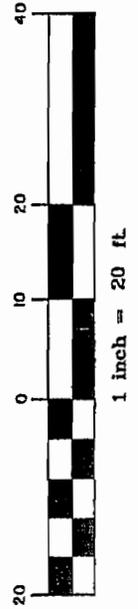
COUNTY: CHARLESTON

APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE

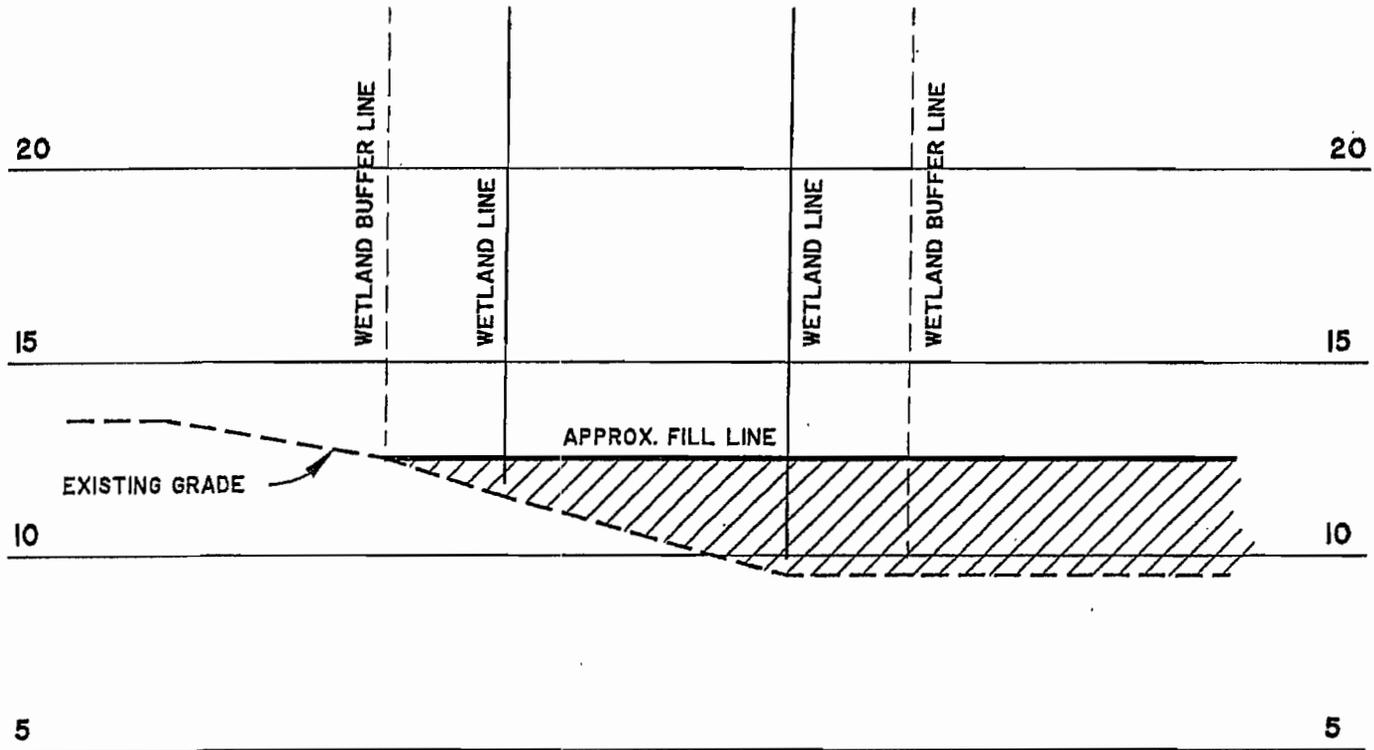
CAUSEWAY RELOCATION

2005-2W-393-P

DATE: 08-02-05



25 27
SHEET 2 OF 9



GRAPHIC SCALE



1 inch = 40 ft.

SECTION A-A

2005-2W-393-P

DATE: 08-02-05

27 27
SHEET 10 OF 10

PROPOSED ACTIVITY:
HEALTH CARE FACILITIES

COUNTY: CHARLESTON
APPLICANT:
ROPER SAINT FRANCIS
HEALTHCARE